



JOURNAL

SPRING 2020

200 DAYS

HIGHLIGHTS

Updates from the First 200 days

Hot Topics - Artificial Intelligence, Vaping and More

A Different Outlook on Coronavirus

Prevention is the Key

EXPEDITIONS FOR A BETTER FUTURE



Please
vote for
Dr. Ravi Kolli
as
Vice President
of AAPI

Vision, Mission & Goals

- ◆ Empower physicians as the leaders in the delivery of evidenced based health care
- ◆ Promote next generation physician participation in all areas of organization
- ◆ Advocate for expediting the GC Backlog for physicians and address physician shortage
- ◆ Addressing the stigma of mental illness, substance abuse and physician suicide
- ◆ Planning International Medical Missions by AAPI physicians

Contributions to AAPI

- ◆ Secretary, AAPI 2019-20
- ◆ Silver Benefactor - Donated \$10,000 to AAPI Endowment Fund, \$10,000 Rangaraya Medical College MCH building fund, \$5,000 to AAPI CF, \$5,000 to YPS WMC 2020, \$5,000 Orlando Gujarati Physicians Convention 2019 and many other local chapter fundraisers
- ◆ Secretary and Chair, Registration Committee Chicago 2020 AAPI Convention , AAPI Antarctica CME Cruise 2019 & AAPI GHS Hyderabad 2019
- ◆ Member, AAPI Obesity Awareness Campaign, Sponsor, VOAC Veterans Obesity Awareness Campaign Program etc.
- ◆ Audio Visual Committee Chair: AAPI Convention 2017, AAPI IT Co Chair 2017
- ◆ AAPI Regional Director Mid Atlantic 2 - 2017-18
- ◆ President, 2012-13 - TAPI, Pittsburgh, PA
- ◆ 2018-19 State and 2016-18 College Alumni President
- ◆ Medical Director, South Western PA Behavioral Services
- ◆ Board Certified in Psychiatry with additional qualifications in Addiction, Geriatric and Forensic Psychiatry and Former Clinical Assistant Professor, University of Pittsburgh and WVU

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SOUMYA NERAVETLA, MD
Editor-in-Chief

First, I'd like to thank Dr. Suresh Reddy and the entire AAPI leadership for the honor of serving as your Publication Committee Chair. It is with humility that I step behind giants like Dr. Ravi Jahagirdar and Dr. Sampat Shivangi. The trust placed in a YPS member to undertake this important task is indeed a privilege.

It's already been a busy year for AAPI. This issue features updates for many of the activities over the first 200 days of the term. AAPI has been working hard to unite local chapters with national AAPI to create a more powerful, cohesive organization that can continue to expand **community service and mentorship**, while building financial stability together.

In addition, I was impressed by submissions sent in by individuals and appreciate their accommodating edits. I was humbled by Dr. Ashutosh Gupta's altruistic kidney donation. Articles about AI and space travel reminded me that the future is here now. Apropos entries about the *Coronavirus* and vaping were quite pleasant to see, but what I hope most of you notice is the **prevention** theme. With the exploding prevalence of preventable disease and its complications, an ounce of prevention has become worth more than a pound of cure. It's my hope that AAPI continues to engage in this area with potential for huge impact.

I am also pleased to announce the launch of Sushruta Medical News, our maiden Medical e-Newsletter, which features medical abstracts and academic news. Eventually, the hope is to transition to a more robust academic journal. I also hope to have this journal and resources available online as we continue to work on our website.

Finally, I would like to acknowledge the valuable support of the members of my committee for rallying together to help make this Journal a reality. With only a week between receipt of submissions and our deadline for the designer, it was an exceptionally tight window. All the committee members are very busy individuals who stepped up to help even with such short notice.

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). I especially thank her for her assistance with the photos.



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 we congratulate her on recently being elected the Incoming Chair of BOT.



Dr. Priya Janardhana, 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.



Thank you also to all the Sponsors whose support is valuable in these efforts, and of course to Ms. Vijaya Kodali to whom AAPI remains indebted to for the hours of dedication she put in this and every AAPI endeavor.

PRESIDENT'S REPORT



SURESH REDDY, MD
AAPI President

As I look back to the past 200 days since we assumed office, leading American Association of Physicians of Indian Origin (AAPI), representing over 100,000 enthusiastic and cohesive group of Physicians and Fellows of Indian Origin, I am extremely happy to state that we are on our way to fulfill our promises and commitment to take AAPI to the next level.

In my inaugural address, I had promised to align all the energies to make AAPI an enormous force, committing to take the more than three decades old organization to the new heights and bring all the AAPI Chapters, Regions, Members of the Executive Committee and Board of Trustees to work cohesively and unitedly for the success of AAPI and the realization of its noble mission, bringing in increased dignity, decency, professionalism and eliteness into the organization, and thus elevate the already existing stand



GOALS: Making AAPI financially robust and increase our endowments enormously so we can focus on our mission of: Education, Mentoring, Research, Charity, and Service. In the past 200 days we have been in Office, we have worked hard to realize the goals we have set for ourselves, taking AAPI to greater heights.

I am grateful to the AAPI members and leaders who have entrusted me with the task of leading AAPI. AAPI is financially strong today than ever before. Moving the ship towards financial stability, we have secured funds not only for this year, but for the next three years and significantly reduced AAPI office expense. We have also worked on improving membership benefits.

Various programs and activities from local to international will be highlighted in more detail throughout this journal. After kickstarting the year with the GHS, AAPI joined the Independence Day parade in Greater Chicago area. AAPI had its annual Leadership conference at the Chicago Indian Consulate. Dr. Bharat Barai welcomed the delegates. It was inaugurated by Dr. Raja Krishnamurthy, 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.

AAPI joined hands with the Chicago Medical Society's project SMILE (Saving More Illinois Lives through Education) and Indian American Medical Association, Illinois in an exclusive Hands-only CPR training, and AED educational program at Shirdi Saibaba Temple in Aurora, Illinois on September 1st.

AAPI continues to have a strong relationship with AMA, with Dr. Vijaya Appareddy serving as experience delegate and Dr. Sunita Kanumury 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.

PRESIDENT'S REPORT

Several Indian American community leaders and AAPI leaders came together at the National Press Club in D.C. for the first ever US-India Leaders' Summit to brainstorm on alleviating health care challenges, boosting US-India trade, and strengthening the partnership between Washington and New Delhi. The IMPACT Summit 2019 was attended by many AAPI delegates including Chair, Board of Trustees, Dr. Seema Arora.



A delegation of AAPI leaders including Dr. Amit Chakrabarty, and Dr. Himanshu Pandya, past President of AAPI QLI, visited Antigua on an invitation by the American University of Antigua (AUA) College of Medicine with the aim to help foster long lasting symbiotic relationship and assist with the already robust educational pathway for the medical students of Indian origin at AUA.



During the visit to the island, AAPI leaders met with several prominent international cricket players, including Sunil Gavaskar, Ravi Shastri, Virat Kohli, & they were formally invited to be part of the Sports Medicine Summit at the

AAPI Annual Convention in Chicago this year, which they agreed to, subject to their schedule.



We celebrated Mahatma Gandhi's Sesquicentennial Birthday Celebration event on October 12, 2019. The Metropolitan Asian Family Services organized a spectacular event at the Waterford Banquets in Elmhurst, Illinois, as a tribute to the life and legacy of Mahatma Gandhi.

AAPI Leaders presented a Memorandum to Prime Minister Narendra Modi Offering to play a critical role in Implementation of Ayushman Bharat, during his visit with President Donald Trump in Houston.



AAPI joined hands with IRC to train 500,000 lay people in CPR during the month of October to celebrate the World Restart A Heart (WRAH) day. AAPI has been in the forefront condemning Gun Violence, and has offered support to AMA's Stance, calling upon the US and state governments to make common-sense reforms, supported by the American public to protect innocent lives.

I hope you have all been able to participate in and enjoy at least one of the many AAPI events so far this year. We look forward to seeing you Chicago!



SURESH REDDY, MD
PRESIDENT, AAPI

38th Annual AAPI CONVENTION & SCIENTIFIC ASSEMBLY

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MEHER MEDAVARAM, MD
CONVENTION CHAIR

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- **Women's Forum:** Showcase of Women making Headlines in the world
- **Attendee Activities:** Alumni Gatherings
- Child Care, Focus on Youth Activities
- **Medical Jeopardy**
- AAPI Charitable Foundation Activities
- A Dazzling Fashion Show calls for a Fabulous Indian Outfit
- Cultural Shows
- We Bid you Farewell on Sunday



CHAIR, AAPI BOARD OF TRUSTEES MESSAGE



SEEMA ARORA, MD
Chair, AAPI BOT

I am honored and privileged to serve this incredibly dignified organization in this active role of leadership in 2019-20.

The Board of Trustees have been working harmoniously together with the dynamic President, Dr. Suresh Reddy, and his very efficient Executive Committee and have had a very successful year so far. We have developed a powerful team bringing in fresh ideas and creativity and enhancing the image of AAPI in the United States and in the rest of the world.

The Trustee Board has been actively involved in all AAPI events in this term adding to their productivity & success.

The Board of Trustees are diligently carrying out their fiduciary duties by looking over income/expenses of the organization. I am happy to see the positive income in each event so far this term. I am also delighted that the BOT investment portfolio has done extremely well during this term with positive income. In addition, funds are being raised to achieve the much needed short- and long-term financial stability of the organization.

We have been extremely successful in maintaining peace and harmony in the organization by resolving big and small intermittent internal disputes & will continue to do so in the future as internal peace is the foundation of success of any institution.

We will continue to work together with the President and EC to achieve the mission and goals of the organization and create a stronger, better & financially stable AAPI for the years to come. I would like to request each one of you to help AAPI raise funds for the long term financial stability of our beloved organization.

DONORS AND PLEDGES FOR

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For more information, please visit AAPI Website

www.aapiusa.org/membership/benefactor-fund/

GOLD DONOR (VVIP): \$25,000

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

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

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Dr. Saraswathi Muppana (Paid \$5,000)

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

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

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

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ADHOC COMMITTEE IN INTERNATIONAL MEDICAL EDUCATION



LOKESH EDARA, MD
Chair, AdHoc Committee

First, I want to extend my appreciation to AAPI members, well known around the world for their commitment and dedication in bringing various initiatives to medical education in India.

- AllMS Rishikesh started MCQ system like the US in the last two years, but the other 530 colleges have not yet started following the suit. The goal is to bring such assessment across the spectrum which is perceived as more efficient and unbiased. In MBBS, after each clinical rotation, there is no efficient assessment like NBME subject exams in USA. There is a need to have such assessment for the students to take ownership of rotations and excel in their learning.

To name a few, AAPI spearheaded establishing “White Coat Ceremony” to all incoming Freshers under the leadership of Dr Jayasree Mehta in 2017. Now, the white coat ceremony is in foundation course in the first 4 weeks of first year MBBS for 75,000 students. AAPI also advocated establishing Emergency Medicine (EM) to Health Ministry and MCI. The BOG Chairman echoed the same. MCI has made mandatory EM departments in all 535 medical colleges which is a good start but we need mandatory PG seats in EM departments, and our recommendation is to at least have 5% of MBBS seats in each medical colleges.

AAPI has been working for three years on CPR training across India. To reach the goal of “Every Citizen a Lifesaver”, there is still a long way to go. We have been working with Indian Society of Anesthesiologists (ISA) to help with this goal. About 50,000 Anesthesiologists are taking lead in BCLS, CCLS and Compression Only Life Support, including the Indian Academy of Pediatrics (IAP) leading Pediatrics Advanced life support and Neonatal resuscitation.

Assessment in academics is still based on essay and short answers while in USA and other western countries, multiple choice questions (MCQ) format is used for assessments.

- At present we have 30,000 Post graduate seats for 75,000 MBBS students. The goal is for each MBBS student to have one clinical PG seat like in USA. Post graduate students can give quality health care as they gain more experience via learning and can handle challenging situations during their care for patients. This can only be achieved by creating 10% PG seats in Family Medicine, 5% in Emergency Medicine and another 20% in General Medicine and the remaining primary care branches

There is obviously a need for ongoing commitment of AAPI for the success of these initiatives in our pursuit to bring medical education in India on par to international standards and excellence.

Sincerely,

Lokesh Edara, M.D.

Assistant Professor

Dept of Medicine WMU School of Medicine

Past President of Michigan Allergy & Asthma Society

Past President of GMCANA

Register for AAPI Convention

Rosemont/Chicago

June 24-28, 2020

www.aapiconvention.org

INDIA RESOURCES COMMITTEE



MUKESH NIGAM, MD
Board of Trustee

Many current generation members are facing issues with family matters back in India about property sales, tax matters, funds transfer, etc, from India. Off and on, members request contacts in India who can help them with

matters involving properties, taxes, banking and other legal matters. I myself referred a few to my CPA in India and some of our members did the same for other members. The Indian system is complicated to NRIs who aren't actively connected there. Our current and upcoming generation has lot of ties in India, ancestral properties, wills, incomes and feel helpless, and don't know whom to turn to or consult in India.

AAPI wishes to aid our members with help from its own members to create a database of references—consultants, attorneys, CPA (public accountants), tax advisors and others so all AAPI members can access and find reliable resources for their needs.

We request all members to please respond with their reliable resources with whom they have experience and resolution of aforesaid matters including field of expertise and location. This database will be created state wise with their field of work.

We need referrals for:

- Legal matters/Attorneys
- Tax advice
- Property issues and resolutions available to NRI
- Repatriation of funds
- NRI travel issues
- Banking
- Other related matters

USA citizens/NRIs may not get any help from local consulates or US authorities in India except local listings they can provide so having reliable and trustworthy resources is paramount.

Processes to follow as suggested by members.

- AAPI members access the contacts per their needs and make contact directly with the concerned party.
- All Members are requested to contact committee to make references.
- Experts, advisors, attorneys' firms can also contact AAPI office directly giving references of services provided to NRIs. It will be at sole discretion of AAPI EC how and whether to include them in our listings.

Disclaimer:

Please remember that AAPI will not bear any responsibilities except providing references on the members' portal.

AAPI will make every effort to place the best contacts and resources in this database but will not offer any guarantees. This will only be a free resource for members. Members take the sole responsibility to contact, make decisions and pay for these services on their own. AAPI will not endorse any resource, but members are welcome to place comments of their experiences.

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www.aapiusa.org/membership

AAPI IT COMMITTEE



**SATHEESH KATHULA
MD, FACP**

Chair, IT Committee

It's an honor and a privilege to serve as the Chair of IT committee and Editor of the e-newsletter of AAPI. I would like to thank Dr. Suresh Reddy, President of AAPI for believing in me to achieve this important task.

I also would like to thank our enthusiastic and esteemed committee members including Drs. Sanjay Dhogra, Ravi Kolli, Saraswati Muppana, Soumya Neravetla, Himanshu Pandya, and Dhrumil, Shah.

In the past, the AAPI website has been changed every year whenever a new president took over, which created a lot confusion and inconsistency. The committee decided to have the same members for the next three years in order to maintain the consistency. Numerous hours have been spent to give a new look to the website with user friendly interface. Hopefully, we will be able to increase the traffic to the site by our members. Several AAPI supported projects are listed on the site including international medical education, global resuscitation program, etc. Links to important websites for physicians have been added. We continue to work to improve the website and welcome your feedback.

The totally revamped e-newsletter not only has a new look, but new features including "Building Bridges with Local Chapters". It has been received positively by many AAPI members. Please feel free to email me should you have new ideas/suggestions at kathulask@yahoo.com.

Sincerely,

Sathesh Kathula, MD, FACP

Chair, IT committee, AAPI

Editor, Enewsletter, AAPI

Clinical Professor of Medicine

Dayton, Ohio

AAPI TIMES

Half-a-Century



SUNITA REDDY, MD

For all of us who grew up in India, athletes or otherwise, the terms Cricket and Wicket, have been a part of our universal language for many years now. Even for someone like me who didn't know how many players were on at any given time or what 'LBW' meant, or as a matter of fact was an illiterate when it came to any

Cricket lingo, remembers my heart racing in the last few overs when the likes of Kapil Dev or Ravi Shastri came to bowl! This was in my teenage years of course! It seemed like the Indian team brought it close to a victory many times but failed to deliver even with batting giants like Gavaskar on our side. In my recent memory the only victory I can recollect is when Aamir Khan batted for the Indian Team in the movie 'Lagaan'.

Hitting Half-a-Century was a landmark for many of these Batsmen. Don't we all remember the vivid scenes? The handshakes, the stylish acknowledgements, the feverish tempo in the commentator's voice! I tell you the whole country celebrated these moments.

Today some of us follow these cricketing events more closely than others. However, if hitting Half-a-Century in a game of cricket is worth a celebration then why not reaching Half-a-Century in life! To fit this theme, over the past few years many of our friends have celebrated their 50th Birthdays in style - what with catered gourmet food paired with select wines and over-indulgent desserts, or celebrations which have included travel to exotic places, or a private celebration with family alone, or a day chosen to be spent in solitude with memories of close ones in their hearts. Whatever the means of celebration, to all of our revered friends who have reached the distinguished age of 'Fifty', our hearty congratulations.

AAPI anti-obesity campaigns, AAPI sponsored Holi runs, AAPI sponsored talks on Nutrition, Yoga and Meditation, AAPI awareness campaigns on elevated cardiac risk among South East Asians are various means to help us achieve the goal of healthy living. While AAPI does its job to that end, we have to keep batting with all our skills and the AAPI-Desi-Energy will be cheering for us. I want all of you to hit a 'Century'...Bollywood style...The Aamir Khan Way.

AAPI US-INDIA LEADERS SUMMIT AT NATIONAL PRESS CLUB



**SAMPAT SHIVANGI
MD**

AAPI Legislative Committee and a Washington think tank organized a high-level International Leaders Summit, a first for AAPI in Washington DC on September 19, 2019.

The highlights of this summit were Economic Health Care and trade issues between US and India on the backdrop of trade discussions between US and India.

This event was held for the first time at the Prestigious National Press Club that was spearheaded by AAPI Legislative Committee Chair Dr. Sampat Shivangi and Joel Anand Samy and Natasha Srodock of International Leaders Summit. Many high-level dignitaries from US and India participated in the discussions focusing on the future of the US India relationship, a strategic focus on the economy, Healthcare Reform, technology and the current challenges in trade.

Various dignitaries including Timothy Goeglein, US Advisor to President George W. Bush, Stephen Renna, US Dept of Commerce, Mississippi Congressman Michael Guest, Beth Saunders, Sanford Saunders Enterprise, Hon India's Deputy Ambassador to USA Shri Amit Kumar, Illinois Congressman Michael Bost, Tracy Bost, Senator Richard H. Black, Dr. Christine Hamacher, CEO Biocon Biologics of India, Joseph Brodecki, Principal and Financial Advisor, Paul Thomas, Chief Commercial officer Biocon, Bangalore India. Ms. Cheryl Chumley, Editor of Washington Times, presided over the meeting.

AAPI leadership headed by President Dr. Suresh Reddy made remarks on AAPI participation, representation and contributions of Indian Origin Physicians to US healthcare. A panel discussion was held by AAPI delegation that included Dr. Seema Arora, BOT Chair, Dr. Radhu Agrawal, Dr. Sudhakar Jonnalagadda, AAPI Pres-Elect, Dr. Ravi Kolli, AAPI Secretary, Dr. Raj Bhayani AAPI Treasurer, Dr. Anil Yallapragada, Dr. Srinagesh Paluvoi, Regional Director, Dr. Udaya Shivangi, and Dr. Sampat Shivangi who reviewed the immigration issue that is hurting Indian Physicians who are waiting for decades for their green cards.



Dr. Christine Hamacher emphasized how Indian Pharma can be a great contributor to reduce the drug costs in US and a great relationship between US and India could be established.

It was well attended by a large number of AAPI delegates and many dignitaries of Washington including TIE Washington DC.

Sincerely,

Sampat Shivangi, MD

Chair, AAPI Legislative Affairs Committee
Member National Advisory Council
SAMSHA, National Mental Health Center
Washington DC

AAPI GLOBAL HEALTH SUMMIT

Dr. Suresh Reddy's reign kicked off with AAPI's Historic 13th Annual Global Healthcare Summit in Hyderabad, inaugurated by Sri Venkaiah Naidu, Vice President of India, at the famous Taj Krishna Hotel in Hyderabad on July 21st.



For the first time, the GHS was organized for 4 days with more than 200 Doctors from USA; AAPI generated a White Paper with all the achievements of AAPI through GHS. AAPI YPS successfully organized a popular Mega Medical Jeopardy with over 100 medical students from both Telangana and Andhra Pradesh.



AAPI YPS had the largest turnout ever for this year's GHS. They 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.

AAPI signed a Memorandum of Understanding with the HealthNet Global Limited 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.

The AAPI GHS Resuscitation Workshop provided training on ways to enhance the outcomes after sudden cardiac arrests and ongoing community hands-only CPR training and AED awareness.



AAPI delegates and attendees from several schools joined the "Obesity Revolution" Walkathon at the popular KBR Park with over 2,000 participants. This was followed by four other events across the city at different venues. AAPI delegates and attendees from several schools joined the "Obesity Revolution" Walkathon at the popular KBR Park with over 2,000 participants. This was followed by four other events across the city at different venues.



The Women's Forum at the GHS had a fantastic turnout with panelists Jayaprada, Dr. Anju Aggarwal, Dr. Sai Lakshmi, and Sangeeta Reddy. The forum was planned with Co-Chairs Dr. Sajani Shah, Dr. Seema Arora and committee members including YPS board members; Dr. Stella Gandhi, Dr. Ami Baxi, Dr. Soumya Neravetla, and Dr. Swati Yalamanchi.



Through a series of world class Continuing Medical Education (CME) and non-CME seminars by experts in their fields, AAPI provided comprehensive and current reviews and guidelines for the diagnosis and



treatment of various diseases, morbidity and mortality reduction, and cost-effective quality care.

AAPI GLOBAL HEALTH SUMMIT

Partnering with TATA Trusts, AAPI continues to fight cancer in India, envisioning an integrated network staffed by specialists working partly in India and partly via telemedicine from US to deliver high quality cancer care across the country. A visit to Burgula highlighted the success of the noble initiatives by Dr. Alok Agarwal and his dedicated team.



During the Pre & Post GHS Tours, AAPI delegates had a spiritual journey to Israel, Jordan and India, experiencing first Judaism, then Christianity and Islam and ending with Hinduism. In Jordan, AAPI joined the International Liaison Committee Resuscitation's CPR training.



Post GHS took AAPI leaders to the temples of Lord Siva at Srikalahasthi, Lord Ganesha at Kaanipakam and later traveled to Tirumala to visit Balaji temple for Darshan. It was a memorable trip for all!



MATCHMAKER Jasbina



Search 1 (US)

WOMEN (37 - 48)

Boston - based, Ivy-educated private equity investor seeks an intellectually-curious partner (37 - 48) - US.

Having traveled and lived overseas himself, a partner with cross-cultural sensibilities is important to him.

Athletically-oriented and active, his diverse interests range from music to sports to non-profit work in healthcare.



Search 2 (US)

MEN (25 - 33)

San Francisco Bay Area - based, successful business executive seeks a family-oriented partner (25 - 33) - US.

A driven woman in her mid-20s, she's ready to find a confident & secure man (humble, considerate & open-minded).

This is a nationwide search - her match may be located anywhere - as long as willing to re-locate to the Bay Area.

COULD THIS BE YOU, OR SOMEONE YOU KNOW?

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AAPI IMPACTS INDIA

1. AAPI Clinical Observership Program

AAPI is launching CLINICAL OBSERVERSHIP program, ensuring the process of getting a residency spot in USA, which is becoming competitive for IMGs and as such, "United States Clinical Experience" is very important to distinguish your application between other applicants. Searching to participate in right observership program is important. Getting right observership is even more complicated than getting a residency spot.

AAPI is venturing into this new area to help medical students and graduates regardless of IMG'S or local medical students shall be a great step forward. These future physicians will patronize AAPI in the future services and strong relationship and bonding is formed at the initial level of observership.

2. Clean Drinking Water Project

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

3. AAPI partnering with TATA Trusts to Fight Against Cancer in India

AAPI is partnering with Tata Trust to improve health care for people in rural India. Nearly 75% of the poor population of the country resides in villages. They lack access to even basic medical care. India is facing an enormous burden of 1.9 million new cases per year. Tata trust is developing a distributive model for cancer care with digitally connected centers across the country to address this discrepancy in the delivery of cancer care to the poor in the villages. The network will integrate primary health centers, district hospitals to medical colleges. As India lacks adequate number of qualified Oncology specialists, they would like to partner with AAPI to provide Medical, Surgical and Radiation oncologists to deliver quality cancer care.

These specialists will spend from one to three months in Tata cancer centers in India. They will also provide Tele-medicine consultations. The model envisions an integrated well-connected network of existing and additional centers staffed by local and AAPI volunteer specialists from USA working partly in India and partly via tele-medicine from US to deliver high quality cancer care across the country in the villages. This collaboration can also help with prevention, early detection as well as other health related areas like sanitation and safe drinking water. The trust has already embarked on forming a national cancer grid comprising major cancer centers in the country, research institutes, patient groups and charitable institutions. They will develop uniform standards of treatment, early diagnosis and prevention protocols. The specialized centers will also provide training and education besides conducting basic, transnational and clinical research.

4. Apollo's HealthNet and AAPI signed an MOU to Help Underserved in India

AAPI has made significant contributions towards addressing several issues affecting the healthcare system in India through its annual Global Healthcare Summit held across the cities in India. During the groundbreaking 13th annual Global Healthcare Summit (GHS) held in Hyderabad from July 21st to 24th, AAPI signed a Memorandum of Understanding (MOU) with the HealthNet Global Limited (HNG) – 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.

5. 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 the year 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).

AAPI IMPACTS INDIA

6. Hon'ble Vice President Sri M Venkaiah Naidu at CPR Event at Swarna Bharat Trust:

"... Every Indian citizen can save life. I am happy to note that the Indian resuscitation council, (IRC), an initiative of Indian Society of Anesthesiologists, has developed simple guidelines for primary delivery of CPR called Compression-only-Life Support (COLS) outside a hospital setting...I compliment the IRC for its efforts in developing India specific guidelines... I would also like to compliment... American Association of Physicians of Indian Origin (AAPI) for sponsorship and donating mannequins for the training."

7. Mentorship in India

AAPI continues to support the excellent work of Dr. Veena Gandhi at Ekal Health Foundation for Rural India (EHFRI) help the health condition in rural and tribal villages of India. Pre-Medical/Medical Externship (PMME) is a great opportunity for undergraduates from USA, which is held during the Winter Break for 12 days every year.

This program exposes students to basic medical knowledge in medicine, surgery, pediatrics, and community health and common tropical diseases. They visit private practitioner's nursing homes, scrub in surgery; get exposed to basics of Ayurveda and Ayurvedic plants recognition, daily yoga. Please visit www.hfriusa.org for application and program details.

MATCHMAKER Jasbina



Search 1 (US, Canada & UK)

WOMEN (33 - 39)

San Francisco Bay Area - based, successful entrepreneur seeks a compassionate and empathetic partner (33 - 39) - US, Canada & UK.

Having respect and love for the strong women who raised him, gender equality is important to him.

His special someone will be interested in maintaining her identity, while at the same time being each other's sounding boards, and having each other's backs.



Search 2 (US)

MEN (38 - 49)

Beautiful, kind & fit physician seeks a commitment-oriented partner (38 - 49; 5' 8"+) - U.S. (Client currently in WY - with professional flexibility to relocate).

A believer in work / life balance, her adventurous travel includes swimming with dolphins, sky diving, hiking, bungee jumping, glacier hiking etc.

She is seeking a like-minded partner who has a mindset of forgiveness, communication and growing together / motivating each other.

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LOOMING PHYSICIAN SHORTAGE

Can We Fix It?



SATHEESH KATHULA
MD, FACP
Chair, IT Committee

It is estimated that the physician shortage in the United States will be more than 120,000 by 2032 which includes both primary and specialty care. The shortage is mostly in rural areas and inner cities.

The major factor driving demand physicians is the growing aging population. Adults over 65 years old visit doctors and hospitals 3 times more often than those under 30. The incidence of cancer, dementia and other chronic conditions increases with age rather rapidly resulting in an enormous demand for health care providers. In addition, one third of practicing physicians will be older than 65 in the next decade. Despite the increase in the number of medical schools and applicants, there remains a shortage of physicians as it takes minimum of 7-10 years to train a doctor. More than 1000 medical school graduates go unmatched every year due to insufficient number of residency slots. Tackling the issue of physician shortage needs a multi-prong approach.

SOLUTIONS:

1. Increasing residency positions.

The bipartisan Resident Physician Shortage Reduction Act of 2019 (S. 348, H.R.1763) has been introduced in Congress to provide increased Medicare support for an additional 5,000 new residency slots over the next 5 years.

Association of American Medical Colleges (AAMC) and AAPI support the legislation to increase the federal support for graduate medical education and to remove the freeze on federal funding for residency training that has been in place for over 20 years.

2. Fast tracking of H-1 visa to green card.

There are thousands of international medical graduates (IMGs) who are on H-1 visa serving in rural areas. If delay in citizenship forces them to leave the US, it can create a healthcare crisis! AAPI is helping the IMGs by facilitating meetings with legislators to work on this serious issue.

3. Utilizing physician extenders *appropriately*.

NP and PA numbers have more than doubled since 2001. NPs and PAs can play a vital role in the management of chronic diseases offsetting some of the demand.

4. Acceptance of technology

such as telemedicine to increase the reach of healthcare to rural areas.

5. Group visits.

Several patients with similar medical problems meet with their provider at the same time to discuss about their condition. The longer visits allow patients to benefit from learning from other patients with similar condition. Studies have shown that the patients with type 2 diabetes who attended group sessions had improvement in several parameters including blood pressure, cholesterol, and BMI.

UNIVERSAL HEALTH COVERAGE AND ORAL HEALTH AT A GLOBAL PLATFORM AT THE UNITED NATIONS HIGH LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE AT THE UNITED NATIONS GENERAL ASSEMBLY



**KAVITHA DAS
BDS, MPH, MS**

The Lancet Series in July 2019 focused on oral health¹ and the emphasis on treating oral health as an integral part of the body and improving public health interventions systems to improve access to good oral health for all

populations². Oral health was defined as being multidimensional including physical, psychological, emotional, and social domains that are integral to overall health and wellbeing. Associations have been made between several chronic diseases like cardiovascular disease, stroke and diabetes to oral diseases

In a landmark move, at the first United Nations High Level Meeting on Universal Health Care for All, integrating essential oral healthcare for all was discussed. This high-level meeting, "Leaving No One Behind: Integrating Universal Health Coverage and Essential Oral Health Care for All", was attended by researchers, policy makers, seasoned academicians and members of the private sector involved in oral health. It was co-organized" by the Lancet and NYU College of Dentistry and was co-sponsored by the World Economic Forum.

The discussions at this meeting centered around the global burden and economic impact of oral diseases, failure of health systems to cater to the oral health needs of patients and on how to accelerate action on Universal Health Coverage at the global level and incorporate oral health as an essential component of health. Integration of oral health within the parameters of the Universal Health Coverage 2030 was in a landmark move, at the first United Nations High recommended.

On September 23rd, 2019 world leaders adopted a high-level UN Political Declaration on Universal Health Coverage during the 74th United Nations General Assembly³. This was the most comprehensive set of health pledges adopted at a global platform. It has been reported that oral conditions share common risk factors with other non-communicable diseases including unhealthy diets and tobacco use.

In September 2011, the UN's Political Declaration on the Prevention and Control of Non-Communicable Diseases was adopted by the 193 Member States present at the UN High Level Meeting on Noncommunicable Disease. At this meeting, Member States recognized: "that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to non-communicable diseases."

In the past decade, oral diseases were recognized as sharing risk factors with non-communicable diseases and benefiting from interventions that can limit the growth of oral diseases. Despite this mobilization towards improving access to oral healthcare, there are 3.5 billion people suffering from oral diseases that could have been prevented with early intervention and prevention programs. Limiting sugary foods and tobacco use is not only beneficial to improved oral health, but it also impacts diseases like diabetes.

Despite advances in treatment of oral diseases and including oral health in the spectrum of responses to non-communicable diseases, oral health is still largely ignored in the hierarchy of diseases that are treatable at an early stage. Early interventions reduce the economic burden of oral diseases and improve overall health and quality of life.

References available upon request.

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THE AAPI-ST JOHN'S COLLABORATION ON GERIATRICS



ARVIND KASTURI, MD

The American Association of Physicians of Indian Origin (AAPI) is planning to collaborate with St John's Medical College, Bangalore, India (St John's) on a program to enhance the content, quality and reach of an ongoing program at St John's

aimed at improving the health of the elderly.



Village Senior Centre 4



Village Senior Centre 2



Old age home visit



Hospital based division of Geriatric Medicine

The St John's program for the elderly, as it currently exists, includes a hospital-based Division of Geriatric medicine, and a vibrant community-based program of primary geriatric care for elderly persons in rural and urban areas, titled the "Senior Citizen Health Service" comprising rural geriatric clinics, a home health service, old-age home visits and two village senior centres, or grama hiriyara kendras.



Rural geriatric clinic



Patients at rural clinic



Village Senior Centre 3

Titled "The Successful Aging Program - AAPI St Johns collaboration", the collaboration proposes to create and develop a model program that provides a unique combination of health promotion, (awareness, health promotion, prevention) care delivery

(outreach services & training) and rehabilitation. The program aims to ultimately improve the health of the elderly population in India, disseminate the St Johns model throughout the country with stakeholder support (government, academic and private sector), and work with the National Medical Commission to establish the specialties of Geriatrics and Palliative medicine in all colleges in the country.



Village Senior Centre 1



Health education at clinic

A committee has been formed to work out the details of the collaboration, comprising members from the AAPI leadership, and from the "Friends of St John's - North American chapter" (FoSJ), an alumni group dedicated to supporting St Johns' initiatives in India. From the AAPI side, the committee will be led by **Dr. Anupama Gotimukula**, Vice President, AAPI, and will include **Drs. Ravi Kolli, Sudhakar Jonnalagadda, Sanku Rao, Padmaja Adusumilli, Arra Reddy** and others. From the FoSJ side, the committee will include **Drs. Marian Kamath, Jovita Crasta, Karthik Arcot, Kumar Belani, Brian Martis, Joe Verghese, and Maya Therattil** among others. **Dr Arvind Kasthuri**, Professor of Community Health and Community Geriatrics, St John's Medical College, Bangalore will represent from the St John's-India end.

RAJ BHAYANI

FOR AAPI SECRETARY 2020-2021

WWW.RAJBHAYANIMD.COM



AAPI TREASURER 2019-2020

- **Convention Chair AAPI 2017 Atlantic City**
Record profit of more than \$3,00,000
- **Convention Chair AAPI Global Health Summit 2016 Udaipur, Profit of \$40,000**
- **AAPI Charitable Foundation Board of Director 2018**
- **Co-Chair AAPI Global Health Summit Mumbai 2018**
- **Co-Chair AAPI Global Health Summit Hyderabad 2019**

- **Chair AAPI IT Committee 2018-19**
- **President AAPI-QLI 2020**
- **President AAPI NYC Metro 2016**
- **Founder NJ State AAPI 2018**
- **Chair AAPIQLI EGYPT CME TOUR 2020 for Record 380 physicians**
- **Co-Chair AAPI Leadership Conference, NY 2017**
- **Co-Chair AAPI Leadership Conference, NY 2018**
- **AAPI GB Standing Committee Member: AAPI Publication Committee**
- **AAPI GB Standing Committee Member AAPI Legislative Committee member 2018-2019**
- **Organizing Committee Member AAPI Global Health Summit Kolkata**
- **Co-Chair Veteran Obesity Awareness Program 2018**
- **Convention Chair AAPIQLI 2015**
- **Convention Chair NJ STATE AAPI 2019**
- **Diwali Gala Chair AAPIQLI 2018**
- **Board of Trustee AAPIQLI 2017**
- **AAPI Charitable Clinic Chair Varanasi**
- **AAPI Tb Free Varanasi Program Chair**
- **AAPI YPS MSRF Mentorship Program Member 2020**
- **AAPI Ad Hoc Committee Member: AAPI CPR Council**
AAPI Adopt A Village
AAPI Cancer Screening Program
AAPI Environmental Program
- **AAPI Clinical Speciality Network Co-Chair ENT Speciality**

“The best way to find yourself is to lose yourself in the service of others.”

Mahatma Gandhi

RAJ BHAYANI FOR AAPI SECRETARY 2020-21

Contributions in Medical Field

- The first ENT Surgeon in India who completed training in Neurosurgery and also has a fellowship in Facial Plastic & Micro vascular Surgery.
- Board Certified Ear Nose Throat surgeon from Ivy League Columbia University New York.
- Director of ENT Division at Major Hospitals in New York: Kingsbrook Jewish Medical Center; Flushing Hospital; Interfaith Hospital; Staten Island University Hospital; Richmond University Hospital; Coney Island Hospital; St John Hospital; Mary Immaculate Hospital
- Director of Facial Plastic Surgery Wyckoff Heights Medical Center
- Winner of United States Congressional Achievement Award for Dedicated community service as Renowned Surgeon, Social Activist, Philanthropist and Entrepreneur.
- Listed in the Who's is who in America in Medicine and Healthcare acknowledging his achievements in the medical field and research for over 15 years.
- Recipient of Most Influential healthcare Leader in Indian Community in United States recognition award.
- Received Lifetime Achievement Award in Medical Sciences by Newspaper Association of India New Delhi 2015
- Serves on Board of Trustees of Save Life Foundation, which has helped in the implementation of Good Samaritan Law and Road Safety Bill.
- Director AAPI Charitable clinic Varanasi for three years
- Coordinator Tb Free Varanasi program



With our New York ENT Institute Team Members

RAJ BHAYANI FOR AAPI SECRETARY 2020-21

Awards and Achievements

- AAPI Outstanding Service Appreciation Award January 2019
- United States Congressional Achievement Award New York 2015
- Mahatma Gandhi Pravasi Samman Award at House Of Lords London UK 2015
- International Excellence Award Dubai 2016
- The Most Influential People in Indian American Community Award Recognition NY 2014
- Inspiration to Indian American Award at India Day Parade Fremont California 2019
- Marqui's Who's Who In America Distinguished Physician Recognition from 2001
- Triologic Society USA Award for Research 2001
- The Global Organization of People of Indian Origin GOPIO International Award
- The World Spiritual Awareness Forum Distinguished Service Award
- American Association of Physicians of Indian Origin Honor Award as Convention Chair
- New York City Proclamation Award New York 2014
- New York State Proclamation Award 2014
- United States Congressman Certificate of Special Recognition Award New York 2014
- Suffolk County Executive Office Award 2013 and 2014
- Suffolk County Legislature Citation Award 2014



Dr Raj Bhayani receiving Excellence in AAPI Service Appreciation Award

Dr. Raj Bhayani Receives Outstanding Service Appreciation Award For his Contributions to AAPI

An Accomplished ENT & Facial Plastic Surgeon, Social Activist, Entrepreneur, and Leader: Committed to Serving Humanity

Dr. Raj Bhayani, an accomplished social activist, entrepreneur, leader, and the first ENT surgeon in India also trained Neurosurgeon and Facial Plastic Surgeon, was honored with the Outstanding Service Appreciation Award for his contributions to AAPI during the historical 12th Global Health Summit (GHS) held in Mumbai on December 29th, 2018.

Dr. Bhayani, the Co-Chair of AAPI GHS 2018, had completed training in Neurosurgery and had a Fellowship in Facial Plastic & Microvascular Surgery in India. He is currently practicing in New York, has come a long way since he began his professional practice in New York decades ago.

Dr. Bhayani is grateful to American Association of Physicians of Indian Origin (AAPI), which he has come to love and adore in recent years. He says, "AAPI has given me the opportunity to work with people of high intellect. It has helped me develop relationships with many, without which I would not have I have met many people whom I look upon as role models. And, AAPI helps me grow as a person and continues to mentor me in several ways."

Dr. Bhayani says, having worked in the inner circles of AAPI, he has come to recognize "AAPI as the most united, strong, vibrant and transparent organization. We do have differences of opinion, which is the beauty of democracy in AAPI. When needed, AAPI members have always come together to support AAPI and its many initiatives. We have always connected

and have given our best for common causes."

Having contributed tremendously with every noble cause AAPI has initiated, Dr. Bhayani says, "I have worked closely with the organizing committee of the Global Healthcare Summit by raising funds, being instrumental in bringing the President of India to the Summit in Mumbai along with Dr Bharat Barai. I have worked closely and for the success of the many charitable programs AAPI has initiated, including the TB Free India, Sevak Project and many others."

"Dr. Raj Bhayani is a Humble leader and great organiser"

— Dr. Naresh Parikh
AAPI President

Dr. Bhayani has held several positions in AAPI and has grown with the organization. He has served as a past president of AAPI Metro New York City. He has served successfully as the Convention Chair of National AAPI Convention in 2017 Atlantic City with a record profit of more than \$300,000. He had served as the AAPI Leadership Conference Co-Chair 2018 and 2017, AAPIQLI Convention Chair 2015, AAPI QLI Diwali Gala Chair 2018 and a member of the Board of Trustee AAPI NYC METRO. Dr. Bhayani has been an ac-

tive member of AAPI CPR Council; AAPI Publication Committee; AAPI ADOPT A VILLAGE PROGRAM; and the Co Chair of AAPI India n Day parade in New York and Core committee member of TB free India.

He gets his energy from the quote, 'The best way to find yourself is to lose yourself in the service of others'.

He currently serves as the AAPI IT Committee Chair 2018-19, and has been instrumental in bringing out the AAPI Weekly newsletter from the President's Desk. He is the President Elect AAPIQLI, one of the largest Chapters of AAPI.

His accomplishments in the professional world are well known. During the duration of his medical profession, more than 50 research papers have been published and presented by him, which has resulted in inclusion of his name in the Marquis 'Who's Who in America in Medicine and Healthcare' acknowledging his achievements in the medical field. He has been Director of ENT services at 8 different hospitals in New York.

Not satisfied with his professional accomplishments, Dr. Bhayani has devoted his life to being actively involved in the philanthropic sector. He currently serves on the boards, and is an active member, of over 20 communities and associations that are involved in philanthropic activities. In addition, he has also served on the Board of Trustees of Save Life Foundation, which has helped in the implementation of Good Samaritan Law and Road Safety Bill to help road side

accident victims and to improve road safety in India.

Passionate about giving back to the larger society, Dr. Bhayani says, "Inspired by many individuals, who lead by example. Cause is the driving than actual person." His life has been an example of how to give back to the community, which has given him much. "Even since childhood, I had the desire to be someone, who wanted to contribute to the common good."

Recently, he was the chief organizer for 'Football for Nation' initiative, in Delhi, by bringing Parliamentarians and Film stars together to play a game of football to raise funds for Swachh Bharat Abhiyan. Besides, his significant contributions in organizing several health and blood donation camps as well as fund raisers for Aksharpatra, helping millions of kids with Mid-day meal program in India, have earned him great respect and appreciation in the society. He is grand Patron for India Day Parade for celebrating India's Independence Day in New York.

Imbued with this passion, Dr. Bhayani did not have to look for opportunities. They actually came his way. "In the society we live in, there are ample of opportunities to do good," he says. "I always look upon in my friends who do larger good, and have tried to join them or find noble causes that I can support or initiate, with the objective of doing little acts of kindness. I believe small acts of kindness by many of us can achieve tremendous impact on humanity than individual acts."

The unassuming Dr. Bhayani was instrumental in organizing Hon'ble Prime Minister Shri Narendra Modi's historic address to the Indian - American community at Madison Square Garden, during his maiden visit to New York in September 2014.

A distinguished Guest Speaker, as a proponent of the Honorable Prime Minister's vision for India, on popular regional TV shows in USA, Dr. Bhayani is one of the foremost members of the Indian community who has worked tirelessly in increasing awareness of the Prime Minister's initiatives in the USA, which in return has resulted in the remittance of funds to India for the implementation of these initiatives. His work is an exemplary example of his commitment towards India's progress.



Dr. Raj Bhayani, Co chair of Mumbai Global Health Summit felicitates President of India at GHS.

Continued on page 15

LIVING KIDNEY DONATION



ASHUTOSH GUPTA
MD, FACP
An Altruistic Kidney Donor

Introduction

Chronic Kidney Disease (CKD) is associated with progressive and irreversible decline in kidney function with reduced glomerular filtration rate (GFR) resulting in End Stage Renal Disease (ESRD).

Renal replacement therapy (dialysis or transplantation) is required when GFR is below 10ml/minute/1.73 sqm.

According to the US Renal Data System (USRDS) 2019 Annual Data Report (ADR), in 2017, there were 746,557 patients with ESRD receiving dialysis. Out of these, 75,745 patients were on the transplant waiting list and about 21,000 received kidney transplant (KT) of which about 72% of came from deceased donors (DD) and 28% were from living donors (LD) with median waiting time for KT ~ 3.6 years.

Advantages of Kidney transplantation over dialysis

KT is superior to dialysis in terms of better quality of life and longevity. Effective immunosuppressive agents, improved the graft and patient survival in the last 20-30 years.

Factors affecting quality of life after KT:

1. Freedom from dialysis, Normal PO intake, Improved daily activities due to better Hemoglobin, kidney function, and
2. Calcium/ Phosphate/bone metabolism. Better blood pressure due to absence of volume and weight fluctuations.

Longevity after KT:

1. 5- and 10-year patient survival rates are higher after transplant than for dialysis (living KT-94%, deceased KT-89% and dialysis- 60%), (living KT-77%, deceased KT-64% and dialysis- 10-15%) respectively.

Advantages of living donation over deceased donation

1. Waiting period is shorter for living (few months) than for deceased (3-5 years) donation.
2. Living donation can be planned as an elective procedure for both donor and recipient.
3. Average life expectancy of a LD graft is higher (20 yrs) than the DD graft (14 yrs)
4. Immediate kidney functions are better in patients receiving LD graft due to almost no cold ischemia time.

Living Kidney Donation

The donor is matched with the intended recipient for ABO compatibility, HLA tissue typing and cross-matching. Two types of Living kidney donors (LKD), are directed or non-directed. Directed donors are either blood related (parent to child, sib to sib, etc.) or blood unrelated (spouse to spouse or close friend). Non-directed donors (altruistic donors) are donors when the kidney is donated to any unknown and unrelated recipient. Of all LKDS, 96-97% are directed and 3-4 % are non-directed donors (2).

Directed donation If the donor and the intended recipient are ABO incompatible or have a positive cross-match, the transplant between this pair cannot be done. In this situation, the donor can enter into a paired exchange (paired donation or a chain donation).

In paired donation, there are two sets of donor and recipient who are not compatible with each other but the donor of one set is compatible with the recipient of the other set and vice versa. The donor of the first set gives kidney to the recipient of the second set and vice versa.

LIVING KIDNEY DONATION

In Chain donation, there are multiple sets of incompatible donors and recipients. Here the donor of one set (A) gives kidney to a compatible recipient of another set (B). The donor of the recipient set (B) does the same for the next set (C) and so on, thus creating a chain for kidney donations.

Non-directed donation

A non-directed LKD can donate to any matching recipient or can enter in to a paired exchange.

Criteria to be a living kidney donor

1. An eligible LKD must be between 18-70 years, with good overall health, normal kidney function, has to be self-motivated without any personal or financial incentive. Under the National Organ transplantation act (1984), it is unlawful for any person to sell or purchase any human organ for transplantation.
2. The donor must understand all aspects of donation and must sign an informed consent.

Contraindications to be a living kidney donor

1. Diabetes mellitus, Obesity, BMI over 35.
2. Uncontrolled blood pressure (over 130/80) with single medication.
3. Significant cardio-vascular, pulmonary and peripheral vascular disease.
4. Chronic or obstructive kidney disease, active infection, HIV/AIDS, Hep B or C.
5. History of cancer within last 5 years.
6. History of active/untreated substance abuse and mental illness.

Donor Evaluation and procedure

The donor has to undergo extensive investigations to rule out any cardio-pulmonary, renal, hepatic or any other organ dysfunction, HIV, AIDS, Hepatitis B and Hepatitis C or any malignancy. After a recipient is identified, further tests (ABO, HLA and cross match) are done for the match with the recipient.

Laparoscopic nephrectomy, (Robotic) surgery is method of choice.

Complications after Living Kidney Donation

Death during surgery is very rare. Excessive bleeding, damage to other organs and infection, may occur as short term complications. LKD can have a normal and healthy life with only one kidney There is hypertrophy of the remaining kidney over 6-9 months achieving about 70-75% of the pre-surgical renal function. Some LKDs develop high blood pressure, proteinuria and progressive CKD.

It is possible for LKD to become pregnant after kidney donation, but should wait for 6-12 months.

Financial cost to the donor

There is no financial burden on the LKD. All the expenses are covered by the recipient's insurance and/or institutional special grants.

References are available upon request.



AAPI WANTS YOU

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

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

AAPI GOAC (GLOBAL OBESITY AWARENESS CAMPAIGN) - NOBESITY REVOLUTION



UMA KODURI, MD

In the past 8 years AAPI has come a long way in the obesity awareness campaign educating thousands of people, with more than 100 school events across 15 major states in the USA, 12 major school

events in India, 12 major events for our Veterans and countless number of events in the USA and India at conventions, meetings, festivals and other gatherings.

AAPI is excited to support the 2020 Global Obesity Awareness Campaign. AAPI members and their family/ friends all over the world will organize obesity walkathons on May 25, 2020 or before October 10, 2020. We hope to make this a global event by 10-10-2020 with a goal to cover 100 cities in USA, 100 cities in India and 100 countries in the World.



AAPI's fight against obesity was inaugurated with walkers wearing yellow t-shirts on December 12, 2012. AAPI has chosen this color to promote obesity awareness similar to how the American Heart Association has chosen red for heart disease. Yellow stands for energy, motivation, hope, optimism, joy and happiness.



Presently, AAPI Obesity Committee's Chair is Dr. Uma Koduri and co-chairs are Drs. Padmaja Adusumili (Veteran obesity), Pooja Kinkabwala (Childhood obesity) and Uma Jonnalagadda (Adult obesity) with chief advisors Dr. Kishore Bellamkonda and Dr. Lokesh Edara. Major contributors for the success of these events over the years have been Drs. Sanku Rao, Jayesh Shah, Aruna Venkatesh for childhood obesity, Vikas Khurana, Satheesh Kathula for Veteran obesity, and Janaki Srinath, Uma Chitra, Avanti Rao for childhood obesity in India.

What started off in 2011 at 11-11-11-11-11 seconds as AAPI Health Walkathons in 5 Continents - Australia, Asia, Africa, Europe and North America, it was successfully completed in 2020 by Obesity Walkathons by Dr. Suresh Reddy in the remaining 2 Continents - South America and Antarctica.



WHO - World Health Organization states that prevention is the most feasible option for curbing the obesity epidemic. Hence AAPI is trying "To Educate to Empower" as "An Ounce of Prevention is Worth a Pound of Cure". Obesity leads to hypertension, diabetes, cancers, heart attacks and strokes

Global Obesity Awareness Campaign 2020

We humbly request all AAPI members to partake in this campaign. Choose a major monument/ highlight of the city as location of the event and take group pictures there with the AAPI banner/logo. Invite your mayor and local celebrities and make it a fun and educational event, include all community members (non-Asians), wear yellow and dance Zumba! Give educational handouts on obesity including the 5210 concepts: 5 servings of fruits and vegetables, 2 hours or less of screen time, one hour or more of physical activity and zero sugary beverages. Please send photos and short description of event to AAPI office and uma.koduri@gmail.com

PREVENT HYPERTENSION

A Call to Action



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

"'Prevent cancer' has become one of the slogans of our age: 'prevent hypertension', if acted upon, has a greater immediate chance of saving lives."...Colin Tudge wrote in 1981 in a published article titled

"Salt: deadliest spice of all" summarizing the lifetime contributions of one Dr. Lewis K. Dahl.

The World Health Organization (WHO) in its report on global health risks, also reported, **"Hypertension is deadlier than tobacco."**



By the way, Dr. Dahl is called the "father of hypertension" for his many years of contributions to our knowledge of hypertension. The American Heart Association (AHA) also conferred a rare honor of instituting the annual Dahl memorial lecture.

Hypertension is by far the most massive, preventable global health problem needing engagement of global physicians, especially physicians of Indian origin. A recently published report from India which shows life expectancy of Indian physician themselves is about 9 years shorter than the general population. This should be a battle cry for us to engage in "Prevention." Pills and procedures don't trump Prevention. We need to focus on prevention for our own health, the health of our families, friends and patients we are responsible for.

Consider the following:

Eighty percent of heart disease is preventable... AHA

Hypertension is the number one cause of death and disability surpassing Tobacco...WHO

Fifty percent of strokes and heart attacks are caused by hypertension....WHO

One billion people in the world have hypertension....WHO

Up to 100 million Americans have hypertension and fifty percent of them do not have it under control...Centers for Disease Control (CDC)

Hypertension in Black America is more common, more difficult to control and more complications at an earlier age....CDC.

Heart failure is the most common reason for admission and readmission for Medicare participants...The Agency for Healthcare research and Quality

Table salt consumption is by far the most common preventable cause of hypertension... thousands of papers.

Eat drink and be merry, without compromising health. The time is now for physicians of Indian Origin as global physicians to lead the way - by walking the walk! Can we cut back on our table salt?



**HEALTH FIRST:
TASTE WILL CHANGE**

PANDEMIC OF DIABETES AND ITS HEALTH CONSEQUENCES: SHOULD WE TALK ABOUT PREVENTION?

"The aim of medicine is to prevent disease and prolong life; the ideal of medicine is to eliminate the need of a physician."
— William James Mayo



V.K. RAJU
MD, FRCS, FACS

The prevention of a disease is often difficult to put into practice, can be seen as a luxury because we are too busy treating patients, is celebrated in principle but resisted in practice. There are obstacles and solutions.

Prevention did much to advance human longevity to the level seen today. Fossil records suggest that early humans living 25,000 to 40,000 years ago survived, on average, to their mid-20s, with evolution and accelerated economic growth, improved sanitation practices, recognition of infectious diseases, development of nutrition, living conditions, vaccines and antimicrobials helped life expectancy to reach where it is today.

By 2010, non-communicable diseases accounted for 2/3 of the deaths in the world. This epidemiologic transition raises the stakes for prevention of chronic diseases like diabetes which may be the number one disease in this group. A balanced, whole population public health approach may be the only way which requires intervention on three levels.

- Upstream public policy
- Midstream primary/secondary prevention
- Downstream tertiary treatments

Among the obstacles (for prevention of disease):

1. Success is invisible, Statistical lives have little emotional effect, Long delay before rewards, Benefits do not accrue, Avoidable harm is considered normal.
2. Advice is inconsistent or changes. (What they don't tell you about Mammograms)
3. Prevention is expected to produce net financial return. Treatment is expected only to be worth the cost, Commercial interests may conflict with the disease prevention.
4. Advice may conflict with personal, religious and cultural beliefs.

Our conversation today:

1. Prevention is the best path forward.
2. We discussed obstacles to change.
3. Strategies for change

Pay for prevention:

Clinicians are paid for preventative care they provide. We should make prevention better than free, with incentives for patients. Financial rewards motivate individuals and families. We should involve employers to promote health in the workplace and to provide incentives. It is sustained effort that will lead to success. Persistent behavioral change, including adhering to those healthy decisions every day may be required. Early interventions - starting with educating children regarding healthy diet and importance of exercise - need to be incorporated into any long term plan to combat diabetes and its sequelae.

In conclusion, world-wide prevalence of diabetes is still increasing. The United States has spent more than three trillion dollars on healthcare in the last year, with primary focus on tertiary care and less focus on primary and

PANDEMIC OF DIABETES

secondary prevention. In many African countries, the cost of one vial of insulin may be the equivalent of a month's salary. Success in prevention of diabetes will require a sustained effort from individuals and families in their daily lifestyles in terms of making healthy eating choices and exercise; from physicians, nurses, pharmacists and all related healthcare professionals to cultural, entertainment and sports celebrities. Employers, insurers, political, civic and business leaders have an enormous role in the prevention of pandemic of diabetes around the world.

Last word:

The ancient medical system of India (Ayurveda) says "Eat right. Exercise right. Don't take yourself too seriously." Ayurveda (has incredible applications in the modern world) existed before the construction of the pyramids. It defines perfect health as a balance between body, mind, spirit and social well-being similar to the World Health Organization's definition of health.

PREVENTION IS THE KEY AND IS EACH ONE OF OUR RESPONSIBILITY!

References are available upon request.

DR. MOHAN DURVE PRESENTS CME PROGRAMS FOR YEAR 2020 / 2021

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PROGRAM	DATES	\$ FROM	REMARKS
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Croatia Cruise (11 days)	June 9 - 20, 2020	\$3,499	
*Eastern European Cruise (13 day)Budapest to Bucharest	Oct 4 - 16, 2020	\$4,299	
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Hawaii Cruise (7 day)	Weekly departures 2020	\$1,434	Inter-Island from Honolulu
N. Lights of Iceland (7 day)	2020 - Weekly departures Oct, Nov, Dec	\$2,899	From NYC
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LATEST CORONAVIRUS EPISODE OF CHINA - ITS RAMIFICATIONS AND APPLICABLE PREVENTATIVE AND CLINICAL TREATMENT MEASURES



MALIREDDY S. REDDY
DVM., MS., PH.D.

The latest Wuhan Novel Coronavirus (COVID-19) epidemic of China shocked the whole world. This human Coronavirus (SARS-CoV-2) is an RNA virus and zoonotic, thus it is hard to treat due to its high efficiency to mutate rapidly. The

COVID-19 Coronavirus specifically affects cilia of the lung epithelial cells to cause pneumonia. Besides the primary viral damage, secondary extensive lung tissue damage is due to excess stimulation of the human immune system due to Coronavirus with severe inflammation through activation of Cytokines, T-Cells (TH-1, TH-2, Th-17) and NK cells. Unfortunately, the over-active Effector T- Cells continue to significantly increase the persistent inflammation to the point of destroying even the normal healthy lung tissue, ultimately leading to death. In essence, the biggest damage is done by the patient's own immune system.

How do we control this autoimmune syndrome, and why is this happening? In my opinion, the COVID-19 virus infection significantly stimulates the inflammation provoking cytokines, Effector T-Cells, and NK cells, and at the same time excessively suppress the T- Regulatory Cells (which can dampen the inflammation after the viral infection is suppressed). Unless T-Reg cells and inflammation reducing interleukins, such as IL-10 etc., are present in optimal quantities, the excess uncontrollable inflammation will destroy even the normal healthy human cells and tissues.

How can we stimulate the production of T- Reg cells and proper Interleukins? This is where Probiotics (Multiple Mixed Strains) and their

beneficial end-products of growth, such as Immunomodulins, Bio-active peptides, Bacteriocins, and Nano therapeutic bio compounds come into play to stimulate the production of T-Reg cells and the proper immune suppressing interleukins, besides directly inhibiting the virus.

What Probiotics do we have to give to prevent COVID-19 Disease? Since the human immune system is linked to the healthy Gastrointestinal Microbiota (total number of Micro-Organisms), proper measures must be undertaken to strengthen the GI tract beneficial Microflora. Although several Probiotics are available commercially (which their efficacy is unknown and highly questionable), common sense wise this can be accomplished easily through routine consumption of the fermented dairy products with multiple Probiotics, such as fresh homemade Yogurt and cultured Buttermilk, and the fermented aged cheeses. The fresh homemade yogurt will have more active live probiotic bacteria and immunomodulins. Besides the homemade yogurt, the fermented aged cheeses such as Cheddar, Swiss, and Blue cheese etc., also have more health promoting natural Probiotic bacteria, which can implant in the GI Tract to improve systemic immune tolerance and reduce the excess inflammation, without inducing lactose intolerance. However, **pay particular attention to the percentage of salt in the various types of cheeses.** In this connection, overall Chinese people do not consume much fermented dairy products to derive this natural health benefit.

Can Selective Probiotics help to cure the COVID-19 infection? In my opinion, the COVID-19 patients must be administered specially prepared active therapeutic Multiple Mixed Strain Probiotics along with their immunomodulins, as adjuvants, along with the traditional treatments, as a successful treatment modality, to suppress the secondary autoimmunity associated with this Coronavirus infection.

RADIOGRAPHIC PATTERNS OF VAPING ASSOCIATED LUNG INJURY



ATUL GUPTA
MD, FACR



BILLY ZHAO
MD

The incidence of e-cigarette usage, or “vaping”, in recent years has experienced substantial growth, with reports of 27.5% of high school students and 10.5% of middle school students participating in e-cigarette usage [1]. As of January 2020, there have been 2,668 cases of hospitalization or death within the US reported to the CDC [2]. There has been a growing list of e-cigarettes and additives, or “oils”, which contributes to a poor understanding of the short and long term impacts of prolonged use.

Imaging findings of vaping associated lung injury are a vital tool for proper diagnosis, as symptoms alone can be nonspecific, including shortness of breath, chest pain, nausea, vomiting, abdominal pain, and fever or chills [3]. However, radiologic findings can similarly be nonspecific. One of the more well recognized radiologic findings is of lipoid pneumonia, which has been linked to Vitamin E acetate, a viscous oil used as a diluent for THC [2,4,5]. Lipoid pneumonia on chest radiographs can manifest as an airspace consolidation, mass-like lesion, or have a reticulonodular appearance. CT findings can include ground-glass opacities in the acute or chronic phase, as

well as more specific fat-attenuation consolidation or nodularity. Additional reports have noted giant cell interstitial pneumonia, a rare pulmonary fibrosis linked to exposure to metal compounds, of which some e-cigarettes are known to contain nickel, tin, and lead [6].

Imaging features on chest radiograph can demonstrate a reticular, nodular, or reticulonodular pattern. CT findings can include patchy ground-glass opacities, reticularity, rarely centrilobular nodularity or honeycombing, and mediastinal lymphadenopathy. Other processes included diffuse alveolar damage, which appears on chest radiograph as bilateral heterogeneous opacities acutely and progresses to coarse reticular opacities. CT could show bilateral ground glass opacities and/or consolidations with bronchial dilatation and pleural effusions acutely, progressing to coarse reticular and ground glass opacities. Patterns of hypersensitivity pneumonitis have been described, which show diffuse punctate nodularity or patchy air space opacity on radiograph, and bilateral ground-glass opacity and centrilobular nodularity with possible mosaic attenuation.

These are among a few of the wide range of known radiologic findings. It is imperative for the radiologist and ordering physician to work together and correlate the usage of e-cigarettes to the patient’s symptomatic and radiologic findings to help improve our understanding and management of vaping associated lung injuries as its popularity continues to rise.

References available upon request.

THE ROLE OF ARTIFICIAL INTELLIGENCE IN MEDICINE



**PRITHWIJIT
ROYCHOWDHURY MS3**

It was in 1965 that Sir William Osler said, “medicine is a science of uncertainty and an art of probability,” and despite all the changes that our health care system has faced with the advent of EHRs and

clinical decision support, these words perhaps have never rung more true.

Artificial Intelligence (AI) seeks to “imitate intelligent human behavior” (Merriam Webster) to redefine the way that clinicians navigate the uncertainty of clinical reasoning. AI creates opportunities for clinicians to interpret probabilities more effectively and provide personalized medical care for every patient. The concept began in 1958, with Frank Rosenblatt’s creation of the Perceptron, an algorithm which was able to classify the elements of a given set into two groups based on a predetermined rule and then learn to fine tune its process from examples (1). The ability of the perceptron to modify itself without human intervention through structured data input is at the core of AI. Fast forward to the mid-2000s, and Geoffrey Hinton, the “Godfather of Deep Learning” published an algorithm that could process unstructured data via multiple layers of perceptrons – called a neural network.

Convolutional Neural Networks (CNN) pushed this idea further by learning spatial hierarchies of features. In the same manner that the human visual cortex detects light on the retina as an

input and generates an image via processing through its neural networks in V1-V6, CNN are able to recognize and categorize images so well that they are now approaching and even out performing human diagnosticians (2).

Perhaps more than any other medical field, radiology has been impacted the most by the advent of CNN. After receiving training with a set of 200,000 labeled chest radiographs, a CNN was able to classify the images as either normal or abnormal with a high degree of accuracy (3). The prediction of lung nodule malignancy is one field where CNN have made immense gains. One group reported that their algorithm has achieved an AUC of ~0.99 which is on par with the analysis of the dataset by expert radiologists (4). CNN outperform physicians in speed as well. They can accurately identify acute neurological illnesses such as stroke or hemorrhage in CT scans at a rate of 1.2 seconds – 150 times faster than the average time required for physicians to read the image (5).

AI offers a unique approach to accomplishing the Triple Aim of Medicine, set forth by the Institute for Healthcare Improvement (6). We are living in a time when the implementation of low-cost and highly efficacious technology to improve the patient experience of care and their health is already underway. As we continue to reduce clinical uncertainty through the incorporation of AI into our diagnostic tools, we may start to swing the balance of medicine from science back to the art that it truly is and reclaim our humanity in the profession.

References available upon request.

SPACE – THE NEW FRONTIER



**UDITA JAHAGIRDAR
MD**

The launch of a spaceship is a site to behold. The anticipatory throng of humanity, the countdown, then the lift off—a flash of fire on a bed of smoke, a rumble turning into a roar, the spacecraft hurtling skyward riding a plume of flames.

Commercial space tourism is now a certainty. NASA has now allowed private astronauts to go on the International Space Station with the use of Elon Musk's Crew spacecraft and Boeing's Starliner, priced at \$ 35,000 per day. Virgin Galactic has booked more than 600 tourists at \$250,000 apiece on a sub orbital flight.

Obviously, the impact on the human body depends on duration and distance. The risks are grouped into FIVE categories: Gravity Fields, Isolation/Confinement, Hostile/Closed Environment, Space Radiation and Distance from Earth.

Long term effects were best studied by NASA's Twin Study which compared astronaut Scott Kelly while he was in the International Space Station for 340 days to his identical twin brother Mark Kelly. There were changes in his telomere length, gene expression, gut microbiome, body mass, ocular and cognitive functions. Overall there was a return to preflight levels demonstrating the resilience of the human body.

As of now, there are no rules requiring space companies to set any criteria for accepting passengers. They just need to sign a waiver and pay the hefty fees. Initial short duration flights will probably be a gentle low G- ride up, a few minutes of weightlessness a view of earth, and return. A brief evaluation of the challenges and hazards of space travel is as follows:

Gravitational acceleration force during ascent—a person may blackout at 4 to 6G. This is mitigated by G-force training and a G-suit which constricts the body to keep more blood in the head. Most spacecrafts keep G-forces within comfortable limits.

Short term exposure to weightlessness causes Space Adaptation Syndrome, a derangement of the otoliths. Without gravity, fluids distribute in the upper half of body causing facial puffiness, distorted vision and loss of taste and smell. There is accelerated bone loss and possible formation of kidney stones. Lacking exercise, astronauts can lose 20% of muscle mass in 5 to 11 days.

Isolation and Confinement cause behavioral, cognitive and psychiatric conditions with decline in morale and interpersonal interaction. Loss of circadian rhythm causes sleep disorder and may impact performance.

Hostile/Closed environments: Microbes can change characteristics in space and microorganisms can be easily transferred from person to person. Illnesses may be reactivated as stress hormones are elevated and immune system is altered.

Space Radiation: On the space station within earth's magnetic field astronauts still receive over 10 times more radiation. Cosmic rays may damage lymphocytes, accelerate the onset of cataracts and Alzheimer's while solar flares may give a lethal dose of radiation in minutes.

Distance from earth: The moon is 0.239 million miles away, while Mars is 140 million miles away. Imagine the challenges of communication, equipment failure and skills needed to cope and endure.

As humans, we are poised to take this giant leap into the unknown. How far are we going to succeed? ...Only time will tell.

THREE VOYAGES TO THE FROZEN CONTINENT – ANTARCTICA

Trip of a lifetime



**SARASWATHI
MUPPANA, MD**

Around 400 AAPI delegates, families and friends from across the United States, Australia and India embarked on the Ocean Atlantic Ships operated by Albatross Expeditions between November, December 2019 and January 2020 from Ushuaia,

the southernmost town on Earth in Argentina on a phenomenal once in a lifetime voyage to Antarctica, the Seventh Continent, also known as the Last Horizon on Earth.

The voyagers were welcomed on board by AAPI's dynamic President, Dr. Suresh Reddy, who along with Dr. Vandana Agarwal, Chair of AAPI's Cruise to Antarctica, worked very hard to coordinate the trip with Vinod Gupta of ATG Tours.



The nine-day long expedition gave each voyager a once in a lifetime experience, experiencing the coldest, windiest and driest place on Earth, Antarctica, a continent of superlatives. They were educated on safety precautions during the Drake passage, the many aspects of wildlife there, which include, different species of penguins, seals and birds that inhabit the fifth largest Continent and the ways for the voyagers to respect wildlife space, and avoid penguin highways, yes penguin highways. Voyagers also had a chance of visiting by zodiacs (small but strong motor boats) Espenranza base, Robert Point, Port Lockeroy post office, the "Graveyard of Icebergs", Glaciers,

kayaking in the Antarctic peninsula, and of course experiencing the polar plunge and sailing through Lemaire channel, nicknamed as "KODAK GAP" – for its steep cliffs hem in iceberg filled passages. Felt like heaven!



Nine hours of Continuing Medical Educations (CMEs), with high value topics and excellent speakers, led and organized by Drs. Krishan Kumar, Anupama Gotimukula, and Suresh Reddy were a major highlight of the Cruise to Antarctica. AAPI provided a hands-on CPR Training on board to the crew of Ocean Atlantic ship, educating them to handle basic medical emergencies. All this mixed with desi entertainment, and friendships to cherish made the trip even more memorable to last for a lifetime, of course with safe return to home.

On their way to the White Continent, Dr. Reddy accompanied by other AAPI leadership - Pres-Elect: Dr. Sudhakar Jonnalagadda; VP: Dr. Anupama Gotimukula; Sec: Dr. Ravi Kolli; Chair, BOT: Dr. Seema Arora; Vice Chair of BOT: Amit Chakrabarty; and several others, met with Mr. Dinesh Bhatia, India's Ambassador Extraordinary and Plenipotentiary to the Republic of Argentina and shared with him AAPI's mission and its global programs.

Obesity awareness events were also held with a walk-a-thon in Ushuaia National Park.

Look forward for such beautiful AAPI family CME trips to unique places in the future!

THE ROP PROJECT

A COLLABORATIVE EFFORT TO END RETINOPATHY OF PREMATURETY



EACH YEAR,
3.5
MILLION
BABIES IN INDIA
ARE BORN
PREMATURELY

When premature babies receive too much oxygen, they can develop **retinopathy of prematurity (ROP)**, a blinding eye disease. Goutami Eye Institute in Rajahmundry, AP, screens and treats ROP using advanced technology, paving the way for healthy vision and a productive life.

THE ROP PROJECT
PARTNERS INCLUDE:

Rotary



GAPIO
Global
Association of
Physicians of
Indian Origin

WINTER MEDICAL CONFERENCE



YPS and MSRF worked hard to organize the popular 7th annual Winter Medical Conference at the MGM GRAND in February. The event was attended by the entire AAPI leadership team including President Dr. Suresh Reddy, Pres-Elect, Dr. Sudhakar Jonnalagadda, VP Dr. Anupama Gotimukula, Sec Dr. Ravi Kolli, Treas Dr. Raj Bhayani, Vice Chair of BOT Dr. Amit Chakrabarty, and Dr. Uma Jonnalagadda, who had graciously donated the T-shirts for the Obesity Walk.

Put together by YPS Board of President Dr. Stella Gandhi, Pres-Elect Dr. Ami Baxi, VP Dr. Soumya Neravetla, Sec Dr. Smila Kodali, Treas Dr. Jorawar Singh, Convention Chair Dr. Chetan Patel, and MSRF President Dr. Pooja Kinkhabwala, MSRF Pres-Elect Dr. Kinjal Solanki, and MSRF VP Ayesha Singh, the conference was packed with Continuing Medical Education (CMEs), Research Poster Symposium, Seminars and Workshops on Social Media, Healthcare Laws, Physician Wellness and Leadership Issues.

Continuing with the tradition of creating awareness on Obesity, Dr. Pooja Kinkhabwalla addressed participants on the importance of proper diet as AAPI leadership led the delegates on the AAPI Obesity Awareness Walk, wearing Yellow shirts and hats. Aarti Shahani and Dr. Poonam Alaigh, Former Undersecretary of HHS, VA were the keynote speakers at the conference.

Shahani, a former NPR correspondent, enthralled the audience with a reading from her book "Here We Are," which is about her upbringing as the daughter of undocumented immigrants who became legal, but then got mired in the convoluted justice system. Dr. Poonam Alaigh spoke about the importance of being authentic and encouraged everyone to "follow your passion, even if it takes you on an unconventional track." She reminded the group that "...Thoughtful, Committed Citizens Can Change the World". The young physicians had an enriching experience on "Effectively Using Social Media to Enhance Your Career" by Aman Segal who talked the audience through the do's and don'ts of a good social media post and the impact of effective social media for physicians.

Dr. Amit Sachdev, a White House Fellow enlightened the delegates on Leadership Issues. The Academic Performance Panel advised students on effectively navigating the Match. Health Care Q&A was led by Attorney Ashwin J. Ram.



Moderated by Dr. Stella Gandhi and Bruno Van Tuykom, Dr. Saya Nagori educated the delegates in the "Creating a Healthcare Startup" Panel. For the first time, delegates were able to get CME for the popular leadership panel run by Dr. Jay Bhatt and Dr. Atul Nakhasi. The newly elected BOT Chair of AAPI, Dr. Sajani Shah Kapasi addressed the delegates on the "Business of Medicine." A CME seminar on Physician Wellness was led by Dr. Jay Bhatt, Dr. Vipin Nikore, and Dr. Pooja Kinkhabwalla. Overall, the conference was a success and we look forward to seeing everyone next year.

AND THE WINNER IS...



MARISSA M. LI
M.D.



MRINAL S. PATNAIK
M.B.B.S.

Each year the AAPI YPS/MSRF Winter Medical Conference hosts a robust research symposium. Parent AAPI members judge the presentations and we are always impressed with the work the up and coming generation is doing. It was a tough competition this year, but this year "A Rare Case of Cutaneous Blastic Plasmacytoid Dendritic Cell Neoplasm Arising from Clonal Cytoplasm of Unknown Significance" won first prize. We've featured the abstract below. Kinjal Solanki, MD won second for "A Rare Case of Cryptococcus Caused by Cryptococcus gatti". Arsheya Patel, MD's "The Hunt for a Perfect Diagnosis: A Rare Presentation of Ocular Neuromyotonia" won third. We hope this whets your appetite for the posters at our National Convention in June.

A Rare Case of Cutaneous Blastic Plasmacytoid Dendritic Cell Neoplasm Arising from Clonal Cytopenia of Unknown Significance.

Authors:

Marissa M. Li, M.D., Mrinal S. Patnaik, M.B.B.S.

Abstract

Clonal cytopenia of unknown significance (CCUS) is a premalignant disorder characterized by the presence of expanded somatic mutant clones and peripheral blood cytopenias, in the absence of a defined hematological malignancy. The most common mutations encountered in CCUS are DNMT3A, TET2, and ASXL1, which are typically associated with subsequent development into MDS and AML.

In our case study, a 68 year old gentleman with asymptomatic pancytopenia consistent with CCUS developed acute transformation into cutaneous blastic plasmacytoid dendritic cell neoplasm (BPDCN). Next generation sequencing was done on bone marrow and was positive for TET2 and ZRSR2 mutations. Sequencing done on his cutaneous lesions were similarly positive for TET2 and ZRSR2, but also included copy number deletions of CDKN2A, CDKN2B, and MTAP. He underwent 3 cycles tagraxofusp (anti- CD123 conjugated monoclonal antibody) and an allogenic stem cell transplant. After the 2nd cycle of tagraxofusp, he had near complete remission of his skin lesions. On our last follow up, he is 60 days post-transplant and doing very well. Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a rare and clinically aggressive hematologic malignancy. About 10-20% of patients who develop BPDCN have a history of MDS, AML or CML,⁴ but the prevalence rates of antecedent CCUS remain unknown. Our case illustrates the potential of CCUS to develop into not just MDS or AML, but also into BPDCN. We also demonstrate the correspondence of the two mutations (TET2, ZRSR2) found in the bone marrow of CCUS with the skin lesions of his subsequent BPDCN. Contrary to the thought that CCUS represents a cytopenia of unknown significance, this case indicates that CCUS does in fact have significant oncogenic potential for a variety of hematologic neoplasms – with subsequent genetic and epigenetic events determining progression to said variety of hematologic neoplasms.

BUILDING BRIDGES

National AAPI comes to Local Chapters

Led by Dr. Reddy and his Team, the 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 California 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.



American Association of Physicians of Indian Origin of QUEENS and LONG ISLAND (AAPI-QLI), one of the most

active chapters American Association of Physicians of Indian Origin of QUEENS and LONG ISLAND (AAPI-QLI), one of the most active chapters of AAPI, under the leadership of Dr. Bhavani Srinivasan organized Breast Cancer Awareness event in Clark Botanical Gardens in October. New York State Senator Kevin Thomas, the first Indian American to be elected to that office, complimented the physicians on their various health initiatives and gave a Citation to AAPIQLI. Nassau University Medical Center provided a Mammography Van for free on-site mammograms. Nearly 600 people from across the country came together to celebrate the contributions, achievements and growth of AAPI-QLI during its 24th annual convention in November.



AAPI leadership joined the Inland Southern California Organization of Physicians of Indian Origin (ISCOPI) annual Diwali Gala in November. It was a glittering full house.



Dr. Manoj Shah, President of the chapter, outlined the activities that were done during his tenure and how far this young

organization of seven years has come to become one of the most vibrant chapters in the AAPI. He showcased his charity run and urged all to join in the future. Dr. Amit Chakrabarty, Vice Chair AAPI Board of Trustees representing AAPI, presented appreciation plaques to the members of executive committee for their dedicated and selfless contribution to ISCOPI. Pranav Desai, Founder of the Voice of Specially Abled People charity, appraised the audience of its activities and raised funds for their noble cause.



AAPI has launched "Share a Blanket" project during the holiday season in 2019, providing warmth to the needy. Dr. Binod Sinha, from New Jersey State AAPI Chapter, leads the project along with other Chapter presidents.



AAPI matched up to \$500 for each Chapter in their efforts to purchase and distribute blankets to the needy. Dr. Prachi Dua and Dr. Binod Sinha continue to help with the logistics. This project was successful and received very well by the local chapters and communities. AAPI intends to continue this tradition every holiday season to show the gratitude to the communities we live in.



The AAPI-Tennessee Chapter executive committee and members were excited to participate in the national drive, donating a total of 70 queen sized warm blankets to Nashville Rescue mission.

BUILDING BRIDGES



Some of the other following AAPI Chapters are actively participating to help the needy with Blanket bringing comfort and warmth in the cold weather:

1. Dayton, OH - Dr. Jhansi Koduri & Team
2. San Antonio- Dr. Anupama Gotimukula & Team
3. Inland Southern California Organization of Physicians of Indian origin (ISCOPI) - Dr. Manoj Shah & Team
4. Huntsville, Alabama Dr. Pavan Panchavti & Team
5. Kansas City - Dr. Padmaja Adusumilli & Team



At a glitzy event in Rosen International Hotel, Orlando, the Central Florida Association of Physicians of Indian Origin (**CAPI**) held their annual Fall Gala. On behalf of AAPI, Dr. Jonnalagadda presented a plaque to the outgoing President of CAPI, Dr. Rohit Batheja. The incoming President of CAPI, Dr. Sriikiran Pothamsetty emphasized the spirit of service that binds us together. 'We are all the children of Gandhi', he said. He also reaffirmed his faith in AAPI and said he would work towards greater collaboration with AAPI, especially its humanitarian and charitable missions.

Kansas City AAPI held a symposium on "Global Healthcare Equality" in December with Padmaja Adusumilli, MD as President. Meher Medavaram, MD, Chair, AAPI Convention 2020, presented "Health care inequalities in India – Facts and Causes." Ravi Kolli, MD, Secretary of AAPI, enlightened the audience on "AAPI's grassroots movement in curbing health care inequality." Keynote speech "The Right to Hear" was delivered by EC Vinay Kumar MD, Society to Aid Hearing Impaired (SAHI), Chief of ENT. Venkat Medapati, MS, MBA, spoke about Improving Healthcare Infrastructure and was presented the "Global Healthcare Equality Award." Dr. Satheesh Kathula, MD Chair, IT Committee, AAPI entertained the audiences with his singing.



Miami Valley Area Physicians from India (**MVAPI**) (Dayton, OH) celebrated the annual gala in style. Shravan Kumar's charity

fashion show, organized by Dr. Jhansi Koduri and team, was the highlight of the program. Physicians and their spouses were the models and the money raised went to various local charities and weavers in India. Dr. Alok and Sangeeta Agarwal were felicitated for their selfless contributions for the betterment of their adopted village, Burgula in India. Several other physicians were recognized for their service to the community including Dr. Shachi Rattan, Dr. Saraswati Kalvakota and Dr. Satheesh Kathula. The event was graced by the presence of Dr. Suresh Reddy, President of AAPI.



With Dr. BK Kishore at the helm, Kurnool Medical College Alumni (**KMC-ANA**) have been taking active part in the AAPI projects, Conventions and GHS. Many of them provided logistic support and donated funds for the Obesity Awareness Walkathon in Hyderabad during GHS. They also conducted their alumni meeting on July 23rd at the GHS venue in Hyderabad, which was attended by about 40 to 50 alumni from India and the USA. The KMC-ANA alumni are planning to meet during the AAPI Convention in Chicago. For the upcoming GHS in Visakhapatnam, the KMC-ANA has already offered logistic support and is working to raise funds for Obesity Awareness Walkathon.



AAPI's 38th ANNUAL CONVENTION IN CHICAGO

ADVANCING MEDICINE IN THE WINDY CITY!



MEHER MEDAVARAM, MD
Chair, AAPI Convention 2020

Preparations are underway for the historic American Association of Physicians of Indian Origin (AAPI)'s 38th Annual Convention and Scientific Assembly (June 24th-28th, 2020) at Chicago's Donald E. Stephens Convention Center.

Over 2,500 physicians, academics, researchers, and medical students will gather for continuing medical education (CME), academic presentations, recognition of alumni achievement, professional networking, and cultural and social events. We will also have the privilege of hosting senior world leaders, Nobel Laureates, entrepreneurs, and Hollywood and Bollywood celebrities.

The AAPI-Chicago team is led by Dr. Meher Medavaram, Convention Chair; Dr. Geetha Wadwani, President of IAMA, Chicago Host Chapter; Dr. Sreenivas Reddy, Convener; Dr. Niranjana Shah, Convention Co-Chair (IL) Region; Dr. Mohan Kishore Kesani, Convention Co-Chair (IN Region); Dr. Venkat Anne, Convention Co-Chair (WI Region); Dr. Anu Terkonda, Convention Co-Chair (MO Region); Dr. Bharat Barai, Chief Senior Advisor for the convention; Dr. Umang Patel, Senior Advisor; and Dr. Birinder Marwah, Senior Advisor who are committed to making the convention a memorable event. We greatly appreciate the dedication of our convention team members.

This is an exciting opportunity, and our AAPI President Dr. Suresh Reddy is successfully coordinating the team with his leadership.

"We will continue to work together knowing that collaboration and cooperation is essential among AAPI leadership and that all members of the leadership team speak and act in one voice. I promise you that I will work closely with the next two confirmed presidents so we can start strategic planning on multiple projects. This will ensure continuity and smooth transition of programs and initiatives from current President to next. With all your blessings we will take AAPI to even greater heights."

- Dr. Suresh Reddy, AAPI President



Best Wishes to AAPI Members



SATHEESH KATHULA, MD, FACP FOR TREASURER OF AAPI-2020

Clinical Professor of Medicine

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



AMIT CHAKRABARTY

- MD, MS, FRCS. -

Vice Chair AAPI BOT

For **SECRETARY 2020**

Experience, Integrity, Leadership

AAPI Governing Body Member For 12 Years

AAPI Distinguished Service Award 2018

Board Certified Urologist, Poplar Bluff, Missouri

Website:

www.amitaapi.com

SERVICE-TO- AAPI

- **Convener**, AAPI Fall Governing Body Meeting, St. Louis, October 2019
- **Board of Trustees**, AAPI, 2017-2020
- **Regional-Director**, AAPI Two years, 2004-06
- **Chairman**, AAPI Ethics and Grievances Committee=2011-2012
- **Chairman**, AAPI Journal Resource Committee=2012-2013
- **President**, Alabama API=2012-2014
- **President**, Indian Medical Council of St. Louis=2017-2019
- **Chair** Urology Forum Global Health Summit, 2017 and 2019
- **Member**, AAPI Bylaws, Membership, Ethics and Grievances, Alumni and IT Committees
- **Founder and organizer** of the popular show *"AAPI's Got Talent" & "Mehfil"*

OTHER-LEADERSHIP-ROLES

- **President**, Indian American Urological Association=2008-2009
- **President**, Society of Indian American Clinical Urologists - Active
- **Chairman**, Board: AlabamaAPI Scholarship fund – Active
- **Treasurer**, Odisha Society of Americas, Health and Wellness Group
- **Counselor**, Fifth Congressional District Caucus, Medical Association of State of Alabama=2011-2014
- **Member**, Physician Leadership Group, Crestwood Medical Center 2010-2014
- **Member** BOT, Madison County Medical Society=2011-2014
- **Leader**, Indian delegation to Japan-International Youth Year=1985

FUND-RAISING/COMMUNITY-ACTIVITIES

- **Instrumental** in getting the Grand Sponsor of \$100,000 sponsorship for the 10-city Jai Ho Tour in 2019
- **Organized** a fund-raising show in New Jersey featuring my own musical group for Puerto Rico Hurricane relief (\$60,000)=2018
- **Organized** the successful AAPI Talat Aziz Fund raising show donating money to Houston Hurricane Relief (\$50,000) and Lymphoma & Leukemia Society (\$50,000)=2018
- **Active participant** in fund raising for Hindu Temple of St Louis raising more than \$300,000 each year=2015 and 2016
- **Organized** national charity event for Nepal Earthquake victims=2015
- **Fund-raising** Pankaj Udhas show in Huntsville Alabama: set up life time scholarship fund=2012
- **Spearheaded** AlabamaAPI fund-raising for Alabama Tornado victims=2011
- **Integral part** of first two large-scale successful fund-raising events for AAPI-Hema Malini Concert 2002 and 2003 in Huntsville
- **Committee member** for Hindu Cultural Center, North Alabama leading to the first Hindu Temple of North Alabama=2000

www.amitforaapi.com



**AMERICAN ASSOCIATION OF
PHYSICIANS OF INDIAN ORIGIN**
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38TH AAPI ANNUAL CONVENTION

*We Hope To See You
In Chicago*

June 24-28, 2020

www.aapiconvention.org

