RMCANA



Reunion Atlanta 2018

Rangaraya Medical College Alumni of North America





ATLANTA 2018



The Rangarayanism

What is Rangarayanism? This was the question we wanted to answer when we embarked on the journey of making this souvenir. We have an abstract idea of what it is, but to give it a concrete form, we wanted to capture the essence of who we, the Rangarayans, are. We all came from diverse backgrounds and have different current career paths, but one thing common to us was that we all had spent several wonderful years in that beautiful campus called the Rangaraya Medical College, and those years made us what we are today.

What we did not realize was what a herculean task it was going to be to capture the essence of 'us'. We all made a new home in this great country, but our journey is over 50 years long, and we are spread over more than one generation.

However, after countless hours of talking, texting, "whatsapping" and personally meeting several alumni, we believe that we have found the answer to our quest. Rangarayanism is being excellent at what we do. Rangarayanism is leading from the front. Rangarayanism is being an academician. Being an athlete. Being an artist. An entrepreneur. A philanthropist. And more than anything else, Rangarayanism is lighting the torch and showing the way to our future generations.

We bring you hundred pages of Rangarayanism. We suggest you read, reflect and soak up the Rangarayanism from this souvenir that directly speaks to you. At the outset, let us apologize to all the great and unmentioned Rangarayans who deserve to be mentioned. We know you will receive this with large hearts and pardon us, and remind us to celebrate all of you/us now and in the coming years. It is not over yet. We march forward as we add more greatness. More Rangarayanism.

Sashi Kuppala

'92 Rangarayan
Editorial Coordinator





Dr. Narasimha Sastry Jatavallabhula & Bhamidipalli Narasimha Murthy (BNIM)

Dr. Jatavallabhula is an '85 Rangarayan and currently a practicing Neurosurgeon in Texas. డాలు నరసింహ శాస్త్రి గాల మేనత్త కుమారుడు, "BNIM" అనేక పత్రికలకీ, నవలలకీ, గేయ కావ్యాలకీ ముఖ చిత్రాలు రచించడంలో ప్రసిద్ధి చెందారు. పద్మశ్రీ బాపు గాలకి ప్రియ శిష్కుడు. 4 నంది అవార్మలు, ప్రతిష్టాత్తకమైన "కళారత్న" బరుదాంకితుడు.

ముఖ చిత్ర వివర్ణ :

- ధన్యంతలనీ, కొన్ని ప్రత్యేక సూచకాలనీ గీయుటం జలగింది.
-) හි බුద్యానికైనా, බුద్య ఉాస్త్రానికైనా ఒక ఆబ దేవుడు ఉంటారు. మన భారతీయ హిపోక్రటిస్ ఈ భగవాన్ ధన్యంతల అని చిత్రకారుల ఉద్దేశ్యం.





President's Message

It has been my distinct honor and pleasure for the opportunity to serve as the President of RMCANA for the past 2 years (2016-18). I am immensely grateful to my team of Drs. Anil Gogineni, Sashidhar Kuppala, Srinvasa Gokarakonda, Venkata Achanta and others who have assisted me at every step of the way and I could not have been able to do the job without their unwavering help.



During my tenure we have supported some worthy and noble causes. Our alumni supported and funded the inaugural planning meeting of ISA (Indian Society of Anesthesiologists) under the leadership of our Rangarayan Dr. Chakra Rao garu, to help launch their nationwide COL (Compression Only Life support) program, which has now become a phenomenal force in the Indian Society teaching life saving skills to citizens of all over India. Our RMCANA members generously provided significant financial contributions to 'Think Peace Organization' which has been serving the underprivileged tribal population in the Araku valley area providing basic education, solar panels for households and community lighting, clean water and other health care initiatives which were desperately needed in those remote parts of the country.

In January of 2018, I visited our college and met our principal Dr. Mahalakshmi garu, RMCOSA President Dr. Seshagiri garu, RMCANA local coordinator Dr. Lakshmi Narayana garu and other RMCOSA leaders to discuss the feasibility of raising fund to renovate and complete construction of new building blocks that are desperately needed to replace the dangerously crumbling and dilapidated buildings at GGH. I pledged to RMCOSA leaders, that whatever funds they are able to raise will be matched by RMCANA membership to support this endeavor. Hopefully during the RMC Diamond Jubilee celebrations to be held in January 2019, we can further explore this plan. I humbly request all of you to consider contributing generously to this cause and I am pledging \$10,000 specifically for this program.

During past 2 years I have made so many new friends and renewed old friendships and it has been a gratifying journey. I want to thank all of you for your support and encouragement.

"Gratitude makes sense of our past, bring peace today and creates a vision for tomorrow" - Melody Beattie.

With sincere gratitude and best regards.

Your truly,

Dr. RAVI KOLLI

'75 Rangarayan

President RMCANA

President Elect's Message



It is an honor to be the President-elect of RMCANA and I am very happy to welcome you to this auspicious occasion of our alumni reunion at Atlanta. An event like this is very important as it gives us the opportunity to meet with many of our Royal Rangarayans after a long time. It also enables the alumni to familiarize themselves with the developments at the alma mater.

I am tremendously proud of what you have all been accomplishing since leaving campus, and of how you and the college have grown in the past few years. Our goal is to help alumni connect with each other so your connection to the school remains strong. We work with RAMCOSA to provide opportunities that allow our alumni to strengthen their bond with the college, either in person or virtually.

In my view, greatness requires four things: wonderful students enjoying a tremendous student experience; very successful faculty; a supportive campus learning environment; and substantial financial resources. A decade ago, RMCANA was a tiny, struggling organization. Today, our students and scholars cover the globe in their search for knowledge and meaning, and their contributions make a difference everywhere. As alumni who truly love and faithfully support this great institution, I know you share my pride in what we are doing and where we plan to go.

Please allow me to tender my gratitude to each and every one of you for finding time to be with us on this occasion. It takes a lot of sacrifices to set aside time out of your busy schedules and come over to such a great event. I do hope that the experiences of this event will be worth the sacrifice you have made.

I want to thank all of you for the amazing support you have always extended to the alma mater.

Dr. Subbaraya Chowdary Achanta '90 Rangarayan President Elect RMCANA



CONVENER'S MESSAGE

Dear Royal Rangarayans,

It is an honor for me to welcome you all to the 16th biennial reunion of the GMC/RMC/SMC in Atlanta.

It seems like eons since we left Kakinada, but once again it's time to rekindle those friendships and the sweet memories.

I would like to thank everyone who have taken time off from their busy schedules to attend this event. I am sure everyone will cherish the opportunity to spend time with fellow Rangarayans, and exchange special events and tidbits of your lives with each other.

Let's carry the tradition forward.

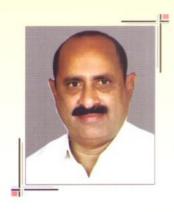
Dr. Sitharam Chowdary Nandigam '96 Rangarayan

Dr. KAMINENI SRINIVAS, MLA

Ex. Minister for Health
Government of Andhra Pradesh
Kaikaluru Constituency
Krishna District.



Residence : Varahapatnam (V)
Camp Office : Kaikaluru



MESSAGE

My Dear Rangarayans,

I am excited to hear about the 16th reunion of the Rangaraya Medical College Alumni of North America in the great city of "Atlanta later this year. This is one occasion which brings the proud Rangarayans from the East and West together. This reunion is especially momentous due to its proximity to the Diamond Jubilee our great Alma Mater, and the Golden of RAMCOSA in January, 2019.

Just like you all, I am proud to be a Rangarayan. Our college has a rich tradition of producing top academicians, public servants, organizational and government leaders, philanthropists, artists, and athletes.

American Association of Physicians of Indian Origin (AAPI), the largest physician organization in USA after the American Medical Association was founded by a Rangarayan. It's no surprise that when India needs its own cardiopulmonary Rangarayans for leadership. It's always going to be a great pleasure and privilege to know that the headquarters of the Indian Resuscitation Council is housed at the RAMCOSA house in our beloved college.

Once a Rangarayan, always a Rangarayan. Wherever we are in the world, we always look back of our college days with fondness. A fellow Rangarayan is always welcome into our homes and hearts. With this warm feeling. I wish the reunion a grand success and I look forward to hear about many more reunions in the coming years.

Dr. Kamineni Srinivas

DR. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P.

డాగి యన్.బి.ఆర్. ఆరోగ్య విజ్ఞాన విశ్వవిద్యాలయం. ఆం.ప్ర.

Dr. C.V. Rao

M.S., M.Ch.

Vice - Chancellor



Vijayawada - 520 008 Andhra Pradesh, India 91-886 - 2451374

e-mail: vcntruhs@gmail.com Fax: 91-886-24250463

Message

Fellow Rangarayans

When Sasidhar called me one morning some weeks back that Rangarayans are grouping in Atlanta in first week of September and pleaded for a message for the occasion. I religiously did it. But somehow the inner conscious is not aligned with that. Deep inside the seeds were sown for the physical format to be there. I am extremely happy and delighted to share the joy and excitement with all of you in Atlanta.



There is no second opinion that in yesteryears the bond of oneness amongst all the Rangarayans, either junior or senior, was their hallmark. I am happy that the same oneness, a uniqueness feature, is in vogue even in varied environments. So the theme "The Multifaceted Rangarayan" aptly suits to our achievements and successes in diverse fields.

We are all anxiously waiting and counting for the momentous festival to be celebrated in January 2019, when our Alma Mater is uniting at our "Gnanabhoomi" to celebrate the Diamond Jubilee along with Golden Jubilee of RAMCOSA. On that memorable day let every Rangarayan take a pledge to spread the message of providing quality medical training to future physician for the safety and care of the sick and needy. I wish the meet will initiate the process of integrating the efforts in that direction. Good luck and long live RAMCANA.

(DrCVRao)

Or NTR University of Health Sciences
VIJAYAWADA-520 308

A F INDIA

Principal's Message



9 am glad to note that the 16th Biennial Reunion of RMCANA, GMCANA, and SMCANA is being held during Labour day weekend in Atlanta this year.

Our culture reveres the teacher with utmost respect and treats him as equal to God. It is really heartening to note that alumni of this college who have settled in North America still feel a deep bond to their Alma mater and come together every two years along with alumni of other colleges to celebrate the common bond to their institutions and country and draw plans to participate in its development and in the welfare of its people. This combined initiative is particularly laudable as the common platform will be able to identify existing challenges and can result in well thought out and worked out initiatives towards a worthy cause.

This meet is particularly significant, as it is being held in the Diamond Jubilee year of our college.

I am sure that the meet will strengthen the bonds between members and their families and succeeds in drawing up some good projects.

I hope to see a sizable participation by RMCANA members in the forth coming RAMCOSA Reunion in January 2019, in Kakinada.

I wish the Reunion all success.

Jai Hind.

Dr. R. Mahalakshmi

Principal RMC, Kakinada





Dear Rangarayans,

It is with great pleasure I give this message to the fellow Rangarayans residing in the USA and organizing the 16th Biennial Alumni Reunion at Atlanta.

I wish the Reunion a grand success.

RAMCOSA and RMCANA are always at the forefront in coming together to upgrade the facilities at our Alma Mater, Rangaraya Medical College.

This year our college is going to complete the Shashti Poorthi, and the RAMCOSA is completing 50 years. We have planned our next RAMCOSA Reunion on the 5th and 6th of January 2019 to commemorate the Diamond Jubilee Celebrations of Rangaraya Medical College and the Golden Jubilee Celebrations of RAMCOSA and I request all Rangarayans to attend the Reunion.

On this grand occasion, I want to take a moment to celebrate the Rangarayans who have excelled in various fields. I am proud to say

that as Rangarayans, we are always going to be in an elite company of over achievers. It's a monumental task to name all the illustrious Rangarayans, but I will try my best.

Rangarayans Padma Sri Dr. Anumolu Sri Rama Rao and the multi-faceted Dr. Karri Rama Reddy were honored with the highest honor that can be bestowed in India to Doctors- Dr. B. C. Roy Award for their excellent services.

Drs. Makineni Pedarattayya, Metla Satyanarayana and Kamineni Srinivas have become the cabinet ministers. Dr. K. V. P. Ramachandra Rao is the current member of the Rajya Sabha and was the Adviser to the government of Andhra Pradesh. Drs. Chirla Somasundar Reddy, Divi Sivaram, and Bikkina Krishnarjuna Chaudary have served as Members of the Legislative Assembly.

Drs. A.V. Krishnam Raju and I.V. Rao have served as the Vice Chancellors of Dr. N.T.R. Health University, and Dr. C. Venkateswar Rao is serving as the Vice Chancellor at present.

Dr. G. Samaram has served as the national president of the Indian Medical Association. Dr. Y. Raja Rao is the current Chairman of the Andhra Pradesh Medical Council. Drs. S.S.C. Chakra Rao and A. S. Kameswara Rao served as national presidents of the Indian Society of Anaesthesiologists. Dr. S.S.C. Chakra Rao is the current chairman of the Indian Resuscitation Council, which formed the first ever CPR guidelines in India.

Drs. M. S. Rao, IRS (Commissioner, Income Tax), L.V. Sudhir Kumar (Director General, National Academy of Audit and Accounts), Gajarao Bhupal (IPS) and Mylabathula Chetana (IPS) are serving as civil servants.

Drs. K.V.Krishna Kumari (Krishnakka), Kommuri Venugopal Rao, Paruchuri Rajaram, and Y.S. Kamalendranath have become notable writers. Dr. Machi Raju was famous for painting, and Dr. Nagabhyru Appa Rao is well known for singing. Dr. Divakar was noted for his association with plays and dramas in college functions and also acted in Telugu films. Dr. K.L. Narayana, past president, RAMCOSA is a well-known Telugu movie Producer.

Dr. Rao Ranga Rao was a famous basketball player and Drs. Y. Bhaskar Rao and G. Seshagiri Rao are well known tennis players.

Drs. Nimmagadda Upendranath, Ganni Bhaskar Rao, and Bollineni Bhaskar have founded medical colleges.

Major General Dr. V. Gurunath, Major General Dr. Krishna Mohan, Brigadier Dr. R.B.M. Krishna, Colonel Dr. D. Krishna Rao, Major Dr. M.V. Bhimeswar, and Surgeon Captain Dr. Vijay Kumar Bodasingh have and are serving in the Indian Army with pride and valor.

American Association of Physicians of Indian Origin, the second largest physician association in the USA was founded by Dr. Jagan Kakarala, and Dr. Sudhakar Jonnalagadda is the current President Elect.

There are many more who have done well in other fields.

My Salutes to all of them.

With best wishes to the RMCANA Alumni.

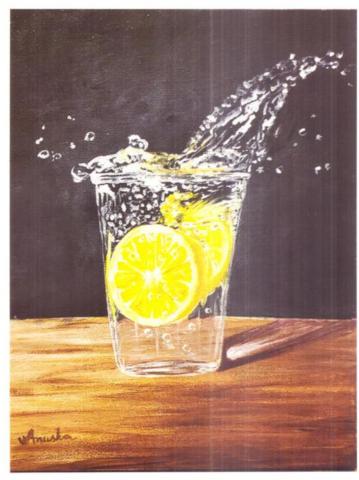
Dr. G. Seshagiri Rao

'74 Rangarayan

President

RAMCOSA





Art
Dr. Anusha Valluru,
'92 Rangarayan





Art: Dr. Anusha Valluru, '92 Rangarayan







ని ఆరెంసీ అరవై వసంతాల జవ్వని ప్రేమమయ జాహ్వవి కరుణాలయ దేవళం మా రంగరాయ ప్రియ ప్రాంగణం

Irrespective of our age and place the college is always fresh in our memories. It loved us, and we adored her in turn. The grand old office building was constructed by the Maharaja of Pithapuram to house poor children of all faiths (a revolutionary idea in those days) and he never liked to call it an orphanage - he named it 'Karunalayamu'.

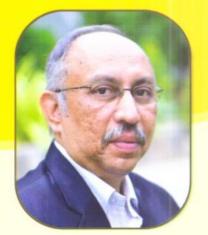
నా ఆరెంసీ మహీపతి దాత్రుత్యం గంగాప్రవాహమై నీల మేఘమే సంజీవని వర్నించగా వేంకటద్యయమే నామధేయమై వెలసె తూర్వున విద్యావాడ మన కాకినాడలో

Sri Rao Venkata MAHEEPATI GANGAdhara Ramarao - the earstwhile Maharaja of Pithapuram donated 11.0 acres of land in which the college was started.

The then Chief Minister of AP Sri NEELAm SANJEEVA reddy gave the consent to it's establishment.

The college was named after Late Sri Pendyala Sriramachandra 'VENKATA' krishna 'RANGA' rao and Sri Mullapudi 'VENKATA' 'RAYA'du - on whose name the original seed money of Rs.5.0 lakhs was donated by Sri Mullapudi Harischandra Prasad. Kakinada is a well-known education centre with the full range of educational institutions.

- Dr. S.V. Lakshminarayana '76 Rangarayan



Dr. S.V. Lakshminarayana '76 Rangarayan.

BACKGROUND

The RMCANA Trust was formed with a corpus fund of Rs.10,000/- donated by Dr Murthy Mutyala in January

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THE RMCANA TRUST

2010. Members are Dr Mutyala, Dr Venkateswara Rao Kurukuri, Dr Sridhar B, and Dr S V Lakshmi Narayana. The later three act as President, Secretary, and Treasurer respectively.

An amount of Rs 1,50,000/- (Rupees One lakh Fifty thousand only) was donated by Sri E R N Chowdary, out of which Rs. One lakh was deposited as corpus money and the interest accrued annually is being spent for the activities of the Trust.

An amount of Rs. 1,00,000/- (Rupees One lakh only) was donated by the family members of Dr P Narasimharao, former professor of Biochemistry and Mrs Dr P Indira Devi.

Interest from this amount is being spent to give a prize money of Rs.5000/- and certificate to the college topper in the University exam.



In addition an amount of Rs.50,000/- is being provided by local sources annually to undertake social and academic activities by the Trust.

The Trust donates books, disposables, Subscriptions to journals, audio equipment, etc to the college and GGH, and computer, RO water purifying plant, clothes, etc to orphanages.

Trust Activities since the last meet in San Antonio in September 2016.

Dr P Narasimharao and Dr P Indira Devi prize in Biochemistry was given to Medico Vemuri Harshit in 2016 and Medico G V R Anjani in 2017.



MCQ tests for students

To prepare the students for the national NEET - PG exam a program is initiated to inculcate the habit of doing MCQ questions daily by MBBS students of all years. Towards this end books were provided to the departments of Paediatrics, Microbiology, Pathology, Pharmacology, and Physiology, depending on their interest. Now, the college administration, being encouraged by the success of these exams and also alarmed by the dismal performance of our college students in the recent NEET Exam, made it mandatory for all the departments to conduct these MCQ tests on the level of USMLE, the pattern followed by NEET. RMCANA Trust is continuing its support to this activity by providing question papers and answer sheets to these weekly tests.

The second 'Distinguished student lecturer contest' was held in the month of March 2017. It is a novel concept pioneered by the RMCANA Trust, wherein students of Rangaraya Medical College, Kakinada; KIMS - Amalapuram, GSLMC - Rajahmundry, and RIMS - Srikakulam are

invited to submit an essay on a Nobel prize winning medical topic. The March 2017 topic was 'Autophagy'. A Senior scientist from CCMB -Hyderabad Dr Mrs Shashi Singh was the judge. From these submissions finalists were chosen and were invited to present a lecture



in front of judges Dr Shashi Singh, Dr Rammohanrao HOD of Pathology, KIMS, and Dr Vijayabhaskar HOD of Pathology, RMC, faculty, and students in the clinical lecture gallery of RMC. The Director of Medical Education of AP, Dr K Babji, was the Chief Guest to the finals and the presentation ceremony.

A scooter stand was constructed for the inmates of Men's hostel at a cost of Rs.6 lakhs to accommodate 100 two wheelers.

A silent march was organized by the RMCANA Trust in support of 'Rally for Rivers', a noble initiative by Sadguru to save the drying-up rivers and other water resources. The RMC, RAMCOSA, Indian Dentists Association, and The Kakinada Bar association joined hands and participated enthusiastically. It was flagged off by the Kakinada town MLA Mr Venkateswara Rao.

Dr. S.V. Lakshmi Narayana '76 Rangarayan Treasurer, RMCANA Trust

FINANCIAL STATEMENT





Dear Rangarayans,

RMCANA has the 501c status for last few years. We are slowly increasing our activities at our college/hospital.

We collected \$23,100 and spent \$25,422 for the reunion at San Antonio in 2016. No other donations in that year.

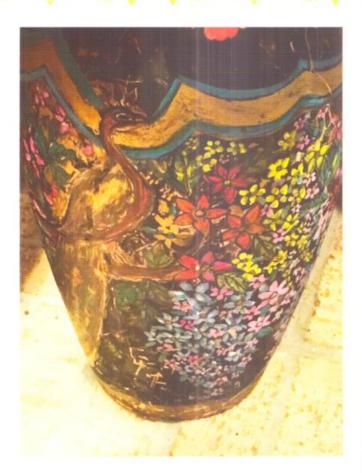
Starting balance on 1/1/2017 was \$21,305, later we acquired another \$34,000 from TANA (Where we saved donations for many years before our 501c status).

FOLLOWING ARE THE DETAILS OF ACTIVITIES EXCLUDING THE FEES INVOLVED FOR MONEY TRANSFERS.

CPR project (see Dr S.S.C Chakra Rao gari article for details) - mone and mone	The second secon	
2. Bus donation to SPM department for Rural services		
(See the pictures) by '67 Rangarayans. mon	ey collected \$35,000	
and mone	ey spent \$ 30,815	
3. Men's Hostel bike stand (also see		
Dr. S.V. Lakshmi Narayana gari article and pictures for		
more details).	ey spent \$ 10,000	
As of July 31st 2018, the remaining balance was	\$ 49,156.	

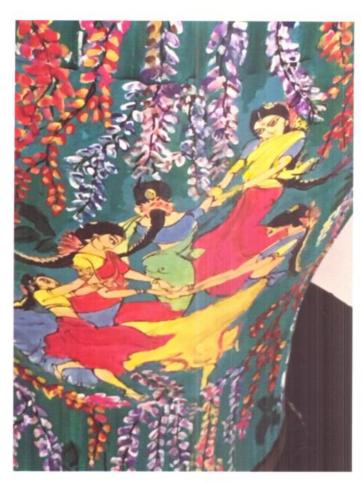
- We are banking with Wells Fargo. Details of our account will be available upon request.
- Hoping to come up with solid project for our beloved college/hospital.
- Project Phoenix is one of the Proposals from Dr. Satish Talluri ('78 Rangarayan).
- We need concrete commitment financially before we can commit to any projects.







Art : Dr. Indira Potineni





Art : Dr. Indira Potineni

Road to victory: The Journey of International Medical Graduates Against Discrimination

Most of the International Medical Graduates (IMGs) arrive in the USA with the American dream engraved into their minds. The American Dream, that if you work hard enough and follow the correct path, one day you would end up as a successful doctor in America. We assumed we would be welcomed with open arms; but to our dismay, despite being extremely qualified and excellent at what we do, we were discriminated against.

The discrimination only got worse as the American doctors realized that we were good at their jobs and would take away patients and therefore take away potential profits. So, the American dream for foreign doctors was crushed, and the way things worked became clear. We were below the American graduates even though we were promised equal opportunities and treatment. When the IMGs started to realize that there was no



Dr. Jaganmohana Rao Kakarala '58 Rangarayan

real equality, the American Association of Physicians of Indian Origin (AAPI) was formed. In 1981, the organization was founded with me being one of the founding members. The group first worked to bring all physicians facing discrimination under one roof to create power in numbers. Doctors of all ethnicities that graduated from places all around the world teamed up because they all wanted to be treated with the same respect as the American doctors. Later, I was elected as chairman of the IAAP, the International Association of American Physicians. We represented 175,000 foreign medical graduates and continued to fight for what we thought was our Right - equality for all doctors.

Former Senator Ted Kennedy realized the issue of inequality between the foreign and American physicians and proposed my name for the Chairman of the Council of Graduate Medical Education (COGME). The nomination was seconded by Congressman John Dingell, chairman of the Committee on Health and Human Services and I was subsequently appointed by the President Bill Clinton as the Chairman of the COGME. The long journey to fight discrimination started and we would form a united front that would not stop until we were given the same opportunities as the American graduates. On November 12th, 1991, the US Congress passed the first pro-IMG bill, HR 3508 by voice vote. Four days later, the US senate took the same bill and passed the S 1933, which was signed

into law by the President George W.

Bush. It is a monumental bill that eliminated some of the inequalities facing the IMG community. It eventually led to the creation of Federation Credential Verification Service (FCVS) and the United States Medical Licensing Exam (USMLE).

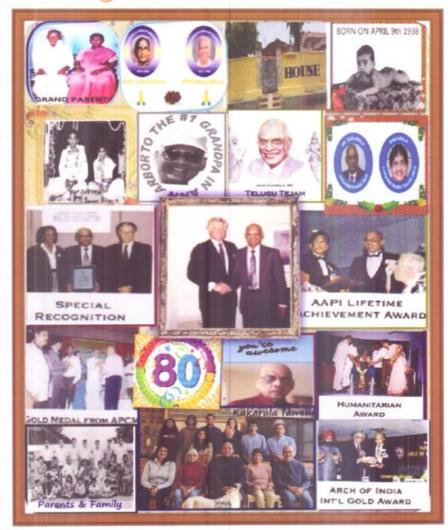
FCVS became central to all physician credentials, and the USMLE uniformly tested all graduates, American and foreign alike on the same amount of knowledge.

Although we are not one hundred percent equal, we have made great strides in achieving equality and will continue to fight until all foreigners in all professions will be treated with the same respect.

Dr. Jagan Kakarala



DR.Jaganmohan rao kakarala



"Happy 80th birthday (i.e turning 20 for the fourth time.)"

Dr. Jagan Kakarala, a '58 Rangarayan was the founding member and past President of the American Association of Physicians of Indian Origin. He also served as the Chairmen of the International Association of American Physicians (IAAP). He was appointed by the President Bill Clinton as the Chairman of the Council of Graduate Medical Education, which created the FCVS and the USMLE.





Drs. Aparna and Anu Prasad Vellanki ('84 Rangarayans and practicing Internists),

Daughters: Shaitalya Sri and Vennela,

and Son: Venkat Sahith



నా ఆరెంసీ కృష్ణక్క జ్ఞాపకాల జావశి జానకి పాట కాహశి బవాకర్ మాటల గారడి సోమశేఖర్ నాటకాల గారడి

Dr K V Krishna Kumari (1962) is a noted writer and a passionate Rangarayan. Her memoirs on RMC are very touching. Dr Pydah Janaki (1969) is a melodious singer. Her song is a must in all Ramcosa meets. Dr Diwakar (1969) is a talented writer, Director, and actor. His many college magazines are real pieces of art. Dr Somasekhar (1971) is a versatile stage actor.

ఎం.వి కృష్ణారావు మబిలోని శుభ సంకల్వానికి కల్నల్ రాజు మొక్కపోని టీక్ష తోడవగా ముళ్ళపూడి వాలి దాత్రుత్వమే ఆలంబనగా సాకారమైన సుందర స్వప్వం ఈ త్రిమూర్తుల మానస పుత్రిక

Dr. M.V.Krishnarao mooted the idea of a private medical college, he was a minister of Education in the cabinet of Sri Rajaji in the composite Madras state. Colonel Dr.D.S.Raju, who was a personal physician of Sri Netaji Subhas Chandra Bose and later Deputy Minister of Defence and Health in the cabinet of Sri Jawaharlal Nehru joined him and lent his hand. The final hurdle was cleared when Sri Mullapudi Harischandra Prasad donated the seed money required.

- Dr. S.V. Lakshminarayana '76 Rangarayan

Penny-wise

Sitting in a modestly furnished and sparsely crowded office of the local family doctor, with the television displaying the food network, two old ladies discuss the previous day's game of bingo. The receptionist eyes her lipstick in a side mirror, while clicking through an online shopping catalog on her computer. On the surface, it looks like a routine office day.

Jim, impatient about his back pain, harboring discomfort in his legs and chest, is waiting to be seen by the doctor. Finally, a young lady, probably the medical assistant, calls him in. Walking with some visible pain and a limp, Jim walks into the exam room filled with all kinds of patient info and electronic gadgets designed for each and every disease. The room is very interactive and informative. Finally, the doctor arrives, average height, in blue scrubs, and a little bit of grey hair here and there. Sharp, but friendly eyes gaze at him behind some progressive lenses, while he hums and whistles in a very low voice.



Dr. Mohan Kishore Kesani '77 Rangarayan

"Hi Jim, how are you? What's up? How've you been?" With his usual cheerful manner. "How's your golf, still driving for show or putting for dough?" Jim smiles, "Not so great, back is killing me. Getting a little winded while walking." After a few customary questions and a quick exam, he comes to the conclusion that Jim has some disc problem and possible anginal symptoms. He goes over his plan of care with his routine wit and humor and advises some blood work, X-rays, and a heart test. He tells him to follow-up in a week. Jim thanks him as he is about to leave, but the doctor asks him, "Do you have any questions?" Jim says no. The doctor asks him again, "Don't you want to know about the costs of these tests?" And Jim replies, "No, my insurance will take care of it." Then



came a barrage of questions and the speech of a lifetime.

The doctor started to bombard him with questions. "Who pays your insurance? How much does it cost? How much is your out of pocket expense? Have you ever bought a pair of shoes without knowing the price? Would you ever buy a car without knowing the price? How come you would buy something that is so important to your life without knowing the price?"

Jim was stone-silent.

The doctor went on, "Have you ever asked your doctor 'where can I get this cheaper'? Have you ever shopped around for a cheaper price?" Jim started mumbling, "I thought my Medicare will..."

The doctor snapped back, "Who paid for the Medicare? You, me, all of us contributed to Medicare. That's taxpayer money. Who gave you the right to spend four-hundred dollars, when you could get it for forty

bucks? If only you paid a little bit of effort and gave some time and attention. You want to control the cost for everything in your life, except for your health. Why? Is it ignorance, innocence, or indifference? Open your eyes and spend a few minutes. You will see a whole different world. You can save thousands of dollars. Not only for yourself, but for all of the society. You can offer care for more people."

The speech went on until Jim was exhausted, looking pale, and dazed like a deer in headlights. He slowly walked out of the office in a trance, with the doctor's words ringing in his head again and again. He thought, "How stupid is it to pay for a service without knowing the price?" He stopped on the way to his house at a bar, ordered two doubles, and started feeling single again. More relaxed, he started looking at the world at a different angle.



ROYAL RANGARAYAN

Dr. Mohan Kishore Kesani



Dr. Mohan Kishore Kesani, a '77 Rangarayan is a practicing Cardiologist in Gary, Indiana, where he lives with his wife Indira and sons Deepak and Venkat. Dr. Kesani is multitalented from his college days, famous for his mimicry, poetry, sports and dancing. He is part of the editorial board for several souvenirs during college days and later for RMCANA. He is a Past President of the RMCANA.

The Journey

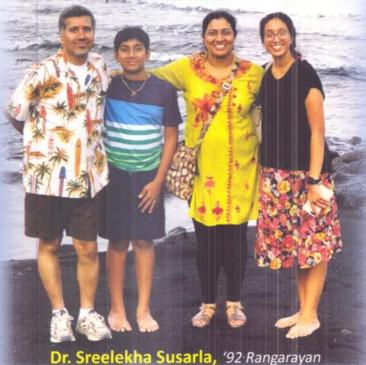
As a 23 year-old, having lived in India most of my life until then, coming to the United States was a culture shock to say the least. In India, my environment was extremely sheltered. I was heavily pampered my entire life, and everything was handed to me. In America however, I had to work for everything. As a kid, I dreamed of coming to an affluent, fast-paced country, and America (I didn't know I should say U.S.A...picky!! picky!!) always seemed like the perfect fit. But the only way that dream could come true, in my case anyway, was by marrying a complete stranger (yes, in other words a "kaun kiska" gaadu!) who supposedly lives there...I mean in the USA. Scary thought !! But, I had to take a chance...after all it's my dream we're talking about! So I did, packed up my stuff, and moved to the other side of the world, as a 23 year-old MBBS doctor.

On April 1st 1998, I landed in the United States, Tucson, Arizona specifically. I guess I wasn't too specific about my dream. I ended up in this dry arid brown desert, about to give me a heat stroke!! I knew it wouldn't be konaseema, and I certainly didn't ask for juicy mangoes, or tropical rain, but why Tucson and why scorpions and rattlesnakes as roommates? Nevertheless, Tucson did bring me close to Kakinada with the constant feeling of extreme dehydration.

Regardless, this was real and it had to be worked out. All of a sudden, all the fun I had back home eating kotta avakaya with fresh ghee, anatomy studies, sleepovers, monsoons, clogged up streets, and stomping mosquitoes became a distant memory.

My MBBS was only an acronym and it needed passing the USMLE exams and completing medical residency to have a meaningful expansion. My English was only "Vinglish" if I didn't speak "American" with sassy accent. The next door was a mile away unless I drove. I had no friends and no family other than my stranger husband. Either you are lonely or "loan-ly" all the time. Looking at a foreigner is an awesome experience, but it's awful if you become one, and I became one!!

As Matt Damon says in Martian, I had a choice to either live with it, or work at it. I chose the latter. Now, after 20 years of being here in Tucson, having raised 2 kids and being part of an established community, I can proudly say in my "sassy" American accent, that my home lies right here in Tucson. I am still the same Rangarayan, but now with more confidence to make any place home even if it means being around scorpions and snakes.



with her husband **Prasad Bhamidipati**, son **Nitish** and daughter **Naina**.



'92 & '93 Rangarayans at Naina Bhamidipati (D/o Sreelekha Susarla)'s Arangetram, Tuscon, AZ, August 2017



'92, '94 and '95 Rangarayans at the Yellowstone National Park
July 2017

The Changing HEALTHCARE FIELD

What We Need to Know About Value Based Purchasing and Merit Based Incentive Payments.

The last decade in health care has seen a major change in Medicare payments and physician practices and health care delivery systems. Out of the 19 developed countries, when health care was measured, United States stood 17 out of 19 countries in healthcare outcomes. While we spend the



Dr. Lakshman Kumar Dinavahi '94 Rangarayan

highest GDP (18%) towards health care our outcomes are almost at the bottom of the industrialized nations. This left a lot of thought with CMS and how quality needs to be brought back into the system. After the Affordable care act was passed in 2009, multiple Medicare changes have been introduced. The most important of these are the value based purchasing (VBP) method. This was a major change of how the hospitals, SNF, OP practices get paid based on quality outcomes rather than quantity. Fee for services are slowly becoming obsolete and quality outcomes are taking the lead. Each of us is affected by these changes and it is prudent to know some details. Medicare time line to introduce each of these VBP metrics in different areas of health care is stepwise and is detailed up to 2022.

Hospital based VBP mainly involves 4 domains and is the first one to take effect starting 2010. CMS sets a bench mark for each of these domains and is usually 90th percentile of the top 10% of the hospitals. Then there is a performance period during which the hospitals are required to achieve these bench marks and those hospitals which did not reach the thresholds will receive fines.

First domain is Patient safety and it involves reducing of Health care acquired infections such as CAUTI (catheter associated UTI) C diff (Clostridium difficle) Surgical site infections (SSI) Central line associated blood stream infections (CLABSI) and MRSA bacteremia, Elective delivery within 39 weeks of pregnancy (PC-01) Each of the hospital has to achieve 90th percentile on the top 10 % hospitals. Second Domain is Clinical Care. It includes the metrics on Mortality and readmissions

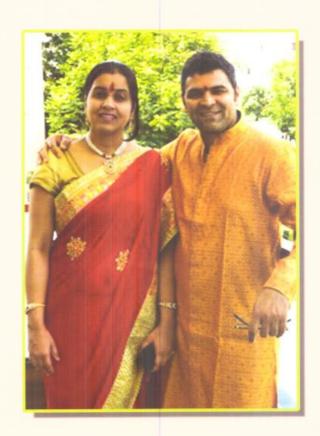
involving Acute Myocardial infarction,
Heart failure, Pneumonia and Total Hip & Knee arthroplasty.

Third domain includes Efficiency and Cost of Care. It includes the total money spent per Medicare beneficiary on any Diagnosis related groups (DRG) must not be more than the national average. Fourth domain includes Patient satisfaction also called Person and Community engagement. This is popularly called as HCAHPS. Patient satisfaction surveys conducted both in Outpatient and inpatient settings, extensively is used for this purpose. Each of these 4 domains has 25% weightage on total fines. 2% of Medicare reimbursements are kept on hold each year. Based on the quality performance this money is given back or kept as fines.

Finally, we are all aware of the of looming pay cuts under sustainable growth rate (SGR) which congress temporarily fixed each year. Without the fix, we would have seen 21% pay cuts. But this ended in 2015 when MACRA (Medicare access and CHIP reauthorization act). This combines EHR (electronic health records) Value based payment modifier (VBM) and Medicare and physician quality reporting system(PQRS) into one system called MIPS (Merit-based incentive payment system). MIPS has 4 performance categories with varying weightage attributed to them - Quality (50%), advancing care Information (25%), Clinical practice improvement activities(15%), and Cost(10%). Most physicians are MIPS eligible or they fall into advanced payment model category. Certain physicians who see less than 100 Medicare patients per year will be excluded. The good news is physicians can choose which measures are appropriate for their practice and report them. MIPS started Performance period in 2017 and data collection in 2018. Starting 2019 all eligible MIPS physicians will either see incentives or payment adjustments in 2019, unless you are in the 1st year of Medicare part B or have low volume of patients (<100) or Quality providers(QP's) in Alternative payment models.

As physicians practicing in private practice or hospital based practice, knowledge of these changes is vital in sustaining physician payments. In simple terms higher the quality of practice, higher the pay. Higher volumes may not sustain higher pay unlike in the past. These Quality programs change the way Hospitals and providers are paid and offer financial incentive for high value quality care.

Dr. Lakshman Kumar Dinavahi



Dr. Lakshman Kumar Dinavahi, a '94 Rangarayan is a triple board certified (Internal Medicine, Geriatrics, and Hospice and Palliative care) Physician practicing in Atlanta, GA. He completed Physicians Executive MBA in 2018 from Auburn University, AL. He is currently working as the Chief Medical Officer at Cartersville Medical Center, GA.

Best Wishes from the Kancherla Family



Dr. RAMMOHAN RAO

('75 Rangarayan)

and Krishna Kancherla with
daughter Priyanka,
and sons Aravind and Shashank







There is No Short Cut to Healing: Physician Burnout

Mani Pavuluri '79 Rangarayan

There are so many scientific articles written on the subject. A few entrepreneurial conferences are embracing the cause to inject lease on life to be lived brilliantly. For example, Dr. Drummond explains that it is not a fair fight and physicians must get more training to be leaders and use mindfulness training and adopt flexibility. I note that the triad of symptoms are exhaustion, cynicism and doubting the quality of your work. Journal of the American Board of Family Medicine just published a study conducted in New Yok City that small independent practices known as SIPS . Dr. Shelley and colleagues report that the rate of provider reported burnout in SIPS was 13.5 percent, compared to the 2014 national rate of 54.4 percent. It appears that compared to larger systems, when there is dialogue between colleagues to listen, learn from mistakes and have control on decision making, the outcome is better. I am picking up from the surveys that women doubt their work more than men. I also hear a lot of same pointers of self-care activities at a broad level. Another statistic is that those who recognize their burnout are taking action to change their lifestyle or quit.

We know that doctors are fighting against a few common odds; to list a few:

- Attending to the allocated quota of patients to bill
- (2) CEOs or bosses hassling you about patient / procedure quota and documentation in reviews /emails
- (3) Poor support to co-ordinate care across intersecting disciplines
- (4) Excessive meetings that won't translate into productivity
- (5) Poor training in finances and business in medical school and lack of transparency in organizations
- (6) Being held accountable by insurance for things out of your control such as parameters of patients' Hemoglobin C in Diabetes having to show improvement.
- (7) Demanding work flow with electronic medical records.
- (8) Wearing multiple hats at work with having to deal with the reality of some

- uncooperative members and difficult personalities at all levels.
- (9) Inexorable score of difficult patients who can be mean and causing distress.
- (10) Inevitable high risks of the profession with procedures misfiring with unacceptably high malpractice insurance, especially for some specialties.
- (11) Stuck with bad online reviews and press with completely skewed views camouflaging your incredible contribution, throttled further by their Google's site rankings.
- (12) Inflexible long hours keeping you from family obligations with mounting athome resentments.

Ten Chain-Linked Life Hacking Skills for Physicians: You are the CEO of Your Life.

Let's face it. Some are better at managing it than others. System is plagued with high expectations and rules are set up in regimented fashion. Regardless of innate differences among us all, the fulfilled people seem to have certain habits, follow timetested rituals or manage to arrange their life in a way that is helpful to all including themselves.

(1) Discipline is the key. Thinking that work is a way of life- Good to think this way. Yet, this requires extraordinary discipline to manage people, do superior quality of work, and yearn to be the best at what you do whether people are watching you or not. This accrues inner (and outer accolades are secondary) and gives you a sense of

doing well. To hold up that tenacity requires meticulous documentation, good bedside manners, willingness to work hard while at it, with kindness to all. If you hate technology and electronic medical records, you may want to get a scribe. Find ways to adapt to your liking. Help, and keep on helping in every way. It is not giving yourself that kiss you, it is how you carry the load that matters!There is no shortcut and this is at the center of everything we do. But this is not to say you got to be super hero or perfectionist. But it is what we signed up to do, then the mindset of seeing this as a lifestyle helps us.

(2) Exercise agility and humility. What will allow you to execute the point No. 1 is chain- linked to partners, wives, husbands, nannies and family who can pick up the work you cannot do at home through complementing, agility to manage work flow, agility to slide into home life and submit yourself with humility paired with empathy to pick up slack. Being a God at work does not entitle you to be not cleaning that dish in the sink. Simple things like this are all interlinked to show you care as returns are high from family life. Have conversations with your family about your inner thoughts of appreciation before you seek being appreciated. The way you act, care, and attend at home is equally important to keep work life safe. Imagine a grumpy relationship at home. That will trump work life and vice versa. Again, there is no shortcut to this interface. But the mindset of using family responsibilities as mindful buffers helps one to incorporate them without resentment. We often focus on

- rigidity at work place, but we carry the baggage home. Recognize that.
- Compartmentalize roles and times. The point No. 2 is chain-linked to the fact that you need to compartmentalize chunks of day as bonding rituals with partners in the am, work rituals next, and rituals of coming home on time (or expected time) back to partners, children or any routine company at the end of the day or shift. If you push vourself without compartmentalization, it is hard to survive with long hours and exhaustion. A study by researchers in Stanford University that surveyed 6600 physicians anonymously reported that medical errors were highest among Radiology. neurosurgery emergency room doctors compared to those in pediatrics, psychiatry and anaesthesiology. These errors lead to depression. If you try and fairly distribute your time, and not dedicate excessive continuous hours to demanding work alone, then may be there would be less stress.
- Communicate thoughtfully, fearlessly (4) and gracefully. Explain the obvious. After all this, impossible things are still expected of you. You are not a unicorn to produce the impossible and you should not be either. If there are disagreements at work, you may find alternative job. As the NYU study by Dr. Shelley's team pointed out, lack of control in trouble shooting with no listening year is harmful. There are life cycles in career. There are highs and lows. Just like cities get destroyed and new ones are built, careers shift. Make room for the new cycle to ascend

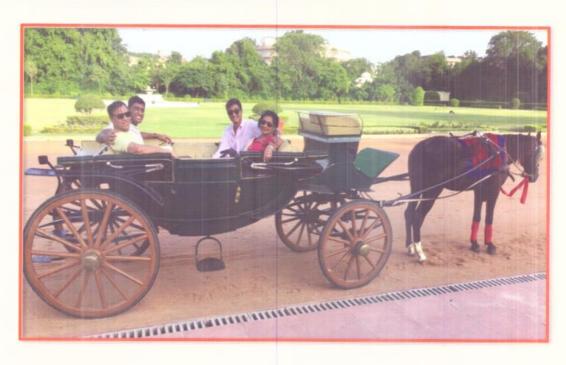
- instead of staying dilapidated if that is the case at your system.
- Optimize and don't kill yourself. I admit that there were times I was not assertive in explaining that some problems are impossible to solve in the way they are expected to be solved by Plan A. Speaking for myself, with an immigrant cum MD mindset, I have a tendency to avoid being a nuisance to anyone and tackle problems by myself. My first generation American son says "Mom do not be so eager to please." Yes, don't be generous at your own expense and stretch yourself to rescue others. It will come to bite you plus there can be cultural bias of misplacing your kindness as weakness. Do only what is possible and finite. Know that if you cannot do it perfectly, there is something wrong in what you are expecting from yourself. Trace your steps. If there is not enough support to achieve what you are set out to do, quit. Stick with the scope or pace that you feel comfortable, do it well and find contentment. It is a huge skill to optimize (in order to be performing as mentioned in Point No 1) and not be ambitious. Get over it.
- (6) Find what you love to do and not sit around and repeat "They did this to me." If you cannot deal with the pace, or you are being frustrated, find your balance that you can tackle. You don't have to be 75 years old to say stop. You can find new life at 30 or 50 or 75. Unfortunately, being a doctor, we are bright enough, but there tends to be 'self-imposed' ceiling and walls in our profession unlike other professions. Do not compromise. We are often so institutionalized in hospital and clinic systems that we think someone out

- there is not fair. Stop complaining and take action. Remember also that there is no shortcut towards some planning for the next best option. No one has power over you, but you must recognize and use your power and strength.
- Each day is a precious clean slate to begin. Reset each day! Recall the fact that you walk, can see, think, eat, have precious family and friends (I hope you do!). Learn to incorporate joys of daily life. No one will garland you for being a martyr. Nurture the calm super power within you. Self-care is simply establishing routine (including sleep, exercise, nutrition minus putting wrong or toxic things into your body), inserting exotic joys (meaningful dinner parties with intimate friends, sports-ton of variety as options, art, music, cooking, reading-think of arm chair travel, movies, small trips, weekend respites or whatever tickles you) and mindfully planning the days one day at a time. Take a paper, and sketch your plan, not just read this and feel good. I always say fun does not fall from the sky. Take stock. Execute.
- (8) Get high quality help. Recognize anxiety, depression, excessive anger or alcoholism as needing additional Psychiatric help to get well. I know that the word Psychiatry may put you off. Believe me, if you get the right kind of help, it places the life changing power back in your hands! Dr. Daniel Tawfik at Stanford who examined physician burnout reported suicide rate to be higher by 3-4 times than general public.

- (9) Intelligent, kind and uplifting friends are your weapon. Surround yourself with key people that will nurture your soul and stand by you through good times and stressful times. Come on, count them in your head right now, add/delete. You do not want friends who pity you, agree with your despair with empathy and multiply your grief and leave you in dead track. Phrases like "Hang in there" are not helpful. You need those who take the time for you, see your strength and potential to build you back. Seek generous, intelligent peer support. Do not isolate yourself.
- (10) You are the power, you are in-charge. Do not compare your life with others with mental tape measure. Life is a package deal. Celebrate and cheer your successful friends as you belong to that group. Give and take. It is not zero sum game. No one feels jealous of Warren Buffet, but if your immediate peer, sibling or neighbor is winning, some tend to seethe with jealousy. Better way to think is you know these winners, they are your friends or someone you actually know personally. You are in the circle of influence. Exert a boundary between you and them in weaving stories. Let go, otherwise you are the one glued with the burden of unnecessary suffering. Take control of your own reins. How about thinking- "I live my life. My story is mine." Be your own architect and author of your precious book of life and live fully!

Disclaimer: The above article is republished online version: http://prsync.com/dr-mani-pavuluri/there-is-no-short-cut-to-healing-physician-burnout-2594631/.

Dr. Mani Pavuluri, MD, FRANZCP, Ph.D.



Dr. Mani Pavuluri, a '79 Rangarayan is Nationally recognized Psychiatrist in Chicago, IL. She lives with her husband, Dr. Narendra, a '76 Rangarayan and a neonatologist. They have two sons-Rohan and Chetan. She is Director of the Brain and Wellness Institute, Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry, Fellow of Royal Australian and NZ College of Psychiatrists, and Fellow of the American College of Neuropsychopharmacology. She is co-founder and strategic advisor for the digital company Medcircle.Inc, a health education network (medcircle.com).

Dr. Pavuluri was Professor at the Department of Psychiatry, University of Illinois at Chicago for 18 years and Founding Director of the Pediatric Mood Disorders Program. She was endowed the Berger-Colbeth Term Chair in Child Psychiatry in 2010. She was the recipient of several prestigious National prizes such as Klerman award for the best scientific discovery, AACAP Klingenstein prize for the best paper on mood disorders, and the University Scholar of the Year Award from the University of Illinois. Her scientific work is a trailblazer for how we understand brain circuitry function and medication effects on the brain function in mood disorders such as bipolar disorder and ADHD through functional magnetic neuroimaging technology funded by NIMH. One of her books is What Works for Bipolar Kids: Help and Hope for Parents draws on her 30 years of clinical experience. Dr. Pavuluri was the recipient of the 2017 TANA Award for Meritorious Achievement in the field of Medicine and Sciences.

'79 RANGARAYANS' REUNION, Vijayawada, February 2018





HISTORY OF THE AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN

Dr. Sudhkar Jonnalagadda, '74 Rangarayan & Dr. Ranga Reddy

It was in the 1970's that physicians from India first started migrating to the U.S. and began establishing themselves in various fields. They faced instances of overt as well as subtle discrimination in residency recruitment and license reciprocity. Several articles appeared in the media about FMG's and their lack of training. Physicians in many states organized to fight this unfair treatment. In the State of Michigan, physicians from India took the lead to form an association called MAPI in 1976. Various other organizations such as Indian Medical Association of America Inc (AMAI) of Washington D.C, India Medical Association of Illinois (IMA, IL), Chicago and Indian Medical Association of New England (IMANE), Boston were founded around the same time.

In 1981, Dr. Ujamlal Kothari President of MAPI at Detroit, Dr. Navin Shah, President of IMAI in Washington D.C and several other leaders spearheaded a movement for creation of a federation of all associations under one umbrella organization; thus helping all the Indian Physicians in America to address common concerns to the state and national bodies in organized Medicine and in the Govrrnment. Many leaders of the local Associations from various states met at Dr. Kothari's residence and unanimously agreed to form a National Association comprising of all the State, Specialty and

Alumni associations. A steering committee was set up to hold a national meeting in August 1982, with Dr. Kothari as chairman, and Dr. Jagan Kakarala, Dr. Ratnakar Kini, Dr. Bhimsen Rao and Dr. Bhanu Shah as members. As those few dedicated leaders from various parts of the country struggled together to form an alliance, little did they realize that their efforts would lead to a great success story?

The group's first national meeting was held at Dearborn, Michigan, hosted by MAPI. Dr.Jagan Kakarala and Dr.Bhimsen Rao drafted the constitution and bylaws. The other organizations that were present were Alabama Association of Indian Physicians, Association of Indian Urologists, IMA of New England and Indian Physician's Club of Houston. This historic meeting led to the formation of the American Association of Physicians from India (AAPI). Dr. Kothari was elected as the first president, Dr. Navin Shah, the vice president, and Dr. Kakarala, the secretary.

The fledgling organization spent the next few months recruiting members and co-opting other organizations. The second annual convention was held in Boston in June 1984. Thirteen other organizations had joined AAPI by this time. IMA of Illinois was the host for the third annual convention at Chicago in May of 1985. The President of AMA, Dr. Harrison L. Rogers was the chief guest and thus AAPI was introduced to organized medicine. Dr. Navin Shah was elected the second president. By this

time FMG's were almost one-fifth (120,000) of the physician force in the U.S. and everybody was feeling the pinch of discrimination in some form or other. They all found a common ground in the AAPI.

The fourth annual convention was held in Washington, D.C., in June 1986. Dr. Roshan Lal took over as president. This was co-hosted by the AAPI, the American College of International Physicians (ACIP), Association of Pakistan and Islamic Physicians, Filipino Medical Association and South American Physician Association. A political action committee (PAC) was created on behalf of all the ethnic medical associations to advance the cause of all the FMG's. Keef & Co. was selected as the full time lobbyists for the group. CME programs were conducted for the first time in India on behalf of AAPI.

The fifth annual convention was held in Atlantic City in June of 1987 under the chairmanship of Dr. Sunder Mansukhani. Thirty-two associations had joined the AAPI by this time. Patron membership was initiated to improve the long-term financial stability of the organization. Dr. Jagan Kakarala was inducted as president and permanent headquarters was established in Flint, Michigan. A bill was introduced in the U.S. congress to eliminate discrimination in licensing reciprocity. Fifty local associations had joined AAPI by this time. The AAPI was able to raise \$100,000 as part of its Patron Trust Fund.

The sixth annual convention was held in June 1988 at San Francisco and Dr. Suvas Desai

took over as president. There was some infighting and polarization among the leadership, but the AAPI soon overcame these growing pains. The PAC worked successfully on the bills in Congress.

The seventh annual convention took place at Orlando, Florida in June of 1989 under the chairmanship of Dr. Vijayanagar and for the first time the AAPI garnered a net income of \$35,000. The AAPI Charitable Foundation was established with Dr. Gautham Shah as its first chairman. With the help of the Indian Embassy, medical equipment and technology transfer to India was initiated. Dr. Navin Nanda took over as president.

The AAPI started getting recognition for its activities in continuing medical education (CME) and for the Charitable Foundation and PAC. Patron fund grew to \$200,000. A comprehensive membership directory was published for the first time. There were about 15,000 potential members and more than 50 member organizations. Communication with the membership started to improve through the Newsletter, The General Accounting Office's report, favorably addressing some of the grievances of FMGs, was released.

The eighth national conference was held in Chicago in June 1990. The AAPI Board of Trustees (BOT) was created to safeguard the patron fund and keep residual ultimate authority in AAPI for ensuring its fiscal welfare and stability. Dr. Kakarala was elected its first chairman. Dr. Sarjit Singh took over as AAPI President. The ninth annual convention was held in Pittsburgh, Pennsylvania in June 1991.

Dr. Singh traveled around the nation to spread the AAPI's message. Seventy associations joined the AAPI and the Patron Fund grew to \$750,000. The charitable foundation, under the chairmanship of Dr. R. Vijayanagar, established free clinics in India in the states of

Punjab, Tamil Nadu and Maharashtra. Dr. Vijay Kulkarni was elected president and Dr. Enas Enas chairman of the Board of Trustees.

The 10th annual conference was held at AAPI's birthplace, Detroit in July 1991. Dr. Mukkamala Apparao presided over the function. Vice President Dan Quayle was the chief guest at the inaugural function. Sen. Glenn and Dr. James Todd of AMA were the guest speakers at the gala banquet. All the past presidents of AAPI were honored for their dedicated service and contribution. Eighty member organizations now came under the fold of AAPI. The convention was very successful and was able to generate a net income of \$65,000. Dr.Mukkamala chronicled a brief history of AAPI and released during convention.

MAPI donated funds to Rotary International polio project in India through AAPI Charitable Foundation. Dr. Mukkamala Appa Rao was elected president and Dr. Nuthi Krishna was chair of the Board of Trustees. Until then there was delegate system through member organizations for the election process in AAPI. One delegate was allotted per 10 members of any member organization. As a result, bigger organizations had a major say in the election

process. In addition, each patron member also carried one vote. So, this arrangement resulted in duplication, confusion and room for manipulation.

In a historic meeting held in Springfield, Illinois, in October of 1992 under the leadership of Dr.Mukkamala, the governing body transformed itself into general body and adopted a resolution to reduce the number of delegates allotted to each member organization from one-to-ten to one-to-twenty five, thereby reducing undue influence of big member organizations. For the first time, direct individual membership was created and 4,500 members joined AAPI directly by the end of the presidential year.

The 11th annual conference was held in June 1993 in New Orleans, Louisiana. Dr. George Thomas was elected president and Dr. Chander Kapasi the chair of the Board of Trustees. The 12th annual convention was held at Atlanta, Georgia, in July of 1994. House Speaker Newt Gingrich was the chief guest. Dr. Deepak Chopra attracted a large crowd for his inspirational talk. A 'brainstorming session' of the AAPI leadership was held and a consensus was reached to manage the AAPI office professionally. Both direct and patron memberships continued to grow.

Dr. Gopal Lalmalani was elected president, and Dr. Radhu Agrawal chair of the Board of Trustees. The trustees and the executive committee had a retreat in the fall of 1994 to redefine the role of the board and came up with an investment strategy for the Patron Fund, which had reached \$1 million. The Charitable Foundation organized successful

music concerts with the help of S. P. Balasubramaniam and raised more than \$100,000. The AAPI headquarter was moved to Chicago.

The 13th annual convention was held in Chicago on June 30, 1995. President Bill Clinton addressed the gathering of 5,000 people. Dr. Lonnie Bristow and Sen. Bill Frist were the guest speakers. The Foundation raised \$200,000 with the help of Lata Mangeshkar, the 'Nightingale of India'. On behalf of AAPI, Dr.Ranga Reddy and Dr.Satya Ahuja were invited to the White House to meet President Clinton in December

1995. Dr. Venkata S. Ram took over as president and Dr. Bhimsen Rao as chair of the Board of Trustees.

The 14th annual convention took place in Boston in July 1996. Rep. Dick Gephardt was the chief guest. The AAPI had to endure some more growing pains during this period. There was a lot of misperception about the election process, which created a big ruckus in the general body. The AAPI got a lot of negative publicity, but it withstood all these troubles and bounced back stronger. A PAC office was opened in Washington, D. C., with a full-time director. Dr. Vinod Sawhney was elected president and Dr. Krishan Aggarwal the chair of the Board of Trustees.

A bi-monthly AAPI journal was started in order to improve the communication with the membership. Dr. Kalpalatha Guntupalli, vice president, AAPI, appeared before the AMA House of Delegates and spoke about the physician work force and graduate medical education issues. The AAPI played a major role in creating the AMA's IMG section. The whole election process was streamlined. The delegate system was abolished and replaced with a one-member-one-vote provision.

The 15th annual convention was held in Orlando in June 1997. Sen. Tom Harkin was the chief guest. The convention was a huge success and brought in more than \$250,000. This was the starting point for large corporations to take note of the AAPI.Dr.Ranga Reddy of Springfield, IL took over as president and Dr. Vijayanagar was elected chair of the Board of Trustees.

To comply with the regulations under 501-©(4), the PAC was replaced with a Legislative Affairs Committee with an office and full-time legislative director. The AAPI 'Legislative Day' on the Capitol was initiated. The first legislative conference in conjunction with the governing body was a huge success. More than 65 senators and congressmen attended the reception.

Rep. Frank Palone introduced the Patient's Bill of Rights based on the AAPI's position paper and commended the AAPI and Indian Physicians on the floor of Congress for the first time. The AAPI became part of the WEB under the chairmanship of Dr. Vijay Koli. A Patron Trust was created for the Charitable Foundation for long-term financial freedom. The theme for that year was 'Tomorrow is Today', and every effort was made to encourage second-generation physicians into AAPI's fold.

The 16th annual convention was held in the beautiful Anatole Hotel in Dallas. Rep. Palone, Sen. Kay Bailey Hutchison and Nancy Dickey, the first woman president of the AMA, were guest speakers. This convention was a great success and set the standard for future meetings and also brought in profits of more than \$200,000. Dr. Guntupalli became the first woman president of the AAPI and Dr. Surendar Purohit was elected chair of the Board of Trustees. A lot of effort was made to partner with other mainstream medical organizations. Provisions were made in the bylaws for medical students and residents to have a representation on the AAPI's executive committee.

The 17th Annual convention took place in Los Angeles in June 1999. Indian Member of Parliament, Sushma Swaraj was a special guest. Dr. Satya Ahuja took over as president and Dr. Dharmapuri Vidyasagar was elected chair of the Board of Trustees. During this period, efforts were made to improve patient care in India in collaboration with the Hinduja Foundation. Centralized verification for license reciprocity and internship on the Capitol Hill were initiated.

The 18th annual convention was held in New York in June 2000. First Lady Hillary Rodham Clinton was a special guest at the event. Dr. Dayan Naik was inducted as president and Dr. Surekha Rao was elected chair of the Board of Trustees. More than 1500 new members joined AAPI during this year and the patron fund reached the \$2-million mark. A permanent partnership was initiated between the AAPI and the pharmaceutical

industry. More than \$700,000 was raised for the Gujarat earthquake relief fund.

The 19th annual convention was held in Washington, D.C., in June 2001 and Dr. S. Jayasankar was elected president and Dr. Rajam Ramamurthy was elected chair of the Board of the Trustees. The AAPI received a delegate status in the AMA. Dr. Ron Virmani won a landmark anti discrimination case against the hospital with the help and advocacy of AAPI. A diabetes study among Indians in America (DIA) was undertaken, similar to the CADI (coronary artery disease) study by Dr. Enas.

The AAPI is being recognized around the world for its organizational capacity and service to the motherland. The Indian Counsel General in Durban, South Africa, has said: "We (the diplomatic community) hold our AAPI as the standard for all the Indian Diaspora to follow". Prime Minister Atal Bihari Vajpayee has complemented the AAPI for its contributions to India.

The 20th Annual conference took place in Chicago in June 2002. Sri Sri Ravishankar of the Art of Living Foundation inaugurated the event. US Senator Richard Durbin was the chief guest. For the first time AAPI managed the convention under the leadership of Dr. Kiran Patel with out the participation of the local association. The convention did not go well and incurred a huge loss.

Dr. Kiran Patel took over the Presidency and Dr. Vijayalakshmi Appareddy was elected as Chair, Board of Trustees. It was another difficult period for AAPI because of the

convention losses and the meltdown of the stock market during the past 3 years. Dr. Patel and the executive committee promised to balance the budget, and worked hard to cut down the expenses and raise additional revenues. The Board of Trustees also stepped up to the plate and worked with the executive committee to cut down the operational expenses. Dr. Appareddy made diligent efforts to streamline the infrastructure and bring accountability to the organization. She created a working manual for the AAPI that laid a firm foundation for future leadership and guided it toward a better understanding of the AAPI. Two ten-bed hospitals, sponsored by AAPI were inaugurated in the state of Gujarat in earthquake stricken areas by Dr. Patel and two more are under construction. AAPI delegation attended Pravasi Bharathia Divas held in New Delhi in January 2003. US Congress in its landmark action directed the Center for Disease Control to allot \$500,000 to the AAPI-DIA.

The 21st.Annual convention was held in Orlando FL. Governor Jeb Bush was the chief guest. He recognized many AAPI leaders in Florida for their contributions in medical field and also in political arena. Dr. Sharad Lakhanpal became President and Dr. V. Haranath Reddy was elected as Chair, Board of Trustees. The president and the Chairman worked together as a team to conduct many CME programs both in US and in India. Prime Minister Atal Bihari Vajpayee inaugurated the Lucknow CME program. AAPI charitable clinic was started in Rajasthan. During

Pravasi Bharathia Divas, AAPI delegation conducted health care seminar. They met with several ministers and President Abdul Kalam and apprised them of various projects undertaken by the AAPI. The US Congress declared March 29th as "AAPI DAY". Financial stability of the organization is increasingly being restored. AAPI membership directory is updated The 22nd Annual convention took place at San Diego. The convention was a disappointment because of conflict between the President and the convention Chair. A lawsuit was filed for alleged irregularities in the election process. Dr.Jagan Ailinani was sworn in as President and Dr. Anand Sahu as Chair, Board of Trustees.

Dr. Ailinani and the team acquired lot of problems--pending lawsuit, financial instability, mismanagement of funds and dysfunctional office. They have reorganized the office and recovered most of the stolen money from an ex-employee. The lawsuit was dismissed in favor of the AAPI. Several CME programs were conducted both in US and India. AAPI leadership met Mr. Manmohan Singh, Prime Minister of India and donated \$.55,000 to Tsunami disaster relief. On the legislative front, AAPi lobbied the US congress successfully to extend the J1 visa waiver for the International Medical Graduates. The election of the Presidentelect is very confusing and ugly. There were three candidates, Dr.Akshay Desai, Dr.Sampath Sivangi and Dr.Bala Subramanyam.Dr. Desai withdrew after the ballots were mailed. There were some allegations about Dr. Sivangi's candidature

since he did not have a valid Medical license. Mean while the election process was completed and Dr.Shivangi won the election. After further deliberations, arguments and counter arguments Dr.. Shivangi decided to withdraw as a candidate and Dr. Bala Subramanym was declared elected. After all this Dr.Shivangi filed a lawsuit alleging his withdrawal was under duress. The 23th Annual convention was held in Houston. TX.It was very productive and successful meeting. Dr. Ailinani and Dr. Mathur worked hard to put AAPI again on a solid financial footing, realizing over \$300,000/ profit for AAPI. Dr.Vijay Koli of San Antonio took over as President and Dr. Sarala Rao of Los Angeles as Chair Of Board of Trustees.

In spite of the lawsuits and staff problems at the office Dr.Koli and Dr.Sarala Rao worked hard to keep the momentum going. Dr Vijay Koli traveled extensively to spread the message of the AAPI. For the first time AAPI has its own place at Oak Brook, Chicago by purchasing a building. AMA admitted the first delegate from AAPI, Dr Rajam Ramamurthy to its House of Delegates. AAPi signed a Memorandum of Understanding with the Government of India for Rural Health Care Initiative. The 24th Annual Convention was celebrated at Atlanta, under the Chairmanship of Dr. Naresh Patel. Several dignitaries from India and USA grace the occation. Dr. Bala Subramanyam is installed as the President and Dr. Ram Upadhyay as the Chair Board of Trustees.

Dr. Bala Subramanyam and his team stream lined the expenses and stabilized the office with full time employees. Details of the India Rural Health Initiatives are worked out with Government of India and funding is secured. Many Indian industries joined hands with AAPI for this initiative. Entire State of Andhra Pradesh is covered by a state of the art Ambulances with the grants from the Government of India through the MOU between EMRI and AAPI. Several CME Meetings are conducted in India. AAPI facilitated conducting Ayurveda symposia in U.S Medical schools by Professors from India thru Govt. of India grants.

Over the years the AAPI has evolved in to a pioneer National Organization to advocate the interests of Physicians of Indian Origin. Today it is the premier ethnic Medical organization in America with a potential membership of 40,000 doctors and 10,000 medical students, residents and young physicians. The future of this organization is in the hands of our young Physicians. Building the nexus between the slowing down seniors and energetic young physicians should be the priority now. Much is expected from the AAPI's MSR/YPS Section and its visionary leaders to carry the legacy of their parents. Hope the current leadership will cease the opportunity and facilitate the transition!!

Dr. Sudhakar Jonnalagadda



Dr. Sudhakar Jonnalagadda, a '74 Rangarayan, is a Gastroenterologist and Transplant Hepatologist. Originally from Guntur, he currently lives in Douglas, GA with his wife Dr. Umamaheswari, a family practice physician and son Veeraen, currently a medical student.

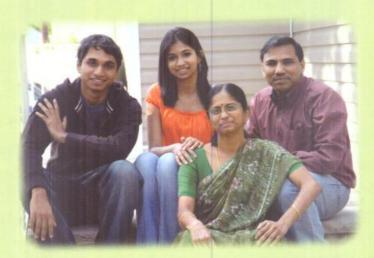
Dr. Jonnalagadda was recently elected as the president of the American Association of Physicians of Indian Origin (AAPI) for the year 2020-21. He served as the President and the Chair of Board of Trustees of Georgia Association of Physicians of Indian Origin (GAPI). He was also President of medical staff at Douglas Medical Center, and the Board of directors of Medical Association of Georgia.

చివరి ఆక్రు

ఆరు నెలల క్రితం ఈ ఇంటికి కొత్తగా వచ్చినప్పుడు ఆకుపచ్చ చీర కట్టుకున్న నిండు ముత్తెదువులా ఈ చెట్టు మాకు స్వాగతం పలికింది

> ెపరట్లో కూర్చుని తేనీరు తాగుతూ ఈ చెట్టు కేసి చూస్తుంటే మాకు తెలీయ కుండానే ఎన్ని సాయంత్రాలు దొర్లిపోయాయో

కాలంతో పాటు కదులుతూ ఆకురాలే కాలంలో ఇంద్రధనస్సు రంగులతో ఎంత కనువిందు చేసిందో రంగు వెలిసిన ఆకులు రాల్పుకుంటూ చివరి ఆకుకొచ్చింది కొత్త ఋతువు కోసం ఈ చివరి ఆకు రాల్పాలని ఎంత ఆరాటపడుతుందో నగ్నంగా చేతులెత్తి ఆకాశం కేసి చూస్తూ రాబోయే హేమంతంలో ధవళవృస్తాన్ని చుట్టుకొని కొత్త పెళ్ళి కూతురిలా ముస్తాబవుదామని ఎంత ఆశపడుతుందో మాకు నీడనిచ్చి ఆహ్లాద్దాన్నిచ్చి మా ఇంటికి ఎంతో శోభనిచ్చిన ಈ ವಿಟ್ಲಂಪೆ మాకెంతో ఇష్టం రుత్మకమం తప్పకుండా ప్రకృతి ధర్మాన్ని పాటించే ఈ చెట్టు మాకు ఆదర్శం



Dr. Subba Rao Bhimani ('74 Rangarayan)
with wife Lakshmi Kumari Yella, son Rupesh, and daughter Priya.

Bharathanatyam

Dr. Krishnaveni Gorantla

'68 Rangarayan

Bharatanatyam is considered as the oldest form of dance and the mother of all other styles of classical dances of India. The Sanjeet

Natak Academy and the ministry of culture of Government of India recognized eight traditional dance forms originated in different parts of India as the classical dances.

- BHARATANATYAM (Tamil Nadu-South India)
- 2. KATHAK (Uttarpradesh-North India)
- KUCHIPUDI (Andhra Pradesh)
- 4. KATHAKALI (Kerala)
- MOHINIYATTAM (Kerala)
- 6. ODISSI (Odisha)
- MANIPURI (Manipur)
- 8. SATTIRYA (Assam)

The term Bharatanatyam is a compound of two words, Bharata and Natyam. The term Bharata is believed to have named after the ancient Sage BHARATA Muni, who wrote the Sanskrit text "NATYA SHASTRA", dated between 200 BCE and 200CE. The term Natya

is a Sanskrit word for dance. There is a false belief that the word BHARATA is a mnemonic, consisting of Bha-ra-ta, stands for Bhava

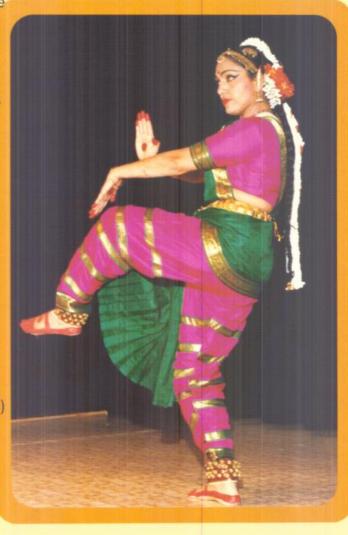
> (feelings, emotions), (Melody, Raga frame work for musical notes) and Tala (Rhythm). Traditionally, Bharatanatyam has been a solo performance, exclusively done by women and it expressed South Indian religious themes & spiritual ideas, particularly of Shaivism, but also of Vaishnavism

& Shaktism.

Bharatanatyam style is noted for its fixed upper torso, legs bent or knees

flexed out combined with spectacular foot work, a sophis- ticated vocabulary of sign language based on hand gestures, eyes and facial expressions.

The performance repertoire of Bharatanatyam includes Nritta (Pure dance), NRITYA (expressional dance) and Natya (group dramatic





Krishnaveni Gorantla with husband Dr. Kotiswamy Chowdary, daughter Kavita, son Kalyan and daughter-n-law Mary Elizabeth.

dance). The Nritta performance is abstract, fast and rhythmic aspect of dance. It has no telling of story. It is a technical performance, aims to engage the senses of the audience. The Nritya is slower and expressive aspect of the dance that attempts to communicate feelings through silent expression of words through gestures and body motions set to musical notes, it aims to engage the emotions and mind of the viewer. The Natyam is a play, typically a team performance, but can be acted out by a solo performer where the dancer uses certain standardized body movements to indicate a new character in the underlying story.

The repertoire Bharatanatyam is accompanied by melodious classic Carnatic vocal music along with Nattuvangam, Mridangam, flute and Veena. The dance costumes are made in vibrant colors from Kanchipuram silks.

Rukmini Devi Arundale and Balasaraswati helped revive Bharatanatyam, after all Hindu temple dancing was banned by the British Colonial government in 1910.

At present in USA, there are numerous Indian dance schools teaching all dance forms of classical, folk and Bollywood to encourage our migrant children to cherish this beautiful art and learn the culture, religion and traditions of India.

Bharatanatyam cultivates a tremendous discipline and concentration. It is an excellent aerobic exercise improving mind-body connection which will benefit the youth of the subcontinent to excel in their future endeavors, higher education and life itself. Bharatanatyam is collaborating with other western dance traditions at "NATYA DANCE THEATHRE" in Chicago, by my Guru Mrs. Hema Rajagopalan, an internationally renowned Bharatanatyam dancer, teacher and artistic director of main stage productions.

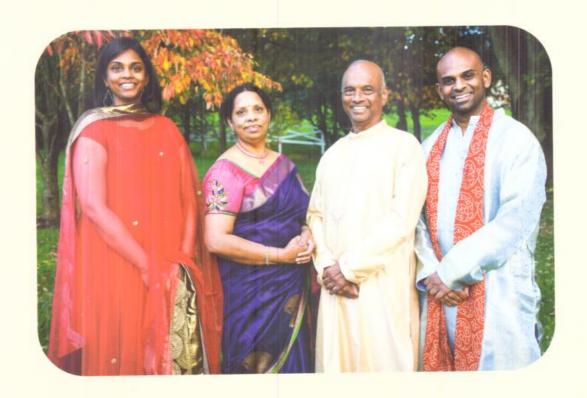
Finally I do thank my daughter, Dr. Kavita Gorantla (Radiologist now) for challenging me to learn this transcendental art form at the age of 34, tremendous support given by my husband, Dr. Kotiswany Chowdary and my mother, Smt. Kondreddi Sarojini Devi.

Reunion of '68 Rangarayans' in 2016





Dr. Suryanarayana Siram



Dr. Suryanarayana Siram, a '61 Rangarayan, is currently a of Surgery at Howard University, Professor Emeritus Washington, D.C. He retired in 2017 after working as the Trauma Director and SICU Director at Howard University, a Level 1 trauma center for 37 years. Dr. Siram trained over 200 surgeons, taught over 4000 medical students, and authored several peer reviewed publications in his stellar academic career. He is an active member of various Charitable Organizations and part of several medical missions to Africa, Middle east, and Caribbean. He is originally from Kakinada and currently lives in Washington D.C with wife Krishnaveni. Their daughter Sumitra works for the State department, and son-in-law Emil Kernji works for the Holocaust museum as a principal researcher. Their son Gautam is an Orthopedic Surgeon in private practice, and daughter-in-law Rachel is the Chief of Orthopedic surgery at the VA Hospital in Washington D.C.

Dr. Murali Ankem



Dr. Murali Ankem, a '77 Rangarayan is the Professor & Chairman of Department of Urology, and the Associate Dean of the Graduate Medical Education Committee at the University of Louisville School of Medicine. Originally from Eluru, he currently lives in Louisville, KY with his wife Lakshmi and daughters Amala, Akhila and Amulya.



ನಾ ಆರಂಭಿ

కాకరాల జగ మెలిగిన నాయకత్వం, దానగుణం జొన్నలగడ్డ సుధా మధుర మాత్రుగడ్డ బంధం ఈదర లోక కళ్యాణ తపన, స్ఫూల్తి అమెలికాన ఎగరేసిన విజయ బావుటా - తానా, రాంకానా, ఆపీ లతో

Dr Jaganmohan Kakarala (1958) is the President of AAPI (American Association of Physicians of Indian origin) and donated the RO Plant in the RMC, Men's hostel. Dr Jonnalagadda Sudhakar (1973) donated liberally to the Founders' corner and is the present President elect for AAPI. Dr Lokeswara Rao Edara (1976) worked as President TANA Foundation, is an active member of RMCANA, and involves himself almost on a daily basis in social charity activities, student education, and improving the system of education, evaluation, and educational opportunities.

నా రంగరాయ నారాయణుడే ప్రధమోపాధ్యాయుడవగా కృష్ణుని ప్రధమోపన్యాసమే శంఖారావమై శంకర భానుని ప్రధమ పాఠమే ఓంకారముగా వెలసి, విలసిల్లె, పలిథవిల్లె వైద్య యవనికపై

Sri Basudeva Narayana was the first Principal. The college started on 17 September 1958 with the introductory speech of Dr V S Krishna, Vice chancellor of Andhra University, followed by the first lecture delivered by Sri Gorti Sankarabhanu, of the Chemistry department

- Dr. S.V. Lakshminarayana '76 Rangarayan

Dr. Prasad Kakarala



Dr. Prasad Kakarala, is a '60 Rangarayan currently working as a pediatrician in Tiffin, OH. Dr. Kakarala is a great philanthropist and recipient of many awards including the Catherine McCauley Lifetime Achievement Award from the Mercy Health System in OH, Everyday Hero award from the American Red Cross Society, and Service Above Self award from the Rotary Club of Tiffin. He was the founder of the Dr. Moturu Bhanu Prasad Memorial Trust in RMC, which is a perpetual endowed Trust, first of its kind in a college in AP founded about 25 years ago. He also sponsored over 200 students in India for college education through TANA Foundation, North South Foundation, and the Bread Society. Dr. Kakarala established endowed scholarships in four colleges and six high Schools in Ohio, and a major contributor to the local Hospital and the public library in Tiffin, OH. He also established high school and Primary Health Center in his native village in India on his father's name.

'93 Rangarayans Silver Jubilee Reunion, Kakinada August, 2018



60,000 POST GRADUATE MEDICAL SEATS VS

THE CURRENT 27,000: GOOD QUALITY HEALTHCARE MADE IN INDIA



Dr. LOKESH EDARA '76 Rangarayan

60,000 Post Graduate Medical Seats vs the Current 27,000: Good Quality Healthcare Made in India

The National Medical Commission (NMC) bill is right around the corner and it will usher the medical education in India into a new world which is essentially free of the regulation by the Medical Council of India (MCI). However there is still a long way to go for MBBS graduates when it comes to getting a Post Graduate (PG) seat easily. MBBS graduates study day and night, but despite the hard work only 25% of them get into their desired specialty. Perhaps what is needed for us is to learn from some of the western countries like the USA which are not only providing post graduate seats to

their own medical graduates, but are also accommodating those from other countries.

Statistics suggest that the USA has 27,000 slots in medical school as opposed to 32,000 post graduate seats. The 5000 extra seats accommodate medical students from around the world. The situation is the opposite in India, where there are about 67,000 MBBS seats, but only 27,000 clinical post graduate seats. When another 10,000 foreign medical graduate students coming back home from medical schools in countries like China and Nepal are added, the situation becomes bottle neck after the MBBS. This translates into a problem for not just the medical students, but also for the country. In the USA an average doctor sees 25-30 patients per day, whereas in India the average general medicine MD sees 100+ patients a day, potentially compromising patient care. India needs not only more doctors, but also more specialist doctors to satisfy the needs of its large population.

Part of the problem lies in the fact that traditionally, most of the physician training in India takes place in government hospitals, whereas in the USA all the qualified hospitals including the private sector hospitals are used for teaching medical students.

The idea in the USA is that good physician-teachers and great patient material in a well certified hospital with state of the art equipment can be used to train physicians irrespective of whether the hospital is in the private or the public sector. However the MCI doesn't allow this concept, and sticks to the age old idea of the teaching hospital which goes against the doctrine of medicine that was once famously stated by William Osler "medical education at its best begins with the patient, continues with the patient, and ends with the patient".

When patients are going to private doctors and taking their opinion, why can't that infrastructure be utilized for the purpose of training and education? If the Rangaraya Medical College has 1000 beds, and the private hospitals in the vicinity have close to 2000 beds, why can't those private beds also be utilized for training, and increasing the MBBS: PG seat ratio to 1:1? We can only use hospitals certified by the National Accreditation Board for Hospitals and Healthcare Providers (NABH, similar to the Joint Commission in the USA). The Diplomat of National Board (DNB) students and the MD students alike can go to private hospitals for clinical rotations, and come back to the medical college for lectures, making the best of both worlds. This can be done in all 495 medical colleges and can lead to a tremendous increase in PG seats.

Another important point to keep in mind is that these seat increase needs to be more for certain specialties like general medicine, family medicine, and emergency medicine which are generally the first point of contact for patients.

Approximately 15,000 people die from road traffic accidents each year in the Telugu states compared to 34,000 in USA. We are years behind in emergency medicine in India compared to the western countries. There are 2278 residences in emergency medicine in the USA, whereas India has less than 200 PG seats. Post-graduation in emergency medicine was started by the MCI in 2009 and even after 9 years, less than 30 medical colleges out of the 495 medical colleges in India have the emergency medicine department and offer PG seats. Only 3 out of the 32 medical colleges in Andhra Pradesh offer the post graduate MD program in emergency medicine.

For every 100 MBBS seats there should be at least 25% general medicine seats and another 15% family medicine seats. India needs a total of 15,000 general medicine, 10,000 family medicine, and 3,000 in emergency medicine post graduate seats. Some of these provisions are added in the NMC bill tabled in the Parliament, and if passed and implemented they will help ease the current post graduate seat crisis, and revolutionize the healthcare in India.

Dr. Lokesh Edara



Immunologist in Battle Creek, MI. He served as the Trustee on the Board of RMCANA. Originally hailing from Tenali, Dr. Edara is well-known among the medical college alumni of Telugu states for his passion to improve medical education in India. His vision is that every student graduating with MBBS must emerge with confidence to provide exceptional clinical care as a full-fledged clinician; every student that enters the MBBS course must have the introduction to research curriculum starting in year one to prepare them to understand the value of discovery and generate the passion to be at the frontier of medical innovation; and approximate the number of seats in post-graduation across all medical and surgical branches to align with the number of seats in the basic MBBS degree.

Cover Page Art Entry: DEEDING BEETINGA,

D/o Dr. Sreedhar Beeraka, '76 Rangarayan





THE RANGARAYAN,

A CLINICIAN,
AN ENTERPRENEUR
AND

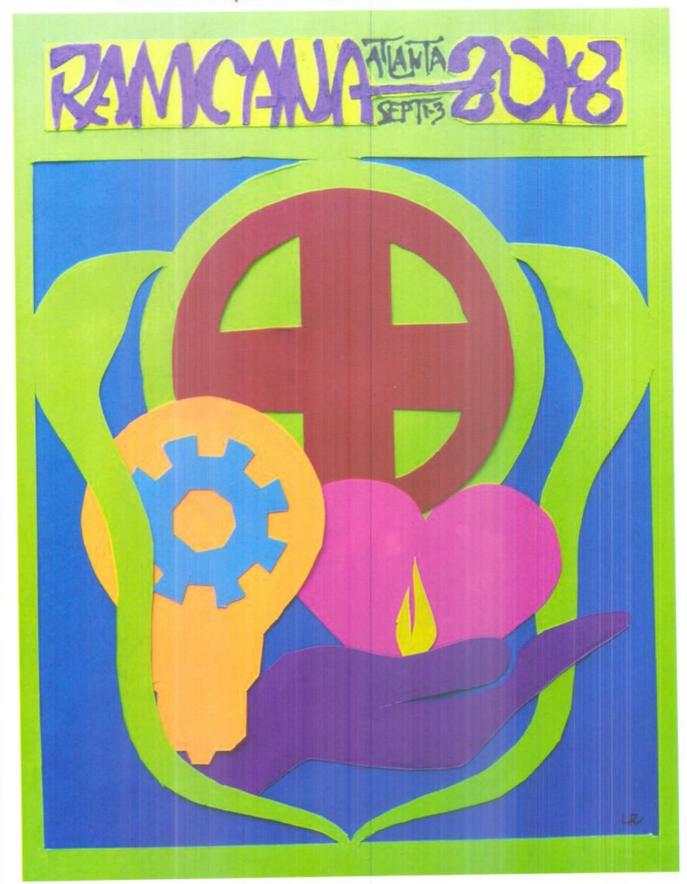
A PHILANTHROPIST

PAR EXCELLENCE



Cover Page Art Entry -

Dr. Lakshmipathi Rao Reddi, '70 Rangarayan





Dr. Sasi Nayudu



Dr. Sasi Nayudu, a '78 Rangarayan is a Psychiatrist practicing in Atlanta, GA, and reaching far corners of the world through tele-psychiatry. Dr. Nayudu is a well-known artist and creative writer from his college days. He won 1st prizes in painting and fancy dressing for 3 consecutive years in college, and he was the best Out Going Artist at the end of medical school.

Most of the Rangarayans who know him can vouch for his wit and quick humor. Never far from a good laugh and a great party, he edited several souvenirs for the college, and later for the RMCANA. He also conducted medical camps in India for the Venkaiah Naidu trust. Dr. Nayudu lives in Atlanta with his wife Prema Sanne and their twin daughters Kinnera and Krithika.

Partying Like its 70s again













మనసు మాటల మోహన కిశోరుడు జ్ఞానమణి మణి పావులూల కిరణ్ నాయుడు కుంచెతో కబుర్లు తేనె పలుకుల అనిల్ గోగినేని యువకిశోరం బసవయ్య ఇది పంచవర్ణాల మన రాంకానా

Dr Mohan Kishore Kesani (1977) is known for his prolific prose and poetry in all our souvenirs. Dr Mani Pavuluri (1979) is an accomplished Psychiatrist with a strong academic background. Dr Kiran Naidu (19XX) is a versatile artist. Dr Anil Gogineni (1990) the past President and Basavayya (1997) the present Secretary, are gentle and able leaders of RMCANA.

ఫాండర్గ్ కార్నర్ రాంకానా మదిలోని స్వప్నం దేశ విదేశాలలోని సభ్యుల సహకారం ఆనంద్ పట్టుదలకు సాకారం సుందర స్వారక దేవళం

The Founder's corner behind the Golden Jubilee library in the main college campus was an initiative of RMCANA members and was started with their initial contribution. The project did not move beyond the initial phase due to shortage of funds. Then Dr MVV Anand took it as a challenge, mobilised funds from all over, and built it to be a unique monument to the founding fathers of Rangaraya Medical College - Sri M V Krishna Rao, Col. Dr D S Raju, Sri Mullapudi Harischandra Prasad, and Dr P V N Raju.

- Dr. S.V. Lakshminarayana '76 Rangarayan

INDIA'S EFFORTS AT CPR



Dr. SSC CHAKRA RAO
'68 Rangarayan
Chairman, Indian Resuscitation Council
Past president, Indian Society of Anaesthesiologists

Ehe Indian Society of Anaesthesiologists (ISA) proposed to develop the Indian guidelines for resuscitation to provide quality Cardiopulmonary Resuscitation (CPR) training to school children and laymen in India free of cost and help reduce the death rate due to sudden cardiac arrest. Considering the country's economic constraints, the American Heart Association (AHA)'s trainings and recertifications are felt to be very expensive. The AHA trainers are available only in big cities of the country. India is a vast country with lots of diversity, differences in culture, language, religions, customs, atmosphere, socio-economic issues and differences in the terrain. The environment and the infrastructure available for resuscitation of a person with sudden cardiac arrest varies from place to place. Availability of ventilating bags, protective equipment to prevent infection,

Automated External Defibrillator (AED)s and proper transportation is restricted.

Dr. SSC Chakra Rao, past president of the ISA, was appointed as the Coordinator to prepare the Indian resuscitation guidelines. A group of 40 members from all over India was selected and a series of meetings were held to discuss the formulation of the guidelines. A scientific committee was formed with Dr. Rakesh Garg (All India Institute of Medical Sciences, New Delhi), Dr. Syed Moied Ahmed (Aligarh Muslim University, Aligarh), Dr. Mukul Chandra Kapoor (Max Smart Super Specialty Hospital Saket, New Delhi), Dr. Baljit Singh (GB Pant Hospital, New Delhi), and Dr. J.V. Divatia (Tata Memorial Hospital, Mumbai) as members. The scientific committee worked under the leadership and guidance of Dr. SSC Chakra Rao. The ISA has permitted the establishment of the national headquarters of the Indian Resuscitation Council (IRC) at Kakinada.

With a kind gesture from the RAMCOSA, we could establish the National headquarters of the IRC at the RAMCOSA house in

Kakinada. Thanks to the efforts of Dr. Lokesh Edara, members of RMCANA came forward and donated manikins worth Rs. 7.5 lakhs. Drs. Sashi Kuppala & Kavita Jyotula \$2500, Dr. Vishnu Kalidindi \$2500, Dr. AVSR Chowdary \$2500, Dr. Jagan Kakarala \$1000, Dr. Anil Gogineni \$1000, Drs. Vishnu & Jyothi Nutakki \$1000, and Dr. Lokesh Edara donated \$1000. Dr. Vijayaraghava Rao Pokala sent Rs. 1.5 Lakhs to meet the expenses for the development of the center.

The draft of the resuscitation guidelines prepared was discussed by the members of the group and the first workshop was conducted at the RAMCOSA House on 6th October 2017. This workshop was inaugurated by the Honorable Deputy Chief Minister of Andhra Pradesh Sri Nimmakayala China Rajappa garu. The resuscitation guidelines were peer reviewed and published in the Indian Journal of Anaesthesiology in November 2017. A Training of Trainers program was conducted in Kolkata on 24th November 2017 in the presence of Dr. Suresh Reddy. Compression only Life support Algorithm is unique to our guidelines.

RMCANA invited Drs. SSC Chakra Rao and Rakesh Garg to attend the American Association of Physicians of Indian Origin (AAPI) conference at Kolkata on 28th Dec 2017 and bore all their expenditure. They

were both felicitated by the President of the AAPI and received laurels form the members. Drs. SSC Chakra Rao and Syed Moied Ahmed attended the annual meeting of the Global Association of Physicians of Indian Origin (GAPIO) at Mumbai in January and presented the ISA's Indian guidelines of resuscitation. We express our sincere thanks to Drs. Anupama Gottimukkala, Ravi Kolli and Vijaya Kodali for giving us this opportunity.

The team ISA met with Dr. Vinay Nadakarni, Past President of the International Liaison Committee on Resuscitation (ILCOR), on his invitation at Hyderabad in March 2018. He has advised us to apply for the membership in ILCOR and we are making all the efforts for the same and hope to become a member of the ILCOR soon.

ILCOR WRAH (World Restart A Heart) day will be celebrated on 16th October and we are planning to run a mass CPR training program across the country for the school children and laymen. Our target is to train 100000 persons on a single day all over India. We are working out on the logistics and creating awareness using posters, TV, and other media. This is a very big project with huge financial implication and we are going all out to ensure its success.

JAI RANGARAYA

68 Rangatayans in Malaysia, March 2018





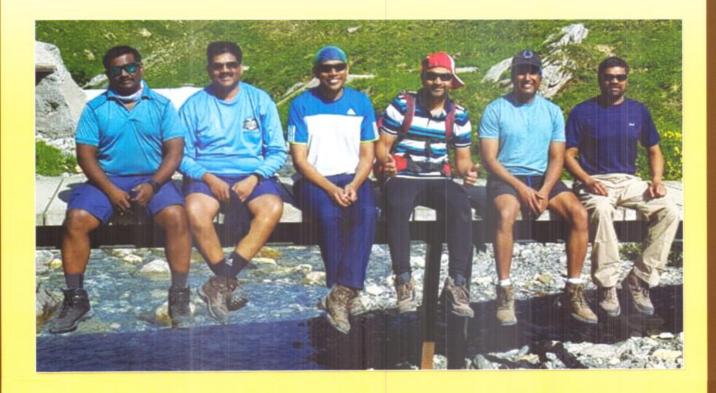
Dr. Sashi Kuppala



Dr. Kuppala a '92 Rangarayan, was originally from Bapatla in Guntur district. He is a practicing Neonatologist and lives in Louisville, KY with his wife Dr. Kavita Jyotula, a '95 Rangarayan and an Internist, daughter Shamitha, a 9h grader, and son Ashwin, a 4th grader. Dr. Kuppala has been interested in hiking and high altitude climbing for a while. His most prominent domestic and international hikes/climbs include Mt. Rainier, Mt. Baker, Mt. Kilimanjaro, Mt. Everest base camp, Tour du Mont Blanc in France, Black Forest in Germany, half dome in Yosemite, and the rim to rim hike in the Grand Canyon.

'91 and '92 RANGARAYANS KICKING IT IN THE ALPS July 2018





Dr. Indira Devi Potineni



Dr. Indira Devi Potineni, worked in various capacities including a Lecturer in the Botany Department and the Warden of the Women's Hostel at the RMC between 1959 and 1975.

Dr. Narasimharao Potineni was the Professor of Biochemistry and warden of the men's hostel between 1959 and 1982. Their daughter, Jyothi Nutakki, a '74 Rangarayan, a child and

adolescent physchiatrist lives in in Flint, MI.

Dr. Indira Devi Potineni was an excellent artist and several of her art works are seen throughout the souvenir.



Jyothi, a '74 Rangarayan and Vishnu Nutakki, '70 Rangarayan with sons Vinod and Akhil and daughters-in-law Mouna and Aishwarya.



THE SEASON TO THE SEASON TO THE SEASON TO THE SEASON TO

Art : Dr. Indira Potineni

The Canadian Perspective

Dr. Murthy Korada '89 Rangarayan

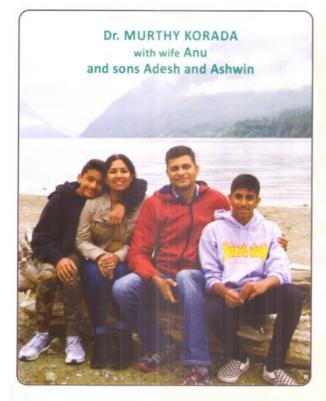
Writing this article made me remember my long journey that started from Kakinada in September 1989 to September 2018 in Vancouver, Canada. Along the way came UK training in Pediatrics and Pediatric endocrinology, wife (Anuradha) and kids (Adesh and Ashwin).

We moved from UK to Canada in 2010. The decision was partly to test new waters and to work in an alternative health care system other than the NHS in UK. Having worked as a consultant in UK opened up job opportunities for me in Canada.

I had to get used to a lot of changes with my work routine in Canada. I was a salaried employee in the UK under NHS with fixed salary and perks like annual leave and pension scheme. Here in British Columbia, Canada, I am self-employed and had to open my own 'office'. As a specialist, I need a referral from a family doctor to see patients. I am contracted by the regional health authority to provide acute and on call services for Pediatrics at the local hospital.

The learning curve was a little steep. The practice is mostly community based and a lot of behavioral pediatrics as opposed to hospital based pediatrics in UK. Once I settled into a routine, I stated enjoying the positive aspects of the current system. I have the liberty of dictating my office schedule and can choose when and how much I want to work. I have to bear in mind that I only get paid based on how much I work and also depending on the number of patients I see. This is called Fee for Service system. The provincial Government is responsible for paying an individual physician based on different 'billing codes' that the physician submits periodically. The regional health Authority is responsible for the on-call payments and for any 'sessional fees' that varies with each physician.

In many ways, I was fortunate that my transition from UK to Canada was relatively smooth. My training in UK was approved by the provincial and central medical colleges and I was eligible to apply for the Medical Council of Canada exams



(similar to USMLE) and the Royal College of Physicians of Canada (Pediatrics and Pediatric Endocrinology). I could continue to work while taking these exams. It was not easy taking exams all over in Canada but at least I did not have to go back to training.

There are a lot of less fortunate doctors who migrated directly from India and other countries whose training is not approved for eligibility to practice in Canada. They have to go through several additional hoops including exams and training before being able to practice in Canada. A majority of them end up settling in non-medical or allied health care jobs to survive and to support

family. It was reported a few years ago that there were around 1000 immigrant doctors in Canada who are not practicing.

It is quite an elaborate process which takes a lot of time and there are no guarantees. It includes a language test (IELTS), medical competency exams (LMCC), 12 months of internship under a qualified practitioner and 2-year residency program which has limited spaces.

I am one of very few Rangarayans who settled in Canada. It is not a surprise considering how difficult the process can be if we were looking to emigrate directly from India. There have been a lot of doctors who moved from UK to Canada in the last 10 years to fill some gaps in specialties like Family Medicine, Pediatrics, Psychiatry etc.

My family and I are very happy to have settled in British Columbia which is a beautiful place. Vancouver is not as cold as most other places in Canada. There are a lot of outdoor activities in summer and winter to choose from. The people are very friendly and supportive. I feel proud to be a Canadian but I am always an Indian and a Rangarayan.

SAN ANTANIO RE-UNION 2016







SAN ANTANIO RE-UNION 2016







SAN ANTANIO RE-UNION 2016







Dr. Prasad Nalluri



Dr. Prasad Nalluri is an '85 Rangarayan and an Internal Medicine Physician in Texas. Originally from T. Narasapuram in West Godavari district, he lives in Houston with his wife Lakshmi Vasanthi, and children Srikar and Sreya, and runs an Urgent Care there. Dr. Nalluri is the past president of the ATMGUSA and current president of the TANA Foundation.

ROYAL RANGARAYAN

Dr. Bhanu Prasad Tikkisetty



Dr. Bhanu Prasad Tikkisetty, an '88 Rangarayan is a Nephrologist in Canada. He is an international expert in loin pain hematuria and sits on the Board of Directors for the Canadian Society of Nephrology. He lives in Regina, Saskatchewan Province in Canada with his wife Kalyani and their children Pranav and Syna.

UDDANAM NEPHROPATHY

Dr. Ravi S. Akula | Dr. Kumar Kothapalli | Dr. Yougandhar Akula

Background

Uddanam (Udyanavanam) is a region comprised of 7 revenue mandals in the Srikakulam District, Andhra Pradesh. There have been an estimated ~50,000 Chronic Kidney Disease of unknown origin (CKDu) patients in this Uddanam region. The people of this region, have been affected by CKDu for quite a while. The death toll related to CKDu has exceeded 20,000 in the last 15 years due to toxic nephropathy causing tubular necrosis. The Center for Disease Control (CDC) in the USA has listed Uddanam CKDu as an epidemic problem.

CKDu Incidence Worldwide:? CKDu in developing countries is unassociated with traditional risk factors, like diabetes and hypertension, for kidney diseases. The incidence of this unusual CKD has been reported in Central America in the early 1990s and appeared in the 2000s in Sri Lanka. This incidence was primarily seen in farming communities, and was especially prevalent



in male agricultural workers. Since 2003, a similar incidence of CKD of unknown origin has surfaced in Nicaragua and the Uddanam region in India. This incidence appears to be associated with environmental and occupational exposures, working conditions, and consumption of homemade liquor (lija).

Our involvement:

Dr. Durga Rao, who did his doctorate in human genetics from Srikakulam along with Dr. Kumar Kothapalli and I formed a team and pooled our resources. Initially, we met Dr. Kamineni Srinivas, the Health Minister at that time and Mr. Rammohnan Naidu, the local Member of Parliament (MP). Both politicians



Ambedkar University and brainstormed the possibility of collaboratively setting up a research center to investigate the Uddanam CKDu mystery. Dr. Yougandhar, a nephrologist joined our team later.

In 2017, after Mr. Pawan Kalyan visited the Uddanam region, our team was asked to present a compilation of observations and recommendations regarding the CKDu in the Uddanam region. During his visit to Boston, we gave these recommendations to Mr. Pawan Kalyan.

Dr. Ravi Akula, '86 Rangarayan

with Wife Vani, a Praofessional Artist, Daughter Sruti, who is in BSMD 8 year program at the Upstate Medical Center and Son Abhishek

Progress:

More than 100,000 people were screened and more than 1200 new cases were diagnosed. The government has since established 4 dialysis centers in the Uddanam region. The government soon announced that they would provide free bus passes and free medications. This was a huge help for the dialysis patients.

Mission Uddanam:

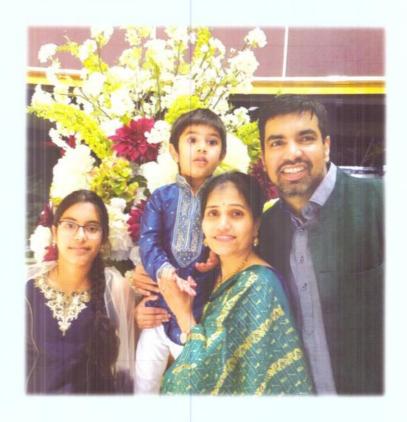
Motivated NRI kids from the USA established Mission Uddanam and have been giving free medications to the CKDu patients in different villages in the Uddanam area every month. Last month, kids from the team personally visited and took part in the free medication distribution program. We are currently working on donating ambulances to help these patients to reach health centers.

Future Steps:

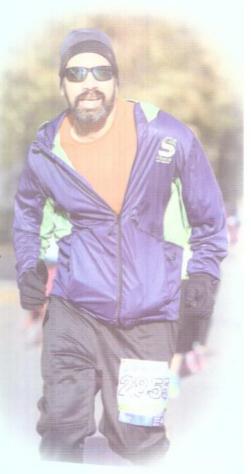
Our team is continuing the search to find the underlying cause of Uddanam nephropathy. We believe comprehensive research involving various branches and specialties is the key to success in this project. We have contacted various nephrologists in the USA, UK, and Canada to form a research group.



Dr. Satish Sampathi



Dr. Sampathi, a '92 Rangarayan, is a Pediatric anesthesiologist. Originally from Eluru, he currently lives in Suracuse, NY with his wife Vijaya Seepana, also a '92 Rangarayan and a family practice physician, daughter Srujamya, an 8th grader, and son Mihir, a preschooler. Dr. Sampathi is an outdoor person. Over the past couple of years, he has developed passion for hiking and running. He regularly participates in triathlons and half-marathons in the Upstate New York area.



'92 RANGARAYANS SILVER JUBILEE REUNION January 2018, Kakinada

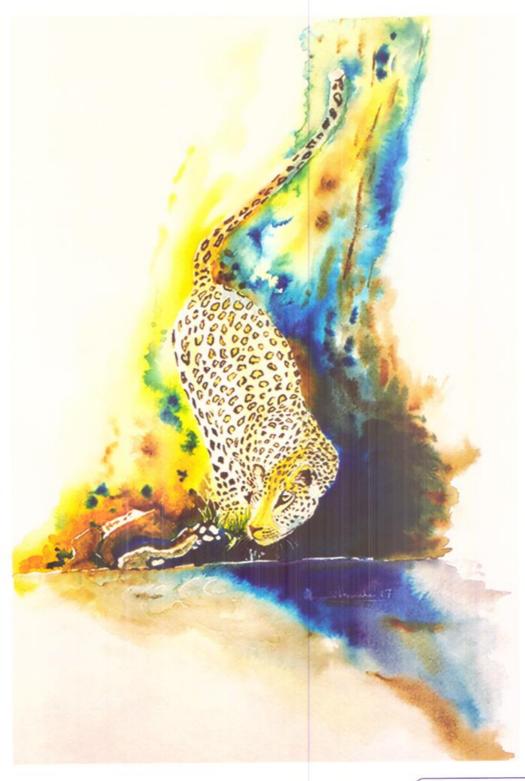




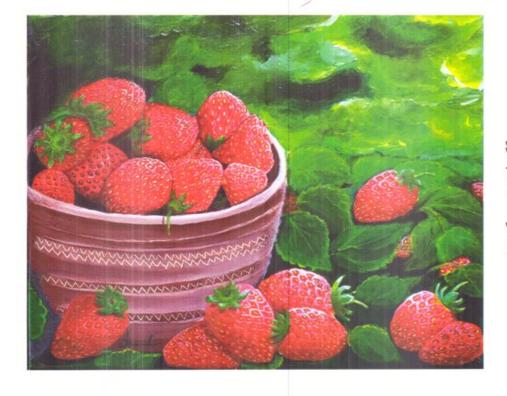
Dr. Anusha Valluru

Dr. Anusha Valluru, a '92 Rangarayan is an OBGYN Physician, a passionate artist and a believer in holistic life style. Originally from Vijayawada, she currently lives in Fort Wayne, IN with husband Ranjith, a Software professional, and twin girls Aishani and Annika who are 7th graders and budding artists themselves. The art work from the Valluru girls is seen throughout this souvenir.

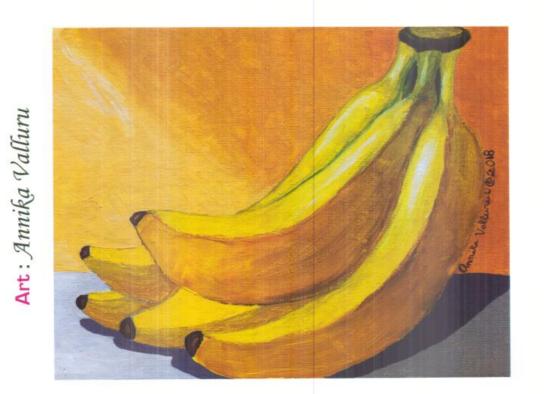




Art Dr. Anusha Valluru, '92 Rangarayan



Art: Aishani Valluru



Dr. Murthy Mutyala

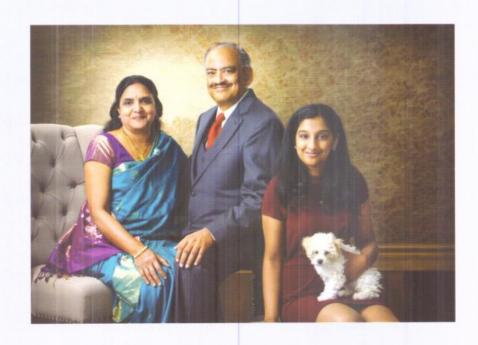


Dr. Murthy Mutyala, a '62 Rangarayan was originally from Kakinada and is currently settled in Houston, Texas. Dr. Mutyala has been active in the betterment of Government General Hospital, Kakinada for some time. Some of the projects that were undertaken by him with matching funds from the Rotary International were a Physiotherapy outpatient center, the first Physiotherapy center in the A.P; and two Eclampsia units (I C Us) in the Obstetrics Department. He also coordinated to provide incubators in the Pediatric- neonatal unit. Dr. Mutyala spent several months in Kakinada to coordinate the building of the Golden Jubilee medical library and make it on time. He also spends 2-3 months every year in Kakinada for community service on behalf of the P. R college & at his Grandparents' village.



Bus donation by '67 Rangarayans

Dr. Vishnu Kalidindi



Dr. Vishnu Kalidindi, a '74 Rangarayan is an interventional cardiologist in Frisco, Texas. He lives in Frisco with his wife Maitreyi and daughter Deepika. Dr. Kalidindi played a key role in the RMC Golden Jubilee celebrations and establishing the Founders' Corner at the RMC. He is also active in the work of several charitable organizations.



Mohan Kishore Kesani
'77 Rangarayan

నేటి భారతం

కక్షలు దీక్షలు సమీక్షలు జనం నిశ్శబ్ద సాక్షులు అపరిమిత అధికారం కానరాని సాధికారం జన జీవన అంధకారం మతం ఉచ్చు సాంతీయపు రొచ్చు రగిలించే చిచ్చు జాతిని దహించే కార్పిచ్చు

ALL NATURAL NO CHEMICALS

Recently a patient of mine started arguing: "Doc, I don't want to take any chemicals at all, but natural stuff"

I was, "What is your body made up of?

Mostly water, H2O chemical! Calcium in your bones is chemical!! Your blood Hemoglobin containing Iron still - chemical!!!

All hormones made up of steroids- chemicals!!!!

You are a big body of chemicals moving around. What do you mean by don't want chemicals???"

Patient !!!!!

Dr. Rajendra Kakarla



Dr. Rajendra Kakarla, a '76 Rangarayan is a Cardiologist in St. Marys, OH. Dr. Kakarala is the founder of Kanumuru Welfare Committee that has been sponsoring free monthly Pediatric Medical camps with free medicines in Kanumuru village in the Krishna district. The free Medical camps had more than 35,000 patient visits since their inception in 1999.

RANGARAYANS AT THE WEDDING OF PRIYANKA

(D/o Dr. Rajendra Kakarla, '76 Rangarayan) and Narasimha in June 2017 at St. Mary







RANGARAYANS AT THE WEDDING OF PRIYANKA

(D/o Dr. Rajendra Kakarla, '76 Rangarayan) and Narasimha in June 2017 at St. Mary, Ohio.







Summer of Service 2016: Reflection from Kolkata, India

Priyanka Kolli

MS2, Siena College Class of '17 and Albany Medical College class of '21

Priyanka Kolli is the daughter of Ravi Kolli a '75 Rangarayan (Priyanka spent a summer at Mother Teresa's Missionary of Charities as part of her Siena/AMC BA-MD service program



"Every act of love is an act of peace, no matter how small"

- Saint, Mother Teresa

A few days into my summer of service trip, my phone lit up with a CNN update, "Multiple explosions rip through Syria and Yemen. 48 dead." A few days later, "4 killed by Islamist attackers in Kazakhstan. Weeks later, "53 dead in deadliest mass shooting in American history." Next, attacks in Turkey. Then, in the final days of my trip, attacks in Bangladesh. The Bangladeshi-Indian border was only 43 miles from Kolkata, and after these attacks, there was an undeniable tension in the convent as sisters made daily warnings to be careful and make sensible decisions. The endless montage of violence and hate that is always only a click away often leaves me dealing with periodic bouts of hopelessness and helplessness. I often feel that despite our best attempts at alleviating suffering, we simply cannot make a significant difference.

Those that are perpetrating acts of hatred and violence seem so much louder and impactful than those who set out to make the world better.

Those feelings of helplessness can be overwhelming at times, and I found that they were, especially during my summer of service. As an unskilled biology student, I often questioned what I could even bring to these countries. I cannot pretend that I figured out the answer to that question, but I can say that it took a summer, spent among Sisters serving God and emulating Saint Teresa, to realize the truth in Saint Teresa's words: "every act of love is a work of peace, no matter how small." We may not have the power to end terrorism, poverty, or inequality, but we have the power to love, which is truly our privilege.

In Kolkata, I spent my morning hours in a medical dispensary in Nirmala Shishu Bhavan, where I filled prescriptions for the "poorest of the poor." I would often see those who had waited for long hours at the dispensary and lived on the streets greet and thank me in their broken English. Moments as insignificant as being recognized in spite of serving from behind the curtains showed me the truth in Saint Teresa's words; these were not merely small acts of love.

I spent my afternoons working in Daya Dan (Sanskrit for "Gift of Compassion"), a home for children with disabilities. I worked on the ground floor, which housed boys ranging from six to twenty-one years old. Despite being perpetually stressed, covered in urine, or being yelled at by mashis (Bengali for aunt), I can definitively say that I could happily spend the rest of my life working in this home. In six of the fastest weeks of my life, Daya Dan became my favorite place in the entire world, surpassing my childhood home and even Disney World. When I walked out of Daya Dan for the last time, I was fighting back the tears on the auto-rickshaw ride back to Hotel Heaven. I cried because I knew that every time I left (both daily and finally), the children remained behind. I cried because though they had sisters and mashis, they didn't have parents to call their own and who loved them unconditionally. I cried because even channeling all the empathy I could gather, I knew that I could never truly understand their pain and suffering. I still feel completely and utterly at a loss when I think about the complexity of problems that has resulted in their suffering, and it makes me feel powerless.

Hindus believe that our suffering is due to negative karma accumulated in our past lives; however if we live a holy and meaningful life, we can accumulate positive karma. Positive karma will allow us to improve our soul's next life until we finally break the cycle of reincarnation and attain salvation. On one hand, the Hindu concept of cycle of life and death gives me solace knowing that these children may have another chance at a better life. On the other hand, despite this chance at redemption, I still cannot help feel heartbroken that these beautiful children of God have to wait an entire lifetime for their opportunity for a better life.

My inner-conflict should not be confused with any negative feelings towards my summer of service. What I gained from this experience is immeasurable and almost inexplicable. This final reflection does not even begin to summarize my time in Kolkata. I have never felt as sure about the

underlying values that I use to guide my life as I do now. My experiences attending Catholic Masses, visiting Hindu and Jain temples, and walking past streets full of men kneeling before a mosque all deepened my understanding of the necessity of religion. Prior to my summer of service, I did often feel alienated from religion, especially in its extreme forms. But my time in India, with its admirable degree of religious diversity, showed me the glory that is religion. As Saint Teresa said, "Religion is meant to be a work of love. Therefore, it should not divide us and destroy the peace and unity. Let us use religion to help us become one heart full of love in the heart of God. By loving one another, we will fulfill the reason for our creation- to love and be loved

In spite of the incessant street noise, the honking, and the generally unsanitary conditions, I have never felt more at peace as I felt while in India that summer. I owe that inner-peace to the inspiring soul, Saint Teresa. Her secular wisdom resonated with me and I felt compelled by her call to serve. My summer of service showed me where I want to direct my efforts; this may explain the clarity and peace I felt.

As an unskilled volunteer at Daya Dan, I accepted the fact that the most we can offer is the ability to help socialize the children. Even in that aspect, I really

question whether we did more harm than good. In the first week of service, Kevin, my fellow volunteer and I jokingly complained to each other that the children would "give us nothing." That did not stop us from trying to break down their hard exteriors, but for those children becoming vulnerable and opening up is more than just a simple matter of placing trust in a friendship. For them, it meant putting their hearts on the line just to be abandoned again and again. I could not fault them for trying to minimize the pain in their life; they already hurt so much.

In the final weeks of my trip, 8-year-old Rohit, the child I and Kevin worked with would put three fingers up and laugh when he saw me. It was our "inside joke," except it was not as funny to me as it was to him. His three fingers referred to his three bestfriends: me, Kevin, and another volunteer. He laughed when I gasped in reaction to his gesture, but behind my silly exaggerated expressions of honor, I was crying inside. We build them up just to tear them down when we leave and they remain. Best friends are not supposed to come into your life and then leave without a trace, which is what I would be doing in the next few weeks. At first, I thought that Rohit's ability to make himself vulnerable while knowing that we would inevitably leave him was strange. Why would he do that to himself? I later realized that at Daya Dan, a true sense of peace and happiness was evident in the children who were willing to make themselves vulnerable. Given their situation, their ability to open themselves up and love as unconditionally as they did was inspiring. Even though I passionately believe in the strength of making ourselves vulnerable, I struggle with it. That vulnerability, however, is the key to forming beautiful meaningful relationships. Just as Rohit did even while knowing that Kevin and I would most likely leave him, and as all the volunteers had in the past, I aspire to make myself vulnerable to those around me.

In addition to vulnerability, I spent a lot of time thinking about gratefulness. On one hand, acknowledging my privilege made me realize the gross inequality that exists in this world. On the other hand, I felt like I could truly better appreciate my life by knowing that it was truly a blessing, simply a stream of fortunate, random events that I had very little say in. This summer, and especially the time that I spent at Daya Dan, showed me that my success has been due in large part to the privileges that I was born with. Sure, I've worked extremely hard throughout my school years, but it was purely by chance that my parents considered education to be their number one priority in life. It is very easy to feel guilty for the privileges that I have, and to be honest, I often do feel guilty, but I think the only thing that I can do is to serve those around me who have not had the same privileges.

Despite having been to India more times than I recall, it was Saint Teresa's implicit love, and vision of India that wholeheartedly opened my eyes to the beauty that is India. During this visit, I truly fell in love with the land of my ancestors. My air conditioned flats and cars shielded me from the horrific sights and smells in the past, but they were unavoidable this time. I lived more like a local that I ever have in my prior visits. I walked the streets at night, used public transportation, and drank delicious chai off the streets, all things that my grandparents would have never allowed in a million years. I have a deep desire to pay homage to my ancestors by serving the country that shaped them. I hope that I will have the privilege and blessing to continue to serve in India, while also serving in the United States, as a physician. I know that I will never forget this experience. It will intersect my views on vulnerability and gratefulness during my life as a medical student for the next few years and as a practicing physician thereafter.

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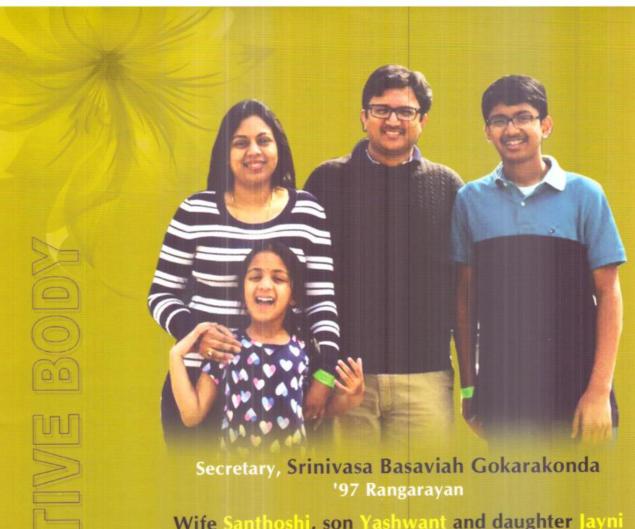


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