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Genesis of The American Association of Physicians of Indian origin (AAPI) and its successes in the early years.

-A personal account-

By Navin C. Shah, M.D.

Co-Founder and Past President of AAPI.

Over the years some AAPI members have made imaginary observations regarding the origin of AAPI. Since I was actively involved in the creation of AAPI I would like to present documented facts and also detail some of the important achievements in its early years.

In 1980, as president of the "Indian Medical Association of America, Inc. "(IMAAI) in Washington D.C., I communicated with various presidents and the leaders of the existing city, state and national specialty associations of Indian physicians in the U.S., for creating a federation of all associations under one umbrella body-"The Indian Medical Association of America." Such an organization would help unite all the physicians of Indian origin so as to address common concerns to the national and state medical, political, and government bodies especially to rectify discrimination against then known as Foreign Medical Graduates (FMG). In addition, it would also help us to serve our motherland in improving health care and medical education.

In December, 1980 and in January 1981, I published a U.S.-wide appeal in "India News" to all Indian medical associations for a convention in Washington D.C., in October 1981. Due to this appeal over a dozen of association leaders enthusiastically interacted towards forming such a central body of all Indian medical associations. During this period, I also discussed the concept with three different associations in Michigan including one in Detroit. Dr. Ujamlal Kothari, president of Physician of India Association in Detroit. Dr. Kothari concurred with the concept and suggested that the leaders from all across the U.S. to meet at their scheduled annual convention in Detroit in August 1982. Since many of the leaders wanted more time and since many of the willing associations felt that Detroit will be more favorable central place, the planned October 1981, convention in Washington D.C., was cancelled, and was rescheduled in Detroit.

In 1981, I contacted the AMA and obtained a list of physicians of Indian origin in the U.S. Prior to August 1982, I contacted multiple associations leaders from New England, Ohio, Iowa, Michigan, Alabama, Kentucky, Washington D.C., Cleveland, Chicago, Flint Battle Creek, Grand Rapids and also the national associations of psychiatry, radiology, surgeons and urology for their participation in this creative task via multiple meetings and discussions. Many of these leaders, on behalf of their associations, met in Detroit in August, 1982 and formed "The American Association of Physicians of India." I proposed Dr. Ujamlal Kothari, a senior person and the host of the meeting, for the president's post and Dr. Kothari proposed my name for the post of vice-President. We both were elected unanimously. Dr. Kothari proposed name of Dr. Jagan Kakarala of Detroit for the position of Secretary-Treasurer so as to run office effectively from Detroit. The

body accepted Dr. Kothari's proposal. On September 9, 1982, I issued first report of the formation of the APPI to all the associations. On August 17, 1982 "India Abroad" reported the formation of the national association. In October 1982 Dr. Kothari and I issued an appeal in "India News" to all existing associations to join AAPI.

I feel very lucky to be part of this historical event. My sincere thanks to all the involved leaders who put in enormous time, energy and efforts in creating AAPI. Fortunately a few of the original participants are still actively involved in AAPI's activities.

AAPI, in its early period played an important role in two vital areas. The first area was in protecting International Medical Graduates (IMGs) from discrimination and in obtaining equality with American Medical Graduates (AMGs). The second area was in providing service to our Motherland in the field of Health care and medical education.

I. INTERNATIONAL MEDICAL GRADUATES (IMGs)

In 1990's 32,000 Indian physicians made up a significant portion of the 179,000 physicians who had graduated from schools in over 100 different countries. Up to 1988, these physicians were labeled "Foreign Medical Graduates: (FMGs). It is only after strong lobbying efforts by The International Association of American Physicians (IAAP) that the name was changed to "International Medical Graduates" (IMGs). In the early 1980's, FMGs in practice and in residency began to experience discrimination in several areas, including residency positions, jobs, promotions, hospital privileges, licensing, reciprocities, and other areas related to medical practice. Hospital authorities, county and state medical societies, and the AMA did not take any significant steps to assure that FMGs were treated justly. As the Vice President of American Association of Physicians from India (AAPI), I met with the president of AMA and other officials to detail the problems facing FMGs. The discrimination was basically due to a dual standard, one for the U.S. Medical Graduates (USMGs) and another for the FMGs. Different states required different details and documents from the FMGs' medical schools. Continually changing requirements of the state made it difficult to comply with them. The states' requirements and decisions were unchallenged. Some states required additional non objective medical and English language testing for licensing and reciprocity in spite of the FMGs' years of residency training in the U.S. For reciprocity, many state licensing boards would not utilize already existing documents with the residency training program and the licensing body of the state where the FMG practiced. Many states required additional years of training, ranging anywhere from one to three years above and beyond that required of USMGs. Some federal agencies and medical institutions routinely announced job positions only for USMGs, thus openly denying opportunities to qualified FMGs. In 1982 the AMA passed Resolution 56 which put the responsibility on qualified FMGs to prove that their medical school was as good as American medical schools. As a president of AAPI, along with other FMGs, I testified before the AMA committee about existing problems and potential solutions to the issues facing FMGs in practice and residency. I asked that the national board 1, 2, and 3 exams, as taken by USMGs, be offered to all FMGs. I stressed that once a FMG is qualified, such FMG should be treated on par with USMGs. In addition, I requested the AMA to create a special office to address the concerns of FMGs and to take action to rectify discriminatory practices. As President of AAPI in 1985, I met with the then President of the AMA, Dr. Harrison Rogers, to reacquaint him with the problems FMGs were facing. In 1985, four bills were introduced in the U.S. Congress with a central theme of deleting Medicare funding to medical residency programs which had over 25% of total residents made up of FMGs. I met with officials of HHS and registered a strong protest

against the bills. Due to failure to achieve justice from AMA, in 1986, a common platform, "Alliance of FMGs," was created to jointly struggle for justice against discrimination. This group represented the combined efforts of physician from India, Philippines, Pakistan, American College of International Physicians and Islamic Medical Association. It was the for first time FMGs "played ball" by American rules by acquiring the help of a lobbying firm, Keefe & Co. As a Chairman of the Alliance; I visited many Representatives and Senators, and their staff, to educate them about FMG issues. In 1986, along with other FMGs, I once again testified strongly in favor of forming a section in the AMA for FMGs to address their special problems. The AMA's House of Delegates did not take an action and the resolution was referred back to the Board of Trustees. As a last ditch effort, on July 4, 1986, the Alliance membership (representing almost 50%) of all FMGs met in Washington, D.C. where I presented a list of the injustices against FMGs to President of AMA Dr. John Coury. In spite of repeated representations, in 1987, the AMA's House of Delegates rejected the FMGs plea for a separate section.

Disillusioned, disappointed and awakened, FMGs lost their faith and trust in the AMA. In July 1987, the Alliance acquired the services of retired Senator Vance Hartke (a three term senator) and Mr. Kern Smith (formerly with the Kennedy administration) as lobbyists to represent FMG interests in the Congress. In 1987, the Alliance stimulated legislations to prohibit discrimination against FMGs (AS 1868-Sen Moynihan, HR 3773-Rep Solarz, and HR 3241-Rep Bates). These legislations not only prohibited discrimination against FMGs in licensing, reciprocities, jobs, promotions, residencies, hospital privileges, and other aspects of medical practice, but also contained built-in penalties against states and institutions which practiced discrimination against FMGs. The AMA opposed the bills.

In 1988, as our title of "Alliance of FMGs" was misunderstood, we changed our name to "International Association of American Physicians" (IAAP). In March 1988, as a Chairman of IAAP, I along with other FMG leaders and Rep. Solarz testified to favor of the bills in the House. The AMA boycotted the hearings. I presented fifty documented cases of discrimination against FMGs in training and in practice and also listed the mighty role played by IMG's in the U.S. health care system to the committee.

For IMGs in practice, we suggested creation of a central repository of IMGs documentation which should be used for licensing, reciprocities, hospital privileges, and all other areas of medical practice. We also suggested uniformity in licensing and reciprocity laws. For residents in training we suggested similar qualifying examinations for both IMGs and USMGs to eliminate the two tier systems. There were 46 lawmakers who co-sponsored the three bills in Congress.

In December 1988, Rep. Bates introduced legislation to have a GAO study. This bill was passed and a GAO study was undertaken. I provided the GAO with all the cases (by then 78 in number) and details of discrimination. By 1989, we had 4 bills - 2 in the House and 2 in the Senate - HR 1134 Rep. S. Solarz, HR 6140-Rep. J. Bates, S 8790 Sen. Lieberman and S 304-Sen. Moynihan. A total of 91 lawmakers from both parties wanted to prohibit the prevailing discrimination against FMGs. On April 29, 1989, as a sole spokesperson for IMGs, I was invited to participate in a "round table" conference which was chaired by GAO officials. Amongst the invited were representatives of HHS, Federation of State Medical Boards (FSMB), AAMC, AMA, NBME, ECFMG and Sen. Vance Hartke. It was the first time that the IMGs got to actually meet with the leaders of organized medicine. During the day-long deliberations, mainly three areas were discussed: education, examination, and experiences of FMGs. The representatives went to great lengths, mostly under the guise of safety for Americans, to belittle the FMGs' initial medical education. They harped on FMGs basic medical education with suggestions that it is the only

pillar on which the quality of care provided by the FMG depended. They conveniently ignored FMGs's passing American exams, successfully completing residency training in the U.S., and passing the licensing exam. I reminded them that all practicing physicians, including FMGs, must have continuing medical education to keep up with the state-of-the-art medical practice in order to maintain their license. Due to overwhelming support in the U.S. Congress for FMG's plight, in 1989, the AMA for the first time created an office to address the issues and complaints of FMGs.

In 1990, Sen. Paul Simon introduced legislation "International Medical Graduate Anti-discrimination Act." Later, Sen. Joe Lieberman and Sen. Daniel Moynihan introduced similar legislation to prohibit discrimination against IMGs. In May 1990, an historic event took place for IMGs, the publication of a GAO report titled "Requirements Different for Graduates of Foreign and U.S. Medical Schools in Medical Licensing By Endorsement." The report cited the two-tier exam and licensing system and revealed that IMGs had to undergo more years of training and had to produce more documents related to their medical education. The study observed that some of the requirements by state licensing boards were of questionable value. The GAO supported a single exam for both FMGs and USMGs and a central repository for FMGs' documents. Additional medical and English language tests for FMGs as required by some states for licensing and reciprocity were found unnecessary. The study noted that the number of years of training should be equal for FMGs and USMGs. The GAO observed that there were no uniform standards and requirements by different licensing boards. In September 1992, the United States Senate and House of Representatives passed legislation to prohibit discrimination against FMGs.

Later, in 1992, President Bush signed the legislation into law. Congress provided some justice to FMGs. Since 1992, all IMGs are offered similar examinations as offered to the USMGs. Later AMA did, at last, created an IMG section. FMG leadership, in general, and Indian leadership, in particular, in the following years failed to take advantage of the tremendous effort of almost 100 lawmakers and the positive GAO report towards realizing the pending legislations in Congress. The momentum was lost as FMGs were hampered by their loose coalition, in-fighting, and lack of effective and dedicated leadership. The detailed history of the IMGs struggle is well documented in the book "Fight for Equality" by Shawn McMahon (2005).

II. SERVICE TO OUR MOTHERLAND

AAPI, had actively pursued three different projects in India. First, to provide Continuing Medical Education (CME) to doctors. Second, to provide medical equipment to teaching hospitals and third, to provide primary medical care through charitable dispensaries.

Indian doctors from the U.S. conducted over one hundred fifty seminars and "hands-on" courses in over 20 specialties in different institutions spread all over India. Thousands of doctors attended these conferences and benefited tremendously. Over 100 major medical equipment, which includes CT scan, dialysis machines, x-ray units, mammography, operating microscopes, etc., were donated to various government hospitals in India. A dozen of charitable dispensaries were established in India with AAPI's financial assistance.

As Vice President and President of the American Association of Physicians from India (AAPI), between 1982-1986, I met and discussed the said project with our late Prime Minister, Mrs. Indira Gandhi, and Ambassador. Mr. K. R. Narayanan, advisor to the Prime Minister, Mr. L. K. Jha, Health Secretary, Mrs. Sarla Grewal and the President of Medical Council of India (MCI), Dr. A. K. Sinha. After multiple meetings and detailed planning, the project was launched. The

scheme created two offices, one in New Delhi with MCI, headed by Dr. P. S. Rugmini and other in the Embassy of India in Washington, D.C., headed by Dr. S. S. Mathur. Both of these offices were funded by the Government of India. These two offices coordinated with AAPI to execute the plan. For CME, the subjects and sites were chosen by the MCI and the American doctors provided the best available faculty. The selected faculty travelled to India at their own expense. Each seminar was subsidized by the Government with one hundred thousand rupees, which were spent by the host for the conference and for publication of the proceedings. For the equipment donation, both Air India and Shipping Corporation of India provided free transportation of the equipments. The custom duties on these donated equipments were waived by the government. These equipments were essential for training of the doctors in the newer technologies. Moreover, the equipment also aided the treatment of the poor patients attending the Government hospitals. The growth of the project in subsequent years was mainly due to the support of the Prime Ministers Shree Rajiv Gandhi and Shree Narasimha Raoji. During his tenure as the Health Minister, Shree Narasimha Raoji actively participated and helped to further the projects. Encouraged by the USA experience in 1990, I met with then Prime Minister Shree Narasimha Raoji, and the Health Minister Shree Fotadarji, with a plan to extend the scheme to UK and Canada. Both of them gave me permission to go forward and assured me of their full cooperation. I visited London, Ottawa and Toronto during 1991-1992. The Indian physicians and both the High Commissioners, Dr. Singhvi of UK and Mr. Mehra of Canada, enthusiastically supported and promptly launched the project.

Many of the 6,000 practicing physician members of AAPI have participated in one or more of these activities. It is due to members' active and aggressive involvement that we could accomplish these achievements. We have a long way to go. We still have to achieve total equality with AMGs. We can do much more to help India in its endeavors to provide modern health care to its citizens and improve its medical education. All this and more can be realized if all 47,000 practicing physicians of Indian origin enthusiastically participated in AAPI's activities.

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