

CONTENTS



6th Annual ATMA Convention, Chicago, Illinois - 2010



Dear ATMA members,

It is a great honor and privilege for me to be a Chair of the Souvenir committee this year. On behalf of the souvenir committee, I wanted to share some thoughts on our upcoming convention. The Souvenir articles were solicited with the convention theme 'Improving women's health in rural Tamil Nadu and Pondicherry.' We think we have partly achieved this with the number of articles that we have received. For the past few months, we have been working hard to the release of this souvenir, one that can accommodate our convention theme.

As we enjoy the camaraderie that this convention fosters, let us not forget the convention organizers and the founders of ATMA who helped us to get to this point. First I thank the souvenir committee members for the time they spent on bringing this souvenir on time to your hands at the convention. We owe special thanks to Dr. Nazeera Dawood, our Director of Communications for her creativity, enthusiasm and dedication. We thank Dr Selvakumar for his hard work in helping to bring out this souvenir. Thanks are also due to our convention chair, Dr. Xavier Roche for his never failing support. We also thank our advertisers and well wishers.

In this 2010 Souvenir, Dr. Saro Ilangovan has poured her heart out in to the article describing Tamil women of the past, present and the future. Father Nelson has passionately written as to why some people are so easily enticed into the wrath of alcohol and how it affects a husband and a wife. Dr. C.K. Palani has an informative article on non healing wounds and Hyperbaric Oxygen Therapy (HBOT). Dr. Parithivel has tips for the physicians applying for residency. Dr. Nazeera Dawood in her article has reasons as to why now is the time to ACT. Planning on a reunion for your college, don't you worry, our experts, Dr.Ashok and Mrs. Shoba Kumar have got all the tips you would need to survive the planning.

We await your arrival in Bloomingdale / Chicago, IL with great anticipation.

Thank You.

Dr. Krish Rangachari

Souvenir Committee

Dr. Krish Rangachari - Chair

Dr. Selvakumar

Dr. F. Xavier Roche

Dr. Sithian Nedunchezian

Dr. Nazeera Dawood



Dear members of ATMA,

I will be completing my position as President of ATMA at our annual convention scheduled to be held during Aug.12-15, this year. At the beginning of our organization six years back I used to tell a fellow founder and past President, Dr. Parthivel that the reason for our efforts to start such an organization was “Because we can “,”If not us, who” and “ If not now, when”. The rest is history.

I was able to accomplish many of the self claimed pledges, some I could not, but I will continue to work with the oncoming President and the members of the next executive committee & the Board and try to complete the rest.

It is fitting that our next president is Dr. Tamilarasi Kannan as we had chosen “Women’s Health” as our forum for the Chicago Convention. I offer her my congratulations and best wishes for a “Productive Year”.

My wife, Deeptha and I visited Plymouth, Ma. this past July 4th weekend and toured May Flower II, an exact replica of the cargo vessel that carried the “Pilgrims” from England to the New World. The men and women along with the animals and birds, and all their worldly possessions sailed the high seas for 66 days and after arrival at the New World stayed another six months in the ship until their dwellings were built on the land they arrived at. The amenities in that ship were primitive, compared to the modern standard, but these men and women survived the impossible with their courage, determination and perseverance and gave the future generation all the hope and benefits of Hard Work and Endurance.

This should be an inspiration for all of us and our children to accomplish what we want.

As we convene in Chicago and go through our annual routine of CME, social activities, entertainments, and the formalities of our organization such as General Body Meeting, ALAM Meeting, Election of new officers etc , we should remember why we are in Chicago to begin with. Even though we enjoy the camaraderie and the new venue for the meeting, we should remember the ultimate goal is to raise funds to help and heal the sick, poor and destitute locally and in Tamil Nadu and that includes people with all maladies from cradle to grave.

We have chosen “Women’s Health” as our forum, I encourage and urge you to work towards that goal in raising fund for the projects approved this year by the PRC, i.e.1.Gandhi Gram Hospital in Dindigul and their Antenatal care Team (ACT) and 2. Annai (Anadhai) Ashram in Trichy.

I had requested earlier that every member of our organization donate just \$100 Dollars per year which will be a big boost and help the Charitable Foundation to carry out their Projects. Please consider and be generous and think of all the poor women of Tamil Nadu.

I enjoyed being your President for the past year and I thank all the old and new members for their support of our organization. I also thank my fellow members of the executive committee, members of the Board, members of our editorial division and our communications director for their unconditional support and cooperation during the year.

Please BE A MEMBER, BE A PARTICIPANT, BE AN ORGANISER AND BE A CONTRIBUTOR.

ATMA BELONGS TO YOU.

Sincerely,

Nedunchezian Sithian, M.D.F.A.C.S.



Dear ATMA Members and friends,

It has been my pleasure to serve as the ATMA convention chair this year. As the convention chair for the ATMA 6th annual convention, my goal is to find & assemble as many Physicians & allied health-care members of Tamil origin and inspire them to become interested in the noble cause of serving the poor & under-privileged of TamilNadu, Pondicherry & the US.

We have an exciting program of events scheduled for the 6th Annual convention for ATMA. I am very proud of the convention committee that has organized various exciting events. We have great CME presentations on current topics about women and their families' physical & mental health. We have arranged exciting entertainment programs for the evenings with scintillating music by Chicago Mellisai Group, dances to the Rhythms of Rahman by internationally acclaimed dance troop of Mrs.Hema Rajagopalan, pattimantram and karaoke songs by talented members. If networking opportunities are on your agenda, you will find the perfect opportunity in this convention.

As we enjoy the camaraderie that this convention fosters, let us not forget the ATMA founders and ATMA members who helped us to get to this point. ATMA laid a strong foundation five years ago, is growing rapidly and has successfully funded more than thirteen ATMA approved charitable projects including disasters in TamilNadu, Sri-Lanka & US. In addition members have conducted several medical camps in India & US fulfilling the vision of ATMA.

During this convention, as we learn and share professional experiences, let us also not forget the impoverished women in TamilNadu & Pondicherry. I would also like to thank the souvenir committee in putting together the souvenir working with this year's theme on mind. I hope that observing the selfless activities of dedicated members working towards the noble goals of ATMA, many newcomers and second-generation members show interest towards serving the poor & under-privileged.

Setting aside the many projects and social welfare contributions done by ATMA members already, my wife & I are working towards establishing an Alcoholism counseling center in TamilNadu in the future. We are also going to bring into awareness the dream and great tireless job of providing healthcare for the poor & downtrodden people of Chicago area by the Late Dr. Mukundan and his team by establishing more than 50 satellite clinics in such areas.

To emphasize again, the purpose of this convention is to sustain & grow this great organization & inspire members and friends to serve these people in need. I hope and assure you that this convention will offer you the unparalleled opportunity for learning, exchanging information and networking. I am confident that you will take home with you a truly intellectual, spiritual and socially satisfying experience. For me ATMA is 3 Ss = Selfless, Service and Sustain.

Endrum Anbudan,

Dr. F. Xavier Roche



Dear Fellow ATMA members,

Another Year has gone by. ATMA is in its seventh year. First of all let me thank all new members for joining our association. With their support our organization gained new strength.

Under the leadership of Dr. Arumugham, PRC committee reviewed and recommended Annai Ashramam and Gandhigram ACT projects.

Board met in several meetings and revisited and revised policies for our organization. Board and financial policies were drafted by Dr. Parithivel, Charitable Foundation and Project review committee policy by Dr. S. Baskaran and Disruptive policy by Dr. Jay J Gopal. International CME policies by Dr. Parithivel and Liability Insurance for Board and Executive committee members by Dr. Sithian Nedunchezian.

The hard work and combined efforts of all members strengthened our association. As the Chairman of the Board, I extend my heartiest gratitude.

Dr. Xavier Roche is organizing the 2010 ATMA annual Convention in Chicago and I am requesting all members to participate this memorable event.

Thanks to all Board members for their support during this period.

Wishing Dr. Arumugham as the incoming Chairman and Dr. Tamilarasi as the incoming President all the best.

Nandri,
Vanakkam

P. Chockalingam



OFFICE OF THE GOVERNOR
IRTC, 100 W. RANDOLPH, SUITE 16-100
CHICAGO, ILLINOIS 60601

PAT QUINN
GOVERNOR

AUGUST 12-15, 2010

American Tamil Medical Association
10395 Kingsbridge Road
Ellicott City, Maryland 21042

Greetings!

As Governor of the State of Illinois, I am pleased to welcome everyone gathered for the American Tamil Medical Association's 6th Annual Convention.

I commend the American Tamil Medical Association for organizing this event, and I am honored that you have chosen Illinois as the host state this year. This annual event will provide opportunities for members to participate in continuing education programs, as well as facilitate cultural and professional exchange. Beyond just promoting professional development, your organization and its members have also contributed your time and resources to helping the less fortunate, both in India and in the United States. I commend you for this charitable work, and I am certain this convention will not only further your organization's collective charitable goals, but also greatly benefit each individual attendee.

I would also like to offer a special welcome to those traveling from outside of Illinois for this event. During your stay, I encourage you to take advantage of the many sites and attractions that this great state has to offer. From historic landmarks and world-renowned museums, to first-class dining and theatre experiences, there is truly a wide-array of interests represented across the Land of Lincoln.

On behalf of the people of Illinois, I offer my best wishes for an enjoyable and memorable convention.

Sincerely,



Pat Quinn
Governor



Dear ATMA members:

The committee considered two projects this year and approved both projects.

Antenatal Care Team (ACT) - Gandhi Gram Project was presented by Dr. Nazeera Dawood. This project will educate the young mothers about the antenatal care, perinatal, and post natal care. This project serves the poor, uneducated, rural people in and around Gandhi Gram, which is near Dindigul. Dr. Nazeera is a young doctor who has worked in that location before she came to USA. She is a dedicated, charity minded doctor, who has numerous contacts in that location and will be able to execute this project after it is funded. The committee interviewed Dr. Nazeera and the committee approved the project.

Annai Asram Project This project was sponsored by Dr. Anantha Krishnan, with the strong support of G.W. chapter. This project will fund the building in Trichi, India. The building will support the hospice center for terminally ill elderly female patients. I'm glad to announce that G.W. chapter has already raised \$25,000 towards this project so far.

Mission Accomplished

My dear fellow members, in a very short 6 years we have raised \$275,000 and funded various major projects in Tamil Nadu. We have also funded various local projects in various chapters. The following is a list of previous projects that we have funded so far:

1. **Vavipalayam Project**
2. **Gudalur Sickle Cell Project**
3. **Vellore Children's HIV/AIDS Project**
4. **Banyan Project**
5. **Pallavaram Children's Medical Center (PCMC)**

The details about the above projects are available at our website www.atmaus.org. Please every one of you go to the site and review these projects. I would like to highlight a few points. Everyone of the above projects has been serving the needy and poor in various parts of Tamil Nadu. We are touching so many people's lives in a meaning full way and the needy are being helped in a timely manner. The people who receive the services are very appreciative of our services and it is very gratifying to know that.

I appeal to all of you to actively participate in the activities of ATMA. Please look around and find needy projects and bring it to the PRC committee for evaluation and funding. We have accomplished a lot in a very short time with a small membership, now just imagine when we grow, we will be able to do lot more.

I thank all of the general members and the executive committee members for giving me the chance to serve as the chairman of the PRC. I also thank all of my fellow committee members who agreed to serve with me and find the time to evaluate various projects in a very short time.

P. Arumugham M.D.

PRC Members-

**Dr. Prakash Rao, Dr. Arivoli
Dr. Kothanda Raman, Dr. Lingappa Amernath**



**OFFICE OF THE MAYOR
CITY OF CHICAGO**

August 12, 2010

**RICHARD M. DALEY
MAYOR**

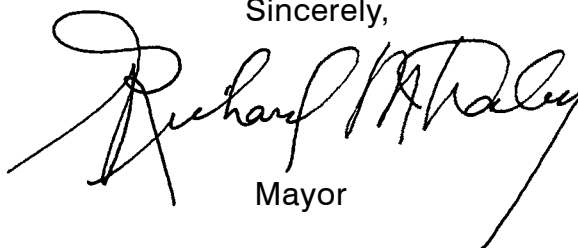
GREETINGS

As Mayor and on behalf of the City of Chicago, I wish to welcome everyone attending the American Tamil Medical Association's (ATMA) 6th Annual Convention.

ATMA provides invaluable humanitarian service to people both in the United States and abroad. The generous donations and projects offered through this organization have improved the standards of medical care and quality of life for many. By championing the highest of professional standards and helping those most in need, the members of ATMA exemplify the best traditions of health care and medicine. It is my distinct pleasure to commend them on their dedication, spirit of service and hard work.

You have my best wishes for a most enjoyable event and much continued success in your outstanding endeavors.

Sincerely,



Mayor

Yealelo

Your Reliable Buddy

CHENNAI • BENGALURU • HYDERABAD

Yealelo is a venture started by NRIs and entrepreneurs who moved back to India. Last five years of experience in helping their NRI friends prompted them to extend these services to the entire NRI community.

Don't you wish you had a reliable friend that can take care of all your needs in India?

The services can range from advising you on a property, maintaining an apartment, taking care of the needs of your parents, helping you during your vacation to your hometown, organizing your wedding at a short notice and more...

Setting high standards for service delivery and ensuring the customers are always informed about the progress of their tasks is what makes Yealelo unique.

Give us an opportunity to serve you and you will experience customer service the Yealelo way.

OUR SERVICES



PROPERTY ADVISORY

We offer advisory services for buying/selling a property. We help you in short listing of the properties and site visits, evaluating the property documents, helping acquire the property, preparing all legal documents pertaining to the acquisition of the property.



PARENTAL CARE

We try to fill your absence by taking utmost care of your parents and their needs. Our well trained buddies, who will be very friendly and compassionate will provide personalized services ranging from payment of bills, doctors appointments & hospital visits, nursing care, house repair work to planning religious trips.



PROPERTY MANAGEMENT

Management and Maintenance of properties like rental apartments and houses that involves constant supervision, rent collection, pest control, painting and electrical /plumbing work. We ensure timely service and good quality of work.



LEGAL CONSULTING

When you live abroad and require legal help in India Yealelo offers you comprehensive set of services that will ensure you are best advised on every possible aspect of Law and supported in your entire personal legal requirement.



RELOCATION

To make your relocation from any part of the world to India easier Yealelo provides you with end to end service package which includes short listing schools for your children in the city of your preference, arrangement for your interim stay, food and transportation, narrow down a locality for your residence and even help you with domestic services like finding a maid, driver and cook.



VISITING NRI

Yealelo will help you plan your India trip ahead of time and ensure everything is organized from the day of your arrival in India to the day you leave. Our customized services include planning local/religious trips, organizing a party/function, buying a property and shopping, access to satellite office and a business lounge



OTHER SERVICES

- Acquiring university/government certificates
- Gift a friend
- Banking and Investments
- Insurance advise
- Organizing an event
- Wedding Planner
- Religious trips
- Organize Dance/music performance
- Plan traditional ceremony

Yealelo

Your Reliable Buddy

YELELO SOCIAL INFORMATION SERVICES PRIVATE LIMITED

24/116, 1ST FLOOR, 4TH STREET ABIRAMAPURAM, CHENNAI - 600018

MOBILE: +91-95000 77882 | +91-99400 37803

EMAIL: INFO@YELELO.COM

CONNECT WITH YOUR BUDDY

1-888-4YELELO | +91-95000 77882



Palace Gardens -

The world at your doorstep

HIRANANDANI
Palace Gardens
CHENNAI



Complete planned township with a unique mix of homes, offices, schools, health-care facilities, parks, shops and entertainment.

Landmark towers ranging from 15 to 27-storeys.

Wide green spaces which you can proudly call your own.

A township that is changing the landscape of Chennai.

All at a price that's truly within reach.



Real Estate Award 2010
**BEST INTEGRATED
SUBURBAN DEVELOPER**

Hirco[™]

Residences | Business Parks | Shopping Malls | Hotels & Convention Centres | Hospitals | Schools | Recreation Facilities

To live life as it should be, contact :

888 628 4080 (Toll Free) | E-mail: us.sales@hirco.com

Hello,

I am Valarmathi and I was born around the year India got independence. I do not know which year but it was around that time. We lived in a village called Alagarpatti. My mother delivered me at the small hut that we lived in. Her mother helped during the delivery and I came out to the world not knowing what lies ahead. To say I did not know what lay ahead of me would be false. I knew exactly what was happening when I was in my mother's womb. My father would come late in the nights and wake my mother up and scream at her to serve the food. He would say nasty things to my mother. He would say if only you are carrying a girl inside you, see what will happen to you. I would be terrified of my father at that time, as I knew I was a girl and did not want to come out of my mother's womb. Sometimes I can hear my mom being hit. My father was an alcoholic. He would work the whole day in the fields and spend all the money for his drinks and my mother would sometimes starve as there was not much food at home.

The day that I came out was an unforgettable day. There were pots and pans flying all over the hut, screamings of my father. There was no respect what so ever for my mother as well as me, as we both lay down tired after the process of delivery. My father went to drink again that night and did not even care to come and see me. He must have forgotten the fact that he had a part to play in making me. The months ahead would be the same. But I learnt from my mother all the characters that she had; she was strong willed, patient, caring, loving and a compromising lady.

Months and a year passed and my mother's love only grew stronger and stronger. I did notice that she was getting weaker and tired and her tummy was growing again. I would wonder why she would not spend time with me like before. Then gradually I learnt there was another baby coming. I was only two and I knew what would happen if it was a girl this time. Even though my mom would take me to the temple in the village, I knew that we were both praying for the same thing – please give a boy at least for father's sake. I would wonder why my father would not like me as much as he likes having a boy. But I could not figure out why? I felt as a girl I was being more helpful to my mom helping her clean our place even at two years old.

My father's health was deteriorating as he was drinking a lot and smoking. He would not listen to a word that my mother would say. He did not respect her, period. My mother did not give up, he was her God and no matter how much he screams and hits, she would still go back

to him. My brother was born when I was two years and three months old and you should see the happiness in my father's face. He told my mother he was sorry for being mean to her and promised her that night that he would stop drinking. Tears were flowing down my mom's cheek from happiness. We looked like the perfect family then. We visited the local thiruvizha that year and I had so much fun. I was wearing my **pattu pavadai**. I took all the rides for my age. My uncle Maaran carried me all over the place in the fair. I cannot remember a day in my life where I have been much happier. My father bought bangles for my mother and toys for my baby brother.

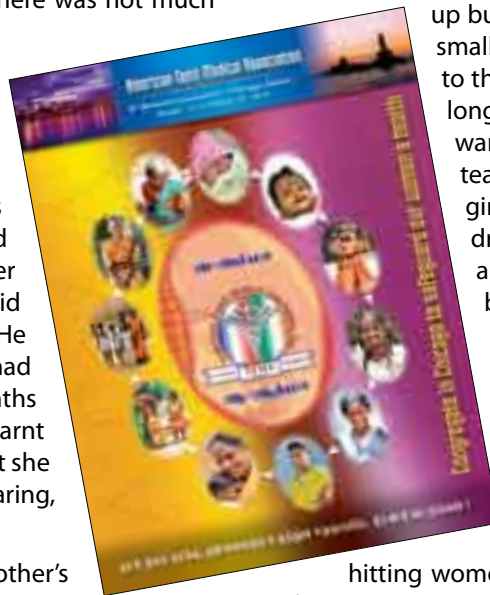
When I was four years old my mother gave birth to another baby brother. Meanwhile my father had broken his promise and he would again go keep drinking every day. Sometimes he would be lying down outside our hut when I wake up in the mornings. I would try to wake him up but he would still not wake up. We had a small school in our village. I started going to the local school when I was four. It was a long walk but I liked to learn. I knew what I want to be when I want to be big. I want to teach people like my father how to respect girls, love them for what they are, to stop drinking, not to spend money on drinks and to live a decent life. I want to teach big people.

I would sometimes miss school as my father was sick and I had to help out in the fields. I did not like missing school.

I wanted to learn more and more. I wanted to go to the pattinam and open a school for big people and help them stop drinking and stop

hitting women. My brothers would have their own friends and would play boy games. They would say I am a girl and cannot join them. But I would go to my mother and help her make idlis or kanji. My mother was also becoming weak as she had too much stuff to take care of. My mother has never gone to see a doctor for any reason. She would say it costs a lot of money to go to the doctor, the bus charges and eating outside.

When I was six, there was a big loss in our family. There were 10 men in the village that died because they consumed '**kalla chaarayam**'. When my mother heard the news she ran out. I have never seen her run like this. She carried my smallest brother and we ran behind her to the scene where the men lay dead. When she was running she was screaming out and praying that nothing should have happened to father. When we reached the scene, my father was laying there among the other nine men. My mother fell down unconscious. She woke up after few minutes and started screaming and said there was no life



for here hereafter. I was crying too but I thought to myself how my mother could cry for my father as he has hit her many many times. That is something I could not figure out at this age.

The months and the year ahead was tough. My mother had to work out in the fields a lot to provide us with food. I could not bear to see her work so hard, so I would go help her and not go to school. I would miss school so much but I would not tell my mother that. I would hear my mother weep many a times in the nights and I knew she was missing my father. I would weep too and would wish my mother could be happier. I wanted to be there for her always.

I was eight years old and that is when the strange encounter happened. My mother had to go get some stuff from the market and my uncle Maaran was there. She asked him to look after us. He was twenty two years old then. My brothers went outside to play with their friends. Uncle sat next to me and said I was growing very beautiful. He started to undress me and I asked him what he was doing. He told me he will take me to the fair and I should not tell this to my mother. He was doing stuff that made me very uncomfortable. After that he went away. I felt nauseous and did not want to see Maaran again. But since then he would show up every week whenever my mother was not there and he would threaten me that I could not say this to anyone. If I did my mother will cry. So I did not tell my mother, as she loved her brother a lot as he was also supporting our family.

When I was ten years old, school had become a distant dream as I was more and more in the fields helping mother. I also became a big girl that year. My mother told my uncle and her family members and they all bought me a saree. It was strange as I did not know that this was one more thing that women had to bear every month. I would wonder why God had not created men and women equal. Why did women have to get all the beatings and why women had to have this every month and why women gave birth to babies. I figured out He did this because He was a He and He did not want men to suffer like the women.

When I was eleven years old, I was very nauseous one day. I threw up several times that week. I did not know what was happening. I did not have my monthly periods the past two months. Another two months and I realized that my tummy was growing bigger and I was scared so much. My mother had kept asking me this month if I was ok. She asked me so many questions and I had to lie to her all the time as I did not want to make her sad. But now it was too late to hide anything. I told my mom my tummy was becoming bigger and did not know what was happening. She screamed the same scream when my father died. She kept asking me who did it to me and I did not say a word. I could not tell her that it was Maaran because he just got married five months back and left to a far away town.

I was heartbroken as I had embarrassed my mother. I was a shame to her. She did not give up on me. She took me to a lady who had special medicines. This was four villages away from our village and she said no one in our village should know this. I remember what she said to the medicine lady. She said '*Karpa kalikkanum*'. What happened after that I do not remember as I fell unconscious and could not bear the pain. That pain was the worst pain any one could ever have. I was also very sad that I had to make my mother go through this. But I knew she was doing this for my wellbeing. I was sick with fever for the next two weeks.

There was no school in the village after eighth standard and everyone had to go to the city to study. I had to stop going to school as my mother did not want to send me to the city. She said I was not mature enough to go to the school alone. I knew my dream of becoming a teacher was broken. I would help around the place and I had a new friend who was in the same village. She and I would sit and talk for hours about how we could improve our village. As I was thirteen years old, I knew what we needed to improve our village. We needed to make our schools bigger, we needed local good doctors who would not cost us much and who would treat us well. When I told the village elderly that they should try to get all these through our panchayat, they thought I was crazy.

Years passed and my mother was growing old and one day she said it was time that I should get married and start a life of my own. I could not imagine for a second leaving her side. She had to convince me to get married as she said if I grew older no one would want to marry me. She said there was someone in the next village who was interested to marry me. His name was Kaalimuthu and his family is coming to see me next week. I could not imagine and was not at all happy to leave my mother and a place that I called home. My brothers were very playful and would not love my mother as much as I did. But I had no choice.

Three months after that I was married to my husband in the local temple when I was eighteen. I had to take my stuff and go and live in his place. My heart was heavy to leave my mother. I have never seen her happy in my life and here again I was another reason bringing her tears again. Although I left her then, I wished she should not shed another tear for me. I went to my husband's place which was supposed to be considered God's place. They had a bigger house than our place. I respected and loved my husband in the hope that he would respect and love me back. He was a very nice man. He was a milk delivery man and a hard worker. He took me to Kodaikkanal in the first three months. I had never seen such beauty in the mountains before. It was a very loving trip. I saw the big houses and also saw huts like ours at place. But overall it was amazing.

I would visit my mother every month and make sure she was doing well. She would be very concerned about me as always and would ask if I was doing okay. Six months after our marriage, things started turning upside down. I had heard rumors that my husband had 'china veedu'. I confronted him one day and he slapped me and hit me so hard. The flash backs of my mother being hit by my father came back to me. I cried the whole of the next week as I started thinking if my life was going to be my mother's life yet again. I thought about all the dreams I had, to teach people to respect women and here I was again being hit by my own husband. To add fuel to the fire my mother in law would have so many complaints about me to her son.

Since then my husband would come drinking home every day. I did not tell my mother any of this as I did not want her to feel bad. I learnt that I was pregnant in the first year after our marriage. I was happy as I felt I would have someone to share my feelings and someone who would truly loved me. And then there was this dreaded sentence that I heard again. The last I heard this dreaded sentence was nineteen years ago when I was in my mother's womb. My husband said that 'this pregnancy had to be a boy'. I was dumbfounded! It was a girl indeed and the same history repeated as my mother's life with my father. But I would talk to my daughter; I would tell her that I am there for her. I would tell her I will make sure this does not happen to you. I wanted her to study. I wanted her to go to the city and become a big teacher.

My mother found out that I was not happy and was being mistreated. She felt very sad for me and said she was so sorry that she could not be there to help me. We both shed tears together. We were hoping that the future should hold better prospects for women growing up in the rural areas. I promised my mother that her granddaughter would not face all the misfortunes of living in a rural area. She smiled. Two months after that she died peacefully in the same place where I was born. I lost half of myself then.

Two years after that my husband became a lorry driver after our son was born. We had local nurses come to our house and hand us free condoms. The nurse would advise me that I should not have more kids. One boy and one girl was enough. I would agree with her. I would tell my husband to use the condom but he will throw it away. That is how I became pregnant again with another boy. I was raising all the three kids as my husband would be away for weeks delivering supplies in the lorry. Half the money that he would bring back from his work would be spent on his drinking and smoking.

When I was thirty, I realized my husband was getting sick more often and was missing work. I told him that we should go and get a check up from the doctor. He agreed and we went to the hospital that was in the clinic. They

checked him and in the end said he has HIV. I did not understand much but later they said that he could die from AIDS in the next five years. If we have more babies I could get it from him and also the baby could get it too. I cried a lot as I could not imagine the thought of losing my husband. I remember the time that my mom cried when she lost her husband.

I tried to take good care of my husband but he would still start screaming and hitting me sometimes. We could have prevented the birth of our fourth child if only he had used the condom. Now I might be passing the HIV to my fourth child. As my husband was getting sicker, I was burnt out taking care of him and the kids. I did not give up. Just one month before the delivery of our fourth child, he was coughing up blood. He became very serious and I lost him to HIV and AIDS disease on the way to the hospital.

Yet again I felt my heart was heavy. The fourth child was born and was unfortunate as he did not get to see his father. The nurse tested me to see if I was having the HIV illness. I did not. My thoughts during that time were how am I going to take care of these children alone? I also said to myself I will not repeat the same mistake as my mother did. I will make my children go to school and make them study and stand on their own feet. That was a promise I kept. I had to work as a servant in people's houses to give education to my kids, to meet our basic needs. I met many good people on the way, many people who wanted to use me but at thirty I was matured and old enough to be fifty.

Years went by and my daughter passed her tenth standard and said she wanted to study computer in the end. She did and later got married to a man whom I knew would look after her well. The boys grew and studied and went to the city to study further. As all my children were in the city, I moved to the city and would live in a small place. I was still working as a servant as it was a source of income for everyday expenses. Many a times I would sit back and think of my mother's life and my life. All the agony we have gone through and all the hidden sorrows. I was relieved to see my daughter was educated and happily married.

It is 2010 now, and I am 63 years old. My life has been a roller coaster with lots of downs and ups. I heard in local news that American doctors who are Tamilians are having a meeting this year in Chicago and deciding on how to help rural women in TamilNadu. If only they could ask me, Valarmathi, I have a long list of how they can efficiently help us here. Oh wait; there is someone on the door. It is my daughter.. Why is she here with her suitcase? Where is her husband? When I open the door she says **"Ammaa, Avar kudichitu yenna raathri adichuttaruma. Avar kooda oru naalum inimel waala mudiyaadhumma"**

Idhu yenna kodumai !

Non-Healing WOUNDS

The orderly process involved in wound healing; hemostasis, inflammation, proliferation and epithelialization; lead to wound healing naturally. Wounds become chronic or non-healing due to perpetuation of inflammatory phase or lack of proliferation and epithelialization. Ischemia reperfusion mechanism is uniformly active in non-healing wounds. Healing these wounds, early, becomes a necessity to avoid loss of limb or life.

Arterial Insufficiency: You can't grow a garden without water. Healing wounds need adequate Oxygen. Clinically, look for macro or micro vascular insufficiency by means of history and physical or vascular lab studies. Ankle Brachial Index of <0.9 and >1.2 or Toe Brachial index of <0.65 may indicate the need for a vascular consultation. Arterial flow may be restored by surgical or radiological intervention. Adequacy of Oxygen in the wound can be assessed with skin oxygen levels near the wound, Trans-Cutaneous Oxygen Measurement or Skin Perfusion Pressure. If adequate Oxygen cannot be delivered by vascular intervention or if there is micro vascular insufficiency demonstrated by peri-wound hypoxia, HyperBaric Oxygen Therapy (HBOT) may be used. HBOT increases tissue oxygen by increasing dissolved oxygen in plasma and diffusion to greater distances from a vessel, in the short term, and by angiogenesis in the long term.

Impaired venous return: Venous hypertension from thrombosis or reflux decreases tissue blood flow and causes edema leading to low tissue oxygen level. Modern intervention can correct venous hypertension in many instances, a special interest of only some vascular surgeons.

Removal of necrotic tissue: Dead tissue promotes infection and it should be debrided. The exception is a dry non-infected eschar which is left alone. It is a good biologic dressing. Depending on the amount, debridement is done surgically, by mechanical force (pulse lavage), biologic (maggots) or enzymatic means. Debridement in addition convert the chronic wound into an acute state with all the attendant release of growth factors.

Resolution of infection: Infection keeps the wounds in a state of inflammation, with excess Matrix Metallo Proteases, impeding progression to healing. It may cause extension of the wounds and threaten limb or life with cellulitis and bacteremia. Local infection can be handled with topical therapy like Silver containing products, topical antimicrobials, honey etc. Use of alkaline, iodinated or peroxide products are generally discouraged, they may impede wound healing. Invasive infection such as cellulitis and chronic osteomyelitis will need systemic antibiotic therapy. Target organism is best identified with a small tissue biopsy with a punch biotome after the wound has been debrided. Surface swabs just yield colonizing or contaminating organisms and lead to poorly targeted



treatment and failure to respond. Wound biopsy is also done quite routinely for histopathology in chronic wounds to rule out malignancy.

Wound Moisture: If the wound is too dry or too moist, it fails to heal. A great variety of products are used to keep the wound adequately moist without maceration. A constant assessment and adjustment on a weekly basis is needed to achieve this goal. Gels add moisture and foam type dressings absorb it. Products also contain various antimicrobials, for example Silver.

Presence of pain: It is a good indicator of ischemia or infection. Resolution of pain indicates efficacy of

treatment. If pain is alleviated by medication, it improves compliance with treatment and leads to healing and patient satisfaction.

Edema resolution: Edema whether from venous disease, Lymphatic obstruction or systemic causes (Cardiac, Nutritional, hepatic or renal etc.,) also interferes with wound healing. Treatment of these co-morbid conditions is daunting. Edema needs to be aggressively treated with compression, calf muscle exercise and patient education regarding Sodium intake. They know not to add salt to the food. They fail to pay attention to Sodium content of the ingredients in the diet. Guess how much Sodium a can of soup has? Dealing with sodium restriction, foot elevation and calf muscle exercise (peddle) to activate pumping mechanism are all important. Compression is used to treat edema symptomatically and it is effective, if significant arterial insufficiency is absent.



Relief of Pressure: Pressure between the bone and the resting skin surface leads to ischemia, local cell death and varying stages of pressure ulcers. This mechanism is also involved in diabetic foot ulcer. The neuropathic foot and other deformed feet has bony prominences that by repeated trauma to the intervening tissue, perpetuate the wound. Mobilizing the patient is an impossibility in many instances and relieving pressure in diabetics with orthotics or total contact casting are important means to healing of these wounds.

Nutrition: Poorly nourished patient is impaired by lack of ability to fight infection, repair tissue and lack of muscle strength to mobilize. Iron deficiency or other anemias

aggravate ischemia and vitamin and mineral deficiency interfere with the healing process.

Stalled wound: After the above factors have been addressed, if wound is not showing signs of healing the tissue repair process has stalled. Here, it is important to acknowledge that “clean looking” wound may in fact have a biofilm and slough that needs to be gently debrided to stimulate it to proliferate and to heal. Debridement converts a chronic stalled wound into acute state leading to healing. The wound may also be stimulated by a variety of products that bring growth factors to the wound.

Prognostic Indicators: If a wound is not healed by 50% (and 25% for venous ulcers) in 4 weeks, it indicates that the wound is not likely to progress to healing. Advanced wound healing measures described above such as off-loading, compression, growth factor and hyperbaric oxygen may then be considered and wounds healed more efficiently and cost effectively. Patients are usually in a hurry to get going with the rest of their lives.

Hyperbaric Oxygen Therapy (HBOT): Arterial insufficiency, Diabetics with micro vascular defect and delayed radiation injury are some of the most common clinical situations where HBOT is indicted to restore tissue oxygen.

HBOT involves sophisticated equipment and is expensive. It also involves major risks and time commitment on the patients and their care givers. It is safe if proper patient selection is made. Delayed Radiation Tissue injury results in Hypovascularity, Hypocellularity and Hypoxia of the tissue involved. These changes make the tissue vulnerable to injury, infection and non-healing. HBOT in this situation, induces angiogenesis after about 24 treatments, reverses some of the deficits and protects the patient for the long haul.

Colathur K. Palani, MD

Colathur K. Palani graduated from MMC in 1970. Emigrated to the Chicago in June 1970. Residency at cook county hospital and MS in surgery at U of IL Chicago. After a career of academic, then private practice of general surgery, he is now the Medical Director of a Wound Care Center, Northshore University Health Systems, Chicago.

AZOOSPERMIA -A CLINICAL PERSPECTIVE

**DR. KRITHIKA DEVI, DR. JAVIA GUNJAN, DR. RADHA PANDIYAN,
MISS.MAHALAKSHMI, DR. PANDIYAN .N.**

DEPARTMENT OF REPRODUCTIVE MEDICINE, CHETTINAD HOSPITAL AND RESEARCH INSTITUTE. TAMIL NADU 603103. INDIA .

INTRODUCTION

Infertility is a global problem . Approximately 15% of couples are unable to conceive after 1 year of unprotected intercourse. Male factor is solely responsible in about 20% of infertile couples and contributory in another 30 -40% [1] .In spite of this the entire focus is mostly on the female partner.It is essential that BOTH the partners be evaluated before initiating treatment .

Azoospermia is defined as complete absence of sperm from the ejaculate .It is present in about 1% of all men and in 10 -15 % of infertile men [2]. Azoospermia is different from ASPERMIA in that aspermia is the complete absence of seminal fluid upon ejaculation.The term “Azoospermia” is commonly equated with “IMPOTENCY” which is a misconception and should be avoided .

INITIAL DIAGNOSIS OF AZOOSPERMIA

The initial diagnosis of azoospermia is made when no spermatozoa can be detected on a high-powered microscopic examination in a neat semen sample and in a centrifuged, resuspended semen sample. A repeat analysis after 4-6 weeks to confirm the diagnosis is strongly recommended.[3]

CLINICAL EVALUATION

HISTORY

- 1) Prior fertility.
- 2) Childhood illnesses such as mumps or cryptorchidism.
- 3) Genital trauma or prior pelvic or inguinal surgery.
- 4) Infections such as epididymitis or urethritis,sexually transmitted diseases.

- 5) Gonadotoxin exposuresuch as priorradiationtherapy/ chemotherapy, smoking , recent fever, exposure to high temperature and current medications.
- 6) Family history of birth defects,mental retardation, reproductive failure or cystic fibrosis.
- 7) Sexual history- erection, ejaculation.

PHYSICAL EXAMINATION

Physical examination : Secondary sexual characteristics including body habitus, hair distribution and gynecomastia, galactorrhoea.

Local examination

- 1) Testes size, volume ,consistency, testicular sensation.
- 2) Presence of vasa deferentia.
- 3) Consistency of the epididymes.
- 4) Penis-phimosis, hypospadias, epispadias, chordee or fibrosis.

HORMONAL ASSAY

Initial hormonal evaluation with serum FSH, Testosterone (when required) and further evaluation according to the cause of azoospermia . [4]

Karyotyping, testicular biopsy and rectal ultra sound recommended in selective patients.

TYPES

- 1) Obstructive azoospermia : Due to infections, developmental anomalies, trauma or surgery. [Table 1]
- 2) Non obstructive azoospermia : Due to hypothalamo

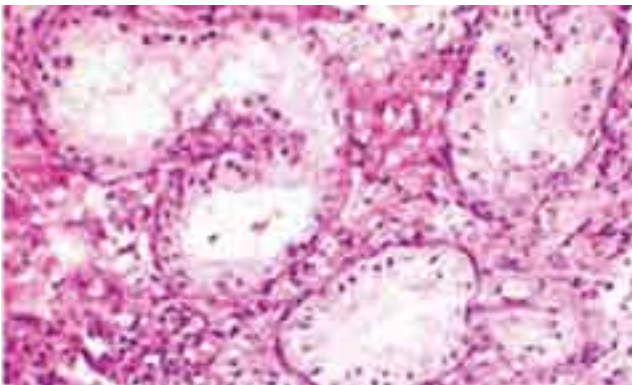
TABLE : 1 OBSTRUCTIVE AZOOSPERMIA [5]

CONDITION	FSH	TESTES SIZE	SEMEN VOL	SEMEN FRUCTOSE	MANAGEMENT
EJACULATORY DUCT OBSTRUCTION	NORMAL	NORMAL	VERY LOW	ABSENT	TRANS URETHRAL SURGICAL CORRECTION
VASAL APLASIA	NORMAL	NORMAL	VERY LOW	ABSENT	EPIDIDYMAL SPERM ASPIRATION
VASAL OBSTRUCTION	NORMAL	NORMAL	NORMAL	PRESENT	SURGICAL CORRECTION
EPIDIDYMAL OBSTRUCTION	NORMAL	NORMAL	NORMAL	PRESENT	SURGICAL CORRECTION/ EPIDIDYMAL SPERM ASPIRATION
INTRA TESTICULAR OBSTRUCTION	NORMAL	NORMAL	NORMAL	PRESENT	SPERM RETRIEVAL FROM THE TESTES - [SPERT]

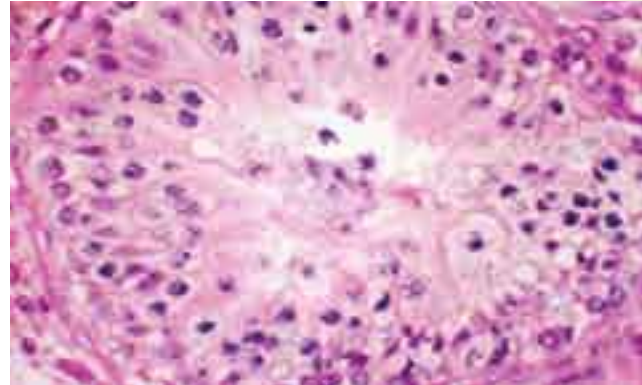
TABLE : 2 NON OBSTRUCTIVE AZOOSPERMIA [5]

CONDITION	FSH	TESTES SIZE	SEMEN VOL	FEATURE	MANAGEMENT
HYPO GONADOTROPIC HYPOGONADIS	LOW OR UNDETECTABLE	SMALL SOFT	NORMAL	HYPOSMIA/ ANOSMIA	GONODOTROPHINS & GNRH PULSATILE THERAPY FOR FERTILITY / TESTOSTERONE FOR ANDROGENISATION
SEMINIFEROUS TUBULAR FAILURE	ELEVATED	SMALL SOFT OR FIRM	NORMAL	MEDICAL TREATMENT - NO ROLE	SPERT
BORDERLINE AZOOSPERMIA	NORMAL TO MILD ELEVATION	NORMAL TO SLIGHTLY SMALL	NORMAL	BIOPSY :HYPO SPERMATOGENESIS OR MATURATION ARREST	SPERT

HISTOPATHOLOGICAL PICTURES OF MATURATION ARREST.



This testicular biopsy done for infertility workup in a young male shows maturation onset with many spermatogonia (adjoining the basement membrane). New spermatocytes. no sperms and many Sertoli cells (HE 11 X)



This testicular biopsy done for infertility workup shows maturation of spermatogenic epithelium, only up to spermatocytes which are abundant. There are no mature sperms. Sertoli cells are increased (HE 400 X)

[Courtesy: Prof. Ramesh Rao. Head of the Department of Pathology. Chettinad Hospital and Research institute.]

pituitary failure / dysfunction, genetic causes, chemotherapy, irradiation, infections. [Table 2]

The advent of ICSI has revolutionized the management of these infertile men with severe semen abnormalities. Many of these men have sex chromosomes abnormalities, particularly Y chromosome deletions or autosomes with balanced translocations. [6]

There is concern about the risk of propagation to the next generation of genetically determined diseases including sub fertility. There is 100 % risk of transmission of Y chromosome deletion to all the male offsprings.[7]

In couples where surgical sperm extraction is not feasible or unsuccessful, donor insemination may be an option for some couple. Awareness about SPERM DONATION is the need of the hour, among practitioners and the public.

OUR DATA

In a retrospective study on Azoospermic patients in our department by Dr. Javia, we detected **43 cases of Azoospermia out of 754 semen analyses done [5.8%]**.

SERUM FSH values analysed in these men showed:

Normal range : 56% [OBSTRUCTIVE CAUSE]

Elevated : 42%[SEMINIFEROUS TUBULAR FAILURE]

Low : 2% [HYPOGONADOTROPIC HYPOGONADISM]

There were 2 patients who had undergone chemotherapy for malignancy. The fertility in these men could have been preserved if the semen had been CRYOPRESERVED before initiating chemotherapy.

Acknowledgements.

1. DR. Anandhi Alagappan. Medical Director, Chettinad Hospital and Research Institute. For granting permission to publish the article.
2. Dr. Sasikala Natrajmani. Chief Embryologist, Chettinad Hospital and Research Institute. For the help and guidance given for this work.
3. Prof. Ramesh Rao .Head of Department of Pathology, Chettinad Hospital and Research Institute. For providing the microphotograph.

References.

1. Report on optimal evaluation of infertile male ASRM and American Urological Association joint report. Fertility And Sterility. Vol 86, Supplement 4, Nov 26,2006.
2. Irvine DS. Epidemiology and aetiology of male infertility. Human reproduction; 139; 33-44. 1998.
3. World health organisation.WHO laboratory manual for the examination of human semen and sperm cervical mucus interaction.Cambridge university press.1999.
4. Mikuz,G., Leitner,G., Scheiber, K.et al..Correlation of hormone levels and quantitative histological findings in testicular biopsies. Eur.Urol.,11, 110-116.1985.
5. Dr.N. Pandiyan; Hand book of Andrology. Male infertility and its management. T.R.Publications. P 31 -33 .2001 .
6. N. Pandiyan and Anne M. Jequier. Genetics: Mitotic chromosomal anomalies among 1210 infertile men. Human Reproduction, Vol. 11, No. 12, pp. 2604-2608, 1996.
7. Sadeghi-Nejad H, Farrokhi .Genetics of azoospermia: current knowledge, clinical implications, and future directions. Part II: Y chromosome microdeletions. Urol J; 4(4):192-206.2007.

Dr. Krithika Devi is currently doing her fellowship in reproductive medicine at Chettinad Hospital, Tamilnadu India. [under guidance of Prof. Dr. Pandiyan], has presented a paper on "Profile of poor responders-a retrospective study" in national conference, India. April 2010. Her area of interest is andrology.



Chennaionline
India's #1 City Portal

www.chennaionline.com

News | Online Shopping | Online Consulting | Photo Share
Videos | Movies | Classifieds | Astrology | Movies

The advertisement features a large, stylized number '1' in the background. To the right, a screenshot of the website is shown, displaying various sections like 'Sale & Offers in Chennai', 'Real Estate', 'One Goal', and 'BPO Training Program'.

How to find your **CLASSMATES** after **25** years

I was watching silently when my husband and few of his classmates from KMC'85 batch discussing about how to conduct their first reunion after 25 years of completing their medical course. This was a dream for my husband and he was trying to have a reunion for his class for a long time. I was surprised by the fact that majority of his classmates never met or spoke even once after they left the college. They agreed to have their reunion on 26th and 27th of December 2009 at one of the beach resorts near Mahabalipuram, Chennai.

I decided to jump in and help my husband to find his classmates after seeing him struggle to find time to work on it.

My ultimate goal was to search every one of his classmates. We had around 25 contacts at that point. All I had was an address book they printed and distributed during their farewell in 1984. The only information I could use from that book was the first name of the classmates. I started searching each one of them from USA online, first thru various search engines. I have spent hours and hours in front of the computer. Soon it became my full time job. I had to make many phone calls. It is easy to find those who live abroad online. Sometimes I had difficulties. In some cases I was able to find their pictures online and showed my husband to verify whether it is the right person. Sometimes I had to guess and go with my intuitions. I called some of them blindly with similar first names. 80% of the time my intuition was correct. I was lucky. Sometime I was talking to a stranger with the same name who was suspicious of my call! Soon I started searching all over the world. But it is not easy to find people live in India.

One of his classmate has a very peculiar name, Dr. Suguna Sarasa. One day I was searching online and I got a hint that she is in Neyveli. I could not get any other information after my initial search. Immediately I called the local MLA's house. I found his phone number online. He was not home at that time. His wife picked the phone and responded very positively. She promised me that she will send someone and search at the Neyveli hospital. I could not wait. I was so excited. So I called the local Neyveli police station and spoke to the police inspector. He asked me to call back after 1 hour. When I called him back, he found the doctor. He had actually gone to her house and informed her that I am searching for her. I think since I was calling from abroad, I got a better response.

Sometimes I had to ask help from my doctor relatives living in different parts of India. I almost called all the hospitals in Tamilnadu state to find my husband's classmates. Any

hint I get immediately I start working on it. I had many sleepless nights because of the time difference.

I visited their old address where they lived in India asking the shops near by, people those who were living in the house where they lived once, requested their old neighbors to get some information... etc. It was like a treasure hunt. I was looking for any clue to work on it, which I did. At some point people were looking at me very suspicious and in one area in Chennai a woman chased me out of her house. Some of the classmates were living close by (even next street) without being aware that they live close to each other.

The highest excitement was, when I found another classmate Dr. Om Prakash who works in a remote part of Himachal Pradesh. He was the last one to be found out of a total of 101 classmates. When I called him and introduced myself, he was quite shocked.

Sometimes I had to search through old phone books. Nowadays it is very difficult to find phone numbers because, in India there are so many phone companies. Finally I was able to account each and everyone of his classmate. Though it took almost a year, I found all of them from India, USA, Middle East, Malaysia, England and Australia. It was a very long process and at the end it was all paid off.

Every time I found one classmate, the excitement and happiness was very high for me. I immediately contacted them and surprised them with the information about their reunion. Now I have very very close friends all over the world. They are willing to do any help for me. They all talk to me on the phone frequently and really care about me. I am glad that I was able to be part of my husband's class reunion. It was the most memorable event which I will treasure for my entire life. I would recommend and encourage others to do it. Definitely worth it.

Mrs Shoba Kumar, wife of Dr. Ashok Kumar,
is a Psychologist from
Annamalai University and
a Classical South Indian Dancer.

OUR GRAND **KMC 85** SILVER JUBILEE RE-UNION

After going through the efforts of organizing a re-union, especially after 25 years of completion of our medical course, I wanted to share my experience as it may help some others who were contemplating, but were afraid to do so. I can tell you one important fact – **it is all well worth the effort** and you will certainly relish, remember, reminisce, review and re-connect forever with your classmates/friends/colleagues and their families. It is important to note that we never had a reunion since we left college and after going through the process I found that many have not been in touch with others for the most part of the last twenty five years! Even thick friends - like those who were together and mostly go in groups while in college – lost touch with each other. Probably, the development of family and career became a priority at that point in life. Further, our batch had more women [about 65%] which puts enormous responsibility in India to take care of family more than the men have to. I knew that I have to organize this event almost 10,000 miles away from where I live. Well, that is where we started to stumble upon hurdles. When I say 'we', I mean my wife, Shoba. Without the whole hearted effort put forth by Shoba, I think it would not have been done this the way it turned out to be. I will share some glimpses of that tremendous unforgettable journey.

About 66 out of 96 of our classmates who are alive [over 2/3rds] came for the reunion from all over the world and I was told that it was a record. Including family members, a total of 126 attended. I am proud to note that everyone have fully established practice or jobs and hold high positions in their respective departments throughout the world.

The first step in arranging our re-union was to fix an approximate date and then hope to get all the arrangements completed by then. As it had been about 25 years since our graduation, I wanted to give ample time to find every classmate and make the arrangements. Therefore we decided to have at least eighteen months for this. Hopefully, next time it will be shorter. We had to make sure that we, as physicians, should be able to take off from work and also be able to bring our family since it will be our first re-union. Therefore the children should be able to attend without having any school/college/exams at that time. Further, we wanted the weather to be co-operative as well. So we picked the week between Christmas and New Year.

The next step is to find a good team. We want to have some representative for each part of the world. The team should be just enough to try to get most of the important aspects of this event organized. We had a team of two men, including myself and our treasurer, Dr. Parthasarathy and two women [Shoba and Dr. Ganthimathi]. You have to make sure that

the team can work together and we had a wonderful and understanding team which made a great difference in our program.

My initial plan was to get an agency to do the 'junk' work for us, and we could concentrate on the program itself. Unfortunately [may be for the better], the agency was not capable of the initial task of identifying our classmates. So, that plan was abandoned and my wife took responsibility in finding them. I had just a few classmates that I have always been in touch. We tried to get more information through them but that did not go very far. After tremendous effort of Shoba, every single classmate was accounted, which was a record. How this was accomplished - is another story by itself and my wife, Shoba will explain that in another article.

Since many of our classmates were scattered around the world, we had to find an easy way to communicate. Well, the one thing that was not available when we graduated that would have made it easy to keep in touch, is the internet and we made use of this to the maximum extent now. I formed a yahoo group for my batch and also had a special website for the re-union where information was updated almost on a daily basis. Of course that helped many, but to my surprise, I found that many of my classmates did not even have an email ID at that time. Many used their Children's' ID initially. We encouraged, taught and also created email IDs and when they started using the Yahoo group, there was no stopping. The emails started flowing and old photos were scanned and posted on the group website with great enthusiasm. Everyone was so excited that they did not want to wait too long for the re-union.

The next is finding a location for the re-union. Since this was our first re-union, we were not sure about the number of attendees. Therefore to encourage more people, we wanted to keep this in or closer to Chennai. We did not want everyone to be within four walls and feel cramped, therefore we decided on a resort where people have ample space between events to mix around. After calling around and making a lot of enquiries including past experiences, we chose Radisson Temple Bay Resort. It was not very far away from the city and yet had everything that we were looking for. Shoba made a visit to Chennai to preview the location along with other members. That visit was important to get an idea about the location and various events that we were planning.

Following the selection of the location, we planned for the various programs for the event. Since we decided to have the whole family, we have to plan for everyone to enjoy this occasion. Therefore we had to split our events into purely for

classmates, one set of events for children and one set for the whole family. I was a bit nervous about some events as I was not sure about how people are going to behave after not being in touch with each other for sooo long and whether they are still conservative as we had been 'in those days!'. Food and snacks and the games for the families and children were decided at this time. Next, we had to calculate the cost for the event. It was a difficult decision about having any cap for the cost since this was our first re-union and we wanted to make the best out of this. We had to plan for two to three scenarios depending on the number of people who might be attending. We decided to have one flat rate as otherwise we will not have everyone together for a long time. We started a separate account for this event. Since many live abroad, we had to arrange for transfer of funds into a local bank in India. For the convenience of everyone, we decided to include the cost of photography and video in the price. We arranged the whole event to be photographed and recorded so that we can concentrate on spending time with each other rather than wasting time with cameras. We decided to have a group photo as well.

Finally, other logistical detail had to be planned to the minutest detail. We wanted every minute of our classmates' time together planned so that every second will be used to the maximum extent, as they were coming from all parts of the world leaving their busy schedules and some leaving their families and spending a lot of money also. We made several site visits to our college where the program was scheduled to begin and the resort as well. I think I will briefly go through the actual event as it will give additional information that will be useful for those who are planning for one.



We met at our college auditorium on that bright and sunny morning. Some started arriving earlier than the scheduled time to meet others after a long time. There was an explosion of emotion as people arrived. The photographs and video will tell the story. We had arranged an event management company to collect the luggage and place ID tags and load them on special luxury buses arranged to take us to the resort. Breakfast was provided by '**Saravana Bhavan**', who cooked food inside the auditorium corridor and served us fresh and hot. Our dynamic Dean of KMC was there to meet every one of us personally and be a part of our new group photograph, taken inside our new auditorium. Following that we left for the resort to arrive on time for a fully served sit-down lunch. After check in, we had games for our families. After some time to rest, we had our Grand evening gala reception on the open auditorium, with the stage facing the sea and palm trees in the background. Most came formally dressed. Snacks and drinks were followed by a wonderful music program intertwined with our classmates' programs between songs. Buffet Dinner was served in the open as musicians performed



mingling with the audience. Wonderful co-ordination was done throughout this event by Shoba, Renjini, who compeered the classmates' section and the music troupe '**Laxman Sruthi**'. Over six months of discussion between Laxman, Shoba and Renjini, helped to bring out several events of our college-days on to the stage. A brief portion of the recording that I had kept for over twenty-five years was played as well. Several minutes of **Sivakasi FIREWORKS!** lit the sky during the event as the song '**Ilamai Itho Itho**' roared in the background. **Laxman** got so involved that he performed an hour more than what was initially planned [until we were asked politely by the resort to pack-up!]. His songs brought most of us to the floor dancing to our hearts. Some of our classmates' children had an opportunity to speak at the end and they mentioned that they had not seen their parents laugh, dance and enjoy that much in their lives. Laxman was so impressed by the evening that he planned to do one for his own batch soon. After this gala evening program, many stayed awake until the early hours of the morning recollecting past college days and exchanging current personal and family info. The next day began with some taking an early stroll along the beach followed by a sumptuous buffet breakfast. Later we had a 'classmates-only' event, while the spouses and children had more games of their own. Some relaxed in the 'longest swimming pool of Asia' at the resort. The classmates-only event was unique and gave an opportunity for our classmates to tell about themselves. Many praised our institution, teachers and fellow students, some brought out some important events during that time, some thanked fellow classmates for helping them in their career while a few confessed and/or apologized for some events during their college days and later in life as well. Then it was time for a grand Buffet lunch and bidding goodbyes as the luxury buses were waiting to take us back to the city. There were several teary eyes that were choked with emotion and wanted to have another re-union soon. Though this event lasted more than one and a half days, many wanted this to last longer. But we have responsibilities at work and home. We pledged to keep in touch, which we have been doing through our yahoo group, and meet soon for another reunion.

I have provided the links to our re-union photos and our website below. Around 1800 edited photos were available. Initially over 14 hours of video footage was recorded. We had to edit that to 6 hours of video for distribution. It took

another two months to edit photos and videos, settle down the accounts and mail the videos and photographs. We also decided to contribute to our college and established a fund for the same. These were some of the highlights of our program. After eighteen months of preparation, we were

extremely happy at the outcome. For many weeks after the program, we were still re-living the events of the program. I hope this would inspire someone to do one for their group, even if you have not had a re-union in 20 or more years. Time does not matter. IF you have the will, you will have your way.



Our Re-union photos - <http://picasaweb.google.com/1985kmc>
Re-union web-site - <http://kumarashok.web.officelive.com/default.aspx>



Dr. Ashok Kumar is a Graduate of Kilpauk Medical College. After a brief time in the UK, he moved to the US and completed residency at New Hanover Reg.Med.Ctr, Wilmington, NC affiliated to UNC Chapel Hill. He completed fellowship in Hematology/Oncology at Univ. of Arkansas and Myeloma Transplant and Research Ctr., Little Rock, AR. He has been practicing at Selinsgrove, PA for over 10yrs.

THE IMPORTANCE OF *Community*

Community can save lives. Personal relationships and investing in others can completely change the world as we know it. This might seem like a notion only an idealistic college student can be naive enough to really believe, but it has been proven by what I've seen in my grandfather and my work at Aravind Eye Hospital in Madurai and Kasturba Hospital in Gandhigram.

My grandfather, quite unintentionally I'm sure, introduced me to a model of sustainability, quite different from how sustainability had been defined in my experiences. His sustainability focuses on community. He has not just practiced medicine in the same city for over fifty years, he has formed personal relationships and a community of patients in Madurai. That is what has kept my grandfather's practice sustainable. I used to argue with him when he, at the age of 75, would go to the clinic in the wee hours of the morning just to counsel a patient through the night. I would ask him how long he would be able to sustain that form of practice. He would see patients and agree to not take any payment, just out of pure compassion for individual circumstances. I would say he should put more regulations into play. I never realized that for every charitable and potentially unsustainable action was a reverse action from the patient he served, thus building community. That building of community is what makes his practice sustainable, thus negating all claims that his arguably less structured and less regulated decisions reduce sustainability.

That idea of community is what I've seen at both Aravind Eye Hospital in Madurai and Kasturba Hospital in Gandhigram. I worked at Aravind from June to August 2007. It was the first time I had spent time working in India in addition to spending time with family. Here I am, finally noticing and exploring Aravind Hospital, when it has been across the street from my Thatha's house all these years. There are very few hospitals in this world that can provide even minimal care to over 1500 patients in one day, and Aravind manages to provide exemplary care to that number plus the hundreds in the camps I visited as well. Aravind Hospital is a true testament to Cultural Anthropologist Margaret Mead's quote to "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has." The Venkataswamy family has built this hospital from the ground up, from a one building facility with seven beds to a multi-branched system of hospitals, serving thousands of people from every economic status level. Aravind Hospital unifies people. It provides services independent of any status biases or economic constraints. It faithfully serves

its community. The 40% of paying patients pay for the care of the 60% of free patients. Because Aravind stresses the importance of community involvement, their eye screening camps attract those individuals with conditions that are treatable, and treatable for a very low cost according to the Aravind model. Lack of transportation is never an issue because, through these screening camps, medical professionals attend to surrounding villages, creating the community we're talking about here. Aravind is making significant strides towards its mission statement of eradicating preventable blindness.

I met one of my lifelong role models while working at Kasturba Hospital in Gandhigram, a village in the Dindugul district, from May to August 2008. Director and Advisor Kaosalya Devi, who everyone lovingly refers to as Amma, taught me how to approach rural health. She showed me how to treat each patient according to their personal story, with all factors taken into consideration. Medical Anthropology, my course of study in college, teaches this as well, but Amma brought these lessons to life at Kasturba. Amma never had more hours in the day than the rest of us, but she definitely made more out of her hours than the average human being. At first glance, I wondered how it was possible to keep a hospital functioning without a steady stream of funding, or doctors for that matter, but like my grandfather, Amma showed me first hand how money can take a back seat to forming relationships with people and creating a community.

The adoption center was started because newborn babies, predominantly female newborns, were left on the steps of the hospital and the staff felt motivated to act. The artificial limb center is one of the few in the country that manufactures the Jaipur Foot, created out of very durable material, specific to Indian terrain, perfect for the 75% of Indian citizens who live in rural communities, such as Gandhigram. The hospital also places a huge emphasis on health education, the aspect I was most involved with. I saw that basic personal hygiene issues that I assumed was general knowledge, especially to those with children, needed to be taught. And just a few education sessions to post-operative patients, mostly women, made all the difference in the world. I was able to conduct follow-up interviews with patients who had come to health sessions, and I saw the difference in diet, cleanliness, and overall hygiene in their respective household, thus preventing many of the illnesses that brought these families to the hospital in the first place.

It is quite remarkable how Gandhigram, as a village, works so collaboratively. It is a haven of social justice, working

to fulfill Gandhi Ji's four categories of service: Healthcare, Economic Development, Education, and Social Welfare. Healthcare is under the wing of Kasturba. There are microfinance initiatives for the economic development aspect, also focused on women, hence increasing women's empowerment. Education is being served with the Children's Home, a place families can send their children for low to no-cost schooling. Finally, a school for girls who wish to go back to finish their education, Kasturba Sevikashram, that was begun to serve widows who had been shunned from their families, fulfills the social welfare category. I was fortunate enough to be able to spend time at all these places, but focused my time at the hospital, the Children's Home, and the Sevikashram.

I do not think I have ever been so warmly received by a group of children than I was at the Children's Home, even though they knew I was primarily there to teach Math and English. In only two days, those wonderful kids began to completely open up to their Swathi Akka. I had the unique opportunity to invest my time in four girls who needed to pass their Math exams to progress to the 9th standard. Imagine my delight when they all passed with flying colors. Each day at the home was different. Sometimes, we would just sit and watch Tamil movies. Some days were all work, but every day was time for me to learn from these children. I would hear scattered stories of heartache, death, and trauma, yet the overall atmosphere was always a steady joy. I saw the small pleasures of ice cream treats, or dance performances, and it was most simply, a true delight to be there. The women at Kasturba Sevikashram provided me with a very different experience. First, they

were much closer in age to me, and hence, we could relate on a different level than the children I was working with at the Children's Home. I think the most important lesson these women taught me was the ability to take one's future into one's own hands. The computer class I was teaching consisted almost entirely of women whom had been told their entire life that a woman's role is in the house, serving the husband. These individuals had to free themselves from these binds. They had to enroll themselves in classes at this secondary school so they could pave their own professional futures. I had never been so inspired to milk the education I've been blessed with to its final drop. Seeing these women fight to be educated and earn the degree that will ultimately allow them to create their own futures motivated me to make the very most of my own education.

Dr. Kaosalya Devi, and the other doctors, nurses, and staff at Kasturba, inspired me to find my path towards giving back. These projects that I am so thankful to have been a part of, in Tamil Nadu, taught me the importance of forming relationships before even considering how money plays a role in the equation. These relationships are so much more sustainable and life altering than a stream of funding. With funding comes structure but not community, and hospitals that do not cater to its community, especially in rural parts of India, are not serving its purpose. I am so fortunate to have had the opportunity to work with such wonderful people and I look forward to more opportunities to use what I've learned and to give back to my community in Tamil Nadu.

Swathi Sekar, daughter of Mr. Krishnamurthy Surysekar and Mrs. Sunandha Sekar was born in Madurai, Tamil Nadu and moved to the United States with her family at the age of 1 ½. She has completed a Bharatha Natyam Arangetram, learning Carnatic music, fluent in the Tamil language, in addition to becoming proficient in the piano and earning a black-belt in Tae Kwon Do. She graduated magna cum laude from her High School Class and studied Medical Anthropology at UNC, Chapel Hill and graduated in May 2010 as a public service scholar.

swathi428@gmail.com



The Souvenir committee apologizes for any mistakes or errors in the articles that might have been overlooked. We thank all our sponsors and the article contributors in making this souvenir come to be. We thank our printing press personnel, Mr. Krish Narasimban for being tolerant and accepting our last minute requests.

Best Wishes,

CONVENTION COMMITTEE

by Dr. Narmadha Kuppaswami

உள் இருதயத்தின் வேண்டுகோள்

கருவாய் நீ உதித்த நான்கு வாரத்தில் உருவாய் நான் மலர்ந்தேன் நீ அறிவாயோ மலரும் உனைப் போற்றி வளர்த்திடும் தாயின் உயிரை உனக்குள் பாய்ச்சி வளர்த்திடத் துடித்தேனே தோன்றிய நாள்முதலாய் துடிகின்றேன் கண்மணியே நீ தூங்கும் நேரத்திலும் நான் ஓய மறுப்பேனே உன் உயிர் போற்றிட நான் துடிதுடிப்பேன் என் உயிர் காத்திட வழிசொல்வேன் கேளாயோ சர்க்கரையும் நெய்யும் உன் நாவினுக்கினிக்கும் அதுபோகும் இடமெல்லாம் என் நெஞ்சினுக்கமுத்தம் உன் கோப தாபாங்கள் எனை வாட்டி வதைக்கும் உன் அமைதி என்னை சீராட்டி வளர்க்கும் காயும் கனிகளும் என் சுவை கூட்டும் கண்மணி நீயே கலந்துண்ண மாட்டாயோ அன்பும் அமைதியும் உன்னை ஆட்கொள்ள என்சுமை குறைந்து எளிதாய் துடிப்பேனே உன் உடல் வருத்தி நீ அசைந்து ஆடிட என் உடல் தசைகள் உறுதி பெற்றிடுமே உன் உடல் பெருத்து நீ அசைய மறுத்தால் என் தசை என் சொல்லைக் கேட்க மறுத்திடுமே என் தஞ்சம் மறுத்து உன் வழி நடந்தால் என் நெஞ்சம் நோகுதே எப்படி உரைப்பேன் நான் மனம் நொந்து அழுவதை நீ காண மறுத்தால் என் சொல்லை என் உடல் மறுத்திடும் புரியாதோ உன் உயிர்காத்திடத் துடிக்கின்றேன் செல்வமே என் உயிர் உன் கையில் அறிவாய் நீயே உன்னையன்றி இவ்வுலகில் எனக்கென்று யாருமில்லை மண்டியிட்டு வேண்டுகின்றேன் என்னுயிர் காத்திடுவாய்!



Dr. Narmadha Kuppaswami graduated from Stanley medical college and has been practicing OB-GYN for the past 34 years. Her passion is to help reduce maternal and neonatal deaths and to reduce the incidence of cervical cancer in India.

She also taught at Chicago Medical School and was a Clinical Associate Professor when she resigned in 1988. She joined Good Samaritan Hospital in 1988 and continues to serve at the hospital. She was selected as one of the Top Doctors by Chicago magazine.

அன்புள்ள கவிவான அன்னையே நம்மதா
 நெஞ்சை உருக்கும் கவிதை இரண்டு படைத்து
 எல்லோருடனும் பகிர்ந்துகொள்ள விழைந்தமைக்கு
 பிரபல கவிஞர்கள் வரிசையில் நோக்கும் நோக்கம்
 மனதில் தோன்றுவதால் மகிழ்ந்து நன்றியுடன்
 வணங்கிடும்.....

- சேவியர்.

தாயின் இறை வணக்கம்

இனியவளே ஈன்றெடுக்கக் காத்திருக்கும் இளம்தாயே நீ கணவுகள் கண்டாயோ கண்ணன் நினைவாக குறைவில்லா குழந்தை குலவிளக்காய் வேண்டுமென நீ மறைமுக நாயகனை வேண்டித்தவம் செய்தாயோ

துள்ளும் துடிப்பினிலே நீ உள்ளம் மகிழ்ந்தாயோ அள்ளி அணைத்திடவே நீ ஆவல் கொண்டாயோ ஆடி அசைந்துவரும் இளம் பிஞ்சின் நினைவோடு பாடி மகிழ்ந்தனையோ பாலகன் பிறந்திடவே

வளையூட்டி பொட்டிட்டு வாழ்த்தினர் யாவருமே கிளையாக சந்ததியும் பெருகிட அருளிளர் ஆன்றோரே துளியாக அச்சம்சற்று மனதில் வந்தாலும் பனியாக அது மறைந்திடும் கண்மணி உன்நினைவாலே இடைநோக மனம் துள்ளியதே நாளும் வந்ததென்று

உடையானும் தவித்தானே அச்சமும் ஆனந்தமும் அடித்தோன்ற

இடையூறும் வந்ததுவே எதிர்பாரா விதமாக கடைக்கண் பார்த்திட மறந்தனையோ கற்பகத்தாயே நீ

கணவுகளைக் காற்றாக்கி உன்னடிசேர்ந்தாயே நீயுமொரு தாயன்றோ

உன்னைச் சரணடைந்தேன் தாயே நீ வரமொன்று தாராயோ

என்னைப்போல் தாயுள்ளம் இனி ஏமாறவேண்டாது தாயின் மடியில் தவழும் ஒரு சேயாக

நீயும் தான் வாராயோ!

ஆணும் பெண்ணும் நிகரெனக் கொள்வோமா?

“தாயிற்சிறந்த கோவிலுமில்லை...” என்ற வைரவரிகள் தமிழ் கூறும் நல்லுலகில் பவனிவரும் இரத்தினச் சுருக்கமான வார்த்தை. ஒரு சகோதரியாக, தாயாக, தாரமாக, தோழியாக இல்லத்தில் உள்ளோரை பக்குவப்படுத்தும் பாட்டியாக அனுபவங்களின் அரவணைப்பில் வழி நடத்திச் செல்லும் ஆசானாக.... இப்படி பெண் தன் வாழ்நாளில் எத்தனையோ பாத்திரங்களில் வலம் வருகிறதை நாம் ஒவ்வொருவரும் அறிவோம்.

ஆதரவற்றோர் இல்லங்களிலும், முதியோர் இல்லங்களிலும் உள்ளம் உடைந்து நித்தம் கண்ணீர் விடும் “அன்னை”யர்கள் நாளும் பெருகுவதும் ஒரு புறம் தருவதும் தவிற்க இயலாததாகிவருகிறது.

“பெண்மை” என்ற சொல்லுக்கு அடக்கம், பொறுமை, தியாகம், இரக்கம், அழகு, ஒப்புரவு, தொண்டு என திரு.வி.க. அவர்கள் குறிப்பிடுகிறார்கள்.

பெண்ணிற்கு பெருந்தக்க யாவுள என்று பெண்மைக்கு சிறப்பும் பெருமையும் தந்தார் வள்ளுவர்

“பெண்மை வாழ்கவேன்று கூத்திடுவோமடா, பெண்மை வெல்கவேன்று கூத்திடுவோமடா” என்று பெண்மையைப் போற்றினான் முறுக்குமீசைக் கவிஞன் பாரதி.

“ஆணும் பெண்ணும் நிகரெனக் கொள்வதால் அறிவில் ஒங்கி இவ்வையந் தழைக்கும்” என்பது பாரதியாரின் அசைக்கமுடியாத கருத்துரு.

ஆனால் ஆணும், பெண்ணும் சமம் என்பது பேசவும், எழுதவும் மட்டுமே நடைமுறை வாழ்வில் பிசிறில்லாமல் கடைபிடிக்கப்படுகிறது என்பதுதானே உண்மை! ஆணும், பெண்ணும் சமம் என்ற நவீனக் கருத்தாக்கம் 17ம் நூற்றாண்டின் பிரெஞ்சுப் புரட்சியில் இருந்து உருவானது. காலங்காலமாகப் பெண்ணை அடிமைப்படுத்திப் பார்க்கும் ஆணாதிக் சமுதாயத்தாக்கங்களை காலப்பெட்டகம் சேமித்துவைத்ததை இன்றளவும் சிந்தாமல், சிதறாமல் பின்பற்றிவருவதை மனசாட்சியுள்ள எவரும் மறுக்கவியலாது. பெண்ணுக்குரிய உயர்வும், உரிமையும் அளிக்கப்படாமல் இருப்பதே நிதர்சனமான உண்மை. பெண் ஆணுக்குச் சமமாக மதிக்கப்படாமல் அடிமையாக மதிக்கப்படுவதே சமூக நடைமுறையாக உள்ளது. இதையே கவிஞர் வைரமுத்து.

“ஊரெல்லாம் தேடி
ஏர்மாடு இல்லாட்டி
இருக்கவே இருக்கா
இடுப்பொடிஞ்சு பெண்டாட்டி”

என்னும் அடிகளின் வழிக் கண்முன் காட்டுகிறார். பெண்ணானவள் மாடாகத் தேய்ந்து குடும்பத் தினருக்காகப் பாடுபட்டாலும், அவள் ஒரு மாட்டிற்குச் சமமாகவே கருதப்படும் அவல நிலையை ஆணாதிக்கத்தின் ஆதிக்க நிலையை இக்கவிதை தோலுரித்துக்காட்டுகிறது.

காதல் திருமணம் கைகூடுவதென்பது ஏழ்மை நிலையிலுள்ள பெண்களுக்கு எட்டாக்கனியாகவே இருக்கிறது. மனதிற்குள் காதலை மறைத்து வைத்து மறுகித் தவிக்கும் ஏழைப் பெண்ணின் நிலையை இப்படிச் சித்தரிக்கிறார்.

“உள் நெஞ்சுக்குள்ளே
ஒம்ம நான் முடிஞ்சிருக்க
எங்கே எத்திசையில்
எம்பொழப்பு விடிஞ்சிருக்கோ”
“தவிப்புக்கு ஒருத்தன்
தாக்கு வேறொருத்தன்
எத்தனையோ பெண்தலையில்
இப்படித்தான் எழுதியிருக்கோ”

என்ற பாடல் அடிகளில் ஏழ்மையின் காரணமாக எண்ணத்தில் வரித்தவனைக் கணவனாக அடைய முடியாமல், வாய்த்த கணவனை வரமாக ஏற்றுக்கொள்ள முடியாமல் தவிக்கும் பெண்ணின் அவலத்தை கவிஞர் வைரமுத்து தனக்கேயுரித்தான வார்த்தை சிலம்பத்தில் சமுதாயத்தில் புரையோடிப் போயுள்ள நிலைதனைக் கோடிட்டுக் காட்டுகிறார்.

பெண்களுக்கென்று நாட்காட்டியில் ஓர் தினம்! அது சர்வதேச பெண்கள் தினமாக மார்ச் 8ம் நாள்! ஐ.நா. சபை இத்தினத்தை அங்கீகரித்திருப்பதினால் உலகின் பல பகுதிகளிலும் பெண்களின் முன்னேற்றத்திற்கான போராட்டத்தில் ஈடுபட்டிருப்பவர்களுக்கும் அதன் ஆதரவாளர்களுக்கும் இத்தினம் சிறப்பான முக்கியத்துவம் பெற்றுவிட்டது போல் தோன்றுகிறது. பின்தங்கிய மற்றும் புதிதாக வளர்ந்துவரும் ஆசிய, ஆப்பிரிக்க, லத்தின் அமெரிக்க நாடுகளில் மட்டுமல்லாது வளர்ச்சியடைந்த நாடுகளிலும் ஒப்பீட்டளவில் நிலவும் பெண்களின் பின்தங்கிய நிலைமையும் சமூக வாழ்க்கையின் அனைத்து தளங்களிலும் ஆண்களுக்கும், பெண்களுக்கும் இடையில் சம அந்தஸ்து இல்லாமையும் மிகவும் வெளிப்படையாகத் தெரியும் இன்றைய சூழல்,

பெண்கள் சந்திக்கும் பிரச்சனைகளின் பல்வேறு அம்சங்களையும் உயர்த்திப் பிடிக்கும் தீர்க்கமான நோக்கத்துடன் சர்வதேச பெண்கள் தினத்தை அனுசரிப்பது அளவு கடந்த முக்கியத்துவம் வாய்ந்தது.

பெண்கள் வெகுவாக இன்றைக்கு முன்னேறிவிட்டார்கள் என்பதை யாரும் மறுக்க முடியாது. தனது பதினோராவது வயதிலேயே பாயல் வல்லுறவுக்கு உள்ளாக்கப்பட்டு தாய்மையை என்னும் புனிதத்தையொ அன்றிப் புளகாங்கிதத்தையோ உக்பர முடியாத குழந்தைப் பருவத்தில் ஒரு குழந்தையைத் தான் சுமந்து தாயான பேரியக் கறுப்பின இளம் பெண் போராளி, ஒரு ஆணை விட ஒரு பெண்ணினால்தான் முழுமன ஈடுபாட்டுடனும், வீரியத்துடனும், புத்தி சாதார்த்துடனும் போராட முடியுமென்றும், ஒரு ஆணை விடப் பெண்ணிடம்தான் வமை அதிகம் என்றும் உரத்துச் சொல்கிறார். இது தங்க முலாம் பூசப்படாத 24 காரட் உண்மை!

இத்தகைய சூழல் “ஆத்மா” 2010ன் மாநாட்டுக் கருப்பொருளாக “பெண்” தலைப்பைச் சூட்டி “தாய் நலம் காக்க மருத்துவ சமுதாயமே திரண்டு வாருங்கள்” என்ற மனம் திறந்த அழைப்பு பாராட்டுக்குரியது. தாய்த் தமிழகத்தைப்

பொருத்தவரை அரசு, பெண்களின் முன்னேற்றங்களுக்கு எத்தனையோ நலத்திட்டங்களையும், வழிகாட்டலையும் அறிவித் தாலும் அதை அந்தந்த மாவட்டங்களில் அமல்படுத்துகின்றமாவட்ட ஆட்சியர்கள் கரங்களில்தான் அதன் வெற்றியும் தோல்வியும் மையம் கொண்டிருக்கிறது. பெண்களுக்காக சிறப்புத் திட்டங்களை செயற்படுத்தும் மாவட்ட ஆட்சியர்களைக் கண்டறிந்து அவர்களை உற்சாகப்படுத்தும் விதமாக “ஆத்மா” பாராட்டலாம்; விருதுகள் அளிக்கலாம். இது மற்ற மாவட்ட ஆட்சியர்களுக்கு நாமும் பெண்களுக்கான பங்களிப்பில் ஈடுபடவேண்டும் என்ற எண்ணத்தை ஏற்படுத்தும்.

“ஆத்மா” 2010 மாநாட்டுக் கருப்பொருள் நோக்கம் நிறைவேறவும், மாநாடு வெற்றிபெறவும் இதயமார்ந்த வாழ்த்துக்களை இங்கு பதிவுசெய்வதில் மகிழ்வெய்துகிறேன்.

செ.சோ. ஆல்பாட் பெர்ணான்டோ,
 விஸ்கான்சின்,
 அமெரிக்கா.

Preliminary ARRA
 IFR Stage 1 **Certified****

Vision Infonet Inc is


MDCare

EMR/PMS
www.mdcareplus.com

- ➔ Free Billing Module
- ➔ E-Prescribing
- ➔ Free Customization
- ➔ Flat-rate package deal: EMR + Billing service + Transcription service

Medical Billing...

- ☑ < 5% AR assured
- ☑ Zero denials targeted
- ☑ ICD-10 Ready

Medical Transcription...

- ☑ 15 specialties
- ☑ 99.9% accuracy
- ☑ 1000+ physicians
- ☑ Free Trial

Vision Infonet Inc

30 Years of Clinical expertise
 10 Years of Billing & Transcription expertise
 10 Years of Software development expertise

Phone : 1-877-377-8999 Fax : 1-630-778-0634 Email : info@vinfonet.com

www.vinfonet.com

** Please visit www.mdcareplus.com for more details

Chasing the Dream: BRIDGING THE GAP

The Ann Foundation was founded by Ms. Ann Moideen, the spouse of your own ATMA member, Dr. Ahamed Moideen, Thoracic and Vascular Surgeon. It was a lifelong ambition for the founder to bring much needed care and educational opportunities to children with disabilities living in impoverished parts of India. It was through the chasing of Ann's childhood dream that The Ann Foundation was born: a nonprofit, nonsectarian organization, which is committed to improving the quality of life for children with disabilities in developing nations through education. Using her own funds to successfully start the organization, Ann promised herself that she would do whatever she could to empower the children.

The Ann Foundation strongly believes that children with disabilities should be afforded the opportunity to lead a life of equality, dignity, and independence. Hence, the Foundation is committed to providing education, assistive technology, advocacy and hygiene awareness to help better prepare people with disabilities to gain dignity as employable, literate and independent lifelong learners.

For over a decade The Ann Foundation has aspired to attain this dream for the blind and visually impaired with the help of energetic and enthusiastic volunteers from all around the world. Through various mission trips and projects in Southern India, young adults are not only given a pedagogic education, but also one which is



health-related to promote better nutrition, hygiene and the prevention of infectious diseases. We have also initiated online ESL programs and personal development training, and they are an outstanding success, thanks to our dedicated volunteer teachers.

"The Ann Foundation's board of directors and volunteers include physicians, audiologists, engineers and educators who share a belief that by improving educational, health and vocational services for children with disabilities, we will give them the opportunity to reach their full potential

I am one of the board members, Christine Difato, and I am totally blind from a childhood eye cancer (bilateral Retinoblastoma). I am a living testimony to the power of education and the importance of bringing adaptive technology to those with visual impairments. I obtained my BA at New College of Florida. I am continuing on to complete a Masters at the University of Cambridge and am now working on her Ph.D. at the University of Exeter, UK. I joined the Ann Foundation as a volunteer because of a common goal to bring opportunities and training to people with disabilities in developing countries.

Christine Difato

Get involved. Make a difference!!!

For further information on The Ann foundation, please visit: www.annfoundation.org



Message from the President:

"The Ann Foundation team would like to congratulate and wish ATMA success in its sixth annual convention."

American Born Confused or Confident Desi (ABCD)

What defines me? I guess we are all defined by labels essentially-our gender, profession, and heritage. I am a second-generation immigrant; my parents were born in India and I was born in America. I grew up in Staten Island and went to Catholic school for most of my early education. The exposure to a variety of cultures in New York definitely had an impact on my own sense of confused, adolescent identity. For example, I had a hard time explaining to non-Indian friends why I called someone "Auntie or Uncle" when in actuality they may not have been my blood relatives. Also there many times while growing up I wished I could have a little less chicken curry and a lot more chicken parmigiana!

It's difficult finding the balance as a first generation American. Now as a young adult, I've recently finished my basic science years of medical school in Grenada, West Indies. I had never done a study abroad program while in college or honestly, never even traveled much on my own prior to moving to this foreign country. It was my first time living outside of New York. The range of emotions I experienced ranged between excitement, trepidation, and curiosity. It was a vulnerable state to be in, especially just knowing that medical school is a huge challenge in itself. Not a week went past when I didn't I asked myself, "Why are you putting yourself through this???" Sometimes literally days went by before I stepped outside of the dorm away from my books. It was stressful and lonely with the inescapable knowledge that I was thousands of miles away from home.

From this, a sense of regression took shape. I needed to seek out things that reminded me of where I came from, of who I am. It's an interesting irony: the comfort I found revolved around my Indian identity, which had never been my identifying "label" in the past. Many of the professors at my school were Indian. I think many of their eccentricities reminded me of my parents and relatives and allowed me to connect with them. In a sense it was as if those bonds allowed me to adopt a few of them as my surrogate family. In my mind, they became my Aunties and Uncles! I also never realized how much of my stress could be alleviated with a bowl sambhar and rice or how deeply I would crave karam pulusu over a slice of pizza.

One's perception of life and how it changes with experience is very interesting and my medical school adventure has certainly shed a lot more light onto my self-understanding. I suppose the moral of my story is, if for some reason you find yourself looking into medical schools abroad, don't be afraid of leaving home as it will likely be a revelation of some sort. While being an incredible opportunity to learn about how others live, in quite unexpected places like an isolated Caribbean Island, you may find yourself revisiting your values and culture to further define your identity. Not to mention, I can think of worse ways to spend your study breaks than walking outside to enjoy the blue skies, white sands, and clear waters! Just don't forget to pack the Priya sambhar mix before you go.

Sarita Konka, SGU '12 Residence : Staten Island, NY. Education : BA Columbia '05 (concentration in Middle East and Asian Languages and Cultures), MD candidate SGU '12



ATMA is glad to announce the initiation of Volunteer ATMA Program (VAP) this year under the leadership of Dr. Sithian Nedunchezian. Volunteering has been the backbone of ATMA ever since its foundation. VAP goes a step further in giving an opportunity for the volunteers irrespective of their age to volunteer in ATMA Project Review

Committee (PRC) approved projects. It can be us, our daughters/sons/ grandkids who visit back home and want to spend some time offering their expertise or learn new skills in any of the organizations that ATMA has already recognized.

For more information please visit : <http://atmaus.org/ATMA/youngphysician.aspx>

If you have questions on VAP please email atmaus@yahoo.com

*Best Wishes
for*

ATMA 6TH ANNUAL CONVENTION


from

R. KALIMUTHU, M.D.
SUBURBAN PLASTIC SURGERY

5346 West 95th St., Oaklawn, IL.60453
708-636-8222

**ATMA thanks the following patron registrants and their spouses.
Please accept our convention complimentary portrait package
as our token of appreciation.**

Chitrabanu, Balasubra	Muthuramalingam
Dharma, Sasireka	Rao Sundar
Gopal, Jay	Reddy Muralidharan
Marin, Thelma	Roche Francis X
Marthandan, Raja	Selvakumar Vedhagiri
Rajan, Raj	Chandrasekaran P.R.
Baskaran Sambandam	Lazarus Angeline
Tamilarasi Kannan,	Krish Rangachari
Naidu Vasantha	Somasundaram Alagu
Colathur Palani	Veerappan Arivoli
Geetha Pandian	Ondiveerappan, K.
Vellore Parithivel	Sambandam, Sundaresan
Rammohan	



Congratulations
to
ATMA,
It's members, President
Dr. Nedunchezian Sithian
&
convention committee 2010
in their relentless
pursuit of their mission.

Taurus asset management llc
Bradford peck, principal

தமிழ்ப்பெண்களின் நிலை அன்றும், இன்றும் என்றும்

மனித சமுதாயத்திற்கு முக்கியமாகப் பெண்கள் சமுதாயத்திற்கு மனவலிமையோடும், மனவளமையோடும், மன அமைதியுடனும் வாழ உரிமை உண்டு. அந்த உரிமையைப் பிறரிடம் எதிர்பார்ப்பது ஏமாற்றத்திற்கு வழி கோலும். அதைவிட அதைத் தேடி அலையும் முயற்சியில் தன்னையும், தன்மானத்தையும் இழக்க நேரிடலாம். அண்மையில் நித்யானந்தா, பிரேமானந்தா போன்ற எண்ணற்ற போலி சாமியார்களின் நடத்தை எடுத்துக்காட்டாகும்.

தற்போது பெண்களைப் பெற்றோர்கள் கண்ணும் கருத்துமாக வளர்க்கிறார்கள். தந்தை பெரியார் அறிவுரைக்கேற்ப ஒரு ஆணைப் படிக்க வைத்ததால் அவன் மட்டும் முன்னேறுவான். ஒரு பெண்ணைப் படிக்கவைத்தால் அந்தக் குடும்பமே முன்னேறும் என்பதற்கேற்ப தற்போது பெண் குழந்தைகளைப் படிக்க வைக்கிறார்கள். இதனால் பெண்கள் பொருளாதாரத்தில் முன்னேறியிருக்கிறார்கள். உலக அறிவில் சிறந்தவர்களாகிக் கொண்டிருக்கிறார்கள். மிக்க மகிழ்ச்சி. இவர்களால் பெரும்பான்மையான குடும்பங்களின் பொருளாதார வளம் பெருகியுள்ளது. இப் பெண்களின் குழந்தைகளும் கல்வி வளத்திலும் பொருளாதாரத்திலும் நல்ல நிலைமை அடைந்து வருகிறார்கள்.

இன்றைய இந்த சூழ்நிலையில் பெண்களின் நிலையை உணர்விக் கவனித்தால் சில உண்மைகள் தெரிய ஆரம்பிக்கும்.

- 1) அவர்கள் தங்கள் உடல்நிலை, ஆரோக்கியத்தைக் கவனிக்க தவறுகிறார்கள். எல்லாவிதமான வீட்டு வேலைகளுக்கும் இயந்திரங்களையும், வேலைக்காரர்களையும் நம்பி இருக்கிறார்கள். இதனால் நடுத்தர வயதுப் பெண்கள் நிறைய பேர் சர்க்கரை நோய் (நீரிழிவு நோய்), ரத்தக்கொதிப்பு ஆகியவற்றால் பாதிக்கப்பட்டுக் கொண்டிருக்கின்றனர்.
- 2) தொலைகாட்சி, சின்னத்திரை நாடகங்களில் நாட்டம் கொண்டு, அதே மாதிரி தம் வாழ்க்கையிலும் நடப்பதாகக் கற்பனை செய்துகொண்டு மனநிம்மதியை இழக்கிறார்கள்.
- 3) கையில் காச இருந்தாலும் இல்லாவிட்டாலும் வரவுக்குத் தக்க செலவு செய்வதற்குப் பதிலாக துணி மணிகளையும் நகைகளையும் வாங்குகிறார்கள்.
- 4) குடும்பத்தாருக்கு ஆரோக்கியமான உணவு கொடுப்பதற்கு பதிலாக வறுத்த, பொரித்த உணவுகள், நிறைய திண்பண்டங்கள், இனிப்புகள் கொடுக்கிறார்கள்.

- 5) நல்ல புத்தகங்களை வாங்கிப்படிப்பதை விட்டு விட்டுத் தொலைகாட்சி நிகழ்ச்சிகளைப் பார்க்க ஆசைப்படுகிறார்கள்.

அமெரிக்காவில் வாழும் தமிழ்ப்பெண்கள் தங்கள் உடல்நலத்தைப் பேணுவதில் கவனம் செலுத்துகிறார்கள். ஆரோக்கியமான உணவு உண்ணுகிறார்கள். குடும்பத்தினர் நலமுடன் வாழ உதவி செய்கிறார்கள். ஒரு குறை என்னவென்றால் மனநிறைவு இல்லாமல் வாழ்கிறார்கள். இந்த என் கருத்து இரண்டு கண்டங்களில் வாழும் தமிழ்ப்பெண்களுக்கும் பொருந்தும்.

எனக்குத்தெரிந்த ஒரு காரணம் என்னவென்றால் அது பயம் தான். இந்த பயத்தால் சோதிடம், கோயில், பூசை, புனஸ்காரங்கள் என்று பணத்தையும், நேரத்தையும் செலவழிக்கிறார்கள். இவையெல்லாம் நானே என்முளைக்கு இட்டுக்கொண்ட விலங்குகள். பயம் என்னுடைய நிரந்தர தோழியாக இருந்தது. இறந்தகால நிகழ்ச்சிகளை வருத்தத்துடனும், நிகழ்காலத்தை உணராமலும், எதிர்காலத்தை பயத்துடனும் எதிர்பார்த்துக் கொண்டிருந்தேன். வாழ்க்கை தந்த பாடங்களும், பெரியாரின் பகுத்தறிவு சிந்தனைகளும் அறிவுரைகளும் பல நல்ல புத்தகங்களும் இந்த பயத்தின் வலிமையைக் குறைத்துவிட்டன. நான் விடாமல் விடுதலை, உண்மை, பெரியார் பிஞ்சு மற்றும் பகுத்தறிவுப் புத்தகங்களையும் படித்து வருகிறேன். இதனால் தமிழில் என்னுடைய எழுத்துத்திறமையும் வளர்ந்து வருகிறது. பயணக் கட்டுரைகளும் அவ்வப்போது மருத்துவக் கட்டுரை களும் எழுதி வருகிறேன்.

தற்பொழுது மருத்துவ வேலையிருந்து ஓய்வு பெற்றபின் பேரக்குழந்தைகளைக் கவனித்த நேரம் போக மீதி நேரத்தில் நம் தமிழ்ச் சமுதாயத்திற்கு என்ன செய்யலாம் என்று திட்டமிட்டு என்னால் முடிந்த சில காரியங்களைச் செய்து வருகிறேன். சில ஆலோசனைகளையும், காரியங்களை செய்ய முடிந்தவர்களுக்கு சொல்லிவருகின்றேன். இதை ஏன் இக்கட்டுரையில் சொல்கிறேன் என்றால் தமிழ்ப் பெண்கள் மிக்க மன வலிமையானவர்கள். அவர்களால் முடிந்ததைத் தமக்கும் தமிழ் சமுதாயத்திற்கும் செய்யாமல் இருப்பதால்தான் மன நிம்மதியை, மனவளமையை இழக்கிறார்கள். குடும்பப் பெருமை காக்க குடும்பத்தில் உள்ள குறைகள், துன்பங்கள் வெளியில் தெரியக்கூடாது என்று தங்கள் மனதிலேயே புதைத்துவைத்துப் புழுங்கி வேதனைப்படுகிறார்கள். இவற்றையெல்லாம் குணப்படுத்த ஆரம்பத்திலேயே முயற்சி எடுக்காமல் முற்றிவிட்டு கடைசியில் எல்லாவற்றையும் இழக்கிறார்கள்.

பின்வருபவை எனக்குத் தெரிந்த வழிகள்.

- 1) தினமும் அரை மணிநேரம் உடற்பயிற்சி. வீட்டில் செய்யும் வேலைகள் உடற்பயிற்சி அல்ல.
- 2) மனஅமைதி நேரம் (தியானம்) குறைந்தது பத்து நிமிடங்கள்.
- 3) முடிந்தவரை வீட்டில் தயாரித்த ஆரோக்கிய உணவை (Balanced Diet) உண்ணுதல்.
- 4) தமிழ் சினிமாக்களை பார்க்கும் நேரத்தை நல்ல புத்தகங்கள் படிப்பதில் செலவழித்தல். புத்தகக் குழுக்கள் வைத்துப்பகிர்ந்து கொள்ளுதல்.
- 5) பண உதவி நிறைய செய்ய முடியாவிட்டாலும் சுற்றத்தாரிடம் அன்பும் ஆதரவும் காட்டுதல்.
- 6) மது, போதை மருந்து, நோய் பாதிக்கப்பட்ட குடும்பத்தினரிடமும், சுற்றத்தாருடனும் கருணையுடன் இருந்து அவர்களுடைய பொறுப்பை நாம் ஏற்றுக் கொள்ளாமல் இந்த நோய்களுக்கான குடும்ப ஆதரவு கூட்டங்களுக்கு (Al-Anon) சென்று பயனடைய வேண்டும்.
- 7) மன உளைச்சல்கள், மன நோய் ஆகியவை நமக்கும் குடும்பத்தாருக்கும் இருந்தால் அனாவசியமாக குடும்ப கௌரவத்தைக் காப்பாற்ற வேண்டும் என்று எண்ணாமல் உடனடியாக மன மருத்துவ நிபுணர்களை அணுகி கவனித்துக்கொள்ள வேண்டும்.
- 8) நம்முடைய வயதான பெற்றோர்களையும் உறவினர்களையும் அவர்களுக்கு மரியாதை கொடுத்து, அவர்களுக்கு உணவு, இருக்க இடம், உடல்நலம் பேணிப் பார்த்துக்கொள்ள வேண்டும். இப்படிச் செய்தால் மன அமைதி நிச்சயம் கிடைக்கும்.
- 9) குடும்பங்களில் குழப்பங்கள் வந்தால் ஒதுங்கிக் கொள்ளாமல் ஆரம்பத்திலேயே நம்மால் முடிந்த அளவு நிலைமையைச் சரிசெய்ய உதவவேண்டும்.
- 10) நாம் தப்பு செய்ததாக மனதார உணர்ந்தால் வெட்கப்படாமல் உடனுக்குடன் மன்னிப்புக் கேட்டுக்கொள்ள வேண்டும். மன உளைச்சல் மிகவும் மோசமான நோய்.

- 11) நாம் உத்தியோக வல்லுனர்களாக இருந்தால் அவ்வப்பொழுது நம் ஊரில் அந்த சேவையை இலவசமாகச் செய்ய வேண்டும். உதாரணம், ஆசிரியர்கள், செவிலியர்கள் (Nurses) மருத்துவர்கள், பொறியியல் வல்லுநர் மேலும் மற்ற வல்லுனர்கள்.
- 12) சம்பாதிப்பதை எல்லாம் செலவு செய்யாமல் சம்பாதிப்பதில் குறைந்தது 10 விகிதம் சேமிப்பு செய்யப் பழகிக்கொள்ள வேண்டும். குடும்பத்தினருக்கு சொல்லிக்கொடுக்க வேண்டும்.
- 13) பொது நலனுக்காக தயங்காமல் முடிந்த அளவு உதவி செய்ய வேண்டும். அதில் வரும் இன்பமே உண்மையான இன்பம்.
- 14) குழந்தைகளுக்கு திருக்குறளை மைய்யமாக வைத்து எழுதிய கதைகளைச் சொல்லி நல்வழி காட்டவேண்டும்.
- 15) இனிமேலாவது போலி சாமியார்களிடம் ஏமாறாமல் இருக்க முயற்சி செய்யவேண்டும்.
- 16) திருமணங்கள் இன்னும் பேராசையின் பிறப்பிடமாகத்தான் இருக்கின்றன. பெண் வீட்டாரை உறிஞ்சி சக்கைகையாப் பிழிந்து விகிரிதார்கள். இந்த மனப்பான்மை மாற பெண்கள் தான் முழுப்பங்கு ஏற்கவேண்டும். இந்த வரதட்சணை பிரச்சனையால் ஆரம்பத்திலேயே திருமணம் பெண்ணின் மனத்திலும் அவர் குடும்பத்தாரின் மனத்திலும் காழ்ப்புணர்வு வளர ஏதுவாகிறது. பிறகு சில ஆண்டுகளில் பலவித குடும்பச் சண்டைகள். இவற்றை எல்லாம் தடுக்க ஒரே வழி இரு குடும்பத்தாரும் ஒருவரை ஒருவர் மதித்து வரதட்சணைக் கொடுமையை தவிர்க்கவேண்டும்.

ஆகமொத்தம் வாழ்க்கைப் பாதையில் வெற்றிநடை போடும் ஒரு ஆணுக்கு எப்படி ஒரு திறமையான பெண் பின்னணியாக இருப்பது போல் வெற்றிநடை போடும் ஒரு குடும்பத்தின் உந்துசக்தியாக சந்தேகமின்றிப் பெண்கள்தான் இருப்பார்கள்.

மருமகளை மகளாகவும், மாமியாரை தாயாகவும் உண்மையில் நினைக்கப் பழகிவிட்டால் பல குடும்பப் பிரச்சனைகள் தீர்ந்துவிடும்.

Dr.Saro Ilangovan graduated from Thanjavur Medical College. Completed her Pathology training program from University of Illinois Medical College, Completed Neuropathology Training Program from Cook county Hospital, Chicago

She has worked as a Pathologist at Oak Forest Hospital from 1981 to 1991 and as Neuropathologist: 1993 to 2002 at Cook County Hospital. She retired in 2002 and moved to Pennsylvania to take care of grand children. She conducts Tamil book club in New Jersey, writes health articles, travel articles, giving health related talks to village women in Tamil Nadu.

கணவனின் குடியும் மனைவியின் அவதியும்

ஒரு உண்மை நிகழ்வை பகிர்ந்து கொள்கிறேன்.

மனைவிக்கு வயது 30. கணவனுக்கு வயது 32. மதுதான் எல்லாம் அவனுக்கு. 14 வயதிலேயே நண்பருடன் குடிக்கத் தொடங்கியவன். "குடிக்காதவன்" என்று ஏமாற்றி அவளை அவனுக்கு கல்யாணம் "கட்டி" வைத்தனர். முதல்திரவின் போதே குடித்திருந்தான். "நீ கறுப்பாய் இருப்பதால் குடிக்கிறேன்." "நீ ஒல்லியாய் இருப்பதால் குடிக்கிறேன்", "நீ கட்டையாய் இருப்பதால் குடிக்கிறேன்." "குழந்தை பிறக்காததனால் குடிக்கிறேன்." பெண் பிள்ளை பெற்றதற்காக குடிக்கிறேன்." "நீ என் நிம்மதியை கெடுத்ததற்காக குடிக்கிறேன்". இப்படி மனைவியை காரணம்காட்டி தொடர்ந்து குடிப்பவன். அவன் ஒரு மதுநோயாளி.

மனைவியின் பிறந்த வீட்டிலோ அப்பா ஒரு மதுநோயாளி. அவள் சிறுவயதிலேயே மதுவின் போதையினால் வரும் பாதிப்புகளைக் கண்கூடாக கண்டவள். அனுபவித்தவள். அவதிப்பட்டவள். கல்யாணத்துக்குப்பின் புகுந்த வீட்டிலாவது நிம்மதியாக இருக்கலாம் என ஆசைப்பட்டவள். நினைத்ததற்கு மாறாக இங்கும் கணவனின் குடியினால் நொந்து கொண்டிருப்பவள், வெந்து கொண்டிருப்பவள், சாகாமல் செத்துக் கொண்டிருப்பவள். புதைமணலில் சிக்கிக்கொண்டவள் போல் தனக்கு எதிர்காலம் இல்லையென குமுறுகிறாள், விம்முகிறாள், வெம்புகிறாள்.

மனைவியிடம் உருவாகும் மாறுதல்கள்

ஒரு பெண் மனைவியாகும்போது, திருமணவாழ்வு இதமாகவும், இனிதாகவும், இன்பமாகவும் இருக்கும் என்று பகற்கனவு காணுகிறாள். ஆயிரம் ஆசைகளோடும், விருப்பங்களோடும், கற்பனைகளோடும் கல்யாணம் செய்கிறாள். கணவன் குடிப்பதை முதன்முதலில் பார்த்ததும் அதிர்ச்சியடைகிறாள். அவனிடம் நிறுத்த கெஞ்சுகிறாள். மனைவிக்குத் தெரியாமல் அவன் குடிக்கிறான். அடிக்கடி குடிப்பதை அவள் அறிய வரும்போது "கொஞ்சம் குடிப்பது ஒன்றும்செய்யாது, உடலுக்குநல்லது" எனநியாயப்படுத்துகிறான். கணவனின் ஏமாற்று வித்தைகளுக்கு பலியாகிறாள். "சும்மா கிடைத்ததுதானே", "கொஞ்சம் குடிப்பது நல்லதுதானே", "வீட்டில் வைத்துதானே குடிக்கிறேன்", "வீண்பிரச்சனைகளில் ஈடுபடுவதில்லையே" என விளக்கம் சொல்கிறான். இப்படியே மனைவியிடம் உண்மை நிலையை மறைத்து, தன் குடியை தடுக்கமாலைருக்கவும், தடைவிதிக்காமலைருக்கவும் பார்த்துக்கொள்கிறான். குடிக்கும் அளவும் வளர்கிறது. குடிநோயும் வளர்கிறது.

அவனால் மதுவை கட்டுப்படுத்த இயலாத நிலையில் விழித்துக் கொள்கிறாள். அழுது கண்ணீர் வடிக்கின்றாள். "குடிக்கமாட்டேன்" என சத்தியம் வாங்குகிறாள். மீண்டும் குடிக்கும்போது மிரட்டுகிறாள். "என் அம்மா வீட்டுக்கு போய் விடுவேன்" என பயமுறுத்துகிறாள். கணவனையும் பிரியமுடியாது, குழந்தைகளையும் வளர்க்கத்தெரியாமல் இருதலைக்கொள்ளி எறும்புபோல செய்வதறியாது திகைக்கிறாள். திக்குமுக்காடுகிறாள். தனக்கு திருமணத்தை ஏற்பாடு செய்த பெற்றோர்கள், உறவினர்கள், குடும்பத்தினர் மீது கடுங்கோபம் கொள்கிறாள். தன் வாழ்வு ஒரு "தோல்வி"யாகி விட்டதை அவளால் ஏற்றுக்கொள்ள இயலவில்லை. ஏங்கி தேம்பி அழுகிறாள். "அவளால்தான் என் வாழ்க்கை இப்படி ஆகிவிட்டது" "அவள் இருக்க வேண்டிய முறையில் இருந்தா நான் மது அருந்துவேனா?" என்று பழிபோடுகிறாள். பிற ஆண்களோடு தொடர்பு இருப்பதாக சந்தேகப்படுகிறாள். "நான்தான் அவன் குடிக்க காரணமோ?" சஞ்சலப்படுகிறாள். கணவனின் குற்றச்சாட்டுகளைத் திரும்ப திரும்ப கேட்டு குற்ற உணர்வால் குறுகிப்போகிறாள்.

குடிப்பவன் கணவன், அவமானத்தை அனுபவிப்பவன் மனைவி. கணவனின் மதுப்போதையால் தலைக்குனிவும் கேவலமும் ஏற்படுகிறது. அவர் குடிக்க செல்லும் வழியாக செல்வதை தவிர்க்கிறாள். அவர் கடன்வாங்கியவர்களை சந்திக்க வெட்கப்படுகிறாள். இறுதியில் கணவனை நினைத்து அவமானப்படுவதைவிட, தன்னையே அவமானத்தின் உருவமாக தாழ்த்துகிறாள். கேவலமாக பேசக்கூடாது என்பதற்காக அவன் குடியை மறைக்கிறாள். பிறர் கேட்டால் குடிப்பதை மறுக்கிறாள். அவனுக்காக பொய் சொல்லுகிறாள். தன்னை பாதுகாக்க முடியுமோ முடியாதோ, பிள்ளைகளை பராமரிக்க முடியுமோ முடியாதோ, கணவனை சிக்கல்களிலிருந்து காப்பாற்றுகிறாள். கணவன் தொடர்ந்து மது அருந்திக் கொண்டே இருக்கிறான். அவளோ வாழவும் முடியாமல் சாகவும் முடியாமல் போராட்டத்திலே அன்றாட வாழ்வில் பொசுங்கிப் போகிறாள்.

"ஒரு மனைவி தன் கணவனுக்கு எழுதியக் கடிதம்"

"என் அன்புக்கணவன் அறிவது, நான் உங்களுக்கு 10 வருடமாக மிகவும் பிரமாணிக்கமாக இருந்தேன். உங்களுடைய மது அருந்துதலால் நான் உடல், உள்ளம், உணர்வு, உறவு, பொருள், சமூகம், ஆன்மீகம் என்று எல்லா நிலைகளிலும் சிதைந்து, உடைந்து, நொறுங்கிப் போனேன். நமக்கென்று கடவுள் தந்த ஒரேக் குழந்தையை வயிற்றில் இருக்கும்போதே குடித்துவிட்டு மிதித்து

கொன்றீர்கள். அன்றே நான் பாதி செத்துவிட்டேன். சொத்தையெல்லாம் தீர்த்ததோடு தங்கியிருந்த வீட்டையும் விற்றீர்கள். நான் அனாதையானேன். என் கழுத்திலே இருந்த தங்கமெல்லாம் விரையம் செய்யப்பட்டு தகரம் கூட இல்லாத நிலைக்கு தரம் தாழ்ந்தேன். அனைத்து உடமைகளையும் மதுவுக்கு இரையாக்கிய நீங்கள் கடைசியாக இருந்த மண்சட்டிப்பானைகளையும் உடைத்து நொறுக்கிவிட்டீர்கள். இப்போது எனக்கென்று எதுவுமேயில்லை. என்னைவிட, நம் குடும்ப வாழ்வைவிட, உங்களுக்கு மதுதான் முக்கியமாயிருக்கிறது என நான் உணர்கிறேன். நான் என்னால் இயன்ற அனைத்தும் உங்களுக்காக செய்துவிட்டேன். இனியும் என்னால் அவதிப்பட ஆற்றலில்லை. என்னை விட்டுவிடுங்கள்.

நீங்கள் இந்தக்கடிதத்தை வாசிக்கும்போது "நான் உயிருடன் இருக்கமாட்டேன்." என் சாவின் மூலமாவது நீங்கள் குடியை நிறுத்தினால் அது போதும். எனது இறுதி ஆசையும் "நீங்கள் மதுவற்ற வாழ்வு வாழ வேண்டும்" என்பதுதான். நான் பலதடவை கெஞ்சி கேட்டதுபோல மதுநோய்க்காக சிகிச்சைக்கு செல்லுங்கள். மறுபிறவியில் குடிக்காத ஒரு கணவனாக நீங்கள் இருக்க நேர்ந்தால் நான் உங்கள் மனைவியாக இருந்து நல்வாழ்வு வாழ விரும்புகிறேன்.

இப்படிக்கு

லதா

உங்கள் மனைவி

மனைவிக்கு வரும் நோய்கள்

- ❖ முன்பு கலகலப்பாகவும் நன்கு ஆடையணிந்து மகிழ்ந்தவள் இப்போது கிழிந்த உடையணிந்து கண்ணீரும் கம்பலையுமாக தென்படுகிறாள்.
- ❖ முன்பு சுத்தமாகவும், அழகாகவும் இருந்தவீடு இப்போது அழுக்கும், ஒட்டடையுமாக நிறைந்துவிடுகிறது.
- ❖ சரியாக சாப்பிடுவதில்லை, உடல்நலம் பேணுவதில்லை, ஓய்வு எடுப்பதில்லை, அடி உதைகளால் வதைக்கப்படுகிறாள். அவள் உடல்நோய்க்கு ஆளாகிறாள்.

கணவனின் குடியினால் வாழ்வே பயமும், பதட்டமும், பரிதவிப்பும், சஞ்சலமும் நிறைந்ததாக இருக்கும். எப்போது, எங்கே, எப்படி, யாருக்கு, என்ன நடக்கும் என்றத்தெளிவோ, உறுதியோ, நிச்சயமோ இருக்காது. "இன்று குடிச்சுக்கிட்டு எங்காவது விழுந்து கிடப்பாரோ?" "எப்படி வீடு வந்து சேருவாரோ" "வந்து எதையெல்லாம் போட்டு உடைச்சு நொறுக்கப்போறாரோ?" "நானும் பிள்ளைகளும் எங்காவது ஓடிப்போய்விடலாமா?" என்று அங்கலாய்ப்பாள். அவள் உணர்வு நோய்க்கு ஆளாகிறாள்.

"எனக்கு திடீர் மரணம் வராதா?" "எங்காவது ஆத்துல குளத்துல கடல்ல விழுந்து செத்துடலாமா?" கணவனின் கோரமுகத்தைப் பார்த்து பார்த்தே அவளின் சோகமுகமாக முகம் வாடிவதங்கிவிடுகிறது. மனம் வெறுப்படைகிறது. அவளின் பாசம் எரிச்சலாகிறது. கணவனின் ஆத்திரம், கோபம், வன்மம், வளர்ந்து வெறித்தனமாய் தான்தோன்றித்தனமாய் மாறும்போது மனைவி இன்னும் உதைபடுகிறாள். வதைபடுகிறாள், உடைந்து போகிறாள் அவள் உளநோய்க்கு ஆளாகிறாள்.

கணவனின் குடியினால் மனைவியோடு குடும்பமும் பெரும்பாதிப்புக்கும், பேரவதிக்கும் நிர்ப்பந்திக்கப்படுகிறது. மனைவியின் வாழ்வு பாழாகிக் கொண்டிருப்பதோடு, குடும்பமும் சிதைகிறது, சீரழிகிறது, சிதிலமடைகிறது. இதனால் எல்லாக் குடும்பப் பொறுப்புகளையும் தானாக, தனியாக தாங்கிக்கொள்ளும் தர்மசங்கடமான சூழலுக்கு தள்ளப்படுகிறாள். அவள் விரும்பினாலும், விரும்பாவிட்டாலும் குடும்ப சுமையை அவள்தான் சுமக்க வேண்டும். அவள் குடும்ப நோய்க்கு ஆளாகிறாள்.

சமூக அந்தஸ்தும் சின்னாபின்னமாகிறது. அவமானம், கேவலம் இவற்றால் துரத்தப்படும் இவள் சமூகவாழ்வின் முக்கிய அம்சங்களிலிருந்தும் ஒதுங்கி, பதுங்கி, விலகி நேர்கிறது. "ஊரெல்லாம் அவன் குடிச்சு குட்டிச்சவராக அவள்தான் காரணம்" என்று குற்றச்சாட்டுகள். மானத்தோடு திருமண நிகழ்ச்சிகளுக்கு செல்ல முடிவதில்லை. மதிப்போடு விழா நேரங்களில் தெரிந்தவர்களோடு இணைய இயலவில்லை. உற்சாகத்தோடு பொதுக்காரியங்களில் ஈடுபட மனசில்லை. மகிழ்ச்சியோடு சொந்தகாரர்களோடு உறவாட வாய்ப்பில்லை. அவள் சமூக நோய்க்கு ஆளாகிறாள்.

மனைவியின் மூன்று மிக முக்கிய பாதிப்புகள் :

யாரிடமும் பேசமுடியாத நிலை

"யாரிடம் எதைச்சொல்லி என்னப் பிரயோஜனம்." "நான் சொல்றதை கேட்க யார் இருக்கா." "ஒரு குடிகாரனின் மனைவியின் வார்த்தைக்கு என்ன மதிப்பு?" தான் எது சொன்னாலும் ஏளனமாக, கேலியாக, கிண்டலாகத்தான் எடுப்பார்கள் என எதுவுமே சொல்ல தயங்குவாள், பேச ஒதுங்குவாள், கூற பயப்படுவாள்.

யாரையும் நம்பமுடியாத நிலை

"இந்த மனுஷனையும், இவன் குடும்பத்தையும், மற்றவர்களையும் நம்பியே ஏன் வாழ்க்கை மண்ணா போச்சு" அவள் கணவனை நம்பி வந்து ஏமாந்தாள். அவன் குடும்பத்தினரின் ஆதரவாவது கிடைக்கும் என எண்ணி சோர்ந்தாள். வேண்டியவர்கள் கூட தன்னை ஏற்றுக்கொள்ள மாட்டார்கள் என விரக்தியடைந்தாள்.

இதனால் யாருடைய உதவியும் கேட்காமல், எவருடைய துணையையும் நாடாமல் தன்னை தனிமைப்படுத்திக் கொள்கிறாள், அன்னியப்படுத்திக் கொள்கிறாள், துண்டித்துக் கொள்கிறாள். முற்றிலுமாக சலிப்பினில் மூழ்க ஆரம்பிக்கிறாள். நம்பிக்கையில்லாமல் வாழ்க்கை தடம்புரள்கிறது.

யாரிடமும் உணர்வை வெளிப்படுத்த முடியாத நிலை

“நான் அழுதா, கலங்கினா, குமுறினா, என் நிலையை யார் புரிஞ்சுக்குவா” அவள் தன் உணர்வுகளை பிறரிடம் வெளிப்படுத்தினால் தன்னை இழிவாக, தாழ்வாக, தரக்குறைவாக கணிப்பார்கள் என அடக்கிக் கொள்கிறாள், அழுக்கிக் கொள்கிறாள், அடைத்து வைக்கிறாள், ஒளித்து வைக்கிறாள், முடிச்சுப்போட்டு வைக்கிறாள். இதனால் அவள் என்ன நினைக்கிறாள், என்ன உணர்கிறாள், என்ன விரும்புகிறாள் என்பதை யாருக்குமே தெரியாமல் தனக்குள்ளேயே புதைத்து வைத்துக்கொள்கிறாள்.

உங்களின் சிந்தனைக்காக

கணவன் குடிப்பதனால் யாருக்கு அதிக பாரம்? யாருக்கு மிகுந்த கேவலம்? யாருக்கு தாங்காத சோகம்? யாருக்கு தீராத கலக்கம்? யாருக்கு ஓயாத கண்ணீர்? சந்தேகமேயில்லை. மனைவிக்குத்தான். அவள்தான் எரிநரக வேதனையை அனுபவிக்கிறாள். அவள்தான் அனைத்தும் இழந்து பரதேசியாக்கப்படுகிறாள்.

ஆறுதலுக்காக மது அருந்துகிறேன் என்று சொல்லி குடிப்பவரின் மனைவி அனுபவிக்கும் மனத்துயருக்கு ஆறுதல் தருவது யார்? கவலை தவிர்க்க குடிக்கிறேன் என்று கூறி குடிப்பவரின் மனைவி அடையும் மனச்சோர்வினை தணிப்பது யார்? கடன்தொல்லையை மறக்க பருகுகிறேன் என்று சப்தமிடும் குடிப்பவர் வாங்கிய கடன் சுமைகளையெல்லாம் சமாளிப்பது யார்?

மாட்டித் தவிக்கும் மனைவி

“கணவன் மதுபாட்டிலை சுற்றி சுற்றி வருகிறான். மனைவி மதுக்கணவனை சுற்றி சுற்றி வருகிறாள்.”

அவள் வீட்டில் இருக்கலாம், ஆலயத்திற்கு செல்லலாம், அலுவலகத்திற்கு வரலாம், சந்தைக்குப் போகலாம், மருத்துவமனையில் நோயுற்றிருக்கலாம், அவள் நினைவெல்லாம், சிந்தனை யெல்லாம், எண்ணமெல்லாம், உணர்வெல்லாம் கணவனைப் பற்றியதாகத்தானிருக்கும். இப்படி சிக்கிச்சிதையும் மனைவிமர்கள் நலவாழ்வுக்காக செய்ய வேண்டியவைகளையும், செய்யக் கூடாதவைகளையும் பார்ப்போம்.

மனைவி செய்ய வேண்டியவை:

1. “கணவர் ஒரு மது நோயாளி” ”அவர் மதுநோயினால் பாதிக்கப்பட்டிருக்கிறார்”, மதுநோயும் இருதயநோய், புற்றுநோய், எய்ட்ஸ் போன்றது” என்ற உண்மையை ஏற்றுக்கொள்ளல்.

2. கணவனின் மதுநோய்க்கு மருத்துவ உதவி, நலவழி ஆலோசனை, உள்நல ஆற்றுப்படுத்துதல் வசதிகள் உள்ளன எனத் தெரிந்து கொள்ளல்.
3. மதுநோயாளிக் கணவரைப் பொறுத்தவரையில் “நான் சக்தியற்றவன்” என்ற உண்மையை உணர்ந்து, “நான் என்னைத்தான் மாற்றிக்கொள்ள முடியும், அவரை என்னால் மாற்ற முடியாது” என புரிந்துகொள்ளல்.
4. கணவன் “ஒரு மதுநோயாளி” மனைவி ஒரு சக மதுநோயாளி (Co-Alcoholic) அவதிப்படும் மனைவியருக்காக ஆல்-அனான் (Al-Anon) கூட்டங்கள் உள்ளன. இங்கு மதுநோயாளி கணவர்களால் பாதிக்கப்பட்ட மனைவிகள், குடும்பத்தினர் மனந்திறந்து, பேசி புதிய வழிமுறைகளையும், மாற்று அணுகு முறைகளை அறிந்து கொள்ளல்.
5. மனைவியின் முயற்சியால் மட்டும் கணவனின் குடியை நிறுத்த முடியாது எனவும், கணவனின் சம்மதமும், இறைவனின் அருளும், குடிக்காதவரின் தோழமையும், மனைவியின் துணையும், குடும்பத்தின் உதவியும், சமூகத்தின் ஆதரவும் தேவை என தெளிவு கொள்ளல்.
6. கணவன் “தனக்காக, தன் நலவாழ்வுக்காக மதுவை விட்டுவிட விரும்புகிறான்” என்றுத் தெளிவுடன் முன்வரும் போதுதான் மதுவற்ற, மகிழ்ச்சியான, பயனுள்ள, நிறைவான வாழ்வு வாழ முடியும் என உணர்ந்து கொள்ளல்.
7. கணவன் குடிக்காத நேரத்தில் குடிக்கும்போது நடந்த உண்மையான நிகழ்வுகளை, செய்த காரியங்களை மிகைப்படுத்தாமல் எடுத்துக்கூறுதல்.
8. கடந்த காலத்தில் நடந்து முடிந்தவிட்ட பழைய எதிர்மறையான விளைவுகளையோ, சம்பவங்களையோ இனி மாற்ற இயலாது என மன்னிக்கும் மனப்பான்மையை உருவாக்கல்.
9. “இன்று ஒருநாள் அடிப்படையில்” மனைவி தன் வாழ்க்கையையும், குழந்தைகளின் நலனையும் கருத்திற்கொண்டு, திட்டமிட்டு, செயல்படல்.
10. வருத்தம், வேதனை, எரிச்சல், ஆத்திரம், கோபம், வெறுப்பு போன்ற உணர்ச்சிகளை அடக்கி, அழுக்கி, சேர்த்து வைக்காமல் மதுநோய் நல ஆலோசகரின் உதவியோடு முறையாக வெளிப்படுத்த உதவிபெறல்.
11. குடிக்காத நேரத்தில் கணவனிடம் கலந்து ஆலோசித்து, அவரையும் குடும்பத்திட்டங்களில் பங்கு எடுக்கவும், முக்கிய செயல்களில் ஈடுபாடுகொள்ளவும் செய்தல்.
12. கணவனைப் பற்றியே மட்டும் நினைத்துக் கொண்டிராமல், தனக்கு முக்கியமானதாகக் கருதுவதை செய்வதோடு, தன் “நலவாழ்வில்” அக்கறைக் கொண்டவளாக இருத்தல்.

மனைவி செய்யக் கூடாதவை :

1. கணவனிடம் "மீண்டும் மது அருந்தமாட்டேன்" என வாக்குறுதி பெறுதல், "சத்தியம்" பண்ணச்செய்தல். "சபதம்" செய்ய வற்புறுத்தல், பிரமாணப் பேப்பரில் "குடிக்கமாட்டேன்" என எழுதி வாங்குதல்.
2. கணவனிடம் இனி குடித்துவிட்டு வந்தால், என் அம்மா வீட்டிற்குப் போய்விடுவேன் என்று மிரட்டுதல் "என்மீது பாசம் இருந்தால் இன்று குடிக்கமாட்டீர்கள்" என்று கெஞ்சுதல்: "ஒரு வாரம் குடிக்காவிட்டால் நான் உங்களுக்கு பைக் வாங்கி தருவேன்" என்று பேரம் பேசுதல் "குடிச்சுக்கிட்டு வந்தால் நான் கதவைத் திறக்கமாட்டேன்" என்று அரட்டுதல்.
3. கணவனிடம் "எனக்காக, உங்கள் பிள்ளைகளை நினைச்சு, நம்ம குடும்பத்தின் மானத்தைக் காப்பாத்த" குடிக்காமல் இருக்க வேண்டுதல்.
4. கணவன் குடிப்பதை முழுமூச்சாக தடுத்தல், நிறுத்தல். குறைவாகத்தான் குடிக்கிறார் என மறுத்தல், மறைத்தல், தேவைக்குத்தான் குடிக்கிறார் என நியாயப்படுத்துதல், ஆமோதித்தல்.
5. கணவன் வெளியிடங்களில் குடிப்பதைக் கட்டுப்படுத்துதல், மட்டுப்படுத்துதல். "வேணும்னா வீட்டில் வாங்கி வச்சுக்குடியிங்க" என்று சொல்லி வக்காலத்து வாங்குதல்.
6. மதுபாட்டிலை மறைத்து வைத்தல், மதுபாட்டிலை உடைத்தல், மதுவை வெளியே கொட்டிவிடல், மதுவில் தண்ணீரைக் கலந்துவிடல். மதுவை எடுத்து, பிறரின் கவனத்திற்குக் கொண்டு வருதல்.
7. கணவனிடம் குடியைப்பற்றி சண்டையிடுதல், அச்சுறுத்தல் விவாதித்தல், அறிவுரை கூறுதல், புத்திமதிசோல்லல் உபதேசம் கொடுத்தல்.
8. கணவனை குடியினால் ஏற்படும் எதிர்மறை விளைவுகளிலிருந்து பாதுகாத்தல், காப்பாற்றல். குறிப்பாக "குடிக்க வாங்கிய கடனை அடைத்தல்" குடியினால் அலுவலகம் செல்ல இயலாதுபோது "உடல்நலமில்லை" என பொய் சொல்லல்.

9. கணவன் குடியால் பொறுப்பற்றவனாக மாறும் போது செய்ய முடிந்ததற்கு அதிகமான பொறுப்புகளை தானே ஏற்று எடுத்து, பாரத்தால் பரிதவித்தல், சுமைகளால் சோர்ந்து போதல்.
10. கணவனின் மிரட்டலுக்கு, பயமுறுத்தலுக்கு, கேவலமான பேச்சுக்கு, குற்றம் சாட்டுதலுக்குப் பயந்து, அவன் போக்கிலே விட்டுவிடல். கணவன் போக்கையே தன் போக்காகவும் ஆக்கிவிடுதல்.
11. கணவனுக்குப் பாடம் கற்பிக்க தற்காலிகமாக பிரிந்து வாழ சென்றுவிட்டு, பிறர் மோசமாக பேசுகிறார்கள் என வந்து சேர்ந்து கொள்ளல். கணவனின் வார்த்தை ஜாலங்களுக்கு மசிந்து விடுதல்.
12. கணவனோடு ஒரு வரையறையை உருவாக்காமல், ஒரு கட்டுப்பாடையும் தட்டியெழுப்பாமல் "எதை வேண்டுமானாலும், எப்படி வேண்டுமானாலும் செய்யட்டும்" என்று அலட்சியமாக விருப்பத்திற்கும் ஆசைக்கும் விட்டுவிடுதல்.

ஒரு மனைவி தன் கணவனை மாற்ற முடியாது. அவன் வாழ்வை மாற்ற முடியாது. ஆனால் தன்னை மாற்ற முடியும். தன் வாழ்வை மாற்ற முடியும்.

இறுதியாக "இதமான ஜெபம்" (SerenityPrayer) மனைவியருக்கு பேருதவியாக இருக்கும். இந்த ஜெபம் ஆல் அனான் (Al-Anon) கூட்டங்களில் பயன்படுத்தப்படுகிறது.

இறவை என்னால்
மாற்றமுடியாததை ஏற்றுக்கொள்ளும்
மனப்பக்குவமும் மாற்றக்கூடியதை
மாற்றும் மனத்துணியையும்
இவற்றை பாகுபடுத்தி அறிய
ஞானமும் தந்தருள்வாய்

Father Nelson, M.S.W. and Ph.D. in Addiction Counseling and other post-doctorate certifications in the US.

- 2008 6 Months Intensive Training in Addiction, NIMHANS, Bangalore
- 2008 1 Month Intensive Training in Addiction, TTK Hospital, Chennai
- 2008 Visiting Addiction Treatment Centers, All over India
- 2009 to Present Director, Addiction Treatment Ministry, Nagercoil, India

Currently he is involved in :

- 1) Alcoholism Community Camps
- 2) Addiction Training Programs
- 3) Addiction Awareness Programs
- 4) Addiction Counseling Treatment & Consultation
- 5) Addiction Tamil Publications

CHICAGO CONVENTION 2010 *Committee Report*



1. This convention planning has been an interesting one with the President in NYC and Convention Chair in Chicago area! Lots of emails & phone calls! With enthusiastic and well-intentioned organizers, we put in hours, days & months of work to make this a really grand experience for all guests. Our sincere thanks are due to our loving & understanding spouses.
2. Registration & Reception Committee is headed by Dr. Vasantha Naidu. Her team is working on convention bags, badges, tickets, coupons etc. Food Committee is chaired by Dr. Bhanu Rangachari and Indian food is catered from Dakshin Restaurant. Hilton Hotel Staff have been very understanding & helpful in arranging this Convention.
3. Our Treasurer Dr. Ram S. Prasad & Mrs. Rama Prasad have been receiving & entering the registrations as they come in. Spousal program organizers are arranging Yoga instruction & Temple trip. Thanks to Mrs. Viji Palani and her team. Stalls, booths, Ads & sponsors are managed by Dr. Nazeera Dawood.
4. Thursday night kids' program is handled by Youth Program coordinators Miss. Sindhu Arivoli and Mr. Rahul Ramesh at. Light dinner will be served.
5. We are honored to have Ms. Rajasulochana, great actress & Dancer from Chennai sharing her experiences in the movie & TV fields on Friday 2-3pm! We have Mr. Kim Armstrong, the Dance instructor & Performer entertaining the adults & children on Friday & Saturday at 3-4pm! For entertainment on Friday night, we start with Mohini Aattam by Mrs. Shoba Kumar followed by Dances to the Rhythms of Rahman presented by the dance troupe of internationally acclaimed dance artist Mrs. Hema Rajagopalan, arranged by Drs. Bhanu & Krish Rangachari. பட்டிமன்றம் is coordinated by Dr. Meena Rengarajan. We are honored to have Dr. R. Prabhakaran, Ph.D. of Maryland as நடுவர் who has been conducting இலக்கிய வட்டம் & திருக்குறள் மாநாடு in Washington D.C. area for several years. The final program for Friday night will be Karaoke songs by talented members. Mr. Ramprasad Madan and Dr. Bhanu Rangachari are handling this event.
6. ATMA Annual Awards: is handled by Dr. Sithian Nedunchezian & his team. The President & wife Dr. Deeptha are also organizing an exciting evening lake Michigan cruise by Chicago downtown.
7. Keynote speaker for Saturday night, Dr. K.W. Rammohan has been arranged by Drs. Nedi & C.K.Palani.
8. For entertainment, Light music program by Chicago Mellisai has been organized superbly by Mr. Antony Susai, President of Chicago Tamil Sangam. Outstanding singers of Greater Chicago area including C.S. Aingaran, Rama Raghuraman, Pavithra Anand, Ravishankar Subramanyan & Sharanya, Ramprasad Madan, Aravind Sundar & Arthi Susai. Music Director is Mr. Shino Mapleton. Sound system is also by Shino with Mr. Seeni Gurusamy, esp. for Thursday & Friday night programs. MCs: Dr. Bhanu Rangachari & Mrs. Shree Gurusamy.
9. Souvenir main topic -women's health in Tamilnadu, Pondicherry or USA, -improving women's healthcare in rural Tamilnadu & Pondicherry headed by Dr.Krish Rangachari. Special thanks to Drs. Nazeera Dawood & Selvakumar. The proceeds of this convention will be going to 1.Jane Addams Hull House in Chicago, 2.Banyan center for destitute women in Chennai, 3. Antenatal Care Team(ACT) at Kasturbha Hospital in Gandhigram near Dindigul 4. Pallavaram Children's Medical Center in Chennai and any other PRC approved ATMA projects. Dr. Narmadha Kuppuswamy has done a marvelous job of putting together an interesting & illuminating C.M.E. program for you all. Dr. C.K. Palani has been the coordinator with the Chicago Medical Society.
10. Publicity & Press Release done by Drs. Priya Ramesh & Nazeera Dawood. Special thanks to Dr. Nazeera Dawood for being a wonderful & creative Communications Director.

Convention Committee:

Anand, Krish & Raji
Chockalingam, Peri
Gunasekaran & Padmini
Madan, Ramprasad & Lalitha
Nedunchezian, Deeptha & Sithian
Ramesh, Priya & Rajagopalan
Rengarajan, Meena & Bala

Bala Ram & Padmini
Dawood, Nazeera
Kanagaraju & Bala
Marin, Thelma
Palani, CK & Viji
Rajendran, Mallika & Mani
Roche, Rani & Xavier

Chandran, Rajeswari & Sangili
Devanathan, Raja
Narmadha Kuppuswamy & Ram
Naidu, Vasantha
Prasad, Ram & Rama
Rangachari, Bhanu & Krish
Vadivelu, Shanmugam & Kala

PRC

Approved Project Updates

5 Years of ATMA support of the Gudalur Sickle Cell Project and ATMA ICU

Looking back at 5 years of progress in Gudalur, the support of ATMA comes to mind as one of the most important factors in the success of both the Sickle Cell Center, established in 2005, and the new ATMA ICU, located in the new hospital complex that was inaugurated in May 2009.

ATMA members have a lot to be proud about through their support of the Sickle Cell Center and ATMA ICU. In the past 5 years, full-fledged screening, treatment, and education programs have been developed throughout the Gudalur and Pandalur Taluk's. Over 9000 individuals have been screened, and around 200 adivasi and non-adivasi patients are receiving treatment for this debilitating disease and global public health issue. In the past, sickle cell disease has been given very little attention in India, despite there being at least 1-2 million sickle cell patients throughout the country. Through ATMA's support, the Sickle Cell Center has been recognized by the Tamil Nadu Health Systems Project as a pioneering program in comprehensive care provision for rural and underserved sickle cell patients. The ability to develop this public-private partnership with the Tamil Nadu Health Systems Project and ensure the long-term stability of the program can be attributed to ATMA's commitment to supporting the program in its humble beginnings.

The ATMA ICU has also met with tremendous success, and now treats some of the sickest patients who arrive at the hospital. The pulse oxymeters, among other equipment that has generously been donated by ATMA, have often been noted as some of the "most critical equipment that the hospital has," credited with providing timely physiological values during the most crucial phases of patient management.

What ATMA members may not immediately realize, however, is that their support of the sickle cell program has had global implications, particularly in the United States, for managing the disease. Developing a sustainable, community-based, and comprehensive model of sickle cell care has placed us in a position to explore avenues for cross-implementation of our model to other affected areas both in India and throughout the world. In fact, thanks to the lessons that we have learned in the process of developing the Center, we have been able to create a number of manuals and primers on improving the quality of care for sickle cell patients in the United States and internationally. These materials have been distributed to public and private agencies including the Agency for Healthcare Research and Quality and the Sickle Cell Disease Association of America. Furthermore, we have created an action plan and clinical guidebook for the Indian Health Service to provide better care to Native American sickle cell patients, much of which is based on the work done in Gudalur. We look forward to continue working with public and private agencies to improve the quality and accessibility of care for sickle cell disease, and had it not been for ATMA's support, we probably would not have been in a position to do so.

Without a doubt, ATMA should be proud that it has played a crucial role in bettering the lives of underserved patients both in India and in the United States. This fits well within the mission of an organization whose members are dedicated to providing care to patients in both the oldest and largest democracies of the world.

Hari Prabhakar

OUR PCMC VISIT

I am M. Balasubramaniam (Balu for short) a Pediatrician practicing in Uniontown, near Pittsburgh, PA. Dr. Adi Narayanan asked me to visit PCMC when I went to Chennai. Shantha, my wife and I were in Chennai for two months from middle of February 2010. Both of us visited PCMC several times. We are quite impressed with the building and the facilities in the hospital-the place is kept clean and the staff seems to be cooperative, hard working and helpful to patients.

Dr. Parvathy, the Pediatrician in charge, is knowledgeable, dedicated, hardworking and popular with the patients. She is very interested in improving and popularizing the hospital in Pallavaram. The hospital is in its infancy and she is able to attract more and more patients each month. In patient care is very good and rooms are comfortable.

When I was at PCMC she was the only pediatrician, but was available on phone during evenings, nights and weekends for consults for the doctors on duty. I recently heard they have hired two more pediatricians. That should attract more patients. I am also helping Dr. Parvathy to set up a lab and x-ray department in the hospital through my friend, Dr. T.K. Parthasarathy, who is the Pro-Chancellor of S.R.M.C.

I also met some of the board members of PCMC. They are very much involved in the welfare and quality of care. I have suggested to them to reduce the consultation fees to the very poor, which has been done. I gave a few talks to the local people about child care which was well received. I am sure with Dr. Parvathy as Chief Physician, the newly added pediatricians, the able staff and local board members' guidance the hospital will become financially stable soon. Until that time, doctors from U.S.A. can offer financial support. PCMC will become more popular when the lab and x-ray departments are added and will serve the medical needs of the children of Pallavaram area well.

Due to my great impression of PCMC's commitment, I have committed to work for two to three months a year while in Chennai along with my other voluntary work. I am also pledging a yearly donation for two to three years. I am also encouraging the doctors in the U.S. from Tamil Nadu to help in this promising venture.

Dr. Balu

BRIEF NOTE ABOUT BANYAN PROJECT

The Banyan started off as a humanistic response to the needs of homeless women with mental illness 17 years ago. What started off as an inpatient service with focus on holistic social and clinical interventions with goals of self reliance and empowerment for a small group of people, has today expanded into a model health care service for people with mental health issues. The Banyan today provides transit care and emergency services to 200 homeless women with Severe Mental Disorders in the city of Chennai; and a long term residential service in a non-restrictive environment for 60 women from homeless or BPL (below poverty line) backgrounds in Kovalam, a part of the Kanchipuram district. It also anchors two out patient services, one in an urban centre that caters to 700 people (men and women) and another in a semi-urban setting for 2,500 people (both medical and psychiatric services). The Banyan has also initiated two self help groups of 15 persons each who are encouraged to work and live in the community as a form of community fostering post rehabilitation. The services of The Banyan are run by competent professionals comprising psychiatrists, psychologists, social workers, occupational therapists,

counsellors, general practitioners and nursing aides and focus on the whole spectrum of services ranging from pharmacotherapy to employment.

BALM (The Banyan Academy of Leadership In Mental Health), the academic arm of The Banyan, was created as an offshoot in 2006, with a mandate of using research and capacity building as tools to advocate for issues that the mental health sector in India, faces today: Lack of access to care, High incidence of family and disease burden and Low levels of awareness. Research at BALM also validates some of the work of The Banyan that helps in standardising processes within the organisation and aids in the process of scaling up and replicating some of The Banyan's models of care and interventions. As of now, The Banyan has partners in Assam, Karnataka, Maharashtra and Tamilnadu and by doing so has contributed to an increase in stakeholders in the sector.

The Banyan and BALM now collaborate with other academic and service organisations and foundations such as The Sir Ratan Tata Trust, The Tata Institute of Social Sciences, Mumbai and The University College, London to ensure that the Mental Health sector receives the attention and resources that it requires.

The Banyan

*Jump into the middle of things, get your hands dirty,
fall flat on your face, and then reach for the stars.*

- Ben Stein

Why ACT Now

Antenatal Care Team (ACT) project was recently approved by ATMA Project Review Committee. To learn more about ACT, a vignette of Gandhigram Kasturba Hospital is inevitable. So here it goes...

How Kasturba Hospital (KH) came to be: When Kasturba Gandhi passed away in 1944, Mahatma Gandhi announced that a Trust be formed in Kasturba's name and that the Trust money should be utilized to start centers in remote rural areas and women, especially young widows and deserted women should be trained as Arogya Sevikas in these centers. Hence Kasturba Gandhi National Trust was started and Gandhi nominated Dr. Soundram as the agent of this Trust in Southern India. She was asked to set-up a rural institution, in a remote place, to serve the most deprived of people.

While searching for a location for the rural institution all over TamilNadu, Dr. Soundram was approached by Sri. Laghumaiya, a landlord from Chinnallappatti. Dr. Soundram made it to Chinnalappatti, and knew this was it! And that is how Gandhigram Kasturba Hospital came to be. It is situated on the National Highway (NH-7) between the towns of Dindigul and Madurai at about 6 miles from Dindigul town. It is also close to the railway line between Chennai and Madurai, situated about less than a half mile from the Ambathurai railway station.

Gandhian in Gandhigram KH : Inspired by Amma Dr.Soundram's work, Dr. Kausalya Devi came to Gandhigram and has inherited the title of 'Amma' herself. Dr. R.Kausalya Devi has headed the hospital, for nearly four decades now. She is a happily unmarried woman in her seventies.

Kasturba Hospital :



Kasturba Hospital has bed strength of 300 and is staffed by 190 employees. The hospital is situated in a rural area and caters mostly to the needs of rural population around and gives free treatment to poor patients.

Kasturba Hospital provides a wide spectrum of Obstetrics and Gynecology and Pediatric services. The Labor Room has all facilities for intensive fetal and maternal monitoring.



Important Statistics of KH 2009

Year	2005	2006	2007	2008	2009
Out-Patient :					
Attendance of Out- Patients	83,769	89,163	86,668	80,962	83,992
Daily Average of Out- Patients	230	244	238	221	230
In-Patient :					
In-Patients Treated	15,099	16,483	16,597	15,036	14,685
Attendance of In - Patients	1,02,043	1,10,963	1,11,811	1,02,187	1,03,712
Daily Average of In - Patients	280	304	306	279	284
Maternity :					
Deliveries	4,109	4,475	4,691	4,151	3,926
Caesareans	938	1,126	1,271	1,146	1,168
Family Welfare:					
Sterilisations	4,095	4,043	4,038	3,577	3,330
Loop Insertions	668	669	447	432	366
Recanalisation	76	47	41	52	65



Family Welfare services are provided in the hospital which is an approved centre for conducting family planning surgeries. Medical Termination of Pregnancies are also done. Infertile couples are properly counseled and diagnostic and therapeutic services are offered to them. Re-canalization surgery is also a main part of the family welfare services.

Kasturba Hospital is one of the recognized institutions of Government of Tamil Nadu to do in-country **Child Adoption**. Children either surrendered or abandoned are given away in adoption to deserving childless couples. ..



Dr. Kausalya Devi giving a baby for adoption to a childless mother.

Photo by Dr. Vivek.



Geriatric Ward of **Kasturba Hospital** caters to medical problems of old women.

HIV - Integrated Counseling and Testing Centre (ICTC) program is implemented in the hospital according to the action plan of **Tamil Nadu State Aids Control Society (TANSACS)**.

NOW IS THE TIME TO ACT

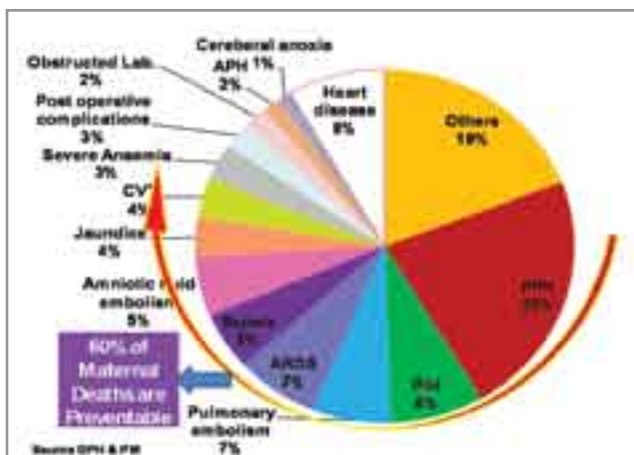
by Nazeera Dawood, MBBS, MPH, CCRC.

Background :

Maternal mortality, defined as the death of a woman during pregnancy, childbirth, or the first 42 days postpartum remains a serious issue worldwide. A report released on April 2010 provides statistics on global maternal and infant mortality rates: an estimated 350,000 to 500,000 women still die in childbirth each year, 3.6 million newborns die in the first month of life, and an additional 5.2 million children die before the age of 5 years. {Hogan, 2010} India accounts for 20% of all maternal deaths worldwide. In Tamil Nadu, around 1100 maternal deaths occur every year which is approximately 10% of maternal deaths that occur in India. { Krishnamurthy. A, Muniappan.P ;Directorate of Family welfare Chennai }

Maternal Mortality Ratio (MMR) is the ratio of the number of maternal deaths per 100,000 live births. MMR is used as a measure of health care system quality. In 2007-2008, MMR for Tamil Nadu was estimated to be 95, and it varied in district level (Nilgiris-226, Chennai (urban areas -32). In Tamil Nadu, about 22% of deaths occur in ante natal Period, 6% in natal period and the remaining 72% on post natal period. The major causes of maternal morbidity are pregnancy induced hypertension, anemia, hemorrhages and diabetic induced pregnancy. {Krishnamurthy. A, Muniappan. P; Directorate of Family welfare Chennai }

Maternal Cause Death Analysis 2008-2009



The target for Millennium Developmental Goal 5 is to reduce the MMR by 75% from 1990 to 2015. {United Nations, 2009}. Although the MMR rates are improving in most countries, {Hogan, 2010} report also suggests that there is room for further improvement.

Summary of Needs / Problem Statement :

Studies {Indian J Med}; {Research and Publications}; {Bulletins of WHO} on mother's health in developing countries and especially rural health have provided similar conclusions. The conclusions of the some of these studies are –

1. More emphasis must be put on preconception care, more maternal education, decrease in total fertility rate, and conduct of delivery by skilled personnel.
2. The severity of nutritional anemia continues to remain a public health issue of great magnitude. In TamilNadu, the prevalence of anemia in pregnancy in the particular study population was 90.1% and the literacy rate among these women was only 28%.

The rural community is less knowledgeable and holds weaker beliefs about the severity of issues during pregnancy. Health disparities are attributed to less education in rural compared to the urban population,

This is exactly why Antenatal Care Team (ACT) Nine months & Beyond is being implemented at KH

Physicians treating the pregnant mothers do not have enough time to sit with patients to answers all the questions that they may have and the educational services offered at Gandhigram KH mostly is post pregnancy. Implementation of project ACT will fill the gaps in educating the antenatal mothers at KH. KH does not have a strategic antenatal education program available. ACT will be used as a pilot to find out how the rural community responds to the tailored counseling and education. ACT will probably be used to implement an antenatal care education program, which could serve as a role model for implementation of this program in other hospitals.

Mission: The mission of this project is to promote the health of the antenatal mothers through education on disease prevention and health maintenance.

Aim 1: To increase awareness and knowledge of normal course of pregnancy and antenatal issues through education and seminars during the course of the pregnancy.

Aim 2 : To store and manage electronic medical records -safely and securely for the antenatal patients who have consented to the study. The summary of the report can be printed out and given to the physicians before the patient's visit or kept in their medical record.

Objectives :

For patients :

- Support and encouragement
- Find the risk factors and reduce complications beforehand
- Increase awareness of body changes in each trimester & make important life and health choices
- Gain access to wide range of support services, adding value to their personal and social development

For KH :

- Improving the care given to the antenatal patients
- Better birth outcomes with a more confident mother in labor

Following are three scenarios of how ACT will work :

1. Without the ACT Project – Shanthi in her second trimester who is carrying a two year old girl is here at Kasturba Hospital (KH) for her antenatal check up. She is one among the 60 patients who is waiting on line for her check up. She has come here with her old mother who is holding Shanthi's four year old son. The pregnant mother is seen by the doctor for two to three minutes and is being sent for blood work. Her blood work comes back with a Hb 8g/dl. The doctor prescribes her usual Iron tablets and calcium and asks her to eat healthy. The visit is complete.

With the ACT project – She gets in touch with the ACT Program doctor, nurse, the coordinator and the midwife. She is given 10-15 minutes of explanation on

- 🍏 What anemia is and what she can do from now on for a safe pregnancy
- 🍏 Nutritional consult
- 🍏 Breast feeding information
- 🍏 Contact number to call if she has any questions
- 🍏 Options of contraception after this delivery (laparoscopic tubal ligation etc)
- 🍏 Educational handouts

2. Without the ACT Project - Ms. Eugene Vidya, a primigravida walks in for her first antenatal check up with so many uncertainties. She is very uncomfortable and does not know what the future holds for her or the baby during her pregnancy and delivery. She is one among the 40 more patients waiting on line for her checkup. She has more than ten questions to ask the doctor but gets only 2-3 minutes of the doctor's time, as there is a long line waiting to see the same doctors. She leaves very troubled and puzzled but no one knows that except her.

With the ACT project– She gets in touch with the ACT Program doctor, nurse, the coordinator and the midwife. She is given 10-15 minutes and all her questions are answered and is signed up for a class that is coming up in two weeks on Antenatal care- Basic, questions and answers High risk pregnancies - Stages of labor Conduct of normal labor-video presentation Anemia in pregnancy Proper immunization (tetanus) according to schedule Methods of delivery Support services Educational handouts She has the face of a person who just won the lottery. She returns home with her husband describing the best services she has ever received in a hospital.

3. Without the ACT Project - Ms.Tabu walks in to KH during her third trimester and looks pale. Her BP is 180/120 and is found to be anemic. On further questioning, she has not been for her antenatal visits for the last two months as she was very busy taking care of her children and the in-laws. Her husband is working in the Mideast. She has not been on her iron tablets as it makes her nauseous. She is advised to be admitted. She argues that she cannot be admitted as there is no one to take care of the house and leaves against medical advice and says will be back when she has her labor pains.

With the ACT project – She gets in touch with the ACT Program doctor, nurse, the coordinator and the midwife. She would have received a phone call if she had missed her antenatal visits. In addition, would have been counseled on and asked to sign up for a class.

- 🍏 Hypertension in pregnancy
- 🍏 Anemia in pregnancy
- 🍏 Support services
- 🍏 Birth spacing and contraception after delivery
- 🍏 Educational handouts
- 🍏 An early admission with a complicated delivery could have been prevented.
- 🍏 Methods of delivery
- 🍏 Support services
- 🍏 Educational handouts

She has the face of a person who just won the lottery. She returns home with her husband describing the best services she has ever received in a hospital.



Dr. Kausalya Devi, adviser for **KH & I**, as a sponsor of the ACT project would like to thank you ATMA for approving this project to receive ATMA charitable funds. Please join us in working towards the greatest human rights issue through ACT which goes a step further to respect and improves the care given to pregnant mothers. We hope for ATMA's continued support in reducing morbidity and mortality of pregnant mothers. If you would like to volunteer for ACT project, please apply through Volunteer ATMA Program (VAP). If you have any questions, please contact Nazeera Dawood at nazeera@gmail.com or call 404-583-7138.



Stroke
Heart Care
Pulmonary
Critical Care
Orthopedics
Spine Surgery
General Surgery
Vascular Surgery
Prostate Surgery
Gastrointestinal Services
Women's Health Services

For These Highly Rated Services and Much More,
Count on Indiana's only 50 Best Hospital
Community Hospital, Munster
America's 50 Best Hospital.

COMMUNITY Hospital

901 MacArthur Blvd., Munster, Indiana 46321

View America's 50 Best Hospitals video:
www.comhs.org/50best

Choose a physician who practices at Indiana's only 50 Best Hospital, call 219-836-3477 or toll-free 1-866-836-3477.

6th Annual ATMA Convention, Chicago, Illinois - 2010

Residency Application

Following was written to guide the new applicants for a residency program. It is very generic for all specialties. Each specialty may have their special marks of qualifications they may be looking for in a candidate. Remember for a first year in any specialty for people coming out of medical school no one expect you to know every thing in that field. If you have done some thing special make sure the program knows about it which will enhance your chances. I have broken up what the candidates have to do step wise from application to Interview. I hope you find it useful in preparing you to get a residency position. Good luck.

- **Application**
- **Personal Statement**
- **Medical school transcript**
- **USMLE**
- **Letters of Recommendation**
- **Interview**

Application:

Make sure you answer your questions truthfully. Errors can be corrected and false statements (lies).

Include all your achievements like Medals, prizes, Competitions.

Where you stood overall in the class i.e.; top 5 to 10 spots

Publications: publications in peer review journals carries more weight – be prepared to answer questions if asked. There is no need to attach the actual publications.

Presentations: If or your research got presented in National meeting in India or elsewhere list it. It may be poster or abstracts or oral.

Medical School Transcript:

It is a part of the application but make sure you have fulfilled all the necessary rotations before you send it. If mandatory times specific rotations are missing make sure you fulfill the requirement and attach the proof.

A candidates consistently performing high in all the subjects during the entire medical school have better chance. Although it is not heavily looked at, if you have failed in any subject there is a possibility you will be asked on that during the Interview.

Remarks from Dean or the person in charge of transcription is important, if there are bad comments or negative remarks your application may not be looked at all. Of course good remarks are always helpful.

USMLE:

High Scores are very important but does not always guarantee automatic selection.

If you have score in 75 to 80 ranges you will have difficult time.

Make sure you have all 3 parts although only 1 and 2 are mandatory and you can pass USMLE 3 later. Some hospitals will not give Interview if you don't have all three.

If you are still preparing, make sure you have taken several trial MCQ in Kaplan or other courses prior to the actual USMLE exam. One can not over emphasize the importance of high score in the 90's to get interviews. High scores will not guarantee a spot but low score will not even get an interview. If any one failed any exam you are in special category and will NOT be able to get a residency spot unless some one helps you.

Letters of Recommendations:

Letters of recommendation are very important and read carefully by all programs for both the strong and weak points. Choose your referee carefully and make sure that they will write a good letter. Many people get excellent run of the mill letters which is OK. If the letters are more personalized about your specific strengths or personal interactions mentioned it will work for you better.

Interview:

Once you get the interview date and time, follow the tips below at the time of interview

1. Be on time
2. Dress like a professional, a dark suite white shirt with a tie and clean shoes. No pink socks and red jacket nor blue jeans
3. Clean crop and combed hair. Long hair not recommended.
4. Do not use flashy jewels – none at all is better except your wedding ring if you like. No ear studs for men.
5. If you have any updates to your application like any publications etc bring it and give it to the coordinator before the interview.
6. When you are called smile and have a good hand shake (neither a loose one like a wimp nor a crushing one to break the hand) and wipe the sweat if you are nervous before entering the room.
7. Sit when you were offered a seat DON'T cross your legs, sit right with out shaking your legs.

8. Good eye contact is important – Don't stare or look at your shoes during the interview.
9. Don't twiddle your fingers and make half circles with your feet.
10. Speak clearly and don't mumble. (I have seen all of them. The don'ts above will leave a poor impression)
11. Ask reasonable questions about the program. If you have information given during the tour or by print don't ask about it again. If you are interested in the program express your interest clearly with out overwhelming any one.
12. If you are asked to talk about your strengths speak about it, again don't show overconfidence or too softish and say you will do what ever is expected. Avoid arrogance if you are a gold medalist.

All programs are looking for a resident who will **work well in the program**, knowledgeable, willing to learn, contribute and most importantly **pass the Boards**.

Your performance should impress the person you have above attributes.

All teaching programs are mandated to maintain a scholarly environment for the residents to learn. If you impress them in your interview that you will learn and contribute to the environment you will stand a better chance.

A follow up email from you saying you are interested might be helpful.

Be your self, confident but not cocky with clean dress, speak clearly when questions were asked. Your answers are verifiable so do not misrepresent facts.

No one can coach you to perfection so try to do your best and I am sure it will work out for you just as it did for many of us before you.

Dr.Parthivel is a native of Vellore, Tamil Nadu and graduated from Stanley Medical College. At present he is the Deputy Chairman of Department of Surgery at Bronx Lebanon Hospital, Bronx, NY. His academic affiliation is with Albert Einstein College of Medicine as Associate Professor of Surgery.

*Best Wishes
For*

**ATMA's 6th
Annual Convention
in
Chicago**

from

**S. Lakshmanan M.D. &
Mrs. Alarmelu Lakshmanan**
SALEM, ILLINOIS 62881

Best Wishes to

ATMA

Joseph P. Alenghat (A.P. Joseph, JJPMER)
Elizabeth Alenghat (Elizabeth Thomas. MMC)
Peoria, Illinois, USA.

The Blackstone Group

Marketing research and consulting company dedicated to improving healthcare research.

The Blackstone Group is a full-service custom marketing research and consulting firm with over 23 years of experience minimizing healthcare and pharmaceutical research expenses while maximizing quality and efficiency. Blackstone is a widely recognized research leader with a proven track record for providing research solutions for healthcare organizations in the United States and abroad.

Experience in the complex healthcare and pharmaceutical industries.

Leaders in the healthcare industries rely on the Blackstone Group to explore and analyze critical issues:

- Advertising Testing
- AIDS Research
- Continuing Medical Education
- Healthcare Policy Satisfaction
- In-depth Research with Physicians and Allied Healthcare Professionals
- Medical Association Membership
- New Product Development
- Patient Satisfaction
- Pharmacy Services
- Physician Career Resources/Retirement Plans
- Publications and Newsletters

Trusted marketing research and consulting firm.

The Blackstone Group has worked with Fortune 500 and other healthcare and pharmaceutical clients, including:

- Abbott
- America's Blood Centers
- United States Agency for International Development (USAID)
- Pfizer
- World Bank

Led by marketing research experts in the healthcare and pharmaceutical industries.

What sets the Healthcare and Pharmaceutical Practice Group apart is that all aspects of the research process—from multi-mode data collection to advanced analysis—are handled in-house by our team of expert professionals that designs customized, creative research solutions to your unique marketing research issues.

Ashref Hashim – President & Founder

Ashref Hashim has over 30 years of experience in marketing research and consulting. He has been a speaker at lectures, seminars and conferences for leading organizations and universities, such as the American Marketing Association, the University of Chicago and Northwestern University. Ashref hails from Tamil Nadu, India.

Kathi Rose - Executive Vice President

Kathi leads the Healthcare and Pharmaceutical Practice Group with over 25 years of experience. Kathi has addressed such issues as: diagnostics, health plan services, communications, new products, and prescribing/ treatment patterns. Kathi attended the University of Chicago for her graduate and undergraduate studies.

Roger A. Straus, PhD - Senior Associate

Dr. Straus has 20+ years of marketing research, consulting and strategy experience. He has conducted hundreds of U.S. and global research programs and moderated 1,000+ focus groups, in-depth interviews and qualitative studies. Dr. Straus is widely published and has a PhD and MS in sociology from the University of California, Davis.

Dr. Sanjay Bajpai - Senior Associate

Dr. Bajpai has over 18 years of marketing research experience. Dr. Bajpai has directed 200+ marketing strategy projects, 50+ health economics and outcomes research projects and 100+ pharmaceutical research projects. Dr. Bajpai has a PhD and MS in pharmaceutical administration and an MBA from Ohio State University.

Bill Mathis - Senior Associate

Bill has over 20 years of marketing research experience during which he has moderated 2,500+ focus groups and completed 15,000+ in-depth interviews on various of issues, such as: diagnostics, healthcare, managed care/ reimbursement, market assessment and new products. Bill has an MBA from the University of Cincinnati.

For more information, please contact - **Ashref Hashim**
Blackstone Group, 360 N. Michigan Avenue, 16th Floor, Chicago, IL 60601
Direct: 312.423.4002 ▪ Fax: 312.419.8419 ▪ E-mail: Ashref.Hashim@bgglobal.com

BEST WISHES
TO

American Tamil Medical Association, Inc.



ATMA
Chicago Convention
2010

ATMA

from

Dr. K. Umapathy & Family
& NEPHROLOGY SPECIALISTS, P.C.
GARY, IN

ABSTRACT

A Comparison of Echocardiography Versus Right Heart Catheterization in the Evaluation of Pulmonary Arterial Hypertension

Objective: This study aims to demonstrate that echocardiographic evaluation overestimates the presence and degree of pulmonary hypertension.

Background: From our observations the presence of pulmonary hypertension found on echocardiography have largely been negated by results found on right heart catheterization.

Methods: This is a single center, retrospective analysis of 86 patients from our institution, St. James Hospital, Olympia Fields, Illinois who underwent right heart catheterization and echocardiography.

Directly measured pulmonary artery systolic pressure by right heart catheterization (RHC) was compared to indirect estimates

of right ventricular systolic pressure (RVSP) by echocardiography. Right ventricular systolic pressure was calculated by adding the tricuspid regurgitation (TR) gradient to the estimated right atrial pressure. TR gradient was derived from doppler velocity measurements.

Results: The RVSP was higher in 90% of the patients and the average difference per patient was 11 mmHg. The RVSP was 41% higher than the mean pulmonary artery pressure.

Conclusion: Echocardiogram derived estimates of right ventricular systolic pressure overestimated the presence and degree of pulmonary arterial hypertension when compared with the gold standard of directly measured pulmonary artery systolic measurements from right heart catheterization.

A Comparison of Echocardiography Versus Right Heart Catheterization in the Evaluation of Pulmonary Arterial Hypertension

Pulmonary hypertension is characterized by elevated pulmonary arterial pressure and secondary right ventricular failure. The prevalence of pulmonary arterial hypertension is estimated to be 15 cases per one million adults in the general population.

World Health Organization (WHO) classifies patients with pulmonary hypertension into five groups based upon etiology. The patients in the first group are considered to have pulmonary arterial hypertension (PAH), whereas, patients in the remaining groups are considered to have pulmonary hypertension (PH). (1)

The characteristic symptoms include dyspnea on exertion and fatigue. With further deterioration and progressive right ventricular failure, edema, exertional chest pain, and exertional syncope may develop. In regard to physical findings, the earliest finding may be an increased intensity of the pulmonic component of the second heart sound. The P2 often becomes palpable.

Prognosis is generally poor but varies according to the severity of the underlying etiology. Therapy improves exercise capacity and functional class, however, mortality benefits have not been established.

Echocardiography is performed to estimate the pulmonary artery systolic pressure and to assess right ventricular size, thickness, and function. Patients with pulmonary hypertension may have echocardiographic signs of right ventricular pressure overload, including paradoxical bulging of the septum into the left ventricle during systole and hypertrophy of the right ventricular free wall and trabeculae. As the right ventricle fails, there is right ventricular enlargement, hypokinesis, septal flattening,

right atrial enlargement, and tricuspid regurgitation (TR). The TR is not due to an intrinsic abnormality of the tricuspid valve. The dilation of the right ventricle causes distortion of the tricuspid valve annulus leading to TR. (2) Other findings associated with pulmonary hypertension are pulmonic insufficiency and midsystolic closure of the pulmonic valve.

Echocardiography uses doppler ultrasound to estimate the pulmonary artery systolic pressure. The maximum TR jet velocity is recorded and the pulmonary artery systolic pressure (PASP) is then calculated:

$$PASP = (4 \times TRV \text{ squared}) + RAP$$

TRV is the maximum tricuspid regurgitant jet velocity and RAP is the right atrial pressure estimated from the size and respiratory variation of flow in the inferior vena cava. Doppler echocardiography is limited when an adequate tricuspid regurgitant jet cannot be identified.

Pulmonary hypertension is defined as mean pulmonary artery pressure (PAP) greater than 25 mmHg at rest. (1) PH is likely if the pulmonary artery systolic pressure (PASP) > 50 and the TRV > 3.4 m/s. PH is unlikely if the PASP is less than or equal to 36 and/or the TRV is less than or equal to 2.8, and there are no other suggestive findings. (4)

From our observations in our facility, we have noticed that the presence of pulmonary hypertension found on echocardiography have largely been negated by results found on right heart catheterization. This study aims to demonstrate that echocardiographic evaluation overestimates the degree of pulmonary arterial hypertension.

Methods

This is a single center, retrospective analysis of 88 patients from our institution, St. James Hospital, Olympia Fields, Illinois who underwent right heart catheterization and echocardiography.

Between the dates of 8/1/2008 and 8/17/2009, 132 charts of patients between the ages of 34-89 who had right heart catheterization were reviewed. The mean pulmonary artery pressure data was taken from right heart catheterization reports archived in the electronic hospital database. The right ventricular systolic pressure measurements were taken from the same patients corresponding echocardiogram reports from within 12 months of right heart catheterization. These reports were obtained from the electronic hospital database as well as the electronic outpatient cardiology office database.

Patients were only excluded from this study if there was no corresponding echocardiogram done within a twelve month period from the time of the right heart catheterization or if there was no detectable tricuspid regurgitation jet present at the time of echocardiogram.

The difference between the mean pulmonary artery pressure (PAP) and the RVSP for each patients was recorded and averaged. The average of all the mean pulmonary artery pressures readings were recorded. The mean RVSP of all the patients was calculated. The difference between these two values were displayed as a percentage of overestimation.

Results

Of the 132 charts were reviewed, 86 patients met inclusion criteria requiring both mean pulmonary arterial pressures obtained from right heart catheterization and right ventricular systolic pressure estimates obtained from recent inpatient or outpatient echocardiograms.

The average difference per patient was 11 mmHg between RVSP and mean pulmonary artery pressure with the RVSP being higher in 90% of the patients. The RVSP was 41% higher than the mean pulmonary artery pressure in the majority of the patients which resulted in an average overestimation of 11 mmHg.

Discussion

The principle finding in this study confirms the hypothesis that RVSP estimates by doppler echocardiography are higher than mean PAP by right heart catheterization.

Despite its limitations, doppler echocardiography detects pulmonary hypertension with greater accuracy than clinical history and physical examination. (5, 6) There should be a low threshold to evaluate patients with suspected pulmonary hypertension via right heart catheterization, especially, in patients in whom the

clinical suspicion for PH is high but echocardiogram is not suggestive of PH. (7)

Right heart catheterization (RHC) is necessary to confirm the diagnosis of pulmonary hypertension and accurately determine the severity of the hemodynamic abnormalities. Pulmonary hypertension is confirmed if the mean PA pressure is greater than 25 mmHg at rest. (8)

RHC is helpful in distinguishing patients who have group 2 PH due to left heart disease, such as systolic dysfunction, diastolic dysfunction, or valvular heart disease. Such patients have a mean pulmonary capillary wedge pressure (PCWP) greater than or equal to 15 mmHg. To avoid falsely elevated PCWP due to dilation of the pulmonary arteries and incomplete wedging of the balloon catheter, patients with mean pulmonary capillary wedge pressure greater than or equal to 15 mmHg should have filling pressures directly assessed by measuring the left ventricular end diastolic pressure (LVEDP) via left heart catheterization (LHC). (9)

Patients who have sufficient left heart disease as evidenced by echocardiographic evaluation to explain the degree of estimated PH do not require further diagnostic testing. Exercise testing should be considered to determine the functional severity of disease.

In patients whose left heart disease seems insufficient to explain the degree of estimated PH and/or in patients in whom a second etiology is suspected, pulmonary function tests, ventilation/perfusion scan, CT scan of the chest, polysomnography, or bloodwork such as autoimmune serologies, HIV serology, and liver function tests should be performed. Idiopathic pulmonary arterial hypertension (IPAH) is the presumptive diagnosis if an etiology cannot be identified. If a patient is categorized as group 1 PAH, they should be evaluated for pulmonary vasoreactivity in response to a short-acting vasodilator.

Conclusions

Doppler echocardiography should only be used as part of the screening process for pulmonary hypertension. Confirmatory right heart catheterization should be employed for verification of findings and if necessary, left heart catheterization and/or other imaging or serologic testing should be conducted to classify the pulmonary hypertension according to the etiology.

References

1. Simonneau, G, Robbins, IM, Beghetti, M, et al. Updated clinical classification of pulmonary hypertension. *J Am Coll Cardiol* 2009; 54:S43.
2. Mikami, T, Kudo, T, Sakurai, N, et al. Mechanisms for development of functional tricuspid regurgitation determined by pulsed Doppler and two-dimensional

echocardiography. Am J Cardiol 1984; 53:160.

3. Yock, PG, Popp, RL. Non-invasive estimation of right ventricular systolic pressure by Doppler ultrasound in patients with tricuspid regurgitation. Circulation 1984; 70:657.

4. Galie, N, Hoeper, MM, Humbert, M, et al. Guidelines for the diagnosis and treatment of pulmonary hypertension. Eur Respir J 2009; 34:1219

5. Berger, M, Haimowitz, A, Van Tosh, A, et al. Quantitative assessment of pulmonary hypertension in patients with tricuspid regurgitation using continuous wave Doppler ultrasound. J Am Coll Cardiol 1985; 6:359.

6. Himelman, RB, Struve, SN, Brown, JK, et al. Improved recognition of cor pulmonale in patients with severe chronic obstructive pulmonary disease. Am J Med 1988; 84:891.

7. McLaughlin, VV, Archer, SL, Badesch, DB, et al. ACCF/AHA 2009 Expert Consensus document of pulmonary hypertension: a report of the American College of

Cardiology Foundation Task Force on Expert Consensus Documents and the American Heart Association: developed in collaboration with the American College of Chest Physicians, American Thoracic Society, Inc., and the Pulmonary Hypertension Association. Circulation 2009; 119:2250.

8. Badesch, DB, Champion, HC, Sanchez, MA, et al. Diagnosis and assessment of pulmonary arterial hypertension. J Am Coll Cardiol 2009; 54:S55.

9. Halpern, SD, Taichman, DB. Misclassification of pulmonary hypertension due to reliance on pulmonary

Alarmelu Sambandam, D.O. is the chief cardiology fellow at St. James Hospital in Olympia Fields, Illinois which is affiliated with Chicago College of Osteopathic Medicine of Midwestern University in Downers Grove, Illinois. Theresa Matzura, D.O., the program director of the cardiology fellowship, is her mentor for this project. This project has been approved by the IRB.



UPKAR ESTATES
The most trusted property developer in Bangalore

Swing to the rhythm of nature's music

A name of repute for over thirty years Upkar Estates has always been an icon resembling the value of trust, quality and deliverance. We inspire healthy living through each of our projects where we ensure meticulous planning and flawless execution along with the personalised guidance and care taken to handle all the documentation procedures and hand them over to you with minimal hassles. With thousands of happy customers, we have built and maintained relationships and bonds that have lasted over three decades. Now, we invite you to be a part of this ongoing story of trust and confidence.

Our ongoing Projects:

- UPKAR **Green Fields** BANGALORE APPROVED Residential Township, Tharar 4th Road
- UPKAR **Spring Fields** BANGALORE APPROVED HOUSING PROJECT
- UPKAR **Meadows** BANGALORE APPROVED Near Electronic City
- UPKAR **Royal Gardens** BANGALORE

Upkar Towers, No. 28, 9th Cross, Off R.V. Road, II Block, Jayanagar, Bangalore - 560 011
Tel: 080-40300900, Fax: 080-26572155, E-mail: upkar@blr.vsnl.net.in
E-mail: info@upkar.co.in. www.upkar.co.in

LOANS AVAILABLE FROM LEADING FINANCIAL INSTITUTIONS



American Tamil Medical Association

10395 Kingsbridge Rd Ellicott City, MD 21042
 Phone: (410) 951-9053 Fax: (410) 554-2570 Tax ID: 20-2245175
 ATMAUS.ORG

PRESIDENT

Nedunchezian Sithian, MD
 718-448-5400

PRESIDENT-ELECT

Tamilarasi Kannan, MD
 704-598-2491

CHAIRMAN

P. Chockalingam, MD
 863-385-5538

TREASURER

Jay J Gopal, MD
 410-461-8349

BOARD OF DIRECTORS

P. Chockalingam, MD — Chairman
Palaniappan Arumugam, MD
Athi Narayan, MD
Ashok Kumar, MD
S. Baskaran, MD

ADVISORY COMMITTEE

S. Baskaran, MD
Jay J Gopal, MD
V.S. Parithivel, MD

WEBSITE COMMITTEE

Communications Director

Nazeera Dawood,
 MBBS, MPH, CCRC-Chair

EDITORIAL BOARD

Editor-in-chief:
V. Selvakumar, M.D., F.A.C.G
 Omaha, NE
 gutkumar@gmail.com
 402-963-0505

EDITORS

Mehalai Arivoli, MD
 Veera@Cbpu.com
Nazeera Dawood, MBBS, MPH, CCRC
 Nazeera@Ymail.com
Nedunchezian Sithian, MD, FACS
 nsithian@yahoo.com,

CHAPTER GOVERNORS

California:	Venu Prabaker, MD	Ohio:	Raman Palani (Kothanda)
Florida:	Venugopal Palani, MD	Pennsylvania:	George Cherian, MD
Georgia:	Balu S. Mani, MD	Texas:	Geetha Pandian, MD
Massachusetts:	Prakash Rau, MD	Tristate ILL, WI & IN:	Francis Roche, MD
Michigan:	Arivoli Veerappan, MD	Washington Area:	Jeyanthi Sirithara, MD
N.J / NY:	S. Adimoolam, MD	Tamilnadu:	N. Pandiyan, MD

BY-LAWS COMMITTEE

Tamilarasi Kannan, MD

EXECUTIVE SECRETARY

R. Suchitra, Chennai

CONVENTION CHAIR

Francis Xavier Roche, MD
 fraxner@yahoo.com

Chicago
 August 12-15, 2010

AMERICAN TAMIL MEDICAL ASSOCIATION 6th ANNUAL CONVENTION - Chicago

Hilton Chicago/
Indian Lakes Resort,
Bloomingdale, IL. 60108
August 12th - 15th, 2010

THURSDAY, August 12th

6:00 PM	Registration & Reception (Dr. Vasantha Naidu , Committee Chairman)	
7:00 PM	Tamil Thai Vazhthu (Neeraarum Kadaludutha)	
7:05 PM	Welcome Address: Dr. Francis X. Roche , Convention Chairman	10. 20 A.M. -
7:15 PM	Dinner	10.35 A.M. Coffee Break (sponsored by Hirandani Palace Garden)
8:15 PM	Performance by Budding artists - Dr. Priya Ramesh , Secretary; Coordinators: Ms. Sindhu Arivoli & Mr. Rahul Ramesh	10.35 A.M. - 11.10. A.M. Depression Presented by Dr. Jagannathan Srinivasan Psychiatrist, Veteran Affairs Medical Center, IL

FRIDAY, Aug. 13th

7:00 -		11.10.A.M. -
9:00 AM	Breakfast - <i>Room: Trillium 2</i>	11.45.A.M. Sex differences of the Brain Presented by Dr. Pauline Maki Associate Professor, Psychiatry & Psychology University of Illinois at Chicago
7:30 AM	Registration - <i>Outside Trillium area</i>	
7:50 AM	Welcome speech Dr. Nedunchezian Sithian , President of ATMA	11.45A.M. - 12.15. P.M. Questions and Answers
	<i>Trillium 1</i>	12.45 -
7:55 AM	CME Committee Chair - Dr. Narmadha Kuppuswami	2.00 PM Lunch
8:00 A.M - 12:30 P.M	C.M.E	AFTERNOON: *Please remember to visit our Sponsors' Booths All Day
9:00A.M- 12:30 P.M:	Concurrent sessions for spouses - Bus-Trip to Temple -Mrs. Viji Palani (sign in required beforehand) - Alternate plan: Chicago city Tour -Free shuttle Bus to Train station (5min) and take the train to downtown Chicago	2.00 PM - 2.10 PM Election of new Office Bearers 2.10 PM- 3.00 PM PRC meeting -Presentation of future projects 3.00 PM - 4.00 PM Family Event: Dance Instruction - Mr. Kim Armstrong <i>Pyrus room</i>
8.00 A.M.-		4:00 PM -
8.35.A.M.	Update on vitamins and dietary supplements Presented by Dr. Patrick Massey Medical Director, Complementary and Alternative Medicine, Alexian Brothers Hospital, Network, Elk Grove Village, IL	6:00 PM Alumni Gatherings
8.35 A.M.-		EVENING PROGRAM <i>Room: Trillium 2&3</i>
9.10 A.M.	Cardiometabolic Syndrome Presented by Dr. Mary Tilak Physician, Internal Medicine and Clinical Lipidology, Highland, IN	5:30 PM - 6:00 PM Reception 6:00 PM Welcome - Dr. Francis X. Roche Evening program Coordinator: Dr. Bhanu Rangachari Souvenir Release by Souvenir Committee & Chairman of the Board
9.10 A.M.-		6:10PM Mohiniyaatam by Mrs. Shoba Kumar 6:20 PM Presentation by Ms. Rajasulochana Great Dancer & Actress from Chennai 6:50 PM Dance Performance Poem Dr. Narmadha Kuppuswami Music Mr. V. K. Raman Artist Ms. Subhalakshmi Kumar Rhythms of Rahman by Natya Dance Theatre
9.45 A.M.-		7:00 PM
10.20 A.M.	Obesity - An incurable disease? - Pandemic I Presented by Dr. MuthuKumar Muthuswami Bariatric Surgeon, Maimonides Medical Center, Brooklyn, NY.	7:45 PM - 8:30 PM Dinner

8:30 PM **GL;BKD;WK**
Moderator : **Dr. R. Prabhakaran**
Coordinator: **Dr. Meena Rengarajan**
Topic: அமெரிக்காவில் வந்து குடியேறிய நமக்கு சிறந்த உணவு இடலி தோசையா? □
அல்லது PIZZA, PASTA - வா?

09:30 PM -
11:30 PM Songs by Talented Members with Karaoke Music performed by **Dr. Roche & ATMA members.**
Other participants are invited to perform at the end. Coordinators - **Mr. Ramprasad Madan & Dr. Rajeswari Chandran**

SATURDAY AUG.14th:

Room: Trillium 2

7:00 A.M -
9:00 A.M Breakfast
7.30 AM Registration
7.50AM Welcome by Convention Chairman
-Dr. Francis X. Roche
Room: Trillium 1
7:55AM CME announcements & reminder
-Dr. Narmadha Kuppuswami

8:00 A.M. - 12:30 P.M C.M.E

9:00A.M.- 10:00 A.M. Concurrent sessions:
Yoga Instruction -Mrs. Nimmi Ketty

10.30 - 11.30 A.M ZUMBA dance workout

8.00A.M.-
8.30A.M. **Diabetes – A pandemic II? – An update**
Presented by **Dr. Arcot Dwarakanathan**
Medical Director, St. James Center for Diabetes Chicago Heights, IL

8.30 A.M. –
9.00 A.M. **Mechanical Heart Assist Devices – The future has arrived!**
Presented by **Dr. Valluvan Jeevanandam**
Professor, Cardiothoracic Surgery, University of Chicago, IL

9.00 A.M.–
9.30 A.M. **Dementia**
Presented by **Dr. Nallabanu Durai,**
Associate Professor, Clinical Psychiatry, University of Illinois School of Medicine, Chicago

9.30 A.M. –
10.00 A.M. **Fertility Preservation in Malignancy**
Presented by **Dr. Reena jabamoni**
Section Chief, Reproductive Endocrinology and Infertility, Loyola Medical Center, IL

10. 00 A.M. –
10.15 A.M. Coffee Break
10.15.A.M. –
10.45 A.M. **Osteoporosis – What is New?**
Presented by **Dr. Lily Agrawal**
Clinical Assistant Professor, Department of Medicine, Endocrinology Division, Loyola University Stritch School of Medicine, IL

10.45 A.M. –
11.15. A.M. **Osteoarthritis**
Presented by **Dr. Purani Palaniswami**
Rheumatologist, Elmhurst Clinic, IL

11.15.A.M. –
11.45.A.M. **Physical Therapy for the Aches and Pains**
Presented by **Karthik Mani** PT, MS, DPT, FAAOMPT, Dupage Medical Group, Naperville, IL

11.45A.M. -
12.15. P.M. **Questions and Answers**

12.30 P.M -
1.30 P.M Lunch

AFTERNOON:
2.00 P.M-
2.15 P.M ATMA projects past, present & future
- Dr. P. Arumugham

2:30 P.M-
3:30 P.M ATMA General Body Meeting.

3:30 PM -
5:30 PM Alumni meetings & personal activities
***Please remember to visit our Sponsors' Booths All Day

EVENING PROGRAMS:
Room: Trillium 2 &3

5.30 PM -
6:30 PM Reception & cocktails

6.30 PM -
6.45 PM President's Address-
Dr. Nedunchezian Sithian

6.45 PM-
7:05 PM **Keynote Speaker:**
Introduced by **Dr. Nedunchezian, Dr. K. W. Rammohan**
Professor of Neurology, University of Miami

7:05PM-
7.30 PM ATMA Awards & Honors-
Dr. Nedunchezian Sithian, Dr.P.Chokkalingam

7.30 PM-
7.35 PM New President's Message -
Dr. Tamilarasi Kannan

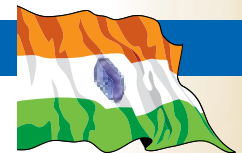
7.35 PM –
7.45 PM Vote of thanks **-Dr. Francis X. Roche**

8:00 PM Dinner
பட்டிமன்றம்

8:30 PM
8.45 PM –
Midnight Grand Light Music by **Chicago Mellisai**
by various artists
Coordintor: **Mr.Antony Susai,**
President Chicago Tamil Sangam
M.C : Dr. Bhanu Rangachari & Mrs. Shree Gurusamy

SUNDAY, Aug.15th

India's Independence Day!



8:00 -
10:00 AM **ALAM (ATMA Leaders') Meeting**

Good-Byes & Hugs

We Proudly Support

American Tamil Medical Association

Compliments of



Munster Radiology Group, P.C.

www.nwiradiology.com

Matthew Fitzpatrick, M.D.
 John W. Gustaitis, M.D.
 Thomas Hoess, M.D.
 Mikhail Jeha, M.D.
 Shawn Kenney, M.D.
 Jong Y. Kuo, M.D.
 Jonathon T. Lee, M.D.
 Thomas Maginot, M.D.
 Mary Nicholson, M.D.
 Christopher Parsons, M.D.

Ayis Pyrros, M.D.
 Jesse Reyes, M.D.
 Francis Roche, M.D.
 Erlinda Roque-Kerekes, M.D.
 Rajshri Shah, M.D.
 Thomas Shin, M.D.
 Jayesh Thakrar, M.D.
 Edward J. Bok, M.D.
 Devang Doshi, M.D.
 Justin Spackey, M.D.

Munster Community Hospital
 901 MacArthur Blvd.
 Munster, IN 46321
 (219) 836-1600

St. Catherine Hospital
 4321 Fir Street
 East Chicago, IN 46312
 (219) 392-1700

St. Mary Medical Center
 1500 S. Lake Park Ave.
 Hobart, IN 46342
 (219) 942-0551

Community Care Center
 9660 Wicker
 St. John, IN 46370
 (219) 365-1166

Women's Diagnostic Center
 10020 Donald S. Powers Dr.
 Munster, IN 46321
 (219) 934-8869

St. Mary Medical Center
 Out Patient Clinic
 3170 Willowcreek Road
 Portage, IN 46368
 (219) 947-6729

Corporate Office
 Medical Management &
 Data Services
 9201 Calumet Avenue
 Munster, IN 46321
 (219) 836-9024

*We Proudly Support and Offer our Best Wishes
TO*

American Tamil Medical Association
With Compliments from
Medical Management & Data Services

*A Future Partner with
State-of-the-Art EMR Companies*

Complete Medical Office Management, Planning, EMR and Billing Services

*Marc Hruskocy, MMDS Administrator
Jennifer McGuire, Administrative Coordinator
Lynett Word, Medical Mgmt. Coordinator, Credentialing Specialist
Leslie Dragos, Carrier Specialist
Valerie Keiser, Operations Manager
Michael Weichman, Business Development Manager*

9201 Calumet Avenue, Munster, Indiana 46321
(219) 836-2022

Weichman & Associates, P.C.
Management & Financial Consultants

*William Bercaw, C.P.A. Siobhan Munoz, C.P.A.
Linda Einterz, C.P.A. Tom Swihart, C.P.A.
Jim Schaefer, C.P.A., C.F.P., Partner Jack Weichman, C.P.A., Partner*

Computer Management Services, Inc.
*Michael Legg, Management Information Specialist
Ari Weichman, Network Administrator*

9201 Calumet Avenue, Munster, Indiana 46321
(219) 836-9024
www.mmds-inc.com

ATMA NY/NJ Chapter

**Hello ATMA Family,
Greeting to everyone.**

I would like to take this opportunity to share with you some of the happenings in our NY/NJ Chapter.

First of all we have an active team that has been tirelessly working with several of our programs.

We have had two important chapter meetings that were well attended and the membership shared their thoughts with each other.

Recently we have had a fund-raiser cum ATMA Awareness Program in NJ. It was our first such effort where we wanted to publicize ATMA among non-medical Tamil diaspora. We had a wonderful musical concert by local talent called "Jersey Rhythms" with full fledged orchestra and live singers. It was such a wonderful treat for the ears of about 300 + Tamilians including our members from the tri-state area. At this event we had raised some money as well as part of our fund-raising effort.

During this event we talked all about ATMA and the various charitable activities in Tamil Nadu. They were so impressed that some of the non-medical guests from the audience gave some donation to ATMA on the spot.

During the same program we had the opportunity and the pleasure of having one of the board members of ATMA-

India in our midst, namely Dr. Muruganathan who shared his own experiences in ATMA and its activities in India. Of course our own president, Dr. Nedunchezian spoke to the audience as well.

During one of his recent visits, our chapter secretary, Dr. Palanisamy Sundaram had the opportunity to visit and personally see the operation and actives of some of the ATMA funded health care projects in Tamil Nadu. He was very much impressed and happy to see how much the needy Tamilians appreciate what ATMA is doing in Tamil Nadu.

One of our main goals continues to be recruiting new members to our organization so that we can continue fulfilling the vision and mission of our ATMA.

Also I like to congratulate Dr. Roche and his team for having done such a wonderful job of putting together such a terrific meeting in Chicago this year, and let us give them all a big hand.

Thank you very much.

Sincerely,

Seetharaman Adimoolam
MD Governor

Secretary : **Dr. Palanisamy Sundaram**

Treasurer : **Dr. Appuchelvi Appulingam**





ATMA GA Chapter

Governor's report:-

ATMA GA 2010 Kick off Meeting : was held on Feb 6, 2010. Dr.Balu Mani mentioned that the kick-off meeting was critical in getting the activities started. He gave a brief history of ATMA and the role of GA chapter for the new members present in the meeting. The meeting agenda was adopted by all participants without changes and additions. After that participants started discussions on meeting agenda topics.

ATMA-GA committee update :

Dr. Balu Mani stressed on getting more members to the GA chapter and during his term, his goal was to increase the membership atleast by 50%. The other goals were to publish three newsletters for GA members during his term, conduct one CME and a health fair for ATMA GA members.

Website, Yahoo groups email list & Newsletter :

Dr.Nazeera talked about the launch of the website on Oct 09. www.atmaus-ga.org

We have had one advertiser sponsor our website since then. Members are encouraged to communicate in the Ga chapter yahoo groups email list. The yahoo group is the primary mode of communication for the

GA chapter members. Any interesting link to articles or announcements can be sent to the yahoo groups' email to share with the ATMA GA members.

On April 2010, the first chapter initiated ATMA GA newsletter was published.(http://atmaus-ga.org/index_files/Page1316.htm) Around 50 newsletters were printed and sent to the members by postal mail.

ATMA-GA projects

1. **Gandhigram Antenatal Care Team (ACT)** project was approved by the ATMA Project Review Committee on August, 2010.
2. **Collaboration with the local Tamil community organization**, Greater Atlanta Tamil Sangam (GATS) is on the works for September 25, 2010. A health panel interactive discussion with 4-5 doctors will focus on Diabetes. Diabetes remains to be our Tamil community's trouble maker, and hence the theme of our discussion is Diabetes and the title "சர்க்கரை நோயைப் புரிந்து கொள்ளுங்கள்".

Governor : **Balu S.Mani**, MD, MBA

Secretary : **Nazeera Dawood**, MBBS, MPH, CCRC

Treasurer : **Gayathri Indrakrishnan**, CPA, MBA

Carolinias

Governor's Report

The first meeting of **ATMA Carolinas** was held in November 2009. The second meeting, in December 2009, was held to engage new members. The third meeting, in March 2010, was held to seek potential members, and the fourth, in May 2010, was held to welcome and familiarize new members.

In July we are planning for a membership drive. With each meeting we are building both friendship and partnership. Together we will make many decisions regarding charity, and these decisions will be sound.

Secretary : **Dr. Valar Sundar**

Treasurer : **Dr. Meenakshi Chopra**

Governor : **Dr. Tamarasi Kannan**

ATMA- GREATER WASHINGTON (GW)

Governor's Report

It is my honor and pleasure to have served the GW Chapter for the past year and a half. Without the guidance of the leaders of the present and the past, the support of the board members and the cooperation of our chapter members, we could not have had the success in our contributions to the needy communities both here and in Tamil Nadu.

The GW chapter contributions to the needy in the last one year are illustrated as follows:

- Donated \$2,000 donation for Polio eradication through Rockville Rotary Club.
- Donated \$2,500 donation to Sankara Nethralaya Eye Center, for free eye treatment for the poor in rural Tamil Nadu.
- Held a fundraiser and collected \$25,000 by a Light Music and Dance Program to build a Hospice Center for the abandoned elderly women in Trichy Annai Ashram.
- Conducted a Health Camp for the Bhutanese refugees in Westminster, MD
- Sponsored and conducted a 5 hour CME course for the medical professionals in attendance at the Tamil Nadu Foundation (TNF) Annual Convention in Philadelphia.
- Conducted a Health Camp for uninsured Indians in Lanham, MD.



Other projects under the works are:

- Funding for rehabilitation of handicapped people at Cheshire Home, Madurai
- Funding for Mammo Bus (Mobile Mammogram Bus) at Trichy.

I would like to personally thank all the members, friends and leaders who have been supportive all along to make this not only a successful year for our chapter but also for all the organizations and communities that benefited by our expertise and monetary contributions.

I thank you all for giving me the opportunity to serve ATMA.

Jeyanthi Sirithara, M.D. Governor
Sankari Sivasailam, M.D. Secretary
Vasantha Kumar, M.D. Treasurer



Fundraiser for **Annai Ashram on 5-15-10.** Light Music concert by Washington Shruti and dances by **Abhinaya Natya Sala. (050)**

ATMA Texas Chapter



Governor's Report :

Our spring chapter meeting was held on June 23rd 2010. We had a wonderful dinner sponsored by Pfizer. An informative talk on Fibromyalgia was given by Rheumatologist Dr. Zoran Kurepa. Dr. Periyann Vaduganathan, Cardiologist from Houston was elected as our Chapter's new governor by the members present. Everyone was pleased with Dr. Vaduganathan's acceptance as Governor, as this will help add new members from Houston and surrounding area to Texas Chapter.

Texas chapter has funded following organizations in the past year.

\$ 2000 was given to Primary Care Clinic Of North Texas which provide care for poor people without insurance.

\$1500 for Charity clinic run by North Texas Indian Physician (TIPS) association.

\$ 5000 in early 2009 for Banyan, an organization that provide Psychiatry Care for mentally ill homeless women in Chennai.

We thank Dr. Bagya Arumugham for serving as our Treasurer, Dr. Rajan Subramanian for serving as our secretary for past 2 years and Dr. Palaniappan Arumugham for his guidance.

Dr. Geetha Pandian
Texas Chapter Governor



ATMA Texas Chapter donating money to TIPS Charity Clinic and Primary Care Clinic of North Texas.

Dr. Prabha Sunderajan, Dr. Bagya Arumugham, Dr. Geetha Pandian, Dr. John Joseph & Dr. Arumugham



ATMA-GW CME at TNF Convention at Philadelphia on 5-30-10
Dr. Sankari Sivasailam, chair CME committee with Dr. Jay J Gopal presenting the plaque to Dr. Frances Jeyaraj, a speaker



Bhutanese Refugee Camp in Westminster, MD on 3-13-10



'The Health Camp for uninsured Tamils'

ATMA
New York / New Jersey Chapter
Congratulates

Dr. Nedunchezian Sithian,
Dr. F. Xavier Roche

&

The entire team
For a job well done

Best Wishes,

Governor: **Dr. Seetharaman Adhimoolam**

Secretary: **Dr. Palanisamy Sundaram**

Treasurer: **Dr. Appuchelvi Appulingam**

U.S. PHYSICIAN RESOURCES INTL. INC.

1513 Viceroy Dr. Dallas, TX 75235. Tel: 1800 468 1360. Fax: 972 473 2100. www.usdrjobs.com, www.usdocsnow.com

Offices in New York City and Dallas.

**AAPI preferred Provider -
MD Staffing, Recruiting, since 1990.**
www.usdrjobs.com



PHYSICIAN NETWORK www.uspni.com
BUYS/SELL MEDICAL PRACTICES-NATIONWIDE
24/7 MD Call Coverage Nationwide -
www.mdcallcoverage.com

EMPLOYERS LOOKING FOR PHYSICIANS?

We have a database of physicians looking for jobs/
relocations for new graduates, H1, J1, U.S. Citizens
nationwide in many specialties.

PHYSICIANS LOOKING FOR JOBS?

We have jobs nationwide for U.S. citizens, doctors with
Green cards, also H1/J1 jobs. Immigration, licensing
assistance available.

CEO: Sante S. Chary

Ph: 214-597-1571 Email: schary@usdrjobs.com or somaz@usdrjobs.com

Member of Harvard Business School Alum Assn

Best Wishes to

ATMA Chicago/Tristate Convention 2010

from

Dr. Murugavel Muthusamy

Dr. Nirmala Murugavel & kids

Chesterton, IN 46304

ATMA Award Winners for 2010

On behalf of the ATMA awards selection committee, it is my pleasure to present four outstanding individuals in our ATMA community, who have achieved excellence in their respective field of work. All the candidates were chosen unanimously and thorough review of their accomplishments in accordance with the guidelines set forth by the ATMA Governing Board.

Lifetime Achievement Award : **Dr. Padmanabhan 'Dan' Mukundan**

Young Investigator Award: **Dr. Nazeera Dawood**

Best Resident award : **Dr. R. Kannan Mutharasan**

Public Service Award: **Dr. Shylaja Devi Purushotaman**

Sincerely,

Sithian Nedunchezian
ATMA President 2010

Committee Members

Cecily David, M.D. (Pediatrics)
S.S.P. Swamidoss, M.D. (Pathology)
R. Bala Mohan, M.D. (Cardiology)

ATMA LIFE TIME ACHIEVEMENT AWARD

Dr. P. DAN MUKUNDAN
(Posthumous 1946-2009)

Nominator – Dr. F. Xavier Roche

LEGACY OF A GREAT TAMIL PHYSICIAN

I am sad to share information regarding my friend Dr. Mukundan but I want to bring to awareness what an outstanding service he has done to humanity!

Padmanabhan "Dan" Mukundan M.D. was a great soul who did outstanding service to humanity esp. in the greater Chicago area.

Dr. Mukundan opened his first two medical practices on the south side on State street amid a stretch of public housing high-rises--one of the most crime-ridden neighborhoods in the city.

Since the early 1990s, Dr. Mukundan had been Chief Medical Officer of **ACCESS** Community Health Network, which provides health care to the poor and under- or un-insured patients. When he took the job, ACCESS had 6 locations. He led the way in building a network of 51 clinics throughout the Chicago area and broaden the program's scope to include mental health and Social Services and brought together close to 300 physicians and nurse practitioners who speak 34 different languages. He knew that if someone was going to have an impact on someone's health, it was going to be within their community and from people who understood their culture and community.

Dr. Mukundan was instrumental in developing and implementing the first ever Performance - Based Compensation Program for community health centers. The impact on ACCESS patients was measured in 2008; 50% more patients were preventively diagnosed with depression and 25% more patients were diagnosed with alcohol and drug abuse. Early detection equals more effective treatment options and empowers patients to take charge of their own health, according to Dan.



Dr. Mukundan was also the Chairman of Mount Sinai Hospitals Department of Family and Community Medicine, which trains residents in family practice out of one of the health clinics in Lawndale. He established the Mt. Sinai Family Medicine Residency Program in the late 1990s. Active in the Medical Community, he held an appointment as an Assistant Professor, Rosalind Franklin University of Medicine and Science / Chicago Medical School. He never looked at where he was at as a repressed community; he looked at it as where he could make a difference.

Dr. Mukundan's strategic vision sent ACCESS into the nation's largest network of federally qualified Community Health centers.

The son of a Chemical Engineer, Dr. Mukundan grew up in Chennai, formerly called Madras in India, where

he received his Medical degree from Kilpauk Medical College of the University of Madras. Coming to Chicago in the early 1970s, he had further training at Mt. Sinai Hospital. He maintained credentials in Family Practice, Pediatrics and Neonatology.

More than 215,000 patients a year get healthcare through the Access Net work. He was considering becoming an ATMA member but passed away before that. Dr. Mukundan, 62 of Burr Ridge died of complications from prostate cancer on Feb.5, 2009.

We regret to share our sadness in our hearts. Dr. Mukundan is survived by his wife Viji; a son, Srini; a daughter, Lakshmi; his mother, P. Sulochana; a brother Renganathan and a sister, Anuradha and mother-in-law, K. Rajalakshmi.

ATMA Young Investigator Award 2010

Nominator : Jay J Gopal, MD

Dr. Nazeera Dawood has received her medical degree from Bangalore University and Master of Public Health from UNC, Chapel Hill. She has extensive experience in research, training, education, publishing, computer skills and trans-cultural experiences both in the USA and India. She has unique insights as a result of her research and experiences in race relations and investigating health disparities among minorities, women and underrepresented groups. She has presented papers and lectured nationally & internationally. Specifically from 2008 onwards, her accomplishments at Emory University are the President's Commission on Race and Ethnicity (PCORE) Award, Reducing Women's Health Care Disparity Grant Award from Office of Women's Health contracted through John Snow Inc, Committee member of PCORE, and sits in the committee for staff retention. She has collaborated with PCORE and Transforming Community Project (TCP) to conduct an IRB approved survey. As one of her mentors, Dr. James Scott says, 'Dr. Dawood possesses the energy, intellect, compassion and integrity to be a stakeholder and innovation for esteemed Emory University'.



Dr. Dawood has reviewed manuscripts for journals like Archives of Internal Medicine, Circulation, and Journal of General Internal Medicine since 2008. She received merit award from Office of Postdoctoral Education at Emory University for achievement as an invited speaker, press recognition in science media, achievement on

travel award to a science meeting and outstanding achievement in presentation at a science meeting. As a research projects manager, she has managed all aspect of daily operations for more than six National Institute of Health funded clinical research studies. She is also participating in the mentor-mentee program conducted by the Emory Department of Medicine. She was recognized at the Emory Department of Medicine Noteworthy program.

Publications to name a few - lead /co/second authorship :

- Patients with lower socioeconomic status and low psychosocial support are less likely to quit smoking post-AMI.
- Does smoker's paradox exist in African Americans with Myocardial Infarction?
- Optimism or Pessimism and Survival After Myocardial Infarction Among Inner-City African Americans
- Persistent depression predicts mortality among African Americans with myocardial Infarction
- Alcohol Consumption and One-Year Angina Risk After Myocardial Infarction
- The Contribution of Depression to Myocardial Infarction Outcomes among Caucasians and African Americans
- Association Between Cardiac Rehabilitation and Healthy Lifestyle After Acute Myocardial Infarction
- Predictors of Smoking Cessation After a Myocardial Infarction: The Role of Institutional Smoking Cessation Programs in Improving Success.

Dr. Dawood says that having been the researcher, coordinator, presenter, investigator and reviewer, she is ultimately trying to find a balance between medicine, biology, ethics and the humanities.



Best Resident Award

Nominator: **Dr. Rajeswari Chandran**

R. Kannan Mutharasan was born in Philadelphia, PA and attended Cardinal O'Hara High School. He was active in the Tamil Association of the Greater Delaware Valley, serving as youth chair his Senior year of high school. He also ran cross country and attained the rank of Eagle Scout.

He then enrolled in Northwestern University's Honors Program in Medical Education combined undergraduate-medical school program. After completing a year studying early-modern British History at University College, London, he graduated cum laude with a BS in Biomedical Engineering in 1999 and was a member of Tau Beta Pi, the engineering honors society.

During his undergraduate years, he was active in the Northwestern Indian Student Association, where he served as secretary, the South Asian Student Association, where he served as publicity chair for the national conference, and the National Tamil Youth Organization, where he served as president.

He then studied at Northwestern University School of Medicine and graduated in 2003, where he was elected to Alpha Omega Alpha and was nominated by his peers to be class speaker at commencement. He remained at Northwestern for residency and fellowship as part of the physician-scientist training program, completing his clinical training in Internal Medicine and Cardiology in 2005 and 2007, respectively. He has spent the last three years in the laboratory under the mentorship of Dr. Hossein Ardehali, where he has been investigating the role of microRNA in the hypoxia response of cardiomyocytes. In July, 2010 he completed his fellowship, was appointed Clinical Instructor, and plans to continue his research on microRNA, with a long-term goal of becoming a successful independent physician-scientist investigating the fundamental mechanisms of heart disease. He is the recipient of training grants from the National Institute of Health and the American Heart Association, and has authored several publications and abstracts.

He is married to Priscilla Mutharasan, an endocrinology fellow at Northwestern, and his interests include reading, history, languages, 16-inch softball, and hanging out with friends and family.



ATMA PUBLIC SERVICE AWARD 2010

Dr. Shylaja Devi Purushotaman

Nominator : **Wijayan S. Rathnathicam, M.D., P.C**

Dr. Shylaja Purushotaman completed her D.G.O and M.D from Trivandrum Medical College.

Achievements

- 1990 - With Drs.Deva, Roopa, and Nandakumar, her husband, founded the charitable society ASHWINI(Association for Health Welfare In the Nilgiris) and started Gudalur Adivasi Hospital. Nursing training started for Adivasis.
- 1991 -Started a Home School for the Non Adivasi Children of the institution. This eventually evolved into Vidyodaya, a school for the Adivasis, administered by the Adivasis, in 1995.
- 1992-With the sponsorship of the Sir Ratan Tata Trust, started with Dr Deva & Roopa a Health insurance Program for the Adivasis. It has now grown to provide comprehensive coverage for about 16,000 Adivasis.
- 2004- Took charge of the Public Health Program started by Dr Deva & Roopa

- 2005- Established the Integrated Mental Health Program for the Community, with the help of NIMHANS and CMC.

At present

Medical Superintendent Gudalur Adivasi Hospital
 Director Integrated Community Mental Health program
 Director Community Health Programs

**2009 - 2005
Lifetime Achievement Awards**

Dr. Venkat Narayan	- 2009
Prof. Mathuram Santosham	- 2008
Prof. Setti Rengachari	- 2007
Dr. Subramanian	- 2006
Dr. Pitchumoni	- 2005

American Tamil Medical Association

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2009

WITH

ACCOUNTANTS' COMPILATION REPORT



AMERICAN TAMIL MEDICAL ASSOCIATION

C O N T E N T S

	Page
ACCOUNTANTS' COMPILATION REPORT	I
FINANCIAL STATEMENTS	
Statement of Financial Position	1
Statement of Activities	2
Statement of Cash Flows	3
Notes to Financial Statements	4-6
SUPPLEMENTARY INFORMATION	
Supplement Schedule of Expenses	7

AMERICAN TAMIL MEIDCAL ASSOCIATION
Statement of Financial Position
As of December 31, 2009

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	
<u>ASSETS</u>			
<u>Current Assets:</u>			
Cash and equivalents	\$ 153,078	\$ -	\$
<u>Total Current Assets</u>	153,078	-	
<u>Fixed Assets:</u>			
Furniture and equipment	1,200	-	
Less: Accumulated Depreciation	(1,088)	-	
<u>Net Fixed Assets</u>	112	-	
<u>TOTAL ASSETS</u>	153,190	-	
 <u>LIABILITIES AND NET ASSETS</u>			
<u>Liabilities:</u>	\$ -	\$ -	\$
<u>Net Assets</u>			
Net Assets	153,190	-	
<u>Total Net Assets</u>	153,190	-	
<u>TOTAL LIABILITIES AND NET ASSETS</u>	153,190	-	

See Accountant's Compilation Report



FINANCIAL REPORT

AMERICAN TAMIL MEDICAL ASSOCIATION Statement of Activities For Twelve Months Ending December 31, 2009

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
<u>Support and Revenue:</u>			
Contributions	\$ 148,655	\$ -	\$ 148,655
Membership Fees	5,444	-	5,444
<u>Total Support and Revenue</u>	<u>154,099</u>	<u>-</u>	<u>154,099</u>
<u>Expenses</u>			
Program expenses	171,277	-	171,277
Management and general	3,947	-	3,947
Fundraising	3,976	-	3,976
<u>Total Expenses</u>	<u>179,201</u>	<u>-</u>	<u>179,201</u>
<u>Change in Net Assets</u>	<u>(25,102)</u>	<u>-</u>	<u>(25,102)</u>
<u>Net Assets, Beginning of Year</u>	<u>178,291</u>	<u>-</u>	<u>178,291</u>
<u>Net Assets, End of Year</u>	<u>153,190</u>	<u>-</u>	<u>153,190</u>

See Accountant's Compilation Report

AMERICAN TAMIL MEIDCAL ASSOCIATION
Statement of Cash Flows
For Twelve Months Ended December 31, 2009

Cash flows from operating activities	
Change in Net Assets	\$ (25,102)
Adjustments to reconcile change in Net Assets to Net Cash provided by operating activities:	
Depreciation	240
Net cash provided (used) by operating activities	(24,862)
Net Increase in Cash and Cash Equivalents	(24,862)
Cash and equivalents, beginning of the year	177,939
Cash and equivalents, end of the year	153,078

See Accountant's Compilation Report

**AMERICAN TAMIL MEDICAL ASSOCIATION
Notes to the Financial Statements
December 31, 2009**

(1) Description of the Organization

American Tamil Medical Association (ATMA) is a Maryland non-profit corporation chartered on January 28, 2005. It is organized by a large group of American Tamil Physicians and allied healthcare professionals from different parts of the USA and abroad to create a congenial transparent forum to enrich cultural, social and professional values and provide their expertise for the betterment of humanity. ATMA conducts periodically national conventions to provide an opportunity to its members to participate in continuing medical education programs and foster and exchange cultural, social and professional values. ATMA also provides aid in event of any national and international disasters.

The President, the Chairman of the board of trustees and the chairman of the Bylaw committee will conduct the election. All the elected Governors from different Chapters will elect a President and two Trustees among themselves every year, during the Annual convention started in 2006. The Board of Trustees shall comprise of the 3 past presidents and the two elected regional Directors. The chairman of the Board of Trustees will get elected from the Trustees. All the past Presidents after completion of 3 years as voting board of trustees, will become Ex-Officio Trustees in the Board without voting rights. At present, the following principal officers are holding their offices as follows:

President : Nedunchenzian Sithian, MD	September 2009 to September 2010
Chairman : P Chockalingam, MD	September 2009 to September 2010
Treasurer : Jay J Gopal MD	September 2009 to September 2010

The members of the board and the principal officers are holding their office for one year and are eligible for re-election. All the members of the administration are rendering honorary services. The General Body comprising of the members meets, normally once in a year.

(2) Summary of Significant Accounting Policies

Following is a summary of significant accounting policies of ATMA in the preparation of their financial statements:

Basis of Accounting

ATMA records revenues and expenses on accrual basis. All accruals are reported in the balance sheet accordingly.

Revenue Recognition

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted support that increases those net asset classes. Conditional promises to give are not included as support until such time as the conditions are substantially met. When the donor restriction expires (that is, when a stipulated time limit ends or purpose of restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

See Accountant's Compilation Report

AMERICAN TAMIL MEDICAL ASSOCIATION
Notes to the Financial Statements
December 31, 2009

Estimates

Financial statements are prepared in conformity with the generally accepted accounting principles which require the management to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, the actual results could differ from those of estimates.

Income Taxes

The organization is exempted from Federal and State income Taxes under the Internal Revenue Service Code Section 501(c)(3). Accordingly, no provision for taxes is being made.

Cash and Cash Equivalents

The Organization considers all highly-liquid investments with an original or remaining maturity of three months or less from the date of purchase to be cash equivalents.

Furniture and Equipment

Volunteers are using their furniture and equipments to transact the activities of ATMA. The organization has purchased projector equipment in 2005. This equipment is being depreciated over a period of 5 years.

Net Assets

Net assets consist of the following:

Unrestricted: Net assets, which are neither permanently nor temporarily restricted by donor-imposed stipulations.

Permanently restricted: Assets that are associated with donor or board imposed restrictions, will be used only for specified purposes.

There were no donor or board imposed stipulations on funds as of December 31, 2009.

(3) Donated goods and services

ATMA receives donation only in cash and cash equivalents, which are used in program activities. There was no single donor who contributed over \$ 5,000 in 2009.

The management does not report in-kind contributions and expenses. It is suggested to record the in-kind service values in the books.

(4) Related Party Transactions

No related party transactions are observed in 2009.
See Accountant's Compilation Report



FINANCIAL REPORT

AMERICAN TAMIL MEDICAL ASSOCIATION Notes to the Financial Statements December 31, 2009

(5) **Concentrations/Risks**

The organization has its fund balances spread in different bank accounts with various financial institutions. Such financial institutions may pose credit risks on account of prevailing market situation. However, none of the account balances are in excess of the Federal Deposit Insurance Corporation (FDIC) coverage.

(6) **Fund Balances**

It is further observed that the disproportionate Fund Balance remain, unused in the current year. However, the management plans to use the funds as capital investment for setting up permanent building establishment for ATMA's program activities.

See Accountant's Compilation Report

- 6 -

**American Tamil Medical Association
Supplemental Schedule for Program, Management and General and Fund Raising Expenses
For the Twelve Months Ended December 31, 2009**

<u>Description</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Grants to other non-profit Organizations	\$ 95,175	\$ -	\$ -
Accounting Fees	2,557	136	27
Bank and Credit Card Charges	2,341	24	5
Conferences, conventions and meetings	65,772	3,499	700
Depreciation	226	12	2
Fundraising Expenses	-	-	3,187
Operational Expenses	3,427	182	36
Printing and Publications	1,646	88	18
Web Hosting	133	7	1
<u>TOTAL</u>	<u>171,277</u>	<u>3,947</u>	<u>3,976</u>

See Accountant's Compilation Report



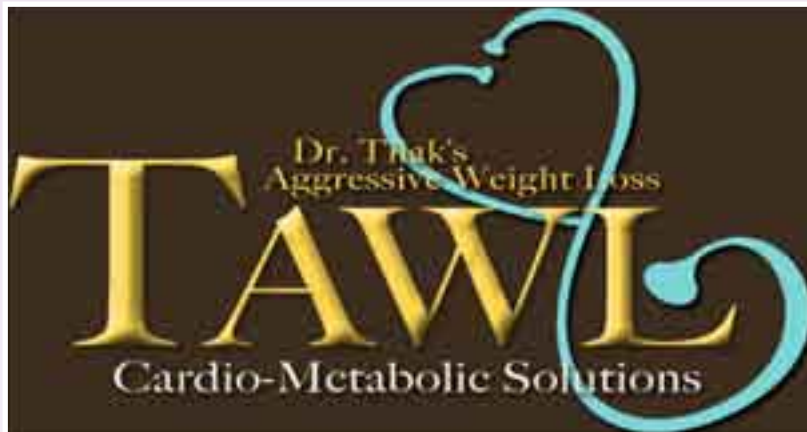
Softech Park Building for Rent / Sale.

1,50,000 sft New Posh Building With 10 years Tax Holiday.
Adjacent to ITPL & Sri Satya Sai Baba Hospital
Before White field, Bangalore, Karnataka, India.
Suitable for IT/BT, Mall / Hospital/Star Hotel, etc.,

Email: metro.blr@gmail.com
Call:91-9845031515 / 91-080-4030 0900 Fax- 91-080-2657 2155
Web: www.upkar.co.in

BEST WISHES
for the
6th Annual Convention
from
DR. JEROME ANTONY
and
FAMILY

Congratulations on your **ATMA** Convention
and welcome to Chicago!



TAWL (Dr. Tilak's Aggressive Weight Loss) is an evidence based medical and nutritional approach to treat obesity and the cluster of medical problems associated with obesity, including:

- **Diabetes**
- **Hypertension**
- **Elevated cholesterol/triglycerides**
- **Gout**
- **Arthritis**
- **Organic sleep apnea/ Sleep disorders**
- **Dysfunctional uterine bleeding**
- **Cancers associated with obesity**

2203 45th Street, Highland, IN 46322
(219)922-1100
www.tawlforshealth.com

Director: **Dr. Mary Tilak, MD**

Diplomate of the American Board of Internal Medicine
Diplomate of the American Board of Clinical Lipidology

Member of **American College of Physicians, American Medical Association,**
National Lipid Association and American College of Bariatric Physicians

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
ABBOY	RAMADAS	1967	STANLEY COLLEGE	PULMONARY/CRITICAL CARE	SAN GABRIEL	CA	2005-10-15
ABDULLA	ESSA	1966	MADURAI	FAMILY PRCTICE	CHARLESTON	WV	2007-12-08
ABRAHAM	NITHI		MANIPAL COLLEGE	PSYCHIATRY	ROCKVILLE	MD	
ADAIR	MARY	1982	UNIVERSITY OF GEORGIA	PSYCHOTHERAPIST	STEBEN	ME	
ADHINARAYANAN	BALLAPURAAm	1969	MADRAS	IM/GI	PORT CHARLOTTE	FL	2005-03-12
ADIMOOLAM	SEETHARAMAN	1970	KILPAUK	ALLERGY/IMMUNOLOGY	STATEN ISLAND	NY	2004-01-05
AIYAPPASAMY	SIDHAIYAN	1974	STANLEY COLLEGE	PULMONARY/INT MED	SANDUSKY	OH	2007-06-22
AKILA	NADANAGURU	1990	STANLEY	IM	BRONX	NY	
ALAGAPPAN	ALAGAPPAN	1984	THANJAVUR	PEDIATRICS/NEONATOLOGY	HOUSTON	TX	0000-00-00
ALAGESAN	RAMDAS	1979	JIPMER PONDICHERRY	ANESTHESIOLOGY	MANHASSET	NY	2005-09-15
ALAGESAN	RITA	1979	LADY HARDINGE COLLEGE	ANESTHESIOLOGY	MANHASSET	NY	
ALAGUGURUSAMY	SANKARNARAYANAN	1964	MADURAI COLLEGE	EM	SUGAR LAND	TX	2005-06-24
ALAGURAJ	THIAGARAJAN	1958	MADRAS COLLEGE	RADIOLOGY	NORTH BRUNSWICK	NJ	2005-08-20
ALENGHAT	JOSEPH	1972	JIPMER	NEURORADIOLOGY	PEORIA	IL	2008-08-30
ALENGHAT	ELIZABETH	1972	MADRAS	PATHOLOGY	PEORIA	IL	
ALEXANDER M.D.	C. ALEX	1958	MADRAS COLLEGE & JOHNS	PREVENTIVE MEDICINE & HOPKINS UNIV	GLEN BURNIE	MD	2005-07-20
ALLADI	UMA	1970	MADRAS	NEPHROLOGY	DALLAS	TX	
ALLIDURAI	SASIKUMAR			ENGINEER	FREDERICK	MD	
AMARAN	THANGARAJ	1971	MADURAI	UROLOGY	CELINA	OH	0000-00-00
AMBALAVANAN	SIVA	1986	MADRAS COLLEGE	NEPHROLOGY	DAYTON	OH	2006-06-22
AMBALAVANAR	KANDASAMY	1982	UNIV OF COLOMBO- SRILANKA	IM	ELLCOTT CITY	MD	0000-00-00
AMERNATH	LINGAPPA	1984	STANLEY COLLEGE CHENNAI	EMERGENCY MEDICINE	NEWHARTFORD	NY	2007-07-04
AMERNATH	SHEELA			HOMEMAKER	NEWHARTFORD	NY	
AMIRTHALINGAM	KOWRIAH	1971	STANLEY	PULMONARY/CRITICAL CARE/ SLEEP DISORDER	WARREN	OH	2005-10-06
AMONETTE	SHANNON	1999	EAST TENNESSEE STATE UNIV	RADIOLOGY SCHOOL OF MEDICINE	DALLAS	TX	
ANAND	KRIS	1974	MADURAI	GASTROENTEROLOGY	BURR RIDGE	IL	
ANAND	RAJI			HOME MAKER	BURR RIDGE	IL	
ANAND	KRISHNASWAMY	1973	MADURAI	GASTRO	BURR RIDGE	IL	2008-06-29
ANANDA	RAJEE	1971	TANJORECOLLEGE	NEUROLOGY	THOUSANDOAKS	CA	
ANANDA	MOHAN			ATTORNY	THOUSANDOAKS	CA	
ANANDAKRISHNAN	RAVI	1981	GOVT. COLLEGE BELLARY KARNATAKA	HEMATOLOGY-ONCOLOGY	ELLCOTT CITY	MD	2005-03-11
ANBARASAN	DEEPTI	2009	NYU SCHOOL OF MEDICINE	STUDENT	NEW YORK	NY	
ANBARASU	RANI	1989	STANLEY COLLEGE	INTERNAL MEDICINE	COPELL	TX	2008-04-25
ANBUMANI	PATTURAJAH	1976	MADRAS COLLEGE	INTERNAL MEDICINE	PHILADELPHIA	PA	
ANGELO	JOSEPH	1991	MADURAI	IM	BEL AIR	MD	0000-00-00
ANTONY	JEROME	1973	MADURAI	INTERNAL MEDICINE	CHICAGO	IL	2008-06-29
APPAVU	SAMUEL K.	1966	MADRAS COLLEGE	GEN. SURGERY & SURGICAL CRITICAL CARE	BURR RIDGE	IL	2005-08-18
APPULINGAM	ANBUHELVI	1974	MADRAS COLLEGE	PEDIATRICS	HOLMDEL	NJ	2005-03-10
ARASU	THIRU	1974	STANLEY COLLEGE	PEDIATRICS/ GI	TAMPA	FL	0000-00-00
ARAVINDA BABU	DHANALAKSHMI	1975	MADRAS COLLEGE	OB/GYN	GREEN BROOK	NJ	
ARIVOLI	MEHALAI	1989	STANLEY	PEDIATRICS	COLDWATER	MI	
ARUMUGARAJAH	KANAGASABAPATHY	1966	CEYLON COLLEGE	FAMILY PRACTICE	LITTLETOWN	PA	2008-05-14
ARUMUGHAM	AKILAN ARUMUGHAM	1996	UNIVERSITY OF TEXAS @ SAN ANTONIO	RADIOLOGY	DALLAS	TX	2005-12-04
ARUMUGHAM	PALANIAPPAN	1965	MADURAI	FAMILY PRACTICE	DALLAS	TX	2005-02-20
ARUMUGHAM	BAGYALAKSHMI	1970	STANLEY	PSYCHIATRY	DALLAS	TX	
ARUN	ANURADHA	1995	RAJAH MUTHIAH	INTERNAL MEDICINE	BETHESDA	MD	2005-03-12
ARUNA	PASALAI	1969	MADRAS COLLEGE	OTOLARYNGOLOGY	EDISON	NJ	2005-03-15
ARUNACHALAM	ANNAPOORNA	1986	MADRAS COLLEGE	IM	LAKEWORTH	FL	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
ARUNASALAM	PURAVIAPPAN	1966	THANJAVUR COLLEGE	OB& GYN	SELANGUR MALAYSIA	NY	2006-02-26
ARVIND	VIJAYASREE	1992	KILPAUK COLLEGE	PAIN MANAGEMENT AND ANESTHESIA	PLANO	TX	2008-08-02
ASHOK	MANJULA	2005	MONMOUTH CENTER	INTERNAL MEDICINE	MORGANVILLE	NJ	
ASHOK	V.K.	1970	MADRAS COLLEGE	GEN&VASCULAR SURGERY	MANALAPAN	NJ	2005-08-25
ASOKAN	SUMATHI	1989	STANLEY COLLEGE	IM	NORTH BROOK	IL	2005-05-03
ASTHI	KARTHIK	2003	KILPAUK MED COLLEGE	M.B.B.S	WICHITA	KS	2005-09-10
AYYANATHAN	KARPUKARASI	1972	MADURAI	PEDIATRICS	SCOTCH PLAINS	NJ	2005-04-04
BALA	KUMAR	1974	MADRAS	IM/ GASTROENTEROLOGY	REDLANDS	CA	2005-12-05
BALA	RAM	1968	JIPMER	PATHOLOGY	UNIONTOWN	PA	2008-08-30
BALA	PADMINI		JIPMER	REGISTERED NURSE	UNIONTOWN	PA	
BALACHANDAR	GOWRI	1988	JIPMER	GASTROENTEROLOGY	PLANO	TX	
BALACHANDAR	S			SOFTWARE ENGINEER	PLANO	TX	
BALACHANDER	GOWRI	1988	JIPMER	GASTROENTEROLOGY	PLANO	TX	2008-08-18
BALACHANDRAN	NALINI	1988	COIMBATORE	FAMILY PRACTICE	SUGARLAND	TX	2008-04-28
BALAKRISHNAN	AMARA	1973	KILPAUK	PEDIATRICS	LOS ALTOS HILLS	CA	2005-03-31
BALAKRISHNAN	GURUSWAMY	1977	MADRAS	ANESTHESIOLOGY	BLOOMFIELD HILLS	MI	2005-02-05
BALAKRISHNAN	JANAKI	1973	JIPMER	NEURORADIOLOGY	PHOENIX	MD	2008-03-30
BALAKRISHNAN	RAMASWAMY	1969	JIPMER	CARDIAC ANESTHESIA	PHOENIX	MD	
BALAKRISHNAN	MURALI	1982	MADRAS COLLEGE	ORTHOPEDECS	POTOMAC	MD	2005-02-05
BALAKRISHNAN	SUCHITRA		MADRAS COLLEGE	FAMILY PRACTICE	POTOMAC	MD	
BALAKUMAR	KALAVATHY	1977	MADRAS	DIAGNOSTIC RADIOLOGY	OLD TAPPAN	NJ	2005-03-12
BALAKUMAR	DORAIKANNU	1975	THANJAVUR	ANESTHESIOLOGY	OLD TAPPAN	NJ	
BALAMOCHAN	RAMALINGAM	1970	MADRAS	CARDIOLOGY	FORT WAYNE	IN	2005-03-12
BALASUBRAMANIAM	MANI	1966	KILPAUK COLLEGE	PEDIATRICS	UNIONTOWN	PA	
BALASUBRAMANIAM	SHANTHA		-	-	UNIONTOWN	PA	
BALASUBRAMANIAM	CHTRABANU	1966	LADY HARDINGE SCHOOL	OB/GYN	CANTON	OH	
BALASUBRAMANIAM	AMMUNI	1964	MADRAS	RADIOLOGY	GROVE CITY	OH	2010-06-09
BALASUBRAMANIAM	GOVINDAN	1972	STANLEY COLLEGE	ANESTHESIOLOGY	BAKERSFIELD	CA	2005-10-06
BALASUBRAMANIAM	MAHESWARI	1995	MADRAS COLLEGE	INTERNAL MEDICINE	ROSEVILLE	CA	
BALASUBRAMANIAM	MAMATHA	1999	CRESCENT ENGINEERING	COMPUTER ENGINEER	PITTSBURGH	PA	
BALU	VENKATRAMAN	1966	STANLEY	CARDIOLOGY	WPB	FL	2005-08-16
BALU	DAYA	1968	STANLEY	PATHOLOGY	WPB	FL	
BASKAR	GANAPATHI	1986	MMC	IM/ EMERGENCY MEDICINE	FLORAL PARK	NY	0000-00-00
BASKAR	INDUMATHI	2004	CONEY ISLAND HOSPITAL	INTERNAL MEDICINE	BROOKLYN	NY	0000-00-00
BASKAR	SOUNDARAPANDIAN	1987	MADURAI	IM/ GASTROENTEROLOGY	BRONX	NY	0000-00-00
BASKAR	SUJATHA	1995	SRI RAMACHANDRA	IM	BRONX	NY	
BASKARA	ARUNKUMAR	2000	STANLEY COLLEGE	GENERAL SURGERY	DREXEL HILL	PA	2006-08-02
BASKARAN	ARTI	1998	RAJAH MUTHIAH COLLEGE INDIA	MEDICINE	PLANO	TX	2008-12-21
BASKARAN	DEEPAK	2002	ROSS UNIVERSITY	INTERNAL	BALTIMORE	MD	2005-03-12
BASKARAN	SAMBANDAM	1971	STANLEY COLLEGE	INTERNAL MEDICINE	ELLCOTT CITY	MD	2005-03-12
BATCHA	KAMAL	1970	MADURAI	IM/PULMONARY/CRITICAL CARE	COCKEYSVILLE	MD	2005-04-04
BHAGAT	ROMIL				LIVINGSTON	NJ	
BHASKAR	ARCOT	1973	MADRAS	IM/ GASTROENTEROLOGY	CINCINNATI	OH	2005-06-05
BHOOTHALINGOM	EASWARA	1961	STANLEY COLLEGE	PSYCHIATRY	LAS VAGAS	NV	
BHOOTHAPURI	RAMESH	1988	MADRAS	NEPHROLOGY	CHARLOTTE	NC	2009-10-05
BROWN	VASU	1988	CHENGALPATTU COLLEGE	PAIN MANAGEMENT	HOLLISTON	MA	2006-05-07
BROWN	KEITH			BUSINESS	HOLLISTON	MA	
C	PADMANABAN	1970	STANLEY COLLEGE	SURGERY	LANCASTER	CA	
CARUPPANNAN	KETHESWARAM	2000	KILPAUK COLLEGE	IM/RESIDENT	PITTSBURGH	PA	2005-09-02
CAYTON	EVANGELINE				DALLAS	TX	
CHANDRA	J.S.	1974	MADRAS	CARDIOLOGIST	LUFKIN	TX	2005-07-17
CHANDRAHASA	THONGADI	1964	MADRAS	IM/PULMONARY	PORT CHARLOTTE	FL	2005-03-12
CHANDRAMOULI	BANGARU	1977	MADUARI COLLEGE	NUCLEAR MEDICINE	NAPER	IL	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
CHANDRAMOULI	BANGARUSWAMY	1977	MADURAI	NUCLEAR MEDICINE	NAPERVILLE	IL	2008-06-29
CHANDRAN	CHANDRA B.	1972	MADURAI	IM/NEPHROLOGY	WAYNE	NJ	2005-08-05
CHANDRAN	GEORGE	1963	MADRAS	SURGERY VASCULAR	ALBUQUERQUE	NM	2005-03-13
CHANDRAN	RAJESWARI	1979	THANJAVUR	PATHOLOGY	LOMBARD	IL	2008-06-29
CHANDRAN	RAVI	1991	STANLEY COLLEGE	PULM / CCM / SLEEP	SENECA	SC	2009-10-16
CHANDRAN	SANGILI	1977	THANJAVUR	FAMILY PRACTICE	LOMBARD	IL	2008-06-29
CHANDRA-SEKAR	B	1976	THANJAVUR	RADIOLOGY/NEURORADIOLOGY	BIRMINGHAM	AL	2005-07-31
CHANDRASEKARAN	KULAN	1978	STANLEY	IM/ CARDIOLOGY	PINEBROOK	NJ	2005-12-28
CHANDRASEKARAN	NAGARAJAN	1971	MADRAS	IM/ ONCOLOGY-HEMATOLOGY	NEW ORLEANS	LA	2005-05-05
CHANDRASEKARAN	P.R	1970	STANLEY COLLEGE	ORTHOPEDIC	BAKERSFIELD	CA	
CHANDRASEKARAN	RAMANI	1973	STANLEY COLLEGE	INTERNAL MEDICINE	BAKERSFIELD	CA	
CHANDRASEKARAN	PRIYA	1997	MADRAS COLLEGE	INTERNAL MEDICINE - RESIDENT	EPHRATA	PA	2006-05-10
CHANDRASEKARAN	SANN	1969	MADRAS	IM/ GASTROENTEROLOGY	EXPORT	PA	2005-04-04
CHANDRASEKARAN	V. RAJA	1972	THANJAVUR COLLEGE	GENERAL PRACTICE	RAWLINS	WY	2009-01-20
CHANDRASEKHAR	BALA	1972	CMC VELLORE INDIA	PLASTIC SURGERY	PASADENA	CA	2007-06-30
CHAPA	SUKUMAR	1972	MADRAS	GENERAL SURGERY	BROOKVILLE	PA	2005-03-12
CHARI	GANESH	1990	MADRAS COLLEGE	NEUROLOGY	PORT RICHEY	FL	2005-07-28
CHELLIAH	THANDAVABABU	1993	MADURAI COLLEGE	MEDICINE	FLUSHING	NY	2006-07-23
CHENNA	JAYPRATAP	1980	STANLEY COLLEGE	ANESTHESIOLOGY	NEW YORK	NY	2005-07-26
CHERAN	SELVI	1972	KILPAUK COLLEGE	PSYCHIATRY	CARY	NC	2005-07-09
CHERAN	SENDHIL	2004	DUKE	RADIOLOGY	TORONTO CANADA	ON	2005-07-09
CHERIAN	GEORGE	1969	MADRAS COLLEGE	GYNECOLOGY	PUNXSUTAWNEY	PA	2008-06-24
CHERVU	SRINIVAS			INTERNAL MEDICINE	NORTH BRUNSWICK	NJ	
CHINNAPPAN	BENJAMIN	1997	NACC	CHAPLAIN	MAYWOOD	IL	2008-07-07
CHINNAPPAN	KUMARAN	1993	MADRAS	SURGERY	YONKERS	NY	2005-07-05
CHINNAPPAN	RAJ	2008	BAYLOR COLLEGE OF MEDICINE	RADIOLOGY	HOUSTON	TX	
CHOCKALINGAM	P	1969	THANJAVUR	CARDIOLOGY	SEBRING	FL	2005-03-17
CHOCKALINGAM	PORSELVI	2001	KASTURBA MED. COLLEGE MANIPAL	IM	HANOVER	MD	0000-00-00
CHOCKALINGAM	SARAVANAN	1991	MADRAS COLLEGE	PHYSICAL THERAPY	FARMINGTON HILLS	MI	2006-09-03
CHOKKALINGAM	SHOBASHALINI	1995	MADRAS COLLEGE	CARDIOLOGY	FISHERS	IN	
CHOKKAVELU	VISWANATHAN	1970	MADRAS	INFECTIOUS DISEASES	ST CLAIRSVILLE	OH	2005-03-12
CHOPRA	MEENAKSHI	1986	THANJAVUR COLLEGE	FAMILY PRACTICE	RALEIGH	NC	2010-05-16
CHRISTOPHER	BEATRICE	1970	MADURAI COLLEGE	ANESTHESIOLOGY	LAWTON	OK	2010-07-08
CHRISTOPHER	SAMUEL	1967	MADURAI COLLEGE	NEUROLOGY	LAWTON	OK	
CONJEEVARAM	SRINIVASULU	1197	J.S.S.MEDICAL COLLEGE	SURGERY RESIDENT	NEW ROCHELLE	NY	
DAMODARAN	CHITRA	1982	COIMBATORE COLLEGE	INFECTIOUS DISEASES	REDLANDS	CA	2007-08-05
DAMODARAN	THIRU	1978	CASE WESTERN RESERVE UNIV	FINANCIAL COACH	REDLANDS	CA	
DANG	KOMAL	1973	THANJAVUR	IM/GERIATRICS	GLEN ARM	MD	2005-06-19
DANIEL	EBENEZER	1979	CMC VELLORE	OPHTHALMOLOGY	MT WASHINGTON	MD	2006-02-21
DANUSHKODI	KALA	1993	THANJAVUR	PHYSICAL MEDICINE AND REHAB	KANSAS CITY	MO	0000-00-00
DASS	CHANDRA	1983	CHINGLEPUT COLLEGE	RADIOLOGY	HUNTINGDON VALLEY	PA	2006-08-27
DASS	YAMUNA			COMPUTER	HUNTINGDON VALLEY	PA	
DAVID	CECILY	1969	MADRAS	PEDIATRICS	SAN ANTONIO	TX	0000-00-00
DAVID	SHANTHA	1971	MADRAS COLLEGE	NEUROLOGY	CORTLAND MANOR	NY	2005-08-04
DAVID	SHANTI	1978	CHRISTIAN COLLEGE VELLORE	PEDIATRICS	ELLCOTT CITY	MD	2006-02-25
DAWOOD	NAZEERA	1999	UNC CHAPEL HILL	CLINICAL RESEARCH	DECATUR	GA	9/22/2009
DEVABOSE	NATHAN	1974	TIRUNELVELI	IM	SPRING HILL	FL	2005-03-25
DEVABOSE	MERCELY	1986	TIRUNELVELI MED COLLEGE	IM	SPRING HILL	FL	
DEVACAANTHAN	KANAGASABAI	1969	UNIVERSITY OF CEYLON	NEPHROLOGY	FORT MYERS	FL	
DEVACAANTHAN	THANALADSUMY			HOUSEWIFE	FORT MYERS	FL	
DEVADOSS	HEMA	1970	GOA COLLEGE	PSYCHIATRY	CATONVILLE	MD	2005-06-26
DEVANATHAN	RAJA	1982	THANJAVUR COLLEGE	PULMONRY MEDICINE & CRITICAL CARE	MUNSTER	IN	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
DEVARAJ	CHANDER	1980	MADRAS COLLEGE	FAMILY MEDICINE	COS COB	CT	2006-07-31
DEVARAJ	SHANTHI	1983	MADURAI COLLEGE	FAMILY MEDICINE	COS COB	CT	
DEVARAJAN	ANANDAN	1977	MADRAS	INTERNAL MEDICINE/ MBA	GREEN BROOK	NJ	2005-03-12
DEVARAJAN	RAJ	1984	MADRAS COLLEGE	GASTROENTEROLOGIST	ACTON	MA	2005-08-28
DEVI	UMA	1975	MADURAI COLLEGE	PSYCHIATRY	GAITHERSBURG	MD	0000-00-00
DHANDAYUTHAM	KARUR	1973	THANJAVUR	INTERNAL MEDICINE	ROSLYN HGTS	NY	2005-03-12
DHARMAR	CHITRA	1995	MADRAS COLLEGE	PEDIATRICS	FREDERICK	MD	
DHEENAN	CHENGUTTAI	1961	MADRAS	GENERAL SURGERY/ RETIRED	ROCKVILLE	MD	2008-03-31
DHEENAN	VARALAKSHMI		MADRAS	GYN	ROCKVILLE	MD	
DHINAKARAN	GEETHA	1991	STANLEY	ANESTHESIOLOGY	GREATFALLS	VA	2005-09-01
DHURAIRAJ	THIRUVENKATASAMY	1995	COIMBATORE COLLEGE	DIAGNOSTIC RADIOLOGY	ROSEVILLE	MN	2006-08-10
DHURAIRAJ	MALARMATHI	1997	RAJAH MUTHIAH COLLEGE CHIDAMBARAM	NONE	ROSEVILLE	MN	
DURAI	P.	1976	STANLEY COLLEGE	IM	TARPON SPRINGS	FL	2005-07-23
DURAIRAJ	GOPALASAMY	1971	TIRUNELVELI	IM	KATY	TX	2005-06-03
DURAISAMY	UMA	1996	MADRAS	MED. STUDENT	XXXXXXX	NJ	2005-06-01
EBENEZER	GIGI	1983	THANJAVUR	PATHOLOGY	MT WASHINGTON	MD	
EKAMBARAM	RAJAPPA	1970	STANLEY	FAMILY PRACTICE/ EM/ ANESTHESIOLOGY	DECATOUR	AL	2007-03-05
EKAMBARAM	YAMUNA	1972	KILPAUK	PEDIATRICS	DECATOUR	AL	
ELANGOVAN	NATARAJAN	1982	STANLEY COLLEGE	PSYCHIATRY	STATON ISLAND	NY	2005-08-05
ELLAPPALAYAMPUDUR VISWANATHAN	PRABHU SHANKAR	2008	STANLEY COLLEGE	PEDIATRICS	PITTSBURGH	PA	
ELZAWAHRY	JOAN	1970	STANLEY COLLEGE	ANESTHESIOLOGY	PANAMA CITY	FL	
ELZAWAHRY	KAMEL	1970	AINSHAMS UNIVERSITY CAIRO, EGYPT	NEUROLOGY	PANAMA CITY	FL	
EMANDI	VENKATA	1971	C.M.C HOSPITAL VELLORE	RADIATION ONCOLOGY	NEW PORT RICKEY	FL	2005-03-17
ESWARAN	KALI S.	1979	KILPAUK	IM	SACRAMENTO	CA	0000-00-00
EVALAPPAN	SATHESH	1992	MADRAS	IM/RESIDENT	BRONX	NY	2005-06-01
EZEKIEL	KALAVALLI	1981	MADURAI	PEDIATRICS	PLANO	TX	2008-04-15
GANAPATHY	M.V.	1954	MADRAS COLLEGE	GENERAL SURGERY/ RETIRED	MANASSAS	VA	
GANAPATHY	MALLIGA	1975	STANLEY COLLEGE	INFECTIOUS DISEASE	MARTINEZ	GA	2005-07-26
GANDHI	SENTHAMARAI	1968	MADRAS	INTERNAL MEDICINE	CEDAR GROVE	NJ	2005-03-12
GANESH	SIVATHILAKA	1981	STANLEY COLLEGE	PEDIATRICS	SAN DIEGO	CA	2006-03-25
GANESH	GANESH	1981		PEDIATRISC	SAN DIEGO	CA	
GANESH	SWAYTHA	2005	UPMC PRESBYTERIAN	IM/RESIDENT	XXXXXX	PA	2005-06-01
GANESH	THENMOZHI	1991	SRI RAMAKRISHNA INSTITUTE OF PARAMEDICAL SCIENCES	RN	HOUSTON	TX	
GHORI	ABDUL	1959	MADURAI COLLEGE	PSYCHIATRY	ELLCOTT CITY	MD	2006-09-02
GIRIDHARAN	SWAMINATHAN	1969	JIPMER PONDICHERRY IINDIA	ENDOCRINOLOGY GERIATRICS AND INTERNAL MEDICINE	BROOKLYN	NY	2005-08-30
GIRIDHARAN	RADHA	1969	SVMC INDIA	PEDIATRIC NEUROLOGY	BROOKLYN	NY	
GNANAPRAGASAM	GNANAPRADEEP	2008	ST JOHNS COLLEGE BANGALORE	ORTHOPEDECS	WEST DES MOINES	IA	
GNANARATNEM	JEEVARATHI	1980	FACULTY OF MEDICINE UNIVERSITY OF SRI LANKA	PEDIATRICS/NEONATOLOGY	LA JOLLA	CA	2009-04-07
GNANARATNEM	JEFFREY			ACCOUNTANT	LA JOLLA	CA	
GNANASEKARAN	GOWRISHANKAR	1999	GOVT. MOHAN KUMARA MANGALAM MED COLL. SALEM	IM/ RESIDENT	NORFOLK	VA	2005-06-01
GNANASHANMUGHAM	CHINNIA	1970	MADRAS	CARDIOLOGY	PORT CHARLOTTE	FL	2005-03-12
GNANASHANMUGHAM	BRINDA	1970	MADRAS	INTERNAL	PORT CHARLOTTE	FL	
GOPA- SOLOWAY	CHITRA	1969	MADRAS	IM/CARDIOLOGY	BROOKLYN	NY	2005-03-12
GOPAL	JAY	1977	MADRAS	PEDIATRICS/ NEONATOLOGY	ELLCOTT CITY	MD	2005-03-13
GOPAL	KRISHNAN	1964	STANLEY COLLEGE	RADIOLOGY	DAYTONA BEACH SHORES	FL	2005-07-20

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
GOPAL	INDRALEKA	1968	THANJAVUR COLLEGE	PEDIATRICS	DAYTONA BEACH SHORES	FL	
GOPAL	VANITHA	2010	KASTURBA COLLEGE MANIPAL	MEDICAL STUDENT	ELLCOTT CITY	MD	
GOPALA	NEDU	1966	KILPAUK COLLEGE	INTERNAL MEDICINE	TERRE HAUTE	IN	
GOPALA	DHANA			OFFICE ASSISTANT	TERRE HAUTE	IN	
GOPALAKRISHNAN	THANDAVARAJAN	1987	MADRAS	IM	HOUSTON	TX	2005-07-09
GOPALDAS	RAJA RAJAN	2010	TEXAS HEART INSTITUTE/ BAYLOR COLLEGE OF MEDICINE	CARDIOTHORACIC SURGERY (HOUSE STAFF)	EASTON	PA	
GOUD	SAVITRI	1983	THANJAVUR COLLEGE	INTERNAL MEDICINE	RANCHO PALOS VERDES	CA	2006-09-01
GOUNDER	MOHAN	1998	UNIVERSITY OF MICHIGAN	INTERNAL MEDICINE	CHICAGO	IL	2009-09-09
GOVINDARAJ	CHITTOOR	1964	MADRAS	INTERNAL / GERIATRICS	STATEN ISLAND	NY	2005-03-17
GOVINDARAJ	SHANTI	1966	MADRAS	PATHOLOGY	STATEN ISLAND	NY	
GOVINDARAJ	SATISH				STATEN ISLAND	NY	2006-08-28
GUNASEKARAN	SIVASELVI	1967	TANJORE COLLEGE	PATHOLOGY	TAMPA	FL	2006-02-26
GUNASEKARAN	T.S.	1977	MADRAS COLLEGE	PEDIATRIC GASTROENTEROLOGY	GLENVIEW	IL	0000-00-00
GURUSWAMY	GOPAL	1964	MADURAI	SURGERY	ELLCOTT CITY	MD	2005-03-17
HARI	MAGARAL	1974	MADRAS	ANESTHESIOLOGY	JOPLIN	MO	2005-03-12
HASSAN	CHANDRA	1992	STANLEY COLLEGE	SURGERY	NEW YORK	NY	2006-08-09
HASSAN	SOBIA	1998	UNIVERSITY OF NOTTINGHAM		INTERNAL MEDICINE	NY	
HEBBAR	LATHA	1982	MADRAS COLLEGE	ANESTHESIOLOGY	MOUNT PLEASANT	SC	2009-09-30
HEBBAR	KESHAV	1982	MADRAS COLLEGE	FAMILY PRACTICE	MOUNT PLEASANT	SC	
HIMALAYA	SHANTHI			FINANCIAL ANALYST	ST. CLAIRSVILLE	OH	
HUFF	KALAI	1974	MADRAS	ANESTHESIOLOGY	JOPLIN	MO	0000-00-00
ILANGOVAN	SOMASUNDARAM	1969	THANJAVUR COLLEGE	IM/ GI	HOLLAND	PA	2005-07-05
ILANGOVAN	SAROJA		THANJAVUR	NEUROPATHOLOGY	HOLLAND	PA	
INBA-VAZHUVU	MOONGIL	1976	STANLEY COLLEGE	CARDIOLOGY	MCDONOUGH	GA	2008-09-23
INDRAKRISHNAN	INDRAN			GI	MCDONOUGH	GA	2008-08-17
INDRAKRISHNAN	GAYATHRI			CPA	MCDONOUGH	GA	
ISAAC	SHINEY	2001	UNIVERSITY OF THE WEST INDIES (ST AUGUSTINE CAMPUS		STUDENT	STAFFORD	TX
IYER	JYOTI	1991	SETH G.S. COLLEGE MUMBAI INDIA	OCCUPATIONAL THERAPY	HERNDON	VA	2005-03-27
JABBAR	ABDUL	1979	MADURAI KAMARAJ UNIV	VACCINE RESEARCH	LILBURN	GA	2008-08-21
JAGADEESAN	JAGADA	1965	STANLEY COLLEGE	OB/GYN	MASSILLON	OH	0000-00-00
JAGADEESAN	SUBRAMANIAM	1987	STANLEY COLLEGE	INTERNAL MEDICINE	MISSION	TX	2005-08-26
JAGANNATHAN	SUBBIA	1969	STANLEY COLLEGE	DIAGNOSTIC RADIOLOGY	GALESBURG	IL	2008-06-08
JAGANNATHAN	HAMSAVENI	1974	COIMBATORE COLLEGE	FAMILY PRACTICE	GALESBURG	IL	
JAIKUMAR	SUMITRA	1998	KILPAUK	INTERNAL	WILLOUGHBY HILLS	OH	2005-03-11
JALEEL	MOHAMMED	1989	STANLEY	MEDICINE	LEXINGTON	MA	2005-08-22
JANAKIRAMAN	VIJAY	1972	CHINGELPATTU	IM/CARDIOLOGY	HOLLIDAYSBURG	PA	0000-00-00
JANARDHANAN	RAVI	1975	MMC	GASTROENTEROLOGY	ALLISON PARK	PA	2005-07-12
JANARTHANAN	VASANTHI	1984	TIRUNELVELI COLLEGE	PSYCHIATRY	SUGAR LAND	TX	2008-08-17
JAYAKRISHNAN	VELLORE	1962	MADRAS	PEDIATRICS	STATEN ISLAND	NY	2010-02-27
JAYAKUMAR	PRIYA	2009	ALBANY COLLEGE	MEDICAL STUDENT	ALBANY	NY	
JAYAKUMAR	RAJAMMAL	1972	KILPAUK	ANESTHESIOLOGY	YONKERS	NY	0000-00-00
JAYAKUMAR	ARUMUGAM	1971	MADURAI	PHARMACY	YONKERS	NY	
JAYAKUMAR	THIRUMALAIRAJ	1974	MADURAI	SURGERY GENERAL	SUGARLAND	TX	0000-00-00
JAYAPRAKASH	VIJAYVEL	2003	KILPAUK COLLEGE	GENERAL MEDICINE	WILLIAMSVILLE	NY	
JAYARAM	ADHILAKSHMI	1976	KILPAUK	INTERNAL MEDICINE	NASHVILLE	TN	2008-12-21
JEEVAN	RAJ	1971	MADURAI	IM/NEPHROLOGY	TERRE HAUTE	IN	2005-03-25
JEEVAN	THIRUMALAIRAJ	1976	MADRAS COLLEGE	PULMONARY AND CRITICAL CARE	ELLCOTT CITY	MD	2005-03-12
JEGATHEESAN	PRIYA	1996	MADURAI COLLEGE	NEONATOLOGY	SUNNYVALE	CA	2006-08-02
JEYARAM	CHELLAPANDIAN	1963	MADURAI COLLEGE	ANESTHESIOLOGY	VOORHEES	NJ	2005-08-04
JHA	AMALANSHU	1998	UNIVERSITY COLLEGE OF SCIENCES NEW DELHI		GENERAL SURGERY	SCARSDALE	NY

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
JONNA	KARTHIK	2008	ROBERT WOOD JOHNSON	MED. STUDENT	PISCATAWAY	NJ	0000-00-00
JOTHIANANDAN	KANTHIMATHI	1973	MADRAS	PEDIATRICS	ROSLYN	NY	2005-03-12
JOTHY	THIRAVIAM	1964	MADURAI	CARDIOLOGY	PORT WASHINGTON	NY	0000-00-00
JOTHY	UMA			HOMEMAKER	PORT WASHINGTON	NY	
KALANITHI	A. PAUL	1967	MADURAI	CV MEDICINE	KINGMAN	AZ	2005-08-20
KALIMUTHU	RAMASAMY			PLASTIC SURGERY	ORLAND PARK	IL	2008-08-30
KALYAN	PALANIPRIYA	2002	MADRAS COLLEGE	FAMILY MEDICINE	WESTWOOD	NJ	2010-03-20
KALYANAM	JANAKI	N/K	GRANT COLLEGE	PHYSICAL MEDICINE& REHAB	POTOMAC	MD	0000-00-00
KAMALAKKANNAN	GAYATHRI	2000	MADRAS COLLEGE	INTERNAL MEDICINE	BRONX	NY	
KAMATH	C. RAMADAS	1957	STANLEY COLLEGE	E. N. T	MARTINSBURGH	WV	2005-08-15
KANAGARAJAN	KARTHIK	1993	MADURAI	PULMONARY/CRITICAL CARE	BROOKLYN	NY	2005-06-16
KANAGARAJU	BALA	1970	MADURAI	FAMILY PRACTICE	FLOSSMOOR	IL	2008-12-21
KANDASAMY	RAJARAM	1989	UNIVERSITY OF JAFFNA	NEPHROLOGY	WEST WINDSOR	NJ	2005-07-11
KANDASWAMY	SHANKAR	1989	TANJORE COLLEGE	PULMONARY AND CRITICAL CARE	NEWMAN	GA	2007-07-15
KANNAN	LAKSHMI	2007	THANJAVUR COLLEGE	MEDICINE	LOMA LINDA	CA	
KANNAN	TAMILARASI	1986	MADRAS UNIVERSITY	INTERNAL MEDICINE	CHARLOTTE	NC	2010-04-20
KANNAN	VAIDEHI	1970	SETH G S	PATHOLOGY	LAUREL	MD	0000-00-00
KANNAPIRAN	KANDHASAMY	1968	MADURAI	INTERNAL MEDICINE	MANSFIELD	OH	2005-08-18
KANTHILAL	SEMBU	1970	UNIVERSITY OF MADRAS	GEN SURGERY	BEARDSTOWN	IL	2008-08-30
KANTHIMATHINATHAN	VENKATA	2001	JSS COLLEGE	GENERAL SURGERY	LOMA LINDA	CA	
KANTHIMATHINATHAN	VENKATA SUBRAMANIAN	2001	J.S.S. COLLEGE	GENERAL SURGERY/ RESIDENT	LOMA LINDA	CA	2005-06-01
KARUMBUNATHAN	VIJAYKUMAR	1989	MMC	INTERNAL MEDICINE	CRISFIELD	MD	2005-03-19
KARUNAKARAN	KIZHAKPET P.	1959	MADRAS COLLEGE	GEN. SURGERY	SAGINAW	MI	0000-00-00
KARUNANITHI	SUBHATHRA	2006	ST.JOSEPH'S HOSPITAL	FAMILY PRACTICE	LIVERPOOL	NY	
KARUPPIAH	SABESAN	2009	BRONX LEBANON HOSPITAL	FAMILY MEDICINE	PATERSON	NJ	
KARUPPIAH	SARAVANAN	2000	MADRAS COLLEGE	NEUROSURGERY	GAINESVILLE	FL	
KASINATHAN	SUMATHI	1988	ST JOSEPHS HOSPITAL AND CENTER PATERSON	MEDPEDS	CORTLANDT MANOR	NY	2005-08-18
KASIRAJAN	KARTHIK	1989	MADRAS COLLEGE	VASCULAR SURGERY	ATLANTA	GA	2008-12-31
KASIRAJAN	STEPHANIE	1998	EMORY UNIVERSITY	AA	ATLANTA	GA	
KEDAR	SIVA	1979	MADRAS COLLEGE	CARDIOLOGY	PITTSBURGH	PA	2005-03-18
KENNEDY	JENNIFER	1989	MADRAS	PM&R	ELM GROVE	WI	2008-08-30
KESAVALU	RAMESH	2008	PSG INSTITUTE OF SCIENCES	RHEUMATOLOGY	INDIANAPOLIS	IN	
KESAVAN	BRAMANADA SWAMY	1968	MADURAI	PEDIATRICS	GALESBURG	IL	2008-06-29
KHAN	GAZALA	2008	UNIVERSITY OF MICHIGAN HOSPITAL	HEMATOLOGY-ONCOLOGY	ANN ARBOR	MI	
KOLANDAIVELU	SUBRAMANIAM	1962	MADRAS	INTERNAL MEDICINE	CLINTON	IL	
KOLANDAIVELU	PARASAKTHI	1967	THANJAVORE	EMERGENCY MEDICINE	CLINTON	IL	
KOLAPPA	KALAVATHY	1978	MADURAI COLLEGE	PSYCHIATRY	CHOCOWINITY	NC	2005-07-07
KOLI	MALATHI	1971	PATRICE LUMUMBA PEOPLES	PSYCHIATRY	SAN ANTONIO	TX	0000-00-00
KOLI	VIJAY	1971	PEOPLES FRIENDSHIP UNIVERSITY	FAMILY PRACTICE	SAN ANTONIO	TX	
KONATI IRAJARAM	GOPIKRISHNAN			INFORMATION TECHNOLOGY	ROCKVILLE	MD	
KONKA	SUDARSANAM	1970	KILPAUK	IM/CARDIOLOGY	STATEN ISLAND	NY	2005-04-03
KOTHANDARAMAN	SRILATHA	2007	STANLEY COLLEGE CHENNAI	MBBS	FORDS	NJ	2009-11-02
KRISH	NAGESH	1981	MADURAI COLLEGE	NEUROLOGY	NORTH CALDWELL	NJ	
KRISH	GEETHA			COMPUTOR SCIENCE	NORTH CALDWELL	NJ	
KRISHNAKUMAR	USHA				EDISON	NJ	
KRISHNAMOORTHY	A	1963	MADURAI	URGENT CARE	SEBRING	FL	2005-03-31
KRISHNAMOORTHY	RATHINAM	1966	MADURAI	IM	BRANDON	FL	2003-10-05
KRISHNAMOORTHY	SITA	1976	BURLA COLLEGE ORISSA : INDIA	INTERNAL MEDICINE	SILVER SPRING	MD	2005-08-31
KRISHNAMOORTHY	C.R.			FINANCIAL REPRESENTATIVE METLIFE	SILVER SPRING	MD	
KRISHNAMOORTHY	T.	1969	MADURAI	IM/PEDIATRICS	JONESBORO	GA	2008-09-23

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
KRISHNAMURTHY	KRISHNASWAMY	1964	AIIMS-NEW DELHI	UROLOGY	ASHLAND	OH	0000-00-00
KRISHNAMURTHY	VIDYA	1984	KASTURBA	PEDIATRICS GERIATRICS	DUNWOODY	GA	2008-11-05
KRISHNAN	DEVIKA	1969	THANJAVUR	PSYCHIATRY	POTOMAC	MD	2005-03-12
KRISHNAN	DR. R. G.	1971	MADRAS	IM/CARDIOLOGY	VENETIA	PA	0000-00-00
KRISHNAN	GEETA	1971	TOPIWALLA NATIOANL COLLEGE	OTOLARYNGOLOGY	DANVILLE	PA	2008-05-14
KRISHNAN	JERRY	1993	BAYLOR COLLEGE OF MEDICINE CARE MEDICINE	PULMONARY/CRITICAL	CLARENDON HILL	IL	2006-05-02
KRISHNAN	JYOTHI	1993	KILPAUK COLLEGE	INTERNAL MEDICINE	BENSALEM	PA	2009-03-26
KRISHNAN	MADURAI	1964	MADRAS	G.I.	STATEN ISLAND	NY	2005-03-12
KRISHNAN	SASHIKALA	1964	MADRAS	PATHOLOGY	STATEN ISLAND	NY	
KRISHNAN	RADHA	1972	STANLEY COLLEGE	NEPHROLOGY	LANCASTER	CA	
KRISHNAN	RAMIAH	1977	JIPMER	INTERNAL MEDICINE	FORT MYERS	FL	2006-07-29
KRISHNAN	LAKSHMI	1982	MADRAS COLLEGE	PEDIATRICS	FORT MYERS	FL	
KRISHNAN	RANJINI	1998	UNIVERSITY OF WASHINGTON	CARDIOLOGY	KIRKLAND	WA	
KRISHNAN	SETHU	1972	JIPMER	UROLOGY	EDEN	NC	2007-07-11
KRISHNAN	SRINIVASAN	1987	MADRAS	HEMATOLOGY/ ONCOLOGY	LEMONT	IL	0000-00-00
KRISHNAN	VASANTHI	1974	MADRAS DENTAL COLLEGE	GEN. DENTISTRY	BROOKLYN	NY	2005-09-13
KRISHNAN	MANIKAM		MADURAI COLLEGE	PHARMACIST	BROOKLYN	NY	
KRISHNARAJ	PANDURANGAN	1973	MADRAS	SURGERY/GEN/BARIATRIC	ZEPHYR HILLS	FL	2005-03-12
KRISHNASWAMY	ASHOK	1973	MADRAS COLLEGE	ORTHOPEDIC SURGERY	LUTHERVILLE	MD	2005-08-29
KRISHNASWAMY	ASHA	1982	GCT	IT	TUCKER	GA	
KULASEKARAN	THIRUVENGADAM	1969	KILPAUK	PEDIATRICS/ NEUROLOGY	AKRON	OH	0000-00-00
KUMAR	ASHOK	1986	KILPAUK COLLEGE	ONCOLOGY/HEMATOLOGY	SELINGSGROVE	PA	2008-05-14
KUMAR	SHOBA	1994	ANNAMALAI UNIVERSITY	PSYCHOLOGY	SELINGSGROVE	PA	
KUMAR	KRISHNAN	1974	BELGAUM MYSORE	PEDIATRICS	FAIRFAX	VA	2005-03-16
KUMAR	PRASANNA	1963	KASTURBA COLLEGE	FAMILY MEDICINE	FORT-WORTH	TX	
KUMAR	PREM	1985	MMC	ORTHO	INOVA	MD	
KUMAR	REKHA	1973	MADRAS	IM	CLIFTON	NJ	2005-05-01
KUMAR	ANAND	1970	MADRAS COLLEGE	IM	CLIFTON	NJ	
KUMAR	USHARANI	1981	COIMBATORE COLLEGE	RHEUMATOLOGY	MOLINE	IL	2005-08-20
KUMAR	CHANDRA	1973	STANLEY COLLEGE	FAMILY PRACTICE	CARY	NC	
KUMAR DDS	BHAGAVATH S.	1976	MADRAS	DENTISTRY GENERAL	TAMPA	FL	0000-00-00
KUMAR PHD	NAGI B.	1993	UNIVERSITY OF S. FLORIDA	RESEARCH CANCER	TAMPA	FL	
KUMARAN	RANI	1999	KILPAUK COLLEGE	INTERNAL MEDICINE	BRONX	NY	0000-00-00
KUMARESAN	JEVITH	2008	ST.JOSEPH'S REGIONAL CENTER	PEDIATRICS	PATERSON	NJ	
KUMARESAN	HARI	1999	RAJAH MUTHIAH COLLEGE-ANNAMALAI UNIVERSIT	CHILD PSYCHIATRY	CHARLOTTESVILLE	VA	2008-11-23
KUPPUSAMY	PERIANNAN	1985	IIT/MADRAS	PHD (CARDIOVASCULAR /CANCER)	NEWE ALBANY	OH	2006-09-03
KUPPUSAMY	TAMIL	2000	ROSALIND FRANKLIN UNIVERSITY	NEPHROLOGY	ELLCOTT CITY	MD	2005-08-17
KUPPUSWAMY	BAIRAVA SUNDARAM	2005	BROOKDALE UNIVERSITY HOSPITAL	IM RESIDENT	VIENNA	WV	2005-06-01
KUPPUSWAMY	NARMADHA	1971	STANLEY COLLEGE	OB-GYN	WHEATON	IL	2007-02-05
KUPPUSWAMY	PREETHA SHARONE	2006	KIPPAUK COLLEGE	INTERN	ATLANTA	GA	
KUPPUSWAMY	SARAVANAN	1993	STANLEY COLLEGE	CARDIOLOGY	DULUTH	GA	2010-02-24
LAKSHMANAN	RAMASWAMY	1979	MADURAI	PSYCHIATRY	BEAUMONT	TX	2005-03-17
LAKSHMANAN	SHANMUGAM	1972	MADURAI COLLEGE	SURGERY GEN/COLON/RECTAL	SALEM	IL	2005-03-15
LAKSHMANAN	YEGAPPAN	1986	MADRAS	PEDIATRIC UROLOGY	BLOOMFIELD HILLS	MI	2005-03-06
LAKSHMANAN	VIJAYALAKSHMI	1975	CALICUT COLLEGE	PEDIATRICS	ARCADIA	CA	
LAKSHMIPATHY	ARUN	2001	KILPAUK COLLEGE	INTERNAL MEDICINE	MESA	AZ	2005-08-20
LAZARUS	ANGELINE	1969	MADURAI	INTERNAL MEDICINE	ROCKVILLE	MD	2005-03-12
LETCUMANAN	GANESH	1997	BIRLA INSTITUTE OF TECHNOLOGY	SOFTWARE ENGINEER	FALLS CHURCH	VA	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
LOGANATHAN	JAYANTHI	1995	CHENNAI COLLEGE	INTERNAL MEDICINE	YONKERS	NY	
MADANA	RAMPRASAD	1971	MADRAS	PHARMACIST	??	IL	2008-12-21
MADANAGOPAL	SUDHAKAR	1991	KILPAUK COLLEGE	ORTHOPEDIC SURGERY	MOBILE	AL	2006-06-26
MADHAVAN	LATHA	2004	MEHARRY COLLEGE	PSYCHIATRY	BURBANK	CA	2010-06-05
MADHU	PURUSHOTHAMAN	1997	MADRAS COLLEGE	PEDIATRICS	ATHENS	GA	2005-09-04
MAGESH	JAYANTHI	1998	KILPAUK COLLEGE	INTERNAL MEDICINE	SAN DIEGO	CA	2006-07-27
MAHADEVAN	VIJI	1994	MMC	RHEUMATOLOGIST	STERLING	VA	
MAHESHWER	CONJEEVARAM	1986	MADRAS	ORTHOPEDICS	WESTLAKE	OH	2005-05-05
MAHIZHNNAN	PALAMALAI	1973	THANJAVUR	HEMATOLOGY/ONCOLOGY	FAYETTEVILLE	GA	2008-09-23
MALLAVARAPU	LUCINA	2005	LOMA LINDA UNIVERSITY	RADIOLOGY	TIMONIUM	MD	2009-08-31
MALLAVARAPU	THOMAS			FINANCE/ACCOUNTING	TIMONIUM	MD	
MANI	BALU	1981	STANLEY COLLEGE	RADIOLOGY	MCDONOUGH	GA	2008-08-22
MANI	MADHUABALAN MANI	2001	BRIGHAM AND WOMNE'S HOSPITAL	CARDIAC SURGERY	CHESTNUT HILL	MA	
MANI	MURUGIAH			ANESTHESIOLOGY PAIN MANAGEMENT	ATLANTA	GA	2008-08-28
MANICKAM	MURUGU	2002	ROYAL COLLEGE OF SURGEONS IRELAND	GENETICS	CHAPEL HILL	NC	2007-12-08
MANICKAM	NATARAJAN	1976	MADURAI COLLEGE	CARDIOLOGY	ROANOKE RAPIDS	NC	2010-04-26
MANICKAM	PADMAVATHY	1970	MADURAI COLLEGE	INTERNAL MEDICINE	VENICE	FL	2005-04-05
MANICKAM	RAJ	1970	MADRAS COLLEGE	PEDIATRICS	CROWNSVILLE	MD	2006-01-28
MANICKAVASAGAM AMUDHAVALLI	SHIVARAJAN	1999	MADARS COLLEGE	PEDIATRICS	BALTIMORE	MD	
MANOHAR	JAISHREE	2007	WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE	INTERNAL MEDICINE	NEW BRUNSWICK	NJ	
MANORAJ	VINITA	1995	COIMBATORE COLLEGE	IM	SOUTH RIVER	NJ	2005-08-01
MARAN	SIVA	1971	MADRAS UNIVERSITY CHENNAI	GASTROENTROLOGY	MORRISTOWN	TN	2005-08-05
MARKANDAYA	MANJUNATH	2000	KEMPEGOWDA INSTITUTE OF SCIENCES	NEUROLOGY/ FELLOW	GELN BURNIE	MD	0000-00-00
MARUTHAVANAN	RAM	1997	CHENGALPATTU COLLEGE	PEDIATRIC HOSPITALIST	NOVI	MI	2009-01-21
MATHEWS	CHERIAN P.	1962	MADURAI	GENERAL SURGEON	DYER	IL	2008-06-29
MEGANATHAN	JEYANDRA	2003	GOVERNMENT MOHAN KUMARAMANGALAM COLLEGE	MBBS	SMYRNA	GA	2008-09-07
MEYAPPAN	THIAGARAJAN	1974	KASTURBA COLLEGE MANIPAL/MANGALORE	ANESTHESIOLOGY	TARRYTOWN	NY	2005-03-17
MEYAPPAN	KAVERI			HOUSEWIFE	TARRYTOWN	NY	
MILLER	DIANE	1980	NEW YORK	ADMINISTRATOR	BRONX	NY	
MOHAIDEEN	A. HASSAN	1966	STANLEY COLLEGE CHENNAI	GENERAL AND VASCULAR SURGERY	STATEN ISLAND	NY	
MOHAIDEEN	LAURIE			REGISTERED NURSE	STATEN ISLAND	NY	
MOHAN	G. VIJAY	1974	COIMBATORE	RADIOLOGIST	MURRYSVILLE	PA	2009-08-30
MOHAN	GOWDHAMI	1984	MADURAI COLLEGE	PULMONARY MEDICINE	ANDERSON	SC	2006-09-13
MOHAN	PALGHAT	1966	STANLEY COLLEGE	IM GI SLEEP MEDICINE	MONROE	GA	2005-10-11
MOHAN	PONNIAH	1967	MADURAI COLLEGE	PEDIATRICS	TROY	MI	2005-04-05
MOHAN	VIVEK	2004	UOI	ORTHOPEDIC	CHICAGO	IL	2008-12-21
MOIDEEN	AHAMAD	1964	MADURAI	SURGERY THORACIC & VASCULAR	ROSLYN	NY	2005-03-10
MOLIAN	ARUL	1984	CMC	INTERNAL MEDICINE	AMES	IA	2006-08-04
MOOKAIYAN	VENKATESWARAN		GUIDY ENGINEERING COLLEGE	COMPUTER ENGINEER	MATAWAN	NJ	
MUDALIAR	CHANDRAMOHAN	1971	STANLEY COLLEGE	IM	COLLEYVILLE	TX	
MUDALIAR	SUNDER	1976	STANLEY COLLEGE	IM/ENDOCRINOLOGY	SAN DIEGO	CA	2005-03-29
MUKKAMALA	SASIREKHA	1985	MADRAS	PEDIATRICS	CHARLOTTE	NC	2010-06-09
MUKUNDAN	SHANMUGAM	1994	MMC	INTERNAL MEDICINE	STERLING	VA	
MULAIKAL	PETER	1973	ST.JOHN'S COLLEGE BANGALORE	ANESTHESIOLOGY	STEVENSON	MD	2008-03-31
MULAIKAL	ROSE MARY	1975	KASTURBA COLLEGE	PEDIATRICS	STEVENSON	MD	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
MURALI	JANAKI	1979	MADRAS COLLEGE	PEDIATRICS	COLUMBIA	MD	2009-05-16
MURALI	T K		INDIAN INSTITUTE OF MANAGEMENT BANGALORE INDIA	BUSINESS PROFESSIONAL	COLUMBIA	MD	
MURALIDHASAN	SRIRENGAM	1989	STANLEY COLLEGE	FP	LAS CRUCES	NM	2006-08-05
MURTHY	NARAYAN	1973	MADRAS COLLEGE	RADIOLOGY	WHEELING	WV	2005-05-25
MURTHY	ANANDHI		KILPAUK COLLEGE	GEN SURGEON	WHEELING	WV	
MURUGAIAH	PRABAKARAN			HONORARY MEMBER	ASHBURN	VA	
MURUGAN	RAGHAVAN	1997	STANLEY COLLEGE	CRITICAL CARE MEDICINE	PITTSBURGH	PA	
MURUGAPPAN	KADHIRESAN	1970	MADURAI COLLEGE	IM	MCLEANSBORO	IL	2005-08-23
MURUGAVEL	NIRMALA	1982	COIMBATORE	INT MEDICINE	CHESTERTON	IN	
MURUGESAN	ANGAPPAN	1972	MADRAS	GENERAL SURGERY	COLTSNECK	NJ	0000-00-00
MUTHARASAN	KANNAN	2003	NORTHWESTERN	CARDIOLOGY	CHICAGO	IL	2008-08-30
MUTHARASAN	PRISCILLA	2006	NORTHWESTERN	INTERNAL MEDICINE	CHICAGO	IL	
MUTHIA	SHANMUGHAM	1969	JIPMER	ANESTHESIOLOGY	ATHENS	OH	2005-03-12
MUTHIAH	MUTHUSAMY	1984	THANJAVUR COLLEGE	INVASIVE CARDIOLOGY	LA CANADA	CA	2005-10-19
MUTHIAH	VENKATACHALAM	1962	MADRAS COLLEGE	NEPHROLOGY	DAYTON	OH	2005-03-18
MUTHURAMALINGAM	BALAMURUGAN	2004	MIMS COLLEGE	NOT SPECIFIED	ROCKVILLE	MD	2008-03-31
MUTHUSAMY	MURUGAVEL	1978	COIMBATORE	HEM/ONC	CHESTERTON	IN	2008-12-21
MUTHUSAMY	SAMIAPPAN	1972	STANLEY COLLEGE	IM	WATCHUNG	NJ	2005-09-02
MUTHUSWAMI	SUBBANA G	1969	MADRAS	NEPHROLOGY	BURTCHVILLE	MI	
MUTHUSWAMI	MULLAI	1969	MADRAS MAEDICAL	PSYCHIATRY	BURTCHVILLE	MI	
MUTHUSWAMY	PETHAM	1969	STANLEY	PULMONARY & CRITICAL CARE	OAK BROOK	IL	2005-03-12
NACHINUTHU	ANBU	1986	ANNA UNIVERSITY	CFO	COPELL	TX	
NADESAN	SUHASINI	1970	MADRAS COLLEGE	INT MED/HEM/MEDONC	NEW YORK	NY	2005-08-31
NADESAN	KUMAR			LAW	NEW YORK	NY	
NAGAIAH	GOVARDANAN	1997	THANJAVUR COLLEGE	INTERNAL MEDICINE	YUMA	AZ	
NAGAMANI	MANUBAI	1965	MADURAI	OB/GYN-REPROD.ENDO	HOUSTON	TX	2007-02-05
NAGAPPAN	ANITHA	2004	ST. GEORGE'S UNIVERSITY	INTERNAL MEDICINE	MARIETTA	GA	2009-01-12
NAGAPPAN	RAMANTHAN	1968	MADURAI	CARDIOLOGY	OKEMUS	MI	2005-03-17
NAGARAJAN	DEEPALAKSHMI	1998	KILPAUK	INTERNAL MEDICINE	DUNWOODY	GA	2008-04-14
NAGARAJAN	V. P.	1972	TIRUNELVELI	SURGERY UROLOGY	SPRING HILL	FL	0000-00-00
NAGESH	REDDIVALEM	1974	STANLEY	NEPHROLOGY	JACKSON	MI	2005-08-27
NAGESH	PRIYA	1974	MMC	PSYCHIATRY	JACKSON	MI	
NAIDU	VASANTHA	1972	KILPAUK COLLEGE	PEDIATRICS	OAKBROOK	IL	2009-12-06
NAIDU	ATHIMOOLAM		COIMBATORE INSTITUTE OF TECHNOLOGY		BUSINESS	OAKBROOK	IL
NALLASIVAN	MANI	1980	MADRAS COLLEGE	INTERVENTIONAL CARDIOLOGY /ELECTROPHYSIOLOGY	MERCED	CA	2005-03-12
NALLATHAMBI	MANOHAR	1973	STANLEY	GENERAL SURGERY	MCDONOUGH	GA	2008-09-23
NAMACHIVAYAM	GANESH KUMAR	2001	STANLEY COLLEGE	PEDIATRICS	HASTINGS	NE	
NANDHAKUMAR	AYYAVOO	1974	COIMBATORE COLLEGE	ANESTHESIOLOGY	RIDGWAY	PA	2008-12-02
NANJUNDASAMY	ANAIMALAI	1960	MADURAI	PSYCHIATRY	OCALA	FL	2005-06-06
NANJUNDASAMY MD	ANAIMALAI	1960	MADURAI COLLEGE	PSYCHIATRY	OCALA	FL	
NAQVI	AZEEZ-FATHIMA	1976	STANLEY COLLEGE	NEPHROLOGY	MANALAPAN	NJ	2006-07-12
NARASIMHAN	ARVIND	1996	UNIVERSITY OF MICHIGAN	EMERGENCY MEDICINE	ANNAPOLIS	MD	2005-09-20
NARASIMHAN	SHIVANI	1998	HAHNEMANN (DREXEL) UNIVERSITY		ENDOCRINOLOGY	ANNAPOLIS	MD
NARAYAN	ATHI	1966	THANJAVUR	NEONATOLOGY	ALPHARETTA	GA	2008-09-29
NARAYAN	KALMAN	1970	STANLEY COLLEGE	GASTROENTEROLOGY	FORTWORTH	TX	2005-03-24
NARAYAN	RAJ	2000	MEDICAL COLLEGE OF TOLEDO OHIO	PSYCHIATRY	PITTSBURG	PA	2005-04-01
NARAYANAN	MOHAN	1968	MADURAI	IM/ GASTROENTEROLOGY	ARCADIA	FL	2005-03-27
NARAYANASWAMY	VISWANATHAN	1986	KILPAUK	ANESTHESIOLOGY	NEW HARTFORD	NY	0000-00-00
NATARAJAN	GANESAN			COMPUTER SCIENCE	LIVERPOOL	NY	
NATARAJAN	PONNUSWAMY	1966	MADRAS COLLEGE	CARDIOLOGY	SARASOTA	FL	2008-08-16
NATARAJAN	PANDIYAN	1977	MADRAS COLLEGE	REPRODUCTIVE MEDICINE	CHENNAI	N	
NATESAN	ARUMUGAM	1971	STANLEY	GI	PARMA HEIGHTS	OH	2005-08-30

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
NATESAN	VEL	1989	MADRAS COLLEGE	IM	SALISBURY	MD	2005-03-12
NATESAN	USHA	1989	MADRAS COLLEGE	IM	SALISBURY	MD	
NATHAN	RAMASAMY	1982	MADURAI	IM/ GI	NORTH CALDWELL	NJ	2005-10-18
NATHAN	SWAMI	1972	MADURAI COLLEGE	NEUROSURGERY	FREDERICK	MD	2005-03-12
NEDUNCHEZIAN	DEEPTHA	1975	MADRAS	INFECTIOUS DISEASES	STATEN ISLAND	NY	
ONDIVEERAPPAN	KAMATCHI	1971	MADURAI COLLEGE	INTERNAL MEDICINE	OLNEY	IL	
ONDIVEERAPPAN	SUMATHI	20NA	NA	HOME MAKER	OLNEY	IL	
OUSEPH	FLORENCE	1975	CHRISTIAN	PSYCHIATRY	BEDFORD	TX	2008-05-07
P.R	SUCHITRA	2000	UNIVERSITY OF MADRAS	SYSTEMS	CHENNAI	N	
PADMANABHAN	V. S.	1965	MADRAS	IM/CARDIOLOGY	PORT CHARLOTTE	FL	2003-10-05
PALANI	COLATHUR	1970	MADRAS	GENERAL SURGERY	RIVERSIDE	IL	2005-03-12
PALANI	VENUGOPAL	1972	MADRAS	EMERGENCY	TAMPA	FL	2005-03-12
PALANI (KOTHANDA)	RAMAN	1977	STANLEY	GASTROENTEROLOGY	MANSFIELD	OH	2005-03-17
PALANIAPPAN	JAWAHAR	1974	MADRAS COLLEGE	CARDIOLOGY	NEW ALBANY	OH	2007-10-15
PALANISAMY	GOPINATH	2006	THIYAGARAJA ENGINEERING COLLEGE MADURAI	SOFTWARE ENGINEER	FORDS	NJ	
PALANISAMY	SUBRAMANIAM	1966	STANLEY	CARDIOVASCULAR SURGEON	ALLISON PARK	PA	2005-08-22
PALANISWAMY	PRIYA	1999	PSG IMS&R	PULMONARY/CRITICAL CARE FELLOWSHIP	NORTH BRUNSWICK	NJ	
PALANIYANDI	RAVINDRAN B	1989	UNIVERSITY OF JUAREZ	CARDIOLOGY	TITUSVILLE	FL	2005-09-20
PANCHA DHARMA	JEEVARATHNAM	2002	KILPAUK COLLEGE CHENNAI INDIA	PEDIATRICS/ RESIDENT	FARMINGTON HILLS	MI	2005-06-01
PANCHACHARAM	WINSTON	1966	UNIVERSITY OF CEYLON COLOMBO	ANESTHESIOLOGY	NANUET	NY	2005-08-09
PANCHAPAKESAN	KALAMBUR	1977	MADRAS COLLEGE	EM	MCDONOUGH	GA	2005-10-06
PANDIAN	ANBU	2008	NEW YORK COLLEGE	INTERNAL MEDICINE	GAINESVILLE	GA	2007-07-31
PANDIAN	GEETHA	1971	TIRUNELVELI COLLEGE	PHYSICAL & REHAB	DALLAS	TX	2005-03-17
PANDIAN	PAUL			PRESIDENT TECH MAHINDRA	DALLAS	TX	
PANDIAN	NATESA	1969	STANLEY COLLEGE	CARDIOLOGY	HANOVER	MA	2005-11-22
PANDIAN	SHIVKUMAR	2000	RAJA MUTHIA COLLEGE	PSYCHIATRY/ RESIDENT	BROOKLYN	NY	2005-06-01
PANDITHURAI	LINCY	1969	CMC VELLORE	FN/PSYCHIATRY	CEDAR HILL	TX	2008-05-25
PANDIYAN	PANDI	1980	UNIVERSITY OF MADRAS	BIOMEDICAL RESEARCH	SAN DIEGO	CA	2006-03-25
PANDIYAN	RADHA	1975	KILPAUK COLLEGE	REPRODUCTIVE MEDICINE	CHENNAI	N	
PANDYAN	JESUDIAN .R.	1964	MADURAI COLLEGE	GEN SURGERY	SARASOTA	FL	
PANDYAN	RAJEEVI		MADURAI COLLEGE	OB GYN	SARASOTA	FL	
PARITHIVEL	VELLORE	1974	STANLEY	GENERAL SURGERY SURGICAL CRITICAL CARE	WEST HARRISON	NY	2005-03-12
PARTHIBAN	KALAI	1988	KILPAUK COLLEGE	INTERNAL MEDICINE	DECATUR	GA	2009-07-28
PATCHA	HIMALAYA	1978	SRI VENKATESWARA UNIVERSITY TIRUPATI	INTERNAL MEDICINE	ST. CLAIRSVILLE	OH	
PATEL	AVANEE	2002	UTC SOUTHWESTERN CENTER AT DALLAS	OB GYN	NEW YORK	NY	2008-08-25
PATURU	UMA	1964	SRI VENKATESWARA	PEDIATRICS	STATEN ISLAND	NY	
PERUMAL	SATHISH	2001	J.S.S. COLLEGE	FAMILY PRACTICE/RESIDENT	BLOOMFIELD HILLS	MI	2005-06-01
PILLAI	MOHAN AIYASWAMI	1968	MADRAS COLLEGE	NEUROLOGY AND SLEEP DISORDERS	WILLIMNATIC	CT	2005-05-01
PILLAI	PUSHKALAI	1971	MADHURAI	PSYCHIATRY	PITTSBURGH	PA	2005-08-24
PITCHUMONI	CAPECOMORIN	1963	TRIVANDRAM MED COLLEGE	IM/ GASTROENTEROLOGY	SOMERSET	NJ	2003-11-20
PONNAMBALAM	SASIKALA	1997	T.D.MEDICAL COLLEGE ALAPPUZHA	IM	ALPHARETTA	GA	2008-08-04
PRABAKER	VENU	1975	MADRAS	IM	LA MESA	CA	2005-03-17
PRABHAKAR	HARI	2007	JOHNS HOPKINS UNIVERSITY	STUDENT	DALLAS	TX	
PRASAD	RAM	1973	TANJORE MED. COLLEGE	INT. MEDICINE	MUNSTER	IN	
PRASAD	RAMA			N.A	MUNSTER	IN	
PRASHANTHKUMAR	TRIKANNAD	1986	MADRAS COLLEGE	ENDOCRINOLOGY	CENTERVILLE	OH	2010-06-25

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
PRITHVIRAJ	PANJU	1976	MADRAS COLLEGE	HEMATOLOGY AND MEDICAL ONCOLOGY/INTERNAL MEDICINE	SANDUSKY	OH	0000-00-00
PRITHVIRAJ	PARVATHI	1975	BANGALORE UNIVERSITY	B.A.-OFFICE LIAISON	SANDUSKY	OH	
PRIYANKA	GEETHA	2002	JERSEY CITY CENTER	INTERNAL MEDICINE	W.MELBOURNE	FL	2005-06-22
PUGALENTHI	AMUDHAN	2003	MADRAS COLLEGE	GENERAL SURGERY	WESTWOOD	NJ	
RADHAKRISHNAN	MANGANALLUR	1971	STANLEY COLLEGE	IM/ CRITICAL CARE	LEOMINSTER	MA	0000-00-00
RADHAKRISHNAN	VASUKI	1978	THANJAVUR	IM	LEOMINSTER	MA	
RADHAKRISHNAN	RADHIKA	2004	RWJUH-NEW BRUNSWICK NJ	ANESTHESIOLOGY	BRIDGEWATER	NJ	2005-03-12
RAGHUNATH	NAGAVEDU	1980	MADRAS COLLEGE	PSYCHIATRY	AUBURN	WA	2005-08-26
RAGHURAMAN	V	1971	THANJAVUR	PSYCHIATRY	NORTH YORK	ON	2005-08-21
RAGHURAMAN	ANUSHA	1972	THANJAVUR	PSYCHIATRY	NORTH YORK	ON	
RAGHUTHAMAN	A.	1967	MADRAS COLLEGE	GI	SUGARLAND	TX	2005-03-12
RAGUPATHI	KUPPUSAMY	1975	COIMBATORE	IM/GASTROENTEROLOGY	COLLEGE STATION	TX	2005-04-01
RAGUPATHI	ROHINI		STANLEY COLLEGE	INTERNAL MEDICINE	COLLEGE STATION	TX	
RAGURAJ	SINNARAJA	1990	THANJAVUR	IM	BEL AIR	MD	0000-00-00
RAGURAJ	SINNARAJAH	1989	THANJAVUR COLLEGE	INTERNAL MEDICINE	BELAIR	MD	
RAGURAJ	ARANI	1999	UNIVERSITY OF ARIZONA TUSON	PHD IN MOLECULAR BIOLGY	BELAIR	MD	
RAJ	RAMONA	2004	SYRACUSE UPSTATE UNIVERSITY		ENDOCRINOLOGY	CHARLOTTESVILLE VA	
RAJ	MEENA	2008	EMORY	STUDENT	DECATUR	GA	2007-12-08
RAJ	SETHURAJ	1977	MADURAI COLLEGE	FAMILY PRACTICE	PEMBROKE PINES	FL	
RAJ	STEVEN	1966	JIPMER	ANESTHESIOLOGIST	ERIE	PA	2005-09-01
RAJA	GEETHA	1976	KILPAUK	INTERNAL	LUTHERVILLE	MD	2005-03-17
RAJA	SRINIVASA	1974	PATNA	ANESTHESIOLOGY	LUTHERVILLE	MD	
RAJA	JAY	1975	MADRAS	GE/CC	ENGLEWOOD	FL	2005-02-25
RAJA	PREMALA	1975	MADRAS	CD	ENGLEWOOD	FL	
RAJAGOPAL	SATHYAMURTHY	1974	STANLEY COLLEGE	PEDIATRICIAN	TIRUPATTUR	N	
RAJAGOPAL	T.	1978	MMC	IM	SACRAMENTO	CA	2005-08-27
RAJAGOPAL	GIRIJA SHANKAR	1974	MADRAS COLLEGE	IM	ATHENS	OH	2005-03-18
KUPPUSWAMY							
RAJAGOPALAN	VISWANATHAN	1983	THANJAVUR COLLEGE	SURGERY/CT SURGERY	PHILADELPHIA	PA	
RAJAGOPALAN	RAMESH			SOFTWARE CONSULTANT	GLENVIEW	IL	
RAJAKUMAR	SUSILA	1976	MADRAS COLLEGE	INTERNAL MEDICINE	ELLCOTT CITY	MD	2006-07-12
RAJAMANI	GANESH	1990	SRI RAMAKRISHNA INSTITUTE OF PARAMEDICAL SCIENCES	PHYSICAL THERAPY	HOUSTON	TX	2008-07-20
RAJAMANNAR	JANAKIRAM	1966	THANJAVUR	IM	SPOKANE	WA	0000-00-00
RAJAN	DORAI	1969	JIPMER	IM	PARKERSBURG	WV	2005-07-24
RAJAN	IDUMBAN ASOKA	1971	MADURAI COLLEGE	PSYCHIATRY	WINDSOR	ON	0000-00-00
RAJAN	KRISHNA	1962	AIIMS-NEW DELHI	GI	FAIFIELD	CA	2005-08-24
RAJAN	SHEELA	1968	KASTURBA-MANIPAL	PATHOLOGY	FAIFIELD	CA	
RAJAN	MANGALA	1978	MADRAS COLLEGE	DIAGNOSTIC RADIOLOGY	MAHOPAC	NY	2005-09-10
RAJAN	SWAMINATHAN	1976	STANLEY COLLEGE	HAND SURGEON	MAHOPAC	NY	
RAJAN	PADMINI	1978	BANGALORE COLLEGE	INTERNAL MEDICINE	BRADENTON	FL	0000-00-00
RAJARAM	KITNAMMA	1976	KILPAUK COLLEGE	INTERNAL MEDICINE	NEW HYDE PARK	NY	2005-10-13
RAJARAM	MANICKAM	1975	UNIVERSITY OF MADRAS	HEALTHCARE	NEW HYDE PARK	NY	
RAJARAM	MAANASI	2005	MEDICAL COLLEGE OF VIRGINIA	RADIOLOGY/ RESIDENCY	PHILADELPHIA	PA	0000-00-00
RAJARAM	SRI-SUJANTHY	1989	UNIVERSITY OF JAFFNA	INTERNAL MEDICINE	WEST WINDSOR	NJ	2005-07-11
RAJARAMAN	KARUNA	1972	MADURAI	PEDIATRICS	MORGANVILLE	NJ	0000-00-00
RAJARAMAN	KARUNAMBAL	1972	MADURAI COLLEGE	PEDIATRICS	MORGANVILLE	NJ	
RAJARAMAN	THIRUNAVUKARASU	1965	COLLEGE OF ENGINEERING GUNDIR INDIA	ENGINEER	MORGANVILLE	NJ	
RAJARAMAN	RAJAGOPALAN	1976	MMC	OTOLARYNGOLOGY	BLOOMFIELD HILLS	MI	
RAJARAMAN	RAVINDRAN	2000	UMDNJ-NEW JERSEY SCHOOL	INTERNAL MEDICINE & PEDIATRICS	MORGANVILLE	NJ	2008-05-16

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
RAJARAMAN	SUJATHA	1991	MADRAS	OB/GYN	ALPHARETTA	GA	2008-05-08
RAJARAMAN	VISWANATHAN	1981	MADRAS	NEURO SURGERY	FRANKLIN LAKES	NJ	2010-02-27
RAJARAMAN M.D	KARUNAMBAL	1972	MADURAI COLLEGE	PEDIATRICS	MORGANVILLE	NJ	
RAJASABAI	SWAPNA	2003	LADY DOAK COLLEGE	GRADUATE IN INTERNATIONAL BUSINESS	DREXEL HILL	PA	
RAJASEKARAN	ANU	1981	MADRAS COLLEGE	DENTISTRY	SANDIEGO	CA	
RAJASEKARAN	RAJ		CMC VELLORE & JIPMER PONDICHERY	PHARMACOLOGY/ UROLOGY	SANDIEGO	CA	
RAJASEKARAN	GANESAN	1962	MADRAS	INTERNAL	TAMPA	FL	2005-03-12
RAJASEKARAN	JEYACHANDRAN	1974	MADURAI COLLEGE	INTERNAL MEDICINE	EDISON	NJ	0000-00-00
RAJASEKARAN	PAKKAM	1976	MADRAS COLLEGE	PSYCHIATRY	STEBEN	ME	2005-08-15
RAJASEKARAN	PALANISAMY	1988	MADRAS	NEONATOLOGY	DULUTH	GA	2008-08-13
RAJASEKARAN	SUDHA		MOUNT CARMEL COLLEGE BANGALORE	SOFTWARE ENGINEER	DULUTH	GA	
RAJASEKHAR	DAMODARA	1976	MADRAS COLLEGE	NEONATOLOGY	APPLE VALLEY	CA	2006-02-26
RAJENDRAN	MALLIKA	1979	COIMBATORE COLLEGE	OB/GYN	NAPERVILLE	IL	2005-07-05
RAJENDRAN	NAGAI	1966	MADRAS COLLEGE	UROLOGY	DOBBE FERRY	NY	2006-05-16
RAJENDRAN	PATTABHIRAMAN	1975	CHINGLEPUT	CARDIOLOGY	PLANT CITY	FL	2005-03-12
RAJENDRAN	ROSULA	1958	CMC	PULMONARY CRITICAL CARE	PLANO	TX	2008-04-28
RAJENDRAN	SOMASUNDARAM	1961	MADURAI	PSYCHIATRY	PUEBLO	CO	0000-00-00
RAJENDRAN	VIJAYALAKSHMI	1972	MADURAI COLLEGE	GENERAL MEDICINE	TITUSVILLE	FL	0000-00-00
RAJENDRAN	VIJAYARAGHAVAN	1977	MADRAS COLLEGE	CARDIOLOGY	BETTENDORF	IA	2009-11-01
RAJESH	VINUTHA	2000	BANGALORE COLLEGE	INTERNAL MEDICINE RESIDENT	WORCESTER	MA	2005-06-01
RAJIAH	SAM	1960	MADURAI	PSYCHIATRY	STOW	OH	2007-10-15
RAJU	PADMA KESARI	1980	MADRAS	CARDIOLOGY	ORLANDO	FL	2005-04-02
RAJU	RAMANATHAN	1976	MADRAS	SURGERY	STATEN ISLAND	NY	2005-03-12
RAJU	SAMANTHI	1975	MADRAS COLLEGE	UROLOGY	STATEN ISLAND	NY	
RAM	GAYATHRI	2006	UNIVERSITY OF TEXAS AT ARLINGTON	HEALTH CARE ADMINISTRATOR (M.H.A)	PLANO	TX	2008-08-18
RAM	RAJA	1979	THANJAVUR COLLEGE	FAMILY MEDICINE	BERKELEY LAKE	GA	2007-09-02
RAMACHANDRAN	CHENGUTAI	1963	MADRAS COLLEGE	ORTHOPEDIC SURGERY	ASHTABULA	OH	2005-08-21
RAMACHANDRAN	SARASWATHI	1967	MADRAS COLLEGE	ANESTHESIOLOGY	ASHTABULA	OH	
RAMACHANDRAN	MUTHUKRISHNAN	1969	JIPMER	BIOCHEMISTRY	ALPHARETTA	GA	2008-09-29
RAMACHANDRAN	MATHURAVANI	1981	UNIVERSITY OF KERALA	CONSULTANT CLINICAL BIOCHEMIST	ALPHARETTA	GA	
RAMAIAH	PRIYABALA	1987	PADY HARDINGE MED COLLEGE	OB/GYN	CANTON	OH	
RAMAKRISHNA	NAGAMALLI	1972	STANLEY COLLEGE	GENERAL SURGERY	PITTSBURGH	PA	2006-08-16
RAMAKRISHNAN	SREEMDEVI	2000	MADRAS COLLEGE	PEDIATRICS/ RESIDENT/ GRADUATE2008	CALEDONIA	IL	0000-00-00
RAMAKRISHNAN	VELLORE	1967	MADRAS	SURGERY VASCULAR	BLOOMFIELD HILLS	MI	2005-03-16
RAMAKRISHNAN	KALPANA	1969	MADRAS	PEDIATRICS	BLOOMFIELD HILLS	MI	
RAMALINGAM	RAJA S.	1964	STANLEY	INTERNAL & EMERGENCY MED	CANTON	OH	2007-10-15
RAMALINGAM	SURESH	1992	KILPAUK COLLEGE	MEDICAL ONCOLOGY	ATLANTA	GA	
RAMAMURTHY	RAJAM	1965	BANGALORE COLLEGE	NEONATOLOGY	SAN ANTONIO	TX	2008-05-07
RAMAMURTHY	SUBRAMANIAN	1967	JIPMER PONDICHERRY	INTERVENTIONAL RADIOLOGY	BURR RIDGE	IL	
RAMAMURTHY	LALITHA	1973	THANJAVUR COLLEGE	NEURORADIOLOGY	BURR RIDGE	IL	
RAMAMURTHY	SURESH	1999	THANJAVUR COLLEGE	CARDIOLOGY	SUWANEE	GA	2009-12-28
RAMAN	ARUN	2000	UNIVERSITY OF THE WEST INDIES (ST AUGUSTINE CAMPUS)	STUDENT	STAFFORD	TX	
RAMAN	PALANI	1977	STANLEY COLLEGE	GASTROENTROLOGY	MANSFIELD	OH	2005-08-01
RAMAN	SHANKAR	2000	JIPMER	GENERAL SURGERY	BRONX	NY	2006-09-01
RAMAN	SIVAKUMAR	1995	UNIV OF BARODA	INTERNAL MEDICINE	SALISBURY	MD	2005-07-14
RAMAN	RITA PANKAJA	1974	JIPMER	PEDIATRICS/ NEONATLOGY	OKLAHOMA CITY	OK	
RAMANATHAN	RAM			SOFTWARE	PLANO	TX	
RAMANATHAN	KODANGUDI	1964	JIPMER	CARDIOLOGY	MEMPHIS	TN	2008-12-21
RAMANATHAN	JAYA	1968	TRIVANDRUM	ANESTHESIOLOGY	MEMPHIS	TN	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
RAMANATHAN	RANGASAMY	1975	STAMLEY COLLEGE	NEONATOLOGY	LA CANADA	CA	2005-10-06
RAMANATHAN	RAVI	1997	UNIV. OF NEVADA	GENERAL MED	HENDERSON	NV	
RAMANI	AVAYAM	1964	STELLA MARIS CHENNAI	SOCIAL WORK	DALLS	TX	2008-08-10
RAMANI	MARAN	2003	TEXAS TECH HEALTH SCIENCES CENTER LUBBOCK TEXAS	PEDIATRICS	ALEXANDER CITY	AL	2008-11-06
RAMASAMY	RANJITH	2007	ROBERT WOOD JOHNSON SCHOOL	UROLOGY	NEW YORK	NY	2005-08-12
RAMASAMY	RENGARAJU	1983	THANJAVUR	INTERNAL MEDICINE	TAUNING	GU	
RAMASAMY	SHANMUGA VELAYUTHAM	1972	MADRAS UNIVERSITY	INTERNAL MEDICINE	WOODRIDGE	IL	
RAMASAMY	UMA	1980	MADRAS	PHARMACOLOGY	HACENSACK	NJ	0000-00-00
RAMASAMY	MALAR	2000	MADRAS COLLEGE	INTERNAL MEDICINE	MUNSTER	IN	
RAMASUBBU	SRIDHAR			ERP CONSULTANT	CLARKSVILLE	MD	
RAMASWAMY	GEETHA	1996	MADRAS COLLEGE	CARDIOLOGY	X	TX	2008-05-25
RAMASWAMY	KANNAN	1981	BITS PILANI	HONORARY MEMBER	BETHESDA	MD	2005-07-23
RAMESH	NARAYANAN	1994	ANNAMALAI UNIVERSITY	PSYCHIATRY	GAITHERSBURG	MD	0000-00-00
RAMESH	PRIYADARSINI	1989	STANLEY COLLEGE	PEDIATRICS	GLENVIEW	IL	2005-05-31
RAMESH	SHANTI	1981	MADRAS COLLEGE	IM/GERIATRICS	ELLCOTT CITY	MD	0000-00-00
RAMESH	VANI	1984	MADURAI COLLEGE	INTERNAL MEDICINE	PLANO	TX	2008-08-29
RAMESH	SUBRAMANIAN			ENGINEER	PLANO	TX	
RAMGOPAL	MEKALA	1974	MADRAS COLLEGE	GASTROENTEROLOGY	LIDO BEACH	NY	2005-07-28
RAMGOPAL	VADAKEPAT	1969	KILPAUK	IM/ ID	EDMOND	OK	2006-12-05
RAMMOHAN	KOTTIL	1969	MADRAS COLLEGE	NEUROLOGY	GALENA	OH	2010-06-16
RAMMOHAN	MUTHURAMALINGAM	1968	THANJAVUR	ENDOCRINOLOGY	WARREN	OH	2005-03-12
RANGACHARI	BHANU	1975	MMC	DIAGNOSTIC RADIOLOGY	BURR RIDGE	IL	
RANGACHARI	KRISH	1970	SMC	ANESTHESIOLOGY	BURR RIDGE	IL	
RANGARAJ	MADURA	1974	MADRAS	IM/RHEUMATOLOGY	MONROE	LA	0000-00-00
RANGARAJ	UMA	1974	MADRAS	IM/ENDOCRINOLOGY	MONROE	LA	
RANGARAJAN	NAVALPAKKAM	1962	MADRAS	OB/GYN	ST. PETERSBURG	FL	0000-00-00
RANGARAJAN	SRIRAM	2014	UNIVERSITY OF CALIFORNIA SAN DIEGO	RADIATION ONCOLOGY	LA JOLLA	CA	2008-08-15
RANGARAJAN	UMADEVI	1988	MADURAI COLLEGE	ANESTHESIOLOGY	PEORIA	IL	0000-00-00
RANGASWAMI	NARAYANASWAMI	1969	MADRAS	PEDIATRICS	CORDOVA	TN	2005-03-12
RANGASWAMI	BHARATHI		MADRAS COLLEGE	FAMILY PRACTICE	CORDOVA	TN	
RAO	KAKARALA	1966	CHINGELPATTU	IM/ENDOCRINOLOGY	LEHIGH ACRES	FL	2005-03-13
RAO	U. PRABHAKAR	1967	MADRAS COLLEGE	GASTROENTEROLOGY	ODESSA	TX	2005-09-12
RAO	USHA			MEDICAL OFFICE MANAGER	ODESSA	TX	
RATHINASAMY	PALANISAMY	1971	MADURAI COLLEGE	GENERAL SURGERY	VALRICO	FL	2005-03-12
RATHNAKUMAR	CHARUMATHI	1993	MADURAI COLLEGE	ID	DAYTON	NJ	2005-04-10
RATHNAM	SIVAGAMI	1987	MADRAS	INTERNAL	ROSLYN HGTS	NY	2005-03-12
RATNATHICAM	WIJAYAN	1971	CHRISTIAN	GENERAL SURGERY	CORTLANDT MANOR	NY	2005-03-12
RATNATHICAM	JOSEPHINE		CHRISTIAN COLLEGE	ANESTHESIOLOGY	CORTLANDT MANOR	NY	
RAU	PRAKASH	1971	STANLEY COLLEGE	GASTROENTEROLOGY	HIGHAM	MA	2005-10-10
RAVENDHRAN	NATARAJAN	1974	STANLEY COLLEGE	IM/ GASTROENTEROLOGY	REISTERSTOWN	MD	2005-04-11
RAVI	RAJAGOPALAN	1973	ALL INSTITUTE OF SCIENCE INDIA	CARDIOLOGIST	CHANDLER	AZ	2005-10-06
RAVINDAR	PRITHI	2000	STANLEY COLLEGE	CV	BOSTON	MA	2006-04-19
RAVINDRA	CHITRA	1975	COIMBATORE COLLEGE	FAMILY PRACTICE	ST. PETERSBURG	FL	2005-03-05
RAVINDRA	NAGELLA	1968	ANDHRA UNIVERSITY	SURGERY	ST. PETERSBURG	FL	
RAVINDRAN	PRIYA		UNIVERSITY OF MISSOURI	GASTROENTEROLOGY	DULUTH	GA	
RAYUDU	SUBBULAXMI	1979	KILPAUK	PSYCHIATRY	GERMANTOWN	TN	2009-01-30
REDDI	VIJAYA	1990	MADRAS COLLEGE	FAMILY PRACTICE	BRONXVILLE	NY	
REDDY	HARSHA	1973	MADRAS	PSYCHAITRY	WOODMERE	NY	2006-09-03
REDDY	MURALIDHARAN	1987	STANLEY COLLEGE	INTERNAL MEDICINE	MALDEN	MA	2006-07-27
REDDY	RAJASEKHAR	1995	PSG INSTITUTE OF SCIENCES	INTERVENTIONAL RADIOLOGY	ATLANTA	GA	2010-03-07

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
			AND RESEARCH				
REDDY	SEETHARAM	2005	CHENGALPATTU COLLEGE	INTERNAL MEDICINE	ATLANTA	GA	
RENGACHARY	SETTI	1960	MADURAI	NEUROSURGERY	LAKEWOOD	MO	2005-03-17
					LEES SUMMIT		
RENGACHARY	DHANALAKSHMI	1962	MADRAS	OB-GYN	LAKEWOOD LEES SUMMIT		MO
RENGARAJAN	MEENA	1968	MADURAI COLLEGE	EMERGENCY MEDICINE	S.BARRINGTON	IL	
RENGARAJAN	BALA	1966	MADRAS VETERINARY COLLEGE	VETERINARIAN	S.BARRINGTON	IL	
RENGARAJAN	MEENALOCHANI	1968	MADURAI	EMERGENCY MEDICINE	SOUTH BARRINGTON	IL	2008-12-21
RENGARAJAN	BABU			SOFTWARE ENGINEER	GERMANTOWN	MD	
RENGARAJU	BRINDA	2001	THANJAVUR	IM	TAUNING	GU	
RISHIKESH	MALINI	2003	MEENAKSHI COLLEGE	BIOCHEMISTRY	BALTIMORE	MD	
ROBERTS	NATHANIEL S	1970	MADRAS	PHARMACIST	WESTCHESTER	IL	2008-12-21
ROBERTS	SAVITHRI		MADRAS UNIVERSITY	MEDICAL TECHNOLOGIST	WESTCHESTER	IL	
ROCHE	FRANCIS X.	1970	MADURAI COLLEGE	RADIOLOGY	DYER	IN	2005-08-22
ROCHE	PANICHELVM	n/a	N/A	HOMEMAKER	DYER	IN	
ROSE	SHELONITDA	1990	MADURAI COLLEGE	HEMATOLGY/ ONCOLOGY	KENDALLPARK	NJ	2005-06-08
RUFF	RICHARD	2000	MIDWESTERN UNIVERSITY	ER	OAK PARK	IL	2008-08-30
RUFF	FLORENCE	2000	MIDWESTERN UNIVERSITY	FAMILY MEDICINE	OAK PARK	IL	
SABAPATHY	RAMESH	1979	MADRAS COLLEGE	IM	ELLCOTT CITY	MD	
SADHASIVAM	SITHANANDAM	1972	JIPMER	PEDIATRICS / PERINATAL-NEONATAL MEDICINE	POTMAC	MD	2007-09-11
SADHASIVAM	SUBRAMANIAM	1983	THANJAVUR	SURGERY GENERAL	BRONX	NY	
SAI SUDHAKAR	CHITTOOR	1981	STANLEY COLLEGE	CARDIOTHORACIC SURGERY	POWELL	OH	2006-08-28
SAKKARAI	MUNEESH	2000	PSG	IT	BOSTON	MA	
SALEM	NAGARATINA	1993	KILPAUK	PEDIATRICS	PLANO	TX	2008-05-07
SAMBANDAM	ODAIYAPPA	1970	MADURAI COLLEGE	IM/CARDIOLOGY	PORT CHARLOTTE	FL	2005-03-14
SAMBANDAM	SUNDARESAN	1969	THANJAVUR	HEMATOLOGY/ONCOLOGY	CRANSTON	RI	2010-06-18
SAMBANDAN	RAMA	1970	MADURAI	INTERNAL MEDICINE	HOLMDEL	NJ	2010-07-08
SAMBASIVAN	VENKATARAMAN	1971	THANJAVUR CENTER	INTERVENTIONAL RADIOLOGY	RICHLAND	WA	2007-12-26
SAMBASIVAN	UMA			BUSINESS OWNER	RICHLAND	WA	
SAMPATH	SAVITHARANI	2008	COOK COUNTY HOSPITAL	PEDIATRICS	CHICAGO	IL	
SAMUEL	MERVYN	1965	CHRISTIAN	OBYN	BACKLICK	OH	2005-03-12
SAMUEL	MICHAEL	1999	MEHARRY	PED/ADULT RETINA	BACKLICK	OH	2005-03-12
SAMUEL	MILROY	1997	MEHARRY	OBYN	NEW ALBANY	OH	2005-03-12
SANKAR	GOVINDASAMY	1966	STANLEY COLLEGE	IM/PULMONARY	KINGMAN	AZ	0000-00-00
SANKAR	RADHA	1965	MADRAS	PSYCHIATRY	MINEOLA	NY	2005-05-06
SANKARALINGAM	SUBBU			IT CONSULTANT	EPHRATA	PA	
SANKARAN	MANICKAM	1967	MADRAS COLLEGE	INTERNAL MEDICINE	ALTOONA	PA	2005-07-12
SANKARAN	RAM	1971	STANLEY COLLEGE	PEDIATRICS	FRIENDSHIP	WI	2005-10-24
SANKARANARAYANAN	VENKATARAJAN	1977	MADURAI COLLEGE	NEUROLOGY	KATY	TX	2007-12-16
SANKARAPANDIAN	PONNIAH	1967	MADURAI COLLEGE	NEPHROLOGY	COLLEYVILLE	TX	2006-07-31
SANKARAPANDIAN	PANKAJAM	1971	MADURAI COLLEGE	PEDIATRICS	COLLEYVILLE	TX	
SANTHANAKRISHNAN	SUNIL	1989	STANLEY COLLEGE	IM/PULMONARY	SCOTTSDALE	AZ	2005-03-11
SANTHOSHAM	MATHURAM	1969	JIPMER	PEDIATRICS	STEVENSON	MD	2005-03-12
SANTHOSHAM	PATRICIA		JIPMER	ANESTHESIOLOGY	STEVENSON	MD	
SANTOSH	VENKATARAMAN	1978	JIPMER	GENERAL SURGERY	MIDLOTHIAN	VA	0000-00-00
SANTOSH	PADMINI	1986	KILPAUK COLLEGE	OB/GYN	MIDLOTHIAN	VA	
SARAN	SHANTHI	1990	MADURAI COLLEGE	PEDIATRICS	BELLAIRE	TX	
SARAN	KUMAR	1990	MADURAI COLLEGE	PHYSICIAN	BELLAIRE	TX	
SARAVANAN	YAMINI	2004	GEORGE WASHINGTON UNIVERSITY	INTERNAL MEDICINE/RESIDENT	BRIGHTON	MA	2005-06-01
SASTRI	SURIYA	1978	MADRAS	GASTROENTEROLOGY	BURR RIDGE	IL	2008-09-03
SATHAPPAN	KASIRAJA	1984	MADRAS COLLEGE	PSYCHIATRY	BELMONT	OH	2006-06-22
SATHYAMOORTHY	MADHANKUMAR	1999	KILPAUK COLLEGE	ANESTHESIOLOGY	NASHUA	NH	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
SATHYAMURTHY	MANONMANI	1979	ETHIRAJ COLLEGE CHENNAI	HOME MAKER			
SATHYAMURTHY	MANONMANI	1978	ETHIRAJ COLLEGE CHENNAI	HOME MAKER	TIRUPATTUR	N	
SATHYAVAGISWARAN	LAKSHMANAN	1971	STANLEY COLLEGE	IM ID PATHOLOGY GERIATRICS CAP CP FP	ARCADIA	CA	2005-08-29
SEENIVASAN	LAKSHMIPATHY	1960	MADURAI	IM	MILLERSVILLE	MD	0000-00-00
SEKAR	GUNA	1983	MADRAS COLLEGE	PEDIATRICS	LAWRENCEVILLE	GA	
SEKAR	MALLIKA	2004	ELMHURST COLLEGE	MEDICAL TRANSCRIPTION	ORLAND HILLS	IL	2009-01-26
SEKAR	MUTHUSAMY	1982	MADRAS COLLEGE	CARDIOLOGY	MCDONOUGH	GA	2005-08-14
SEKARAN	NARAYANACHAR	1975	MADRAS COLLEGE	PULMONARY/IM	ROANOKE RAPIDS	NC	2005-02-26
SEKARAN	MEENA	1979	GUNTUR COLLEGE	IM	ROANOKE RAPIDS	NC	
SEKARAN	P	1983	THANJAVUR COLLEGE	CARDIAC ANESTHESIOLOGY	BROOKFIELD	WI	2006-08-27
SEKARAN	BERYL			HOME MAKER	BROOKFIELD	WI	
SEKARAN	SOMASUNDARAM. K	1965	STANLEY COLLEGE	UROLOGY	BUTLER	PA	2005-09-23
SEKARAN	KAMALESH. K	1967	MADRAS COLLEGE	PEDIATRICS	BUTLER	PA	
SEKHARAN	NARAYANSWAMI	1962	DARBHANGA COLLEGE BIHAR INDIA.	OB/GYN	DELRAY BEACH	FL	2006-04-09
SEKHARAN	RAMA	1963	MADRAS COLLEGE MADRAS.INDIA.	OB/GYN	DELRAY BEACH	FL	
SELVAKUMAR	VEDHAGIRI	1970	MADRAS	GASTROENTEROLOGY	OMAHA	NE	2005-03-12
SELVARAJ	PERIASAMY	1984	CHRISTIAN COLLEGE VELLORE TAMIL NADU IN	PH.D. BIOCHEMISTRY	LILBURN	GA	2008-08-26
SELVARAJ	RAM	1980	KILPAUK COLLEGE	EMERGENCY MEDICINE	WICHITA FALLS	TX	2008-07-30
SELVARAJ	SRINIVASAN	1974	THANJAVUR COLLEGE	GASTROENTEROLOGY	CHAPPAQUA	NY	
SENGOTTUVELU	SABAPATHY	1984	STANLEY COLLEGE	EMERGENCY MEDICINE	CLARKSVILLE	MD	2005-04-06
SENRA	MANOHAR	1976	MADRAS	IM/ CRITICAL CARE	FULLERTON	CA	2005-03-12
SENTHILKUMAR	KANDASAMI	1992	MADRAS	NEUROLOGY	BEAUMONT	TX	2007-12-26
SENTHILNATHAN	SHOBANA	1987	MADRAS COLLEGE	INTERNAL MEDICINE	APEX	NC	2010-06-18
SENTHILNAYAGAM	RAJASUNDAR			SOFTWARE CONSULTANT	WEST DES MOINES	IA	
SERALATHAN	RAMASAMY	1972	STANLEY COLLEGE	GENERAL SURGERY	PORTERVILLE	CA	2005-02-15
SHANKAR	MENAKA	1992	COIMBATORE	HOUSE WIFE	NEWMAN	GA	
SHANMUGAM	GEETHA	2009	ALBERT EINSTEIN COLLEGE OF MEDICINE	STUDENT	BRONX	NY	
SHANMUGAM	KASINATHAN	1971	MADURAI	ANESTHESIOLOGY	EASTON	MD	2005-03-12
SHANMUGAM	MAKILZHAN	1988	MADRAS	IM/CARDIOLOGY	CANTON	OH	2006-02-20
SHANMUGAM	NATESHA P	1988	KILPAUK	PULMONARY/ CRITICAL CARE	FAIRFAX	VA	0000-00-00
SHANMUGHAM	PONNUSAMY	1972	MADRAS COLLEGE	INTERNAL MEDICINE		NY	
SHANMUGHAM	SADRAS	1974	MMC	PULMONARY/CRITICAL CARE	SPRING HILL	FL	2006-07-05
SHANMUGHAM	REVATHI	1969	MMC	PSYCHIATRY	SPRING HILL	FL	
SHANMUKANATHAN	THULASI	2011	SUSOM	STUDENT	TORONTO	ON	
SHIRAZI	MAHMAUD	1989	MMC	INTERNAL MEDICINE	SALISBURY	MD	0000-00-00
SIDDHARTHAN	RENUKA	1980	MADRAS	INTERNAL	TAMPA	FL	2005-03-12
SIMHAN	NARA	1969	JIPMER	IM/INFECTIOUS DISEASES	COCKEYSVILLE	MD	2005-02-05
SINGARAM	VANITHA	1997	COIMBATORE COLLEGE	ENDOCRINOLOGY	WEST DES MOINES	IA	
SINGARAVELU	DAKSHINAMURTHY	1981	STANLEY	ANESTHESIOLOGY	MILFORD	PA	2005-03-12
SINGARAVELU	NILA		KILPAUK MEDICAL	OBGYN	MILFORD	PA	
SINGH	VALLI	1960	GENERAL HOSPITAL	REGISTERED NURSE	NEW YORK	NY	
SIRITHARA	ANUSHA	1974	MEDICAL FACULTY COLOMBO SRILANKA	INTERNAL MEDICINE	PHOENIX	MD	2005-12-09
SIRITHARA	JEYANTHI	1980	MADURAI	NEUROLOGY	ELLCOTT CITY	MD	2005-07-18
SIRITHARA	RAMANATHER	1970	UNIVERSITY OF CEYLON	CARDIOLOGY	ELLCOTT CITY	MD	
SITHANANDAM	GUNAMANI	1987	GEORGE WASHINGTON UNIVERSITY WASHINGTON DC	PHD GENETICS	POTMAC	MD	
SITHANANDAM	LAVANYA	2002	NORTH WESTERN UNIVERSITY CHICAGO	PEDIATRICS	TAKOMA PARK	MD	2009-05-16
SITHIAN	NEDUNCHEZIAN	1971	MADRAS	VASCULAR SURGERY	STATEN ISLAND	NY	2005-03-12

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
SIVA	THIRU	1968	UNIV OF CEYLON	PEDIATRICS	STATEN ISLAND	NY	2005-03-12
SIVADAS	CHANGARAM	1962	STANLEY COLLEGE	INTERNAL MEDICINE	CHESTNUT RIDGE	NY	2005-09-17
SIVAKANTHAN	JAMUNA	1998	ST. FRANCES CENTER	PHYS. MED & REHAB	PITTSBURGH	PA	2005-05-28
SIVAKUMAR	MAHALINGAM	1983	THANJAVUR MDICAL COLLEGE	VASCULAR SURGERY	FLUSHING	NY	0000-00-00
SIVAKUMAR	USHA	1987	KILPAUK COLLEGE	INTERNAL MEDICINE	FLUSHING	NY	
SIVAKUMAR	WALAVAN	2010	UNIVERSITY OF CALIFORNIA	MEDICAL STUDENT	LOS ANGELES	CA	
SIVAKUMARAN	CHANDRA	1967	THANJAVUR	ANESTHESIOLOGY	BLAUVELT	NY	2005-03-12
SIVALINGAM	RUKMANI (ANU)	2000	UNIVERSITY OF MANCHESTER	INTERNAL MEDICINE	FALLS CHURCH	VA	
SIVANANDAM	ESWARI	1967	THANJAVUR	PATHOLOGY	MIDDLEBURG HEIGHTS	OH	2007-06-22
SIVARAMAN	MANJAMALAI	1991	MADURAI	NEUROLOGY	SALEM	MA	0000-00-00
SIVASAILAM	SANKARAVADIVU	1988	KILPAUK	HEMATOLOGY/ONCOLOGY	ELLCOTT CITY	MD	2005-03-12
SOLAIYAPPAN	MEIYAPPAN	1984	COLLEGE OF ENGINEERING CHENNAI	IMAGING RESEARCH	ELLCOTT CITY	MD	0000-00-00
SOMASUNDAR	PONNANDAI	1990	MADRAS	SURGICAL ONCOLOGY	EAST GREENWICH	RI	2005-03-12
SOMASUNDAR	SUKANYA	1990	MADRAS	FAMILY	EAST GREENWICH	RI	
SOMASUNDARAM	CHANDRA	1988	MADURAI KAMARAJ UNIVERSITY	BIOLOGY	CHAPEL HILL	NC	
SOMASUNDARAM	MANA	1977	THANJAVUR	PEDIATRICS	PLANSBORO	NJ	2005-04-04
SOMSUNDARAM	A.	1960	MADRAS COLLEGE	GI	CANTON	OH	2005-08-27
SOOSAIMANICKAM	SERAPHINE	2000	MADURAI	INTERNAL MEDICINE	JERSEY CITY	NJ	2005-03-18
SOURI	PRATAP	1964	CHRISTIAN COLLEGE VELLORE	SURGEON	BARNESVILLE	OH	2006-07-12
SRIDARAN	RAJAGOPALAN	1977	CHICAGO	MEDICAL PHYSIOLOGY	ATLANTA	GA	2008-09-23
SRIDHAR	RADHA	2005	UNIVERSITY OF MARYLAND -TECH SCHOOL	ULTRASOUND SONOGRAPHY	CLARKSVILLE	MD	2009-07-01
SRIDHAR	SUNDARA	1972	STANLEY COLLEGE	PATHOLOGY	STATEN ISLAND	NY	2005-10-23
SRIDHARAN	AISHWARYA	2011	UNIVERSITY OF CALIFORNIA IRVINE	MEDICINE	CERRITOS	CA	
SRINIVAS	SUBRAMANIAN	1974	OSMANIA UNIV GANDHI COLLEGE	IM/ GASTROENTEROLOGY	TIMONIUM	MD	2005-04-06
SRINIVASAN	BHAVANI	1974	GRANT	PEDIATRICS	PLAINVIEW	NY	2005-04-05
SRINIVASAN	SUBRAMANIAM	1972	STANLEY	IM/ID	PLAINVIEW	NY	
SRINIVASAN	CHIDAMBARAM	1972	MADURAI	ANESTHESIOLOGY	FRANKFORT	IL	2009-08-30
SRINIVASAN	DAYANATHA	2011	RAMACHANDRA COLLEGE CHENNAI	MEDICAL STUDENT	NAPERVILLE	IL	
SRINIVASAN	KRISHNASWAMI	1961	MADRAS	IM	AUBURN	AL	0000-00-00
SRINIVASAN	KURUCHI	1975	MADRAS COLLEGE	INTERNAL MEDICINE	PHILADELPHIA	PA	2005-07-30
SRINIVASAN	PARTHASARATHY	1978	KILPAUK	NEPHROLOGY	GALESBURG	IL	2008-06-29
SRINIVASAN	SUBRAMIAM				PLAINVIEW	NY	2006-09-01
SRINIVASAN	VENKAT	1991	STANLEY COLLEGE	INTERNAL MEDICINE	SAN ANTONIO	TX	
SRINIVASARAGHAVAN	JAGANNATHAN	1974	THANJAVUR COLLEGE	PSYCHIATRY& FORENSIC PSYCHIATRY	CARBONDALE	IL	2005-09-10
SRIRAMAN	R.V.	1958	MMC	PSYCHIATRY	GOLDSBORO	NC	2006-07-19
SUBBANNAN	KARTHI	1998	COIMBATORE	HEMATOLOGY & ONCOLOGY	ALPHARETTA	GA	2009-06-02
SUBBARAMAN	RAMNATH	2007	YALE SCHOOL OF MEDICINE	NONE	MIDLAND	TX	
SUBBARAMAN	SRIRAMAMURTHY	1971	MADRASCOLLEGE	SURGERY	MIDLAND	TX	2005-10-15
SUBBIAH	SABARI RAJA	2001	RAJIV GHANDHI MED. COLLEGE KARNATAKA	IM	HANOVER	MD	
SUBBIAH	THEVARAYA	1975	MADRAS	CARDIOLOGY	BUTLER	PA	2005-03-12
SUBBIAH	YAMINI	2002	SRI RAMACHANDRA COLLEGE	IM/RESIDENT	PITTSBURGH	PA	2005-06-01
SUBRAMANIAM	RAJARATHINAM	1992	MADURAI	IM	SOMERSET	NJ	2005-06-06
SUBRAMANIAM	SAMPATH	1993	CHENNAI COLLEGE	SURGERY	YONKERS	NY	2006-02-26
SUBRAMANIAN	ASOKAN			SOFTWARE ENGINEER	ROSEVILLE	CA	
SUBRAMANIAN	SRIKANTH			NON-MEDICAL - SALES	PLANO	TX	
SUBRAMANIAN	TAMILSELVI	2002	MADRAS UNIVERSITY	BIO-INFORMATICS	ATLANTA	GA	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
SUBRAMANIAN	ANAND	2007	HENRY FORD HOSPITAL DETROIT MI	INTERNAL MEDICINE	EAU CLAIRE	WI	2008-12-09
SUBRAMANIAN	KAVITHA	1998	COIMBATORE	INTERNAL	CRESSKILL	NJ	2005-03-03
SUBRAMANIAN	MANI		THANJAVUR	CARDIOLOGY	DES PLAINS	IL	2008-08-30
SUBRAMANIAN	SUSILA	1976	THANJAVUR	PEDIATRICS	DES PLAINS	IL	
SUBRAMANIAN	RAJESH	1995	ARMED FORCES COLLEGE	CARDIO-VASCULAR DISEASE	MEMPHIS	TN	2009-03-07
SUBRAMANIAN	SIVA	1970	STANLEY COLLEGE	NEONATOLOGY/PEDIATRICS	POTOMAC	MD	2008-03-31
SUBRAMANIAN	KALYANI	1974	FATIMA COLEGE	TEACHER	POTOMAC	MD	
SUBRAMANIAN	SUJATHA	1990	LOKMANYA TILAK MUNICIPAL COLLEGE	FAMILY PRACTICE	PLANO	TX	2008-08-24
SUBRAMANIAN	TENKASI	1969	JIPMER	ANESTHESIOLOGY	OAK BROOK	IL	2008-08-30
SUBRAMANIAN	THOPPE	1966	THANJAVUR COLLEGE THANJAVUR TAMIL NADU	PSYCHIATRY	CLEMMONS	NC	2005-07-26
SUBRAMANIAN	VALAVANOOR	1962	STANLEY COLLEGE	CARDIOTHORACIC SURGERY	NEW YORK	NY	
SUBRAMANIAN	VEERAPPAN	N/A	PHARMACY SCHOOL	PHARMACEUTICAL R&D	EDISON	NJ	2005-07-14
SUDHAKAR	TONI			NURSING	POWELL	OH	
SUDHAKAR	AYILAM	1986	JIPMER	GENERAL SURGERY	BRONXVILLE	NY	2005-12-05
SUGUMARAN	RAMASAMY	1972	MADURAI	IM	DAYTON	OH	2003-10-20
SUKUMAR	M	1980	JIPMER	PEDIATRICS/NEONATOLOGY	DARNESTOWN	MD	2005-03-12
SUKUMAR	PRABHA	1985	MADRAS COLLEGE	IM/GASTROENTEROLOGY	DARNESTOWN	MD	
SUKUMAR	SUNDARAM	1974	MADRAS COLLEGE	INTERNAL MEDICINE	BELTON	TX	
SUKUMAR	LATHA	1974	MADRAS COLLEGE	INTERNAL MEDICINE /GERIATRICS	BELTON	TX	
SUKUMARAN	MUTHIAH	1973	MMC	PULMONARY	JAMAICA ESTATES	NY	2005-08-03
SUNDAR	SUBRAMANIAM	1976	MADRAS COLLEGE	GASTROENTEROLOGY	TUSCALOOSA	AL	2006-08-02
SUNDAR	VIJAYA	1976	MADRAS COLLEGE	INTERNAL MEDICINE	TUSCALOOSA	AL	
SUNDAR	VEERAPPAN	1986	KILPAUK COLLEGE	INTERNAL MEDICINE	DURHAM	NC	2010-05-04
SUNDAR	VALARMATHI	1989	TANJAVORE COLLEGE	FAMILY MEDICINE	DURHAM	NC	
SUNDARAM	JAYANTHI	1984	STANLEY	OB GYN	FRANKLIN LAKES	NJ	
SUNDARAM	BHARATHY	1983	MADRAS COLLEGE	NEUROLOGY	SHERMAN	TX	2008-08-20
SUNDARAM	EASWAR	1984	MADRAS COLLEGE	NEUROLOGY	SHERMAN	TX	2008-04-13
SUNDARAM	KRISHNAMURTHI	1973	MADRAS	OTOLARYNGOLOGY	STATEN ISLAND	NY	2005-03-12
SUNDARAM	REVATHY		MADRAS COLLEGE	PED/HEMOTOLOGY ONCOLOGY	STATEN ISLAND	NY	
SUNDARAM	PALANISAMY	1969	MADRAS COLLEGE	PEDIATRICS	LIVINGSTON	NJ	2005-03-12
SUNDARAM	VENKAT	1969	MADRAS	E. N. T	WELLINGTON	FL	2005-03-12
SUNDARAM	SHANTHI	1972		ANESTHESIOLOGY	WELLINGTON	FL	
SUNDARAM JR	EASWAR	1982	MADRAS COLLEGE	NEUROLOGY	SHERMAN	TX	
SUNDARAM-MOHIP	PRETHI	2007	WELLINGTON REGIONAL CENTER	FAMILY PRACTICE	WEST PALM BEACH	FL	2006-08-04
SUNDER	NITHYA	2003	UNIV OF ILLINOIS	PEDIATRICS	MILWAUKEE	WI	
SUNDERAJAN	PRABHA	1976	MADRAS	PSYCHIATRY	DALLAS	TX	2008-04-15
SUPAKIN	JOHN	1996	CMC	GENERAL	MANOS	WA	
SUPPIAH	PALANIAPPAN	1971	MADURAI	IM	SALEM	IL	2005-03-17
SURESH	DORAIRAJ	1977	MADRAS COLLEGE	ANESTHESIA	ST. JOSEPH	MO	2005-02-20
SURESH	PAMMAL	1977	MMC	INTERVENTIONAL/CARDIOLOGY	MANSFIELD	OH	2006-05-14
SURY	ANU	2004	PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE	FAMILY PRACTICE	CARROLLTON	TX	2008-08-15
SWAMIDOSS M.D.	STEPHENSON	1971	MADRAS COLLEGE.	PATHOLOGY & LAB.MEDICINE.	MECHANICSBURG	PA	2010-06-22
SWAMINATHAN	ANANGUR			SURGERY	MOUNTAINSIDE	NJ	
SWAMINATHAN	JAWAHAR	1988	JIPMER	PREVENTIVE MEDICINE	COLUMBIA	SC	0000-00-00
SWAMINATHAN	KRISHNA	1981	JIPMER	VASCULAR SURGERY	OCALA	FL	2006-05-16
SWAMINATHAN	VISWANATHAN	1972	THANJAVUR	PSYCHIATRY	CHOCOWINITY	NC	2005-07-08
SWAMY	PONNUSWAMY	1966	STANLEY COLLEGE	PLASTIC SURGERY	SHERMAN	TX	0000-00-00
SWAMY	SPOUSE FIRSTNAME	1966		SPOUSE SPECIALTY	SHERMAN	TX	
SWAMYIYAH	GEETHA	2000	THANJAVUR	INTERNAL MEDICINE	DALLAS	TX	2008-04-15

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
SYED	RADHA	1969	MAULANA AZAD NEW DELHI	OBGYN	STATEN ISLAND	NY	2006-09-02
TANDRI	HARIKRISHNA	1195	KURNOOL COLLEGE	CARDIAC ELECTROPHYSIOLOGY	ELLCOTT CITY	MD	2008-07-10
TEST2	TEST	1980	TANJORE	INTERNAL	BETHESDA	MD	
THAMBIDORAI	SENTHIL	2001	KILPAUK COLLEGE	CARDIOLOGY FELLOW	OMAHA	NE	
THAMBI-PILLAI	THAVAM	1996	NATIONAL UNIVERSITY OF IRELAND	TRANSPLANT SURGERY	KETTERING	OH	2006-05-16
THAMILAVEL	SOMASUNDARAM	1973	THANJAVUR	ANESTHESIOLOGY	SOUTH BARRINGTON	IL	2008-06-29
THANGAM	SABANAYAGAM	1976	KILPAUK	CARDIOLOGY	BRANDON	FL	2005-03-17
THENAPPAN	ARUNACHALAM	1982	MADURAI	HEMATOLOGY/ ONCOLOGY	LAKEWORTH	FL	2005-03-14
THINAKARAN	VASUGI	20??	??	LAB MEDICINE	ORLAND PARK	IL	2008-12-21
THIRUMAVALAVAN	VALLUR	1977	MADRAS	INTERNAL	GREENBROOK	NJ	2005-03-12
THIRUMOORTHY	ARUL	2008	MED. UNIV OF OHIO AT TOLEDO	MEDICAL STUDENT	TOLEDO	OH	2005-06-01
THIRUMOORTHY	M. C.	1971	STANLEY COLLEGE	PEDIATRIC INFECTIOUS DISEASES	GROSSE POINTE	MI	0000-00-00
THIRUPPATHI	DAMOTHARA	1965	STANLEY	PEDIATRICS	CANTON	OH	2007-10-15
TILAK	MARY	2001	UNIVERSITY OF CHICAGO	INTERNAL MEDICINE	MUNSTER	IL	2008-08-30
TIMOTHY	NANCY	1988	KILPAUK COLLEGE	INTERNAL MEDICINE	ELLCOTT CITY	MD	0000-00-00
TRICHY SELVARAJ	SIDHARTHI	2003	KILPAUK COLLEGE	MEDICAL STUDENT	GERMANTOWN	MD	2009-10-23
TRIVEDI-ALEXANDER PH.D. MPH	SUDHA	1969	BARODA UNIV & J HNS HOPKINS UNIVERSITY	PSYCHOLOGIST & EPIDEMIOLOGIST	GLEN BURNIE	MD	
UDAYAKUMAR	PRABHU DEEPAK KUMAR	2005	MADRAS COLLEGE	INTERNAL MEDICINE	FARGO	ND	2008-09-01
UDAYAMURTHY	YASODARA	1979	THANJAVUR COLLEGE	INTERNAL MEDICINE	HOUSTON	TX	2008-08-25
UDHUMAN	SHEIK	1999	MMC	PHYSICOLOGY	VXCV	TX	
UMAMAHESWARAN	MALLIKA	1978	KILPAUK	PEDIATRICS	POTOMAC	MD	2005-03-12
UNNI	MOORKATH SIVARAMAN	1984	MADRAS	IM/ GASTROENTEROLOGY	HUNT VALLEY	MD	0000-00-00
VADIVELU	SHANMUGHAM	1976	MADRAS COLLEGE	ANESTHESIOLOGY	CHESTERTON	IN	2006-07-19
VADUGANATHAN	PERIYANAN	1982	BAYLOR COLLEGE OF MEDICINE	CARDIOLOGY	BELLAIRE	TX	0000-00-00
VAIDHIYA	PAITHIYA	1930	KILPAUK	PSYCHIATRY	MOODY TOWN	IA	
VARADARAJAN	ANUPAMA	2000	COIMBATORE	INTERNAL	JERSEY CITY	NJ	2005-03-12
VASANTHAKUMAR	MUTHUKRISHNAN	1974	MADRAS COLLEGE	IM	ELLCOTT CITY	MD	2002-03-05
VASU	SUMITHIRA	2002	THANJAVUR COLLEGE	HEMATOLOGY	ROCKVILLE	MD	2010-04-18
VASUDEVAN	PARTHASARATHY	1963	MADURAI	UROLOGY	MARION	AR	0000-00-00
VASUDEVAN	KANAKA	1968	LADY HARDINGE	ANESTHESIA	MARION	AR	
VASUDEVAN	KANAKA	1967	LADY HARDINGE COLLEGE	ANESTHESIOLOGIST	MARION	AR	
VASUDEVAN	SUBRAMANIAM	1974	MADRAS	PSYCHIATRY	MELBOURNE	FL	0000-00-00
VASUDEVAN	VINODH	2006	UNIV. OF ILLINOIS AT PEORIA	PEDIATRICS/3RD YEAR RESIDENT(2006)	PEORIA	IL	
VASWANI	RANI	1973	MADRAS	INTERNAL MEDICINE	PARLIN	NJ	2006-05-31
VEDHANAYAKAM	ARUNACHALAM	1964	CEYLON	PEDIATRICS	WISE	VA	2005-03-17
VEERABAGU	MANJAKOLLAI	1986	KILPAUK COLLEGE	GASTROENTEROLOGY	ANDERSON	SC	2005-04-30
VEERAPPAN	ARIVOLI	1985	STANLEY COLLEGE	PEDIATRICS	COLDWATER	MI	0000-00-00
VEERAPPAN	VENKATACHALAM	1985	MADRAS COLLEGE	NEUROLOGY	LAS VEGAS	NV	2005-07-12
VEERARAGHAVAN	KRISHNAMURTHI	1970	MADRAS	UROLOGY	DALLAS	TX	2002-10-05
VELUSAMY	LATHA	1996	COIMBATORE COLLEGE	NEPHROLOGY	IRVING	TX	2008-08-17
VENKAT	KALYAN R.			SURGERY	KINGSTON	NY	2005-03-08
VENKAT NARAYAN	KABAYAM	1980	ST JOHNS COLLEGE BANGALORE	DIABETES	TUCKER	GA	2008-12-15
VENKATACHALAM	VENKATACHALAM	1972	MADURAI	ANESTHESIOLOGY	WOODBURY	NY	2005-03-12
VENKATARAMAN	T.V.	1968	MADRAS	IM/NEPHROLOGY	OKLAHOMA CITY	OK	2005-04-14
VENKATASUBRAMANIAN	SANKARKUMAR	1973	MADRAS COLLEGE	FAMILY PRACTICE	CARY	NC	
VENKATESAN	NITHYA	2005	B.R.AMBEDKAR COLLEGE	MEDICAL GRADUATE	NEW ROCHELLE	NY	
VENKATESH	BOOTHAPURI	1985	MADRAS COLLEGE	CARDIOLOGY	CEDAR RAPIDS	IA	2009-10-05
VENKATESH	RAM	1977	MADURAI COLLEGE	NEUROLOGY	LEAWOOD	KS	2005-02-19
VENKATESH	LATHA	1978	MADURAI COLLEGE	PSYCHIATRY CHILD	LEAWOOD	KS	
VENKATESWARAN	UMA	1989	THANJAVUR COLLEGE	MBBS	MATAWAN	NJ	

Last Name	First Name	Year Graduated	Institution	Specialty	City	State	Member Since
VENKATRAJ	USHA	1981	KILPAUK	IM/ HEMATOLOGY- ONCOLOGY	COLLEGE STATION	TX	0000-00-00
VENKATRAMAN	CHITRA	1985	THANJAVUR	IM/ HEM-ONC	POTOMAC	MD	2006-05-05
VENUGOPAL	DHARAPURAM	1973	COIMBATORE COLLEGE	IM	MURFREESBORO	TN	0000-00-00
VIJAYAKUMAR	CHELLAPPAN	1978	STANLEY	CARDIOLOGY	LITTLE EGG HARBOUR	NJ	2007-10-15
VIJAYARAGHAVAN	KRISHNASWAMI	1979	KASTURBA MANGALORE	IM/CARDIOLOGY	PHOENIX	AZ	0000-00-00
VIMAL	SANGEETHA	2008	LONG ISLAND COLLEGE HOSPITAL	PEDIATRICS	GAITHERSBURG	MD	2008-03-31
VISWAKUMAR	PALANISAMY	1973	MADRAS COLLEGE	FAMILY PRACTICE	SLATE HILL	NY	0000-00-00
VISWANADHAN	NARAYAN	2007	ROBERT WOOD JOHNSON SCHOOL	MEDICAL STUDENT	WEST ORANGE	NJ	2005-08-31
VISWANATHAN	GAUTHAM	2000	MADRAS COLLEGE	INTERNAL MEDICINE	MUNSTER	IN	2008-08-28
VISWANATHAN	RAMASWAMY	1972	MADRAS COLLEGE	PSYCHIATRY	NEW HYDE PARK	NY	2006-08-08
VISWANATHAN	KUSUM	1980	AIIMS	PEDIATRIC ONCOLOGY	NEW HYDE PARK	NY	
VISWESHWAR	NALLATHAN	1974	MADRAS	IM/ HEM-ONC	BAYONNE	NJ	2005-04-12
VIVEK	UTHAN	1985	MADRAS	SURGEON	ALPHARETTA	GA	
VOLLUZ	CHITHRA	2000	BAYLOR COLLEGE OF DENTISTRY	GENERAL DENTISTRY	DALLAS	TX	2005-12-04
ZIYAAUDHIN	KA	1971	STANLEY	IM	LINCOLN PARK	NJ	2005-06-05



HARRIS

PRIVATE BANK

harrisprivatebank.com

Harris Private Bank is a trade name used by various subsidiary financial service providers of Harris Financial Corp. Services provided by Harris Private Bank are provided by Harris N.A., The Harris Bank N.A. and their bank affiliates. Member FDIC. Not all products and services are available in every state and/or location.