

## **KOA Healthcare Professionals tele-conference on February 01, 2014**

Feb 13, 2014

Please find the details of KOA Healthcare Professionals tele-conference held on February 01, 2014 provided by Dr. Sunny Kaul, Co Chair, KOA Healthcare Professionals.

Thanks,

Surinder.

**NB : Dear Board of Directors, kindly publish in your zonal forums.**

Dear Community Members,

Namaskar !

Here is a report on the KOA Healthcare Professionals tele-conference on February 01, 2014.

The phone conference began on time at 9 PM Eastern time and lasted 70 minutes.

Attendees included:

Sunny Kaul ( myself), Chand Bhan & daughter Maya Bhan, Deepti Pandita & husband Rajeev Kaul, Adarsh Bhan, Deepti and Navin Kachru, Rajni Koul, Rakesh Kaul, Ashok Nakhasi, Anita Bamzai, Nirmala Mitra and Tej Kokroo. I do not recall if Nirmal Mattoo joined in.

The following topics were discussed:

1. We agreed that we should make efforts to create an electronic database of KP healthcare professionals. This would include all KOA members, even those that have not expressed interest in volunteering their services. (We also considered including those Kashmiris who are not KOA members. This will need to be discussed with KOA leadership). This would help us assess the size, strength and diversity of the Kashmiri medical diaspora.

2. We agreed to start an electronic health newsletter to be circulated via email to KOA membership. This could also be posted on the KOA website. If technically feasible, a Q & A section could be added to each article. While the focus would be on prevention and common conditions, there will be adequate attention to specialty medicine and rare conditions. The very first month, we could create 4-5 articles, and subsequently add at least one every two weeks. Chandji could help us figure out how to circulate the articles to Kashmiri audiences in India.

3. Numerous physicians offered suggestions pertaining to volunteering time and effort:

A. There was a discussion on volunteering medical services in camps in India. The consensus was that Chand Bhan Ji could coordinate this with his contacts in Jammu. KOA could identify interested individuals and pass the information to him.

B. There was a discussion on raising funds to start/build a new KOA clinic/hospital in Jammu. The feeling was that this was a good idea but previous similar efforts have attracted insufficient funds. It seems better to channel funds donated by members to existing legitimate deserving causes through KMECT/ChandJi.

C. A discussion on telemedicine was initiated by Tej Kokroo. He is involved in a similar project through his practice in PA. This could potentially be useful, and serve as a portal for the KOA medical consultation initiative, but the technology requires resources that we did not feel KOA alone could commit at this time. More to come!

D. We agreed to consider raising funds for US-based Kashmiri medical students/ college students to "study abroad" in India. This will provide opportunities for career development for them while attracting attention to the current state of healthcare/common conditions/challenges in the Indian healthcare scene.

E. We discussed sponsoring rotations in the US for Indian medical graduates interested in studying in the US. There was no agreement on the need, immigration barriers, etc and how much this was in line with the KOA mission.

F. Similarly, we discussed funding research into conditions like Alzheimers, etc that may be increasingly prevalent among Indians. The consensus was to table this idea for future consideration.

4. Lastly, we discussed the medical consultation initiative. I have approximately 15 names of interested professionals. The President has a few more contacts he feels may be interested. ChandJi could identify needy cases in India and I can help match the need with the available names/specialty on our database. The preferred mode of communication would be email, and phone consultation if the medical volunteer is agreeable. ChandJi felt that the need was mainly for specialty physicians at this time.

We agreed to re-convene in 4-6 weeks on the phone after getting feedback from leadership and membership and assess progress at that time.

Respectfully submitted.

Sunny Kaul, MD.