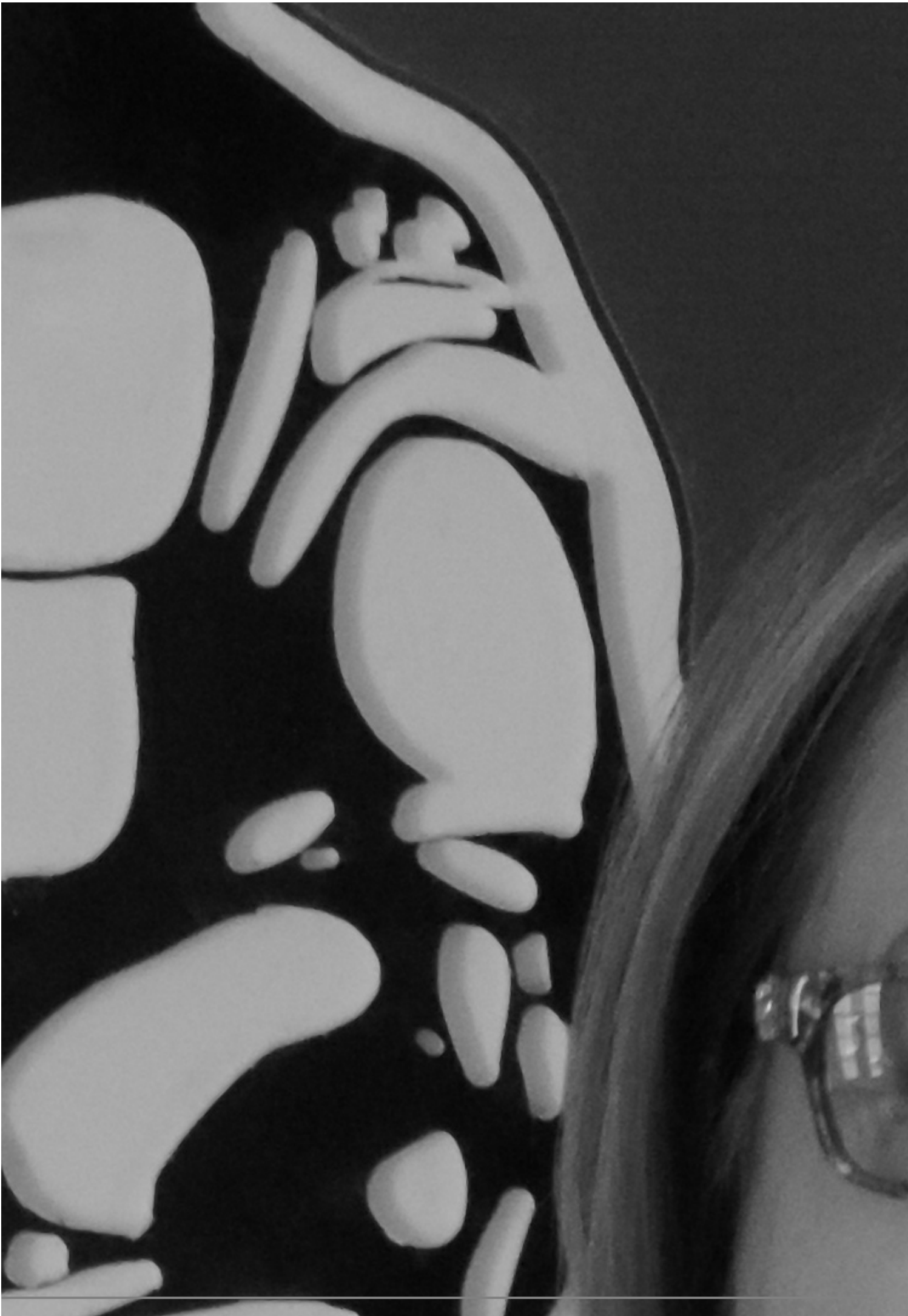


Interview: Wanda Velez â?? President, Puerto Rico Medical Association



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Wanda Velez, president of the Puerto Rico Medical Association, discusses the history of the organization, which dates back to 1902. She also describes the Association's voluntary role in contrast to the Colegio de Medicos, which by law is compulsory for all Puerto Rican physicians to join.

Can you describe your background and introduce the Association?

I studied at the University of Puerto Rico (UPR) in San Juan. At the time, the university had only two campuses, Rio Piedras and Mayagüez. Once I completed my bachelor's degree in biology, I went to medical school in Santiago de Compostela in Spain. In those days, the only medical school in Puerto Rico was Escuela de Medicina Tropical, today known as Recinto de Ciencias Medicas, which continues to be part of the state-owned UPR. Enrolment consisted of no more than 80 students per year. Therefore, many of us went to Spain or other Latin American countries to study medicine. When I returned, I completed the pediatrics specialty in Ponce Regional Hospital. Besides practicing pediatrics in my private office, I served as faculty for Ponce Medical School for many years.

The Puerto Rico Medical Association was founded in 1902, a year ahead of UPR. It has been active since its inception, and has had 85 presidents so far. In 1974, Dr. Rosa Fiol became the first female president, and I am the second woman to be honored with this distinction. Since its very beginning, the Association has been very important in our society. PRMA was founded only four years after the US claimed the island in 1898. At the time, the Association essentially served in a very close relation with the government and acted as the Department of Health. It was instrumental for the creation of important bodies such as the Tribunal Examinador de Medicos (TEM) today known as Junta Licenciamineto y Disciplina Medica. They are in charge of validating medical studies and of ensuring physicians are kept in good standing and up to date in continuous medical education for maintenance of licensure every three years.

Many companies were founded within PRMA, including Cooperative de Medicos, Triple S, and the now defunct Cruz Azul health insurance company. The Association was quite vigilant, and for many years almost all physicians were members. When the Colegio de Medicos was created by law to oblige all physicians participate in 1995, membership for our society decreased and has continued to do so over the years. Nevertheless, we continue to provide physicians the best possible continuing medical education and support they need to face the challenges our time request. PRMA's mission is to have patients receive the best attention in healthcare available by the support to our physicians. The Association is the silent aspect of physicians that is always present to defend their views and speaks loud and clear to do so. It is a pity we do not have enough resources that will allow us to be more active in the media.

Since 1903, the Association also has been publishing quarterly the peer review research publication *Boletin*, registered in the National Library of Medicine and with contributions from various Latin American authors. *Boletin* was completely digitalized since 2008, and is available to all physicians

and hospitals in Puerto Rico.

How does this Association reach out to younger generations interested in enrolling in medicine?

We need to bolster our efforts to stimulate young people to continue this endeavor and serve the next generation. Many past presidents and I have been involved in the academic field and were able to reach the medical students. Each year, freshman medical students as a whole are enrolled in our Association. In the last PRMA Convention hosted in April 2015, 65 residents of internal medicine from different hospitals across the island discussed their latest research. It is our goal that those who are awarded recognition be able to present their papers at the American Medical Association (AMA) in Atlanta next November 2015. The Association is searching for funds to sponsor them. This distinguishes us from the Colegio de Medicos, whose members need to be licenced physicians.

PRMA is the State Medical Society (SMS) and therefore represents Puerto Rico at the AMA. It's also an accreditor of ACCME (American Council of Continuing Medical Education). This means, PRMA recognizes Providers of Continuing Medical Education under the Essentials and Criteria of ACCME accreditation standards. Currently we have only four accredited providers and we are working with other medical societies to become accredited.

Is there cooperation between the Puerto Rico Medical Association and the Colegio de Medicos, and how can it be improved?

PRMA dedicated a lot of effort to the founding of the Colegio Medicos y Cirujanos de Puerto Rico (CMCPR), which is evidenced by the fact that the CMCPR's first President, Dr. Adalbert Mendoza Vallejo, also served as our president in 1993. Therefore, a good relationship between both entities is expected. I personally feel that I have a good relation with the CMCPR leadership. Nevertheless, an outsider might perceive this differently. CMCPR is perceived by many physicians negatively, partially because it is compulsory and because it is biased in favor of a particular political party. It is known that CMCPR has invested lots of money and effort representing Puerto Rico's interests in Washington, DC. PRMA does so through the AMA which has lobbyists working favorably towards medical students, residents and physicians in general. CMCPR does not include us in their efforts, probably because they have many resources like lawyers. PRMA is not able to finance lawyers, so we work hard to represent physicians independently of their religious or political affiliation. We are able to represent medical students and residents, all specialties of medicine and have been working with them for more than a century. Therefore, we should also represent and have the wisdom all those years represent! The best way to contribute is to have their financial resources available for all physicians and for us at PRMA to work as a counterpart if their petitions are not representing physicians's genuine interests.

By status of creation, the Colegio has funding and is compulsory while you are not. What ways can you work better to benefit from each other?

I have been able to work shoulder-to-shoulder with the current president, Dr. Victor Ramos, when we have the same point of views for physicians or patients. Beyond that, we have not been able to find the mechanisms, so to say. CMCPR frequently has the tendency of a hidden political perspective, which will not necessarily represent physicians's exclusive interests. We, in contrast, only support a position that benefits physicians and patients.

Contrastingly, some physicians in the Colegio's leadership are against PRMA. They have a misperception about us and perhaps don't appreciate our true interest in medicine. I feel that our 100+ years of representation has enough history to demonstrate our strength. The Association used to represent all physicians across the island, many years before CMCPR was founded. We must

agree that diversification of opinions must be allowed to strengthen our claims of justice, respect and dignity no matter the political powers above us. There are more common things to join us than separate us. We must complement each other, respect different points of views, but understand we have the responsibility to improve the quality of life for everyone. Everyone in PRMA belongs to CMCPR, but not all of them enjoy being part of PRMA.

What are Puerto Rican physicians's most commendable qualities?

The way Puerto Ricans are educated and trained is very advanced. All our physicians must go through all US medical exams and/or boards for certain specialties. In terms of hospital training, the attending physicians must be board-certified by their different specialties. The government has been providing the structure to create different medical regional centers, besides cardiovascular and cancer centers, in which excellent physicians are working. There is no ulterior motive, only excellence to care for patients.

Is there interest among physicians here in collaborating with industry for conducting research?

We have physicians that have never cared for patients because they have dedicated themselves to research. To be able to dedicate themselves to research they must be certified through the NIH and demonstrate not only their intellectual capacity, but also their compliance with all pertinent prerequisites. The schools of medicine are also performing research in many other non-clinical areas. Private medical schools here, particularly Ponce, have PhD's in biomedical sciences. Independent physicians that do research are most likely sponsored or supervised by NIH. To do research you must comply with all laws concerning respect for human dignity.

When Puerto Rican manufacturers need talent to work on production and commercial areas, do they look at physicians?

Since lately so many physicians have been migrating to the USA due to the working conditions here, maybe from now on, some physicians may become interested in a position in a pharmaceutical company. In my experience as a faculty member at Ponce School of Medicine for over 20 years, no medical graduate ever told me to consider a career in the industry, only the PhD's students in Biomedical Sciences. We always looked at pharmaceutical companies as doing research with chemicals to make drugs. As physicians we are more interested in clinical research, the part directly involved with patients. Although the drugs are intended to eventually help people, at the first steps not necessarily patients are involved.

Perhaps at the medical school there is a possibility of employment/research at a pharmaceutical company. The fact that is not currently the case might be due to the impression that students receive during their medical career (including residency programs) in that they need to care for patients only at the clinical level. When continuing medical education is offered by a physician employed by a pharmaceutical company, they are required to completely disclose to participants that the work offered will not be for commercial reasons. Not all speakers are employed by them, and they do get well paid. In very rare instances will a speaker not physician be the lecturer, and not many have anything to disclose. In my experience, medical students are only interested in practicing in hospitals, private practice, faculty or administrators in medical schools. They study medicine because they want to care for patients. Right now the circumstances are changing; being a solo practicing physician might not be the best decision to make being that patients require more time. Perhaps this will change.

What would you like to have achieved at the end of your tenure?

As an academician, I would like to have PRMA continue providing the best opportunities for continuing medical educations (CME). Education is the only reliable way to improve knowledge, expertise and keep our MDs up-to-date with medical advances. I look at research as the advancement of science, and therefore cannot forget the importance of publishing in Boletin as the right place to publish. If we are able to maintain or even improve these, we will have new and young members to continue with PRMA's mission and goals. For me, education is the answer to most problems, and is paramount. This will give our patients the 21st century state-of-the-art medicine which they deserve!

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