

# APPNA JOURNAL

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A BI-ANNUAL publication of the Association of Physicians of Pakistani-Descent of North America

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Volume 10 • Number 2

Winter 2008



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*Association of Physicians of Pakistani Descent of North America*

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# Dr. Maya Angelou

## APPNA Time

## *An American Treasure*



*Furrukh S Malik, MD*  
*Dr. Malik is a graduate of King Edward Medical University class of 1988. He is an advanced heart failure and transplant cardiologist. Presently he is the Chair of the Cardiovascular Medicine and also the Chair of the Heart Center at the Centennial Cardiac Center of Excellence in Nashville Tennessee.*

### *When you get, give.*

“I am grateful for being here, for being able to think, for being able to see, for being able to taste, for appreciating love, for knowing it exists in a world so rife with vulgarity, with brutality and violence and yet it exists. I am grateful to know it exists.”

As I sat and listened to these words of wisdom from one of the greatest American personalities, Dr. Maya Angelou, I tried to put them in context. A context in relation to life and upbringing of this American treasure, a tumultuous and triumphant journey in the epic meaning of the word.

For starters Dr. Angelou is an 80 year old African American, born in Missouri and grew up in the segregated south. Her life was full of hardship and of such intensity that it left her mute for six years. She attributes her voice to her vocal teacher in school. Her career took her to west coast, across Atlantic and in the Nile delta. Against this diverse backdrop she is an acclaimed author of 30 books. Her famous title “I know why the caged birds sing” is an all time classic. She has won three spoken word Grammys, a National book award and has been nominated for Pulitzer Prize, an Emmy and a Tony. She is fluent in six languages, has earned 50 plus honorary degrees and was awarded the first Reynolds Professorship of American studies at Wake Forest University.

She has written songs for musicians such as B.B King. She recited her original poem “on the pulse of Morning” at the 1993 President Clinton inauguration. Presently the accomplished octogenarian is completing two books and hosts a weekly radio show.

This is what she had to respond to a query about her life and how she made it through. “I do not complain. I will protest like the dickens but I will not complain. No matter how bad it gets, I am always grateful to know that I do not have to stay with the negative”

She attributes her fortitude to the lessons of her Grandmother in the segregated Arkansas of her childhood, her famous,

*“When you get, give and when you learn, teach.”* ■

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*The deadline for submission of materials for the Summer 2009 issue of the Newsletter is March 30, 2009.*



# APPNA JOURNAL

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The Editors would like to thank the membership, contributors, advertisers and the Executive committee of APPNA for all the support in the publication of this journal. We would like to extend good luck to the 2009 Publication committee and its members.

## On The Cover

**Dr. Saira Maliha, Artist:** "This painting, entitled, 'Earthquake' is my interpretation of a moving photograph of a young girl and her infant brother. In the photograph, the two are huddled together within the warmth of her shawl, protected from the bitter cold and destruction around them. The image was captured by my sister-in-law while on a medical relief visit during the aftermath of the earthquake that afflicted Pakistan in 2005. This painting is about the refuge of human love and comfort in the face of the most trying and unimaginable circumstances. Today, this image is the face of Palestinian children and the horrible circumstances they face every day."

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*Mahmood Alam, MD  
APPNA President 2008*

Dear APPNA members,

Assalamo-Alaikum and Happy New Year.

It was a very humbling experience to serve APPNA as its 29th President. Empowering Community through activism and solidarity was the theme of the year. APPNA meetings and our programs throughout the year were reflective of our commitment to serving and empowering our community both here in the US and in Pakistan. I would like to thank all the members of APPNA Council for their support, the board of trustees for their advice, and the Chairs and members of various committees whose hard work helped us to move forward. It is imperative to take a moment and review the whole year to see what we have achieved and what needs to be done.

**Research Education and Scientific Affairs Committee (RESA):** Excellent Continuing Medical Education (CME) programs were offered throughout the year. APPNA Council at the spring meeting **approved to hire a full time secretary to assist RESA Committee** provided the compensation for such services will come from RESA accounts. The CME paperwork will be handled by the central offices. More clarity was brought to the RESA accounts to achieve compliance with the requirements of the Accreditation Council on Continuing Medical Education

(ACCME). More involvement of the accountant and the executive director at the central office was sought. The RESA committee's potential to promote educational and research work is under appreciated. Nothing substantial could be achieved without funding from the pharmaceutical industry. The key is to apply for grants early in the year.

The ad hoc **Health Education Committee for Pakistan** also known as **Medical Education and Research Investment Taskforce (MERIT)** was established in 2007. It was given the **status of a standing committee of APPNA** at the fall council meeting 2008. The future of this committee is bright and promising. The promotion of international standard medical education that will hopefully translate into better patient care in Pakistan, arrangement of short training fellowships for the teaching faculty from Pakistan, and helping to establish the centers of excellence in the areas of patient care that are urgently needed and lacking in Pakistan are within the preview of this committee. (Please see Winter Meeting report for brief up-date on APPNA MERIT activities in Pakistan).

**The Code of Conduct for APPNA Elections:** The Council at its spring meeting **approved the final version of Election Code of conduct** by an overwhelming majority. This document will now serve as the policy and procedure for elections overseen by election and nominating committee.

**APPNA Health Center: APPNA Health Center was inaugurated in August this year at our headquarters, Westmont IL.** The space acquired next to APPNA office last year is the initial place selected for this wellness and screening clinic. The clinic is equipped with donations from APPNA members and is being run by volunteers of Pakistan Physician's Society (PPS), a chapter of APPNA. The future of this clinic is envisioned as an independent organization running the clinic overseen by APPNA executive

committee and office management committee. The opening of wellness center at APPNA Center is symbolic for Free Medical Clinics initiative by APPNA. Many APPNA activists and fraternal organizations have expressed their desire to develop such facilities in order to give back to the society. This philanthropic venture would be much appreciated in the country where the crisis of healthcare coverage is deepening progressively.

**Dr. Ayub Omayya Memorial Scholarship Award** was established in the fall council meeting. A brief report on this subject by the Chair of the Ad Hoc Committee is being published in this journal. It is suggested to have a modest start by funding one medical scholar from Pakistan each year. Initial arrangement for the scholar's training is being arranged at the University of Pittsburg. Similarly, Ayub Omayya Memorial lecture is also suggested to be held at the Annual Meeting CME program.

**Relief Fund for Baluchistan Earthquake Victims and IDPs of Tribal Area is Established: Social Welfare and Disaster Relief Committee (SW&DR)** has established a fund to provide emergency relief to the victims of Baluchistan earthquake and internally displaced people of Northwestern Tribal Areas. More than \$50,000 were collected and spent for the earthquake victims. Members are encouraged to contribute generously. About 58 new homes were built in one of the remote villages in *Ziarat* Baluchistan under the direct supervision of APPNA through its Pakistan office. I had the opportunity to visit the area and meet with the residents during my recent visit to Pakistan.

**Advocacy For Civil Liberties:** APPNA had organized a series of events in collaboration with its partners at the summer meeting to address the issues of visa issuance to our young physicians and the delays in their security clearance, delays in the issuance of green card and citizenships, ethnic profiling,

and US-Pakistan relations. The contributions of the PAK-PAC, the Muslim Advocates, and the Center for Voter Advocacy were of great help for the success of these events. **The Day on the Hill** was held on June 26, 2008, which was cited the most successful and productive event during our Summer Meeting. More than two dozen Senators, Congress representatives, and their staffers attended the luncheon reception. Senator Joseph Biden unveiled his plan to providing Pakistan \$1.5 billion per year for the next several years in non-military aid. This legislation, if passed, provides an unprecedented opportunity to increasing support for Pakistan in the fields of education, health-care, and economic development. This session was followed by a meeting with the secretary of Homeland Security, Mr. Chertoff, at his office.

**The Committee for Young Physicians** continues to provide assistance to our incoming young physicians in pursuit of their training in the US. The interactive Web site for Young Physicians was up-dated by the committee this year. A research competition for the resident physicians was held at the Washington DC summer meeting and also at the Winter Meeting in Lahore, Pakistan in collaboration with RESA committee.

**APPNA Tele-Healthcare Project:** APPNA procured a grant for capacity building of lady health workers in rural Mardan via use of ICT-based telemedicine from USA National Academy of Science (NAS). This is an extension of pilot project (Jharoka) of APPNA and Stanford University on providing telemedicine help to earth quake region via physicians in USA. This grant highlights a new paradigm as how APPNA can work with US funding agencies to provide help and promote medical education and transfer of technology from the US to Pakistan. The credit goes to Dr. Rizwan Naeem from APPNA who jointly worked with Atif Mumtaz, IT fellow at Stanford University to procure this grant. Mr. Mumtaz has setup a

model system in a charity hospital in Mardan, in which a state of the art dedicated internet access via VSAT Satellite, was established recently. The inaugural ceremony and a day-long medical camp at the Mardan clinic were held on December 27th 2008.

**Communication Committee:** APPNA Council approved a **Bimonthly E-Newsletter** at the spring meeting. **The first issue was brought in October 2008.** The new Web site was also initiated with approval of funds at the fall council meeting. The blue print is ready and final version of the Web site is expected to be launched in early 2009.

The **Canadian Chapter** of APPNA was established and **formally incorporated as the component society of APPNA** in the fall council meeting.

**The Society for Future Physicians** (Student Section of APPNA), and the **Pakistani Dental Society of North America** (Dental APPNA) were given the status of **Auxiliary organizations of APPNA.** Auxiliary organizations work under APPNA charter, report their activities and finances to APPNA Council, and can use APPNA tax ID number. The rules and regulations for their governance should be consistent with APPNA constitution and bylaws. The president of Society for Future Physicians and of Dental APPNA will seat in the APPNA Council as its non-voting members. Similarly, the **Graduates of South American and Caribbean Medical Schools** have organized themselves under one Alumni Association and would be part of APPNA as one of its auxiliary organizations.

**Political activism in APPNA:** A motion was passed in fall meeting to control the debates on Pakistani politics during APPNA meetings. The critics of politics at APPNA meetings cited controversial crossfire at a political forum held during the summer meeting. The proponents of the motion to control the political forums at APPNA had argued that media portrays such political activities as

APPNA's major focus during the Summer Meeting, which is not a true face of APPNA. APPNA is a medical professional organization of Pakistani-descent physicians, which was created as an educational and charitable non-profit organization. According to the Council's decision, all political forums at APPNA meetings would require prior approval from the Council.

**Recognition of Chief Justice (CJ), Mr. Iftikhar Chaudry, by APPNA:** APPNA is a non-political, professional, and charitable organization, which represents about 15,000 Pakistani-descent physicians in North America. At the same time Pakistani-descent physicians have always expressed to play a role in promoting a tolerant society in Pakistan with moderate outlook that is governed by democratically elected public representatives. I felt that recent movement for up-holding the rule of law and promotion of justice was a significant contribution to the Pakistan by the lawyers. I suggested APPNA Council to express our gesture of compliments to Mr. Chaudhry during his visit to the US in November 2008. In fact, he came to receive the Medal of Freedom from the Harvard Law School for his courageous commitment to up-hold the supremacy of law in Pakistan. An emergency meeting of the Council was called for its approval. I am proud of Council's approval to recognize CJ for his stand and service to the people of Pakistan. The award was given to the CJ on November 22, 2008 at a prestigious gathering attended by scores of APPNA members in New York.

**Young Professionals Network (YPN):** The need for social interaction of our youngsters in an organized manner was felt over the years. YPN is a platform for APPNA related professionals who come across each other to find a future partner for their life amongst APPNA Community. First such successful event was held at the summer meeting. The second event held at the fall meeting, which

*(Continued on Page 11)*

# President Elect's Message



*Syed A. Samad, MD  
APPNA President 2009*

Assalam-o-Alaikum APPNA Members

**M**ay the season and coming year turn out to be blissful and productive for all of us and APPNA – ameen!

As 2008 draws to a close and a new year begins, APPNA is faced with many new opportunities and challenges. But these are also very exciting times as much has happened in our two homelands, the U.S. and Pakistan.

As I look at my checklist for 2009, I see my work divided into three main spheres. First and foremost is enhancing the professionalism in APPNA at every level. I intend to achieve this with the help of numerous APPNA volunteers, many of whom will serve in APPNA committees and deliver for our members, inshaAllah. I am also counting on the dedication and commitment of APPNA's executive committee for 2009. Our guidance and support will also come from our board of trustees, past presidents, (Executive Director) Dr. Tariq Cheema and

his dedicated staff at our Chicago Office. I will personally ensure that the office staff extends maximum courtesy to APPNA members. I would also request our members to be appreciative of the hard work that our office staff undertakes throughout the year. I will request all the committee chairs and members to help make APPNA a truly vibrant and professional body which will help groom volunteers for future years. InshaAllah, you will see our committees working in tandem, taking APPNA to higher levels of professionalism.

With changes occurring on the political landscape of the U.S., we find ourselves passing through some very interesting and “changing” times. President-elect Barak Obama is coming in with a strong message of hope and change. His policies include major changes in healthcare, bringing Americans closer to a universal healthcare system. As an organization of medical and related professionals, we need to closely examine the Barak Obama healthcare plan and help our members understand its potential impact. We will also explore a possibility of preparing a document to be distributed to our members to further help them understand the expected changes to be seen in the future. In addition, we will be working closely with the new U.S. administration to explore opportunities that could enhance APPNA's profile as a vibrant professional body with its unique membership profile. Another area in which I am particularly inclined to work in is the active participation of APPNA members helping its community at-large to open community clinics for the indigent and under-served across the U.S. I have been asked by many members to aggressively pursue this possibility and intend to

honor my commitment to these dedicated APPNA members.

Our homeland Pakistan now has a vibrant democracy at all levels of the government but is nevertheless passing through very tumultuous times. Pakistan is facing major economic challenges that have impacted, and will continue to impact, Pakistan for foreseeable future and will shrink the limited public healthcare even further. In a country, where polio was once made extinct, it has slowly begun to arise again. Healthcare infrastructure is crumbling rapidly. The recent catastrophic earthquake in Ziarat and mass migration of refugees has clearly exposed the almost non-existent healthcare system in Pakistan. On the other hand, APPNA has seen increasing collaboration with academic healthcare institutions in Pakistan. Our members would like to see APPNA do more for Pakistanis. It will be a major challenge for our team members to identify optimal channels for working collaboration with healthcare institutions in Pakistan, while constantly striving to improve APPNA's resources to undertake such work. Without generous financial and logistic support from APPNA members, we will not be able to create miracles, which inshaAllah we will, if we all work as a team.

I would like to take this opportunity to thank you for electing me as APPNA's president. I would also like to confirm that I take this trust very seriously and know the magnitude of Herculean challenges that face our team. I humbly request your prayers and goodwill and sincerely hope that if our team members ask you for help, you will be generous in your support. ■

The publication committee would like to request articles, medical news and other information of interest for the summer issue of the journal. Vintage pictures or member news can also be submitted. Issues of concern can be sent as letters to editor for inclusion in the next issue. The articles can be submitted to Ed@appna.org. The last date for submission is April 30th.

# Treasurer's Report



*Manzoor Tariq, MD  
FACC, FSCAI, FACP, FCCP  
APPNA Treasurer 2009*

Dear APPNA Members,  
Assalam-O-Alaikum:

It has been my pleasure and honor to serve you as your APPNA Treasurer for the year of 2008. I tried my best to uphold the office of Treasurer in the best manner possible. During my term, I made visits to our APPNA Central Office in Chicago to have personal meetings with our office staff, including our CPA, Mr. David Lade, and our Executive Director, Dr. Tariq Cheema. These visits allowed me to personally view our finances. I am thankful for the general support from everyone which made my term an excellent experience and very successful. Special thanks go to my Finance Committee who made significant contributions to APPNA's finances and were very productive. I would also like to thank the Executive Committee which was instrumental in helping me reach our goals.

At the beginning of my term in 2008, the Financial Procedures and Policies were revisited and reinforced. During the spring meeting in Louisville, Kentucky, the council approved that APPNA should have an outlined budget in order to make meetings profitable, or at least budget neutral.

For the first time in APPNA's history, we provided a financial record for viewing on the APPNA website. I am hopeful that this will become a tradition and will be updated on a regular basis. This fulfills the promise to

make APPNA's finances transparent for our membership.

The role of treasurer also involved oversight of APPNA's finances and enhancement of APPNA's fiscal stability. My accomplishment in this regards was obtaining several grants for APPNA. These grants include an unrestricted grant of \$20,000 from Biotronic for our summer 2008 meeting, \$10,000 from Boston Scientific for our fall 2008 meeting, and another \$5,000 from Biotronic for CME at our fall 2008 meeting. I have also received commitment for future grants from several other pharmaceutical and medical equipment companies.

We also teamed together and offered financial aid to the victims of the tragic earthquake that occurred this year in Baluchistan, Pakistan. As a community, we donated over \$17,500 for earthquake relief from St. Louise, MO.

I am looking forward to serving you in 2009 as your secretary. As always, any comments and or suggestions are appreciated. ■

Best Regards,  
Manzoor Tariq, MD, FACC, FSCAI  
Treasurer, APPNA 2008  
Secretary, APPNA 2009  
mtariqmd@gmail.com

## APPNA SUMMARY BALANCE SHEET as of NOVEMBER 30, 2008

<b><u>ASSETS</u></b>	
Checking accounts	110,782
Securities - SmithBarney	843,585
Real Estate	330,345
Receivables from Affiliates (for summer mtg) & prepaid expenses	137,150
<b>TOTAL ASSETS</b>	<b>1,421,862</b>
<b><u>LIABILITIES</u></b>	
Deferred Revenue - receipts for Australia and Winter Mtgs.	(76,540)
Accounts payable and other accrued liabilities	(103,779)
	<b>(180,319)</b>
<b><u>NET ASSETS</u></b>	
Unrestricted Fund Balances	16,334
Lifetime Dues	1,051,585
Restricted Funds	173,624
<b>= \$1,421,862 - \$180,319</b>	<b>1,241,543</b>

# Empowering Community – Empowering Pakistan

## APPNA Winter Convention at Lahore – the Grand Finale 2008!

Mahmood Alam, MD & Naheed Usmani, MD

The last APPNA event for 2008 was the Winter Convention in Lahore, Pakistan, held from December 20-25. There was no better time to visit Pakistan to show our support and solidarity with its people than this winter, as the current geopolitical status is uncertain and grim for our motherland. The last APPNA meeting held in Lahore was in 2000 during Dr. Javed Akhtar's presidency. In 2005, due to the Kashmir earthquake, the executive committee of Dr. Hussain Malik moved the winter meeting from Lahore to Rawalpindi in support of APPNA earthquake relief efforts. The visiting team of APPNA physicians was extremely productive, delivering high quality of medical education, developing cooperative and collaborative areas of interests, participating in medical college convocations.

### Continuing Medical Education (CME)

**Program:** Under the untiring leadership of Dr. Adeel Butt, 12 hours of category 1 Continuing Medical Education (CME) credits were given over the period of 3 days, in three different venues. A potpourri of general medical and surgical topics was carefully selected by the CME committee in which the faculty from both US and Pakistan participated. An initial review of the evaluation by the participants rates the whole CME activity favorably, reflecting the excellent work done by the Winter CME Committee. A 46-page APPNA Winter CME magazine was published outlining the complete program including the CME and young physician's research competition abstracts. For the first time in APPNA and JPMA history, a special supplement of Journal of Pakistan Medical Association (JPMA) was produced commemorating the young physician's research competition, which included all the abstracts.

**The inaugural CME session** was held jointly with Pakistan Society for Family Physicians on Sunday December 21 at the Avari Hotel for 4 hours. Dr. Hassan Bukhari and Dr. Mubasher Rana were the Co-Chairs of the first and second sessions, respectively, along with local faculty. The second CME session was held on December 22nd, for 3 hours in the morning at the Allama Iqbal Medical

College (AIMC) and for two hours in the afternoon at the Pearl Continental (PC) Hotel. APPNA CME in collaboration with AIMCON 2008 was inaugurated by Chief Minister of Punjab, Mr. Mohammad Shahbaz Sharif. The third CME session was held on December 23rd at the King Edward Medical University (KEMU), Lahore. The visiting APPNA CME faculty included Drs. Ashfaq Shuaib, Asif Bashir, Shaharyar Sheikh, Faisal Cheema, Naheed Usmani, Syed A. Hosain, Adeel Butt, Mobeen Rathore, Waqar Azeem, Arif Siddiqui and Immad Sadiq.

### Educational Activities, Reception, and Convocation at Allama Iqbal Medical College, (AIMC):

The educational activities at AIMC were organized under "AIMCOM 2008" in collaboration with APPNA and Allama Iqbal Medical College Alumni Association of North America (AIMCAANA). The theme was, "Join hands, Promote healthcare". A Community Health Awareness Seminar jam packed the auditorium of AIMC on Saturday December 20, 2008. Principal AIMC, Professor Javed Akram, Dr. Mahmood Alam, Dr. Sajid Chaudhary, Dr. Babar Cheema, Dr. Saeed Elahi, and Dr. Ashraf Chohan were the panelists. The seminar faculty focused on common ailments in the community and discussed guidelines for the prevention of heart diseases, stroke, and infectious diseases. The main focus was on the therapeutic value of life style changes to reduce the pandemic of coronary heart disease in urban population. A mushaira program was held in the evening in which many APPNA delegates participated.

Association of Pakistani Cardiologists of North America (APCNA) also held a hands-on workshop in collaboration with the Cardiology Department at the Jinnah hospital.



*Seminar, Role of Expatriate Pakistanis in uplifting our Nation, at PC Lahore APPNA Winter Banquet, from left to right are, Mubasher Rana (moderator), Zabeer Ahmad (Chair TMF), Javed Akram (Principal AIMC), Mahmood Alam (President APPNA), Babar Ali (Chair BOT, LUMS), Ahmed Bilal Mahboob (Executive Director, PILDAT), and Zafarullah Khan (VC, KEMU)*

### Young Physicians Research Competition and Career Counseling Seminar

was held on December 22, at the Pearl Continental hotel attracting more than 350 young physicians and medical students. Dr. Mahmood Alam, President APPNA gave a brief account of APPNA's contributions to young physician's issues related with residency training in the US. He reassured the audience that APPNA will continue its role for the advocacy of Pakistani physicians coming to the US for training. KEMCAANA President, Dr. Mubasher Rana extended KEMCAANA's full support for the young physicians for their academic endeavors both in Pakistan and in the US. For the research competition, the selection committee chose about 30 research papers for poster presentations. Amongst these, 6 were selected for oral presentation. The judges expressed great satisfaction with the quality of basic and clinical research by the presenters. Cash awards were distributed to the participants by APPNA.

The career counseling seminar generated an overwhelming interest amongst the young physicians and students. Dr. Faisal Cheema, research scientist Columbia University, spoke about research track careers in medicine. Dr. Asima Ahmad, a student of MPH at the Harvard School of Public Health, gave an overview in public health careers. Shehryar Ansari, Managing Director, Eli Lilly Pakistan, threw some light on Pharmaceutical careers for the physicians. Dr. Adeel Butt guided the

participants about preparing a competitive residency application and told the audience how to interview.

## **MBBS Curriculum Reform Colloquium Elicits KEMU Commitment to Reform:**

The King Edward Medical University Auditorium was the venue for a standing-room-only gathering of KE faculty for an all-day international colloquium on Undergraduate Medical Curriculum Reform on Wednesday, December 24th 2008. Jointly sponsored by KEMU, KEMCAANA, and APPNA MERIT, the colloquium brought together Vice Chancellors, Deans, Professors, and medical students from the US and Pakistan. Presentations focused on the current state-of-the-art in evidence-based, competencies-oriented undergraduate medical education internationally, the status and challenges of MBBS teaching in Pakistan, and the lessons from recent pioneering educational reform initiatives in Pakistan. KEMU Vice Chancellor, Prof. Dr. Zafar Ullah Khan, required the full KE faculty to attend the colloquium, as an indication of KEMU's seriousness about medical education reform. Following the colloquium he met with KEMCAANA and APPNA MERIT leadership to announce a set of concrete reform steps which include: the establishment of a Medical Education Department at KE; a request to KEMCAANA and APPNA MERIT to help revise the first 2 year curriculum based on semester system, modular integrated teaching and early introduction of clinical medicine; formation of a curriculum reform steering committee of KEMU faculty and administration to shape the curriculum reform initiative, with collaborative members from KEMCAANA and APPNA MERIT.

**2008 Convocations:** Convocations were held at AIMC on Dec. 24, 2008 and at KEMU on Dec. 25, 2008. Syed Yousaf Raza Gillani, Prime Minister, Islamic Republic of Pakistan was the Chief Guest at both events. APPNA delegates attended these celebrations to support and encourage the young medical graduates from their alma maters.

## **College of Physicians & Surgeons of Pakistan Asks APPNA MERIT to Help**

**Improve Post-Graduate Training:** College of Physicians & Surgeons of Pakistan (CPSP), held two working meetings with APPNA and KEMCAANA leadership to discuss the many initiatives CPSP has launched to maintain the high standard of post-graduate certification and training in Pakistan and to request collaboration from APPNA to help in launching new training programs and improving existing ones. CPSP plays the role in Pakistan that American Specialty Boards do in the US. CPSP offers Fellowship training in 53 disciplines and Membership in 10. More than 5500 training slots have been awarded in 125 CPSP accredited medical institutions throughout Pakistan.

**CPSP President Prof. Zafar Ullah Chaudhry,** and Regional Director CPSP Lahore Prof. Khalid Masood Gondal, hosted the APPNA team. Areas of mutual collaboration will include the development of fellowships in new specialties for Pakistan: Critical Care Medicine, Emergency Medicine, and Pediatric Hematology Oncology. CPSP also asked for qualified APPNA physicians to participate as CPSP examiners for fellowship certification and serve on specialty curriculum panels. The college would be willing to pay the travel cost as well as host the examiners. An examiner for CPSP has to meet CPSP requirements such as board certification and faculty appointment in a teaching institution for 10 years.

**APPNA visits Lahore University of Management Sciences (LUMS):** After a guided tour of LUMS, by Vice Chancellor, Dr. Ahmad J. Durrani, APPNA delegates were hosted at a dinner reception by the Chair, Board of Trustees, Mr. Syed Babar Ali, Rector, Mr. Razzaq Dawood and other deans and faculty members of LUMS. Mr. Babar Ali and Dr. Durrani focused on the development of the new School of Science and Engineering and requested APPNA membership for their support.

**APPNA Banquet and Seminar "Uplifting Our Nation; Role of Expatriate Pakistanis in Education, Healthcare, And Economic Development"** was held on Tuesday Dec. 23, 2008 at the Pearl Continental Hotel, Lahore. The panelists included Syed Babar

Ali (LUMS), Ahmad Bilal Mahboob, Pakistan Institute of Legislative Development and Transparency, Dr. Zaheer Ahmad, Tameer-e-Millat Foundation and CEO of Shifa International hospital, Islamabad, Dr. Zafar Ullah Khan, Vice Chancellor KEMU, and Dr. Javed Akram, Principal AIMC. Dr. Alam reiterated in his welcome address that APPNA is committed to bringing positive change in the social fabric of Pakistan by improving education, healthcare delivery, and by prompting social justice in society. He stressed the need to bring out the moderate and tolerant outlook of Pakistan in the international arena. Dr. J. Akram asked the APPNA delegates to give back to their Alma Maters, to improve medical education and provide better healthcare in the public hospitals where most of the population is treated. Dr. Zafar Ullah Khan reviewed the MBBS curriculum reform initiative at KEMU and appreciated APPNA MERIT's and KEMCAANA's role in initiating the dialogue. Dr. Zaheer Ahmad focused on the importance of literacy improvement in Pakistan and the positive role played by the NGOs supported by the expatriates. As an example he cited the creation of Shifa International hospital by expatriates that is providing quality medical education. Mr. Babar Ali emphasized the importance of good quality higher education in the development of any economic infrastructure in Pakistan. He shared his experience at LUMS. Mr. Ahmad Bilal Mahboob declared that without investment in democratic institutions, there cannot be improvements in education and delivery of better services to the Pakistani public. He gave an introduction of what PILDAT is doing to improving legislative development and transparency. The seminar was followed by the dinner and live entertainment by Jawad Ahmad.

Heartiest congratulations and thanks are owed to all the organizers of APPNA Winter Convention 2008, for their hard work, enthusiasm and participation for making this meeting a real success. ■

Dear APPNA members and their families;

The last meeting Punjab Medical College Alumni Meeting was a great success, which was held Washington, DC. The room was crowded with people, all of whom were excited to walk down the memory lane. At this time, I would like to communicate to all of you the proceedings of the PMC Alumni Summer Meeting. The evening began with opening remarks by Dr. Shahnaz Akhtar. These were followed by a recitation of a sura from the Holy Quran by Dr. Mohammad Ashraf. Dr. Khalid Wasim then introduced the chief guest from Pakistan, Dr. Arashad-Ul-Haq. Dr. Haq is a Professor of Medicine at PMC. He has also served as head of the Medical Department at

PMC. Dr. Haq had a slide show which he presented to all the participants. It detailed the changes that both PMC and Faisalabad have gone through during the last 25 years. After the presentation, we knew so much of the latest news that we felt as though we had never left Faisalabad. After this, the floor opened up to the audience. All the members' present recounted old memories through telling jokes, anecdotes, and by sharing personal stories about the adventures they had during their college years. We were so caught up in the moment that we almost missed dinner. During our event, the Central APPNA leadership consisted of President, Dr. Mahmood Alam, President Elect Dr. Syed A. Smad, and Treasurer Dr. Manzoor

Tariq also joined our meeting. They appreciated our success and encouraged us to grow and expand our alumni base. We wrapped up the night with elections. Nominations came up from the floor. I would like to present to you the slate of new officers for 2009:

President: Dr. Mohammad Ashraf, OH

President Elect: Dr. Mohammad Sadique, NJ

Secretary: Dr. Mohammad Yusaf, AK

Treasurer: Dr. Tariq Aziz, NJ

Warmest Regards,  
Dr. Shahnaz Akhtar  
Trustee PMCAANA

## Year In Review *(Continued from Page 6)*

was also well received. It appears that the YPN would be a regular feature at our meetings in future.

**APPNA SEHAT:** APPNA could not continue to support APPNA Sehat effective September 2008 due to decline in earmarked funding over the last few years. So far, the deficit was paid from the general funds. APPNA Council in its fall meeting decided not to support the project from the general funds due to financial crunch. Only the designated funds collected for APPNA SEHAT could be spent in future. APPNA Sehat was stared as a landmark project of health education for rural Pakistan 18 years ago. It provided health education, awareness of common diseases, and immunization in the few selected areas in Pakistan. An ad hoc committee was appointed by the President to look into the present status and future direction of this program. A preliminary report

was given at the fall council meeting by the Committee Chair. The committee suggested that a comprehensive report on SEHAT is not possible until after the thorough evaluation of the outcome analysis of this project by an independent agency.

**Ratification of Amendments to the Constitution and Bylaws:** The process of ratification of amendments to our constitution and bylaws by the general body could not be achieved despite repeated requests to the membership. The proposed amendments were approved by the Council in 2006 and 2007. An affirmative approval from the 50% active members is required before these proposed amendments are enacted. Unfortunately, we were few hundred short of required number.

**Dear Friends,** I tried my level best to achieve to promote the mission of APPNA this year.

Officers come and go but the institution remains. The work of APPNA is a continuum of initiatives we had taken during the past several years. New ventures are being added every year. I have no doubt in my mind that unfinished work will be swiftly taken by the new Council under the leadership of president 2009, Dr. Syed Abdus Samad. There is a great deal of improvement needed in the areas of education and research, young physicians' issues, social welfare and disaster relief, APPNA free clinics, and advocacy of our civil liberties. I pledge my full support to enhance APPNA's great potential as the grass root organization of Pakistani Diaspora. Finally, I would like to thank central office staff, Dr. Tariq Cheema, Denise Burt, David Lade, and Sidra for their valuable contributions to the working of our secretariat. Thank you and God bless you.

# KEMCAANA Report



Mubasher Rana, MD, FACP

**K**EMCAANA Executive Committee: Dr. Mubasher Rana, President; Dr. Muhammad Haseeb, President-Elect; Dr. Masood Akbar, Secretary; Dr. Tariq Jamil, Treasurer, Dr. Ijaz Mahmood, Immediate Past President.

Assalaam-O-Alaikum.

It is my privilege to present the KEMCAANA report. We at KEMCAANA have been very busy this year. I want to again express my thanks and gratitude to the Executive Council members and Committee chairs for a tremendous job throughout the year.

We have a very strong and cordial working relationship with Professor Zafar Ullah Khan, the new Vice Chancellor of KEMU. We thank him and the KEMU Academic Council for their continued support of our programs and initiatives.

## I. KEMCAANA's flagship projects at KEMU

- The scholarship program under the able leadership of Dr. Masood Akbar has been going very well. We have steadily increased the number of Scholarships during the past eight years. Up till now, we have been awarding 32 scholarships to deserving students.
- In October, 2008, we started an additional 15 scholarships under auspices of "Adopt a student" Program. We thank Dr. Aisha Zafar for proposing this idea and making it a resounding success. Under this program you can adopt a deserving KEMU medical student for a mere \$ 500/ year which will cover their tuition for the

whole year. We will provide you the name and background of the student you will be adopting, so you can communicate with them directly if you so desire. You can sign up for this program on our website: [www.kemcaana.net](http://www.kemcaana.net).

- KEMCAANA Main Computer Lab for Students and Faculty of KEMU: KEMCAANA established a Main Computer Lab at KEMU. The Lab continues to help Students and Faculty in their Education and Research endeavors. The visitors to the lab have steadily increased over last several years. The lab has now been expanded to 56 terminals. We have 3 very able staff members including our KEMCAANA Computer Labs Manager Mr. Rashid Javed managing the Labs. It is being done under the diligent supervision of the Chairman KEMCAANA Computer Labs Project Dr. Arif Toor. We have Broadband Internet connectivity, Printing, Scanning CD, DVD writing and technical assistance facility to users in this Main Computer Lab.
- An electronic medical library comprising of medical videos covering almost all subjects taught at KEMU, thousands of e-books related to different specialties, informative articles and presentations, and slides have been placed on the shared network over a dedicated 160 GB hard disk donated by recent graduates (the TSDocs). This Electronic Medical Data is accessible to all the KEMCAANA lab users free of cost.
- HEC has recently provided access to online Medical resources like [www.accessmedicine.com](http://www.accessmedicine.com) and <http://site.ebrary.com/lib/kemu> to the university. These resources are accessible to all users at all KEMCAANA labs i.e. the Main Lab, the labs in different wards of Mayo Hospital, and the Hostels.
- Satellite Computer Labs & Internet Connectivity Project: KEMCAANA is also running Satellite Computer Labs & Internet Connectivity to several sites at KEMU, attached hospitals and hostels. In this regard we have established 6 Satellite Computer Labs and are providing high speed internet facilities to 45 sites on 250 Computers. We are also planning to provide internet facility to the Lady Wellington and Lady Atchison Hospitals. The

approximate cost of the extension to LWH is \$10,000.

- Document Verification Process has been established and is operating very well. Our office staff at KEMU in collaboration with the Registrar's office is now able to help KE Graduates get their credentials and documents from KEMU in an expedient manner. Request for Document verification can be made on our website. We are happy to announce that KEMU has also been approved for online verification through ECFMG and we are facilitating this process.
- Charitable projects aimed at improving Medical care at Mayo Hospital are worthwhile and are being undertaken. We are closely working with the KEMU Medical Students Welfare society (SPWS) to identify and help with much needed supplies. Recently, with the help of APPNA members, we raised over \$11,000 for supplying Defibrillators to the Emergency Department of Mayo Hospital. We especially want to thank Dr. Arif Qureshi, Dr. Aisha Zafar and Dr. Shahid Latif (a non-Kemcolian) for taking the lead and making it possible.
- Anatomy Learning Center: This center was established with the generous donation of Class of 1980 to the students of KEMU with a focus on enhancing their educational experience. It continues to function well.

## II. KEMCAANA Meetings

- KEMCAANA Retreat: KEMCAANA had a very successful Retreat on May 23-25 at Chicago. It started with an exciting boat cruise and Mushaira. We had very productive Strategic sessions. The Saturday night Banquet was exquisite with wonderful entertainment. I want to sincerely thank Dr. Arif Agha and the Retreat Host Committee for their untiring efforts.
- Summer Meeting: KEMCAANA Summer Meeting was also very successful. We held a joint seminar with APPNA and HDF on "Strategic Approach to Enhancing Literacy in Pakistan". Our Annual Summer Banquet was one of the best attended ever. Mr. Ethan Casey, author of a well written book; 'Alive and Well in Pakistan' was the

keynote speaker. We raised over \$ 150,000 for our Flagship projects: Scholarship Program and Computer Lab.

Special Awards were given for Services to KEMCAANA and the Community. The recipients for Services to KEMCAANA Award were Dr. Raana Akber for her tremendous contributions to our organization over the years and Dr. Faiqa Qureshi for proposing and championing our Scholarship program. The Community Service Award went to Dr. Atiya Khan for her untiring services to the Community at large.

- KEMCAANA Winter Meeting: This year we are proud to be hosting APPNA at the Winter Meeting. We hope to devote a major portion of the meeting at KEMU to Medical Curriculum Reform. It is very encouraging that Vice Chancellor, Professor Zafar Ullah and the KEMU faculty are very interested in bringing meaningful change to the MBBS curriculum. Under the able leadership of Dr. Naheed Usmani, Dr. Hassan Bukhari and auspices of APPNA MERIT, we are working diligently to make this meeting very productive and informational to the faculty and students of KEMU. We will be inviting speakers from United States as well as Pakistan including the VC of Dow University and faculty from AKU. They have already initiated and implemented meaningful curriculum change at their respective universities. We also want to thank the APPNA Chair of Winter meeting, Dr. Adeel Butt for his assistance

in planning and arranging this program.

- KEMCAANA Retreat 2009 will be held in St. Louis from March 27 to 29th. This will include a Mushaira, Dinner at the Historic arch, a CME Program, an Art and Literature Exhibit along with a Grand Banquet Night/Music Entertainment program

### III. Website

- A strong effective Website devoted to Kemcolians and KEMU students has been established. The important features of the website are:

Robust Kemcolian Database for Networking

Online services like Membership and Meeting Registration; Application for Document Verification

Easy links to KEMCAANA Listserv, Young Kemcolians network

Young Kemcolians' Forum for help with Residency matching.

Online sign up for our Visiting Faculty and Students Electives program

Please visit our website:  
[www.kemcaana.net](http://www.kemcaana.net).

- Constitution and Bylaws: This year we are in the process of revising the KEMCAANA CABL. The revision has been approved by the KEMCAANA Executive Council. It is now being mailed to the General Body for approval. We want to thank Dr. Khalid

Mahmood for his leadership in revising the CABL.

### IV. KEMCAANA Board of Trustees

Asim Malik, MD, Chair  
Mohammad Suleman, MD  
Durdana Gilani, MD  
Tariq Khan, MD  
Hassan Bukhari, MD

We are very grateful for the guidance and support of the KEMCAANA BOT throughout the year. They continue to contribute tremendously to our Association and have always been there when we needed them.

Above I have outlined programs conducted under the auspices of KEMCAANA. Besides these programs, lot of Kemcolians in United States and Canada are contributing to other individually funded programs at KEMU. Our collective goal is and will always be to serve our Alma Mater and the KE Alumnus in the most effective manner. We will continue to help maintain KEMU's status as the premier educational institution in Pakistan and the world.

We thank all Kemcolians for their support and participation.

Long Live KEMCAANA and our Great Alma Mater, KEMU. ■

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## SA INTERNATIONAL

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Email: [sainternat@yahoo.com](mailto:sainternat@yahoo.com) • Website: [www.sainternational.us](http://www.sainternational.us)

# AIMCAANA Report

**A**IMCAANA has achieved most of its goals set at the start of year 2008. It has successfully reached to over 700 Iqbalians residing in USA and many of whom are now actively involved in different activities of AIMCAANA. Some of the achievements are as below:

1. AIMCAANA website was updated and many new features were added. Payments can now be made online using papal.
2. AIMCAANA blast email system was developed that is now reaching more than 500 Iqbalians and has played an important role in communicating with the membership.
3. AIMCAANA Connection was published, first ever AIMCAANA publication, and was well perceived by not only Iqbalians but also by other APPNA members.
4. AIMCAANA elections were held through mail ballot and both candidates and voters demonstrated high level of morality and respect for each other.
5. AIMCAANA annual summer meeting had the highest ever attendance and around 175 Iqbalians and their families shared old memories with each other. Barrister Aitzaz Ahsan was the keynote speaker and ignited old memories when his older brother Dr. Ijaz Ahsan was the principal of AIMC.
6. AIMCAANA also arranged a social forum in collaboration with DOGANA

featuring Barrister Aitzaz Ahsan, Honorable Ambassador Hussain Haqqani, Lisa Curtis (Senior Research Fellow at The Heritage Foundation) and Anis Haroon (Director, Aurat Foundation). This was a memorable moment in APPNA history as first time two alumni associations worked together to arrange an event. I am positive that this trend will continue to flourish in future. Social forum was well attended and was essentially the highlight of the APPNA 2008 summer meeting, Washington, DC.

7. AIMCAANA Endowment fund was established and has reached \$50,000 that was more than our expectations. Fundraising was also done for the scholarship fund for the medical students at AIMC who require financial assistance. I am proud to report that my fellow Iqbalians opened their hearts for both of these projects and pledged around \$95,000 and almost 80% of these pledges have been fulfilled to this date.
8. AIMCAANA loan program is being established to assist Iqbalians who are seeking training programs in US and need financial assistance.
9. AIMCAANA has moved its bank accounts to Chicago under APPNA in compliance with the guidelines sent by central APPNA. This will result in better and timely accounting and auditing for APPNA as we use its tax id number. It

will also result in smooth transition when AIMCAANA leadership switches every year.

10. AIMCAANA is collaborating with AIMC Principal Professor Javed Akram Akram and other faculty members in holding an educational conference titled as AIMCON at AIMC from December 21 to 24 this year. Educational lectures and workshops focusing on different specialties will be arranged. APPNA CME will also be held at AIMC on December 22, 2008.
11. AIMCAANA is also planning to adopt few projects at AIMC including a model diabetic enter and providing equipment to pathology department. AIMCAANA hopes that Professor Javed Akram who is a very dedicated person will take AIMC to new heights and we plan to assist him in every possible way, inshallah.

AIMCAANA has developed a team of dedicated volunteers this year that will continue to assist Dr. Rizwan Akhtar (President 2009) in fulfilling our plight to reach higher and higher levels with each passing year. AIMCAANA also thank Dr. Tariq Cheema (APPNA ED) for providing valuable assistance and guidance in different matters. In the end, we are truly thankful to all the Iqbalians who have played a vital role in our achievements and without their love and devotion we would not have fulfilled anything. Remember Once Iqbalian, Iqbalian forever. ■

## Association Of Pakistani Physicians Of North America

### 2009 OFFICIAL RESULTS

Ballots Mailed . . . . . 1931  
 Envelopes Received . . . . . 1555  
 Total Void Envelopes. . . . . 88  
 No Signature. . . . . 71  
 Incorrect Envelope . . . . . 2  
 Duplicate And Original Ballot . . . 4  
 Postmarked After 6/20 . . . . . 11

Envelopes To Be Opened . . . . 1467  
 Void Ballots. . . . . 23  
 No Sbe . . . . . 15  
 Identifying Marks On Sbe. . . . . 5  
 Identifying Marks On Ballot. . . . 1  
 Blank. . . . . 1  
 Overvoted. . . . . 1

**Valid Ballots To Be Tallied . . 1444**

### PRESIDENT-ELECT

**\*\* Dr. Zealaf Munir. . . . . 945**  
 Dr. Sajid Chaudhary . . . . . 497

### TREASURER

**\*\* Dr. Saima Zafar. . . . . 869**  
 Dr. Tariq Mahmood. . . . . 562

### SECRETARY

**\*\* Dr. Manzoor Tariq . Unopposed**  
 Elected By Acclamation

**\*\*Elected**

# DOGANA 2008 Review



*M.N. Qureshi, MD, PhD, FCAP  
President 2008*

**T**he executive council of DOGANA took 2008 heads on with an agenda to consolidate the great leaps DOGANA has made in recent years, and move forward with a renewed enthusiasm. The success of this strategy has been obvious in everything done by DOGANA this year, from the exhilarating Spring Retreat to picture perfect Annual Summer Meeting. Below is a brief summary of the activities of DOGANA during 2008.

**Organizational Strategies:** An organizational plan was approved by the Executive Committee during its first meeting in early January. The highlights of the plan include: formation of all committees, budgetary planning and approval, including hiring an accountant, fiscally responsible investment of funds, hiring professional help for website development and maintenance, renewed emphasis on updating the constitution and by-laws and involvement of membership. The Executive Council and various committees have had meetings as needed other than the planned monthly Executive Council meetings, resulting in thousands of hours of dedicated and coordinated effort.

**Communication Revamped:** Membership Communication is one of the feathers in DOGANA's Cap this year. The website which served well until now was redone in CMS (Content Management System) under the leadership of Dr. Nasir Shahab. The new website has interactive capabilities including

a complete, regularly updatable data base and is open to Dowites around the world. It provides all Dowites a unified platform for communication and interaction with their friends, as well the traditional utility of keeping members updated and informed.

Dowlink was revitalized under the magical touch of Dr. Rizwan Karatela. DowLite International was revived after 25 years with regular electronic issues distributed to over 2000 Dowites internationally whose information is available currently. The two issue of Dowlink have been published and the final issue highlighting the history of DOW and DOGANA is scheduled to go to print in December.

**Constitution and By-Laws:** The need to update the constitution and by-laws of DOGANA was recognized in the first retreat in St. Louis. Three consecutive CABL committees have worked on updating the Constitution. We are proud to report that at this year's annual general body meeting a consensus document was presented by Dr. Wajid Baig, chair of CABL Committee and unanimously approved. We hope this document will serve us for many years to come.

**Membership Meetings:** The spring retreat over the last 5 years has become the Hallmark of camaraderie of Dowites in North America. It also provides an opportunity for brainstorming and planning for DOGANA. This year's meeting was held in New York under the passionate leadership of Dr. Qadir Sheikh, and, as always was a resounding success with over 300 Dowites and family members in attendance for the Banquet.

Once again DOGANA was the largest alumni in attendance at the annual summer meeting in Washington. Dr. Talha Siddiqui, Chair of the Summer Meeting has proven that no organization can move forward without infusion of new blood with new ideas and fresh energy. From the intertwined red and green balloons, registration desk and food at the Annual General Membership meeting to the "History of DOW" display everything was done with an eye at perfection. The annual lifetime achievement award was presented to Dr. Shafi Quraishy,

ex-principal of DOW Medical College and Former Secretary of Health Sind.

The Social Forum is the DOGANA benchmark event at the summer meetings. Dr. Tanveer Imams' leadership took this event a step further, when this year DOGANA joined hands with Allama Iqbal Medical College Alumni (AIMCAANA) to hold one of the most successful social forums, where within 10 minutes of start time there was not even standing space available.

**DOGANA and DOW Medical College:** The roots of DOGANA are nourished by DOW Medical College and Civil Hospital. The spirit to give back to DOW has been alive this year as always. The ground work of DOW Scholarship Fund, brainchild of Dr. Sohail Khan has been laid and over \$20,000 has been pledged as a startup fund. We hope the fund will grow each year and become a major source of assistance for students of DOW Medical College. Dr. Shahid Naqvi has spent the year organizing and raising funds for the DOW Class of 1983 Silver Jubilee Project. With the coordinated efforts of the class of 1983 in North America, Pakistan, Europe and Middle East, a state of the art clinical laboratory is slated to open on December 29th, 2008. Similarly the class of 1982 is actively working under the guidance of Dr. Parvaiz Alavai towards completion of the Medical ICU, their Silver Jubilee Project.

The annual DOGANA winter meeting at DOW Medical College will be held from December 24th to 26th, 2008, with clinical rounds, hand on workshops and lecture series. This year DOGANA will be presenting awards for best research efforts in basic and clinical sciences and to the best faculty members.

I would like to ask everyone to join me in applauding the Executive Council, Committee Chairs and Members and many other unnamed members whose hard work, dedication and selfless efforts have made 2008 a wonderful year for DOGANA. THE SPIRIT OF DOW IS ALIVE IN DOGANA. ■

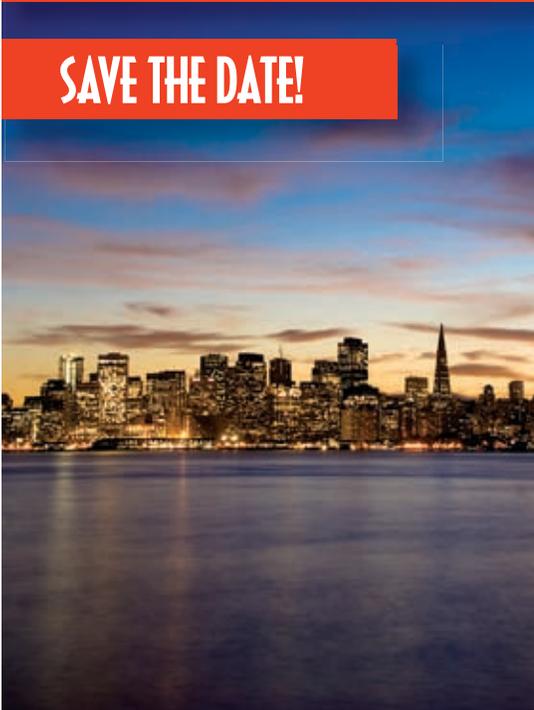
# WELCOME TO SCENIC SAN FRANCISCO

APPNA 32<sup>nd</sup> Annual Summer Meeting  
Marriot Downtown, San Francisco  
July 1-5, 2009

2009 YEAR OF  
HEART-HEALTH AWARENESS

APPNA'S 32<sup>ND</sup> ANNUAL SUMMER MEETING • SAN FRANCISCO • JULY 1-5, 2009

SAVE THE DATE!



# APPNA Membership Committee Report



*Asif M. Rehman, MD  
APPNA Membership Chair*

It is my honor and privilege to serve as chair of the membership committee for two consecutive years, 2007 and 2008, along with other dedicated members who have helped guide me. Together we have worked to improve membership and continue the growth of our organization as one of the most important associations of physicians of Pakistani descent.

As of November 2008 our total membership is as follows:

Lifetime . . . . .	894
Annual . . . . .	1,337
Physicians in training . . . . .	105
Associates . . . . .	5
Total Membership . . . . .	2,585

In 2007 we had more than 400 new members enrolled. This figure represents the maximum new enrollments in one year.

The membership committee recommended a comprehensive plan to help grow the organization. During the last 5–6 months we have had many teleconferences and discussions to discuss ways of improving membership. Two sub committees were formed to create an appealing package for new members and increase participation of medical students in APPNA. Their recommendations included: Membership ID card,

APPNA bag, APPNA key chain, Pakistan/American flag pin and an APPNA pen, provide members with a list of APPNA approved attorneys with expertise in human rights, immigration, real estate, etc., a slide show was created to demonstrate what APPNA is, both socially and academically; the Pakistani media was contacted in order to market APPNA to the Pakistani community.

The purpose of these recommendations is to attract a positive feedback for prospective new members. We are continuing to meet with attorneys to discuss the option of offering reduced rates to APPNA members for their services and soliciting airlines and insurance companies to provide discount rates as well.

Through the great efforts of Dr. Sarwat Iqbal we were able to create the first ever dental auxiliary society hoping to convert to dental component society after Constitutional amendment is passed. Dr. Javed Iqbal was elected first President of the Society.

Canada has several active members without any participation or organized chapters. Dr. Naheed Chaudhry was named as a coordinator to create a Canadian chapter last year according to APPNA bylaws. This year we were successfully able to introduce the Canadian APPNA chapter. Dr. Arshed Saeed is first President and Dr. Naheed Chaudhry as President elect.

West Virginia was also added as a new chapter of APPNA.

Dr. Faziz Bhora co-chaired membership committee worked very hard to revitalize NAMA Hopefully the new generation of children born and raised in this country and those who have gone to medical school will have an opportunity to learn about and join APPNA.

Previously, several incentives were given including reducing lifetime membership

fees. It was suggested that the lifetime membership fee, which currently can be paid in installments within one year, should extend to two years with smaller installments.

The electronic and paper media of the Pakistani communities have been contacted. The central executive committee is in the process of discussing all the legal ramifications with the media so we can market APPNA to the Pakistani community to help recruit new members. Through some of the above incentives we should be able to target 15,000 potential members.

In 2007 with the help of the Central APPNA office, we were able to verify total membership and three members were referred to be grandfathered in the organization for lifetime membership as they had paid their dues before the new Constitution was effective in 2004.

I wish to thank my 2007 and 2008 team, who not only guided me but worked on their alumni and local chapters also. ■

*Dr. Asif Rehman is a graduate of Nishtar Medical College in Multan, Pakistan in 1988. He completed his residency at Nassau County Medical Center in New York and National Institute of Health (NIH) in Bethesda, MD; Cardiology fellowship at Winthrop University Hospital in New York and interventional cardiology fellowship at Tufts University in Boston, MA.*

*He is in private practice as an interventional cardiologist at St. Francis Hospital and Director of the cardiac cath lab and interventional cardiology at Mercy Medical Center, Long Island, NY.*

# Social Welfare & Disaster Relief Committee Report



*Shahabul Arfeen, MD  
Chair SW&DR committee*

## Earthquake In Baluchistan

The SWDR committee was quick to respond to the Baluchistan earthquake of 2008. Despite considerable logistical and weather related difficulties, volunteers of the SWDR reached the affected areas within a week of the disaster. Initial help comprised of food and basic provisions for 100 families for a month. Thereafter building construction material in the form of GI sheets and other building materials were provided to a village. In the final phase we are building 60 winterized shelters in the village of Kharboz which was virtually destroyed by the earthquake. Construction is anticipated to be complete before December 31, 2008.

Anticipated costs thus far is \$43,000.

## 1. Ongoing Projects

### APPNA HAYAT

The focus of the project is to increase the awareness of Breast Cancer amongst women of South Asian descent. The website [www.appnahayat.org](http://www.appnahayat.org) has informational material, in Urdu at present, and is being developed to incorporate brochures in the other regional languages.

The SW&DR committee had an informational booth at the APPNA summer meeting. In addition we plan to run APPNA

sponsored messages on Pakistani Television channels such as GEO. Efforts are underway to produce a 2 minute infomercial in Urdu.

### BONE MARROW REGISTRY

(<http://www.appna-swdr.org/Bone%20Marrow%20Registry%20Drive.html>)

Aims to increase the potential donor pool of Asians willing to donate if required. A registration booth was functional during the APPNA summer meeting. A further event took place in Houston on July 19th in collaboration with the Shifa Clinic.

## 2. Fiscal Support

### Fiscal support for the year 2008 was provided to:

Medicine and Endocrine Foundation, an NGO housed in the Medical Unit of Jinnah Postgraduate Medical Center. The SWDR Committee provided \$15000 for establishing an e-library and a skills lab, where students and residents will train for procedures on manikins.

(<http://appna-swdr.org/mef.html>)

ACLS training program in Pakistan. The Lifesaver Foundation (<http://www.lifesavers-foundation.com.pk/>), an organization founded by APPNA member Saeed Akhter MD, has been providing ACLS and BLS training throughout Pakistan for the past 8 years. The original equipment, which was donated by members of SMCAANA, needed to be replaced. Funds were provided to procure manikins, defibrillators and interactive EKG modules.

Shifa Clinic Houston (<http://www.shifaclinic-houston.org/>) was the beneficiary of a donation on \$2549.

Houston Shifa Services Foundation is a non-profit organization founded by local physicians whose mission is to provide a community oriented alternative for those who cannot afford medical treatment. Shifa clinic serves people of any race, color or religion. Shifa focuses on preventive care, as well as

family, general, and pediatric care. Dental services and eye screenings are also offered, along with educational and social services.

## 3. Radio Talk Show

Volunteers of SWDR Committee have volunteered their time and expert advice on a Radio Talk Show hosted by Dr. Mujahid Ghazi on the Asian Broadcasting Network. The show airs on AM 1590 every Sunday and caters to an audience in Chicago and adjoining areas. Thus far, Drs. Shagufta Siddiqui and Aisha Zafar have spoken on Breast Cancer in South-East Asian women, Dr. Sophia Janjua on Hepatitis C in Pakistan, Dr. Saima Zafar on cardiovascular diseases in Asians and Dr. Shahabul Arfeen on Hypertension and Kidney Diseases.

## 4. Telemedicine Project

APPNA is the beneficiary of a \$180,000 grant from the National University of Science and Technology to further the concept of telemedicine in Pakistan.

The grant proposal was the brainchild of Dr. Rizwan Naeem and was preceded by a pilot program called 'Jharoka' conceived by Atif Aslam of Stanford University and Rizwan Naeem of Baylor University. The pilot project enabled Dermatological cases to be sent from Skardu to Boston for consultation by Dr. Khalil Khatri.

The telemedicine project aims to educate healthcare workers in the remote areas of Pakistan. The Mardan Hospital is the next designated beneficiary of this project.

Dr. Rizwan Naeem traveled to Islamabad in August to attend a conference on Pakistan – US science and Technology Cooperation Program to further the scope of the telemedicine concept.

## 6. Earthquake 2005 Related Projects

APPNA sponsored School at Mohri Farman Shah, Azad Kashmir.

*(Continued on Page 19)*

# APPNA Publication Committee Report



*Shahid Athar, MD  
APPNA Publication Chair*

**A**PPNA publication committee met four times during 2008 in teleconference. The last meeting was on December 11, 2008. It was attended by Drs.

Shahid Athar (Chair), Salman Zafar (Co-chair), Furrugh Malik (Editor, APPNA Journal), Asif Ali Dar (Editor, Urdu section), Abdul Rehman, Shahid Yourself, Tarzana Brahma and the President of APPNA, Dr. Mahmood Alam, as guest.

All the meetings have been conducted in a friendly and cordial manner. The goals of the committee were published in the spring journal and last report in the summer journal. The first issue of the e-newsletter published in fall of 2008 has been liked by all. The winter issue of the journal is in the preparation and should be out by January 15, 2009. The editor has received several reports and submissions. The deadline has been extended from December 15th to December 30th. Drs. Dar and Abdul

Rehman are working hard on the Urdu sections of the winter journal. The incoming President, Dr. Samad is working on appointment of new chair and members of Publication committee. He, and Dr. Nadeem Zafar, Dr. Khawar, Dr. Alam and Dr. Furrugh Malik are working on next e-newsletter in coordination with executive director. Membership is requested to submit photographs taken by them in summer convention for possible inclusion the journal or newsletter.

I and the members of PC Committee thank APPNA president Dr. Mahmood Alam for giving us this opportunity to serve APPNA in year 2008. ■

Respectfully submitted by,  
Shahid Athar, 12-13-08

## Social Welfare & Disaster Relief Committee Report *(Continued from Page 18)*

The school built in collaboration with TCF is functional and in full swing.

### **APPNA – PIPOS Rehabilitation Center of Mansehra**

The Pakistan Institute of Prosthetic and Orthotic Sciences (PIPOS) is Pakistan's primary prosthetic treatment center and the only school for prosthetic and Orthotic sciences in South East Asia. PIPOS was informally created in 1979 by the German non-profit GTZit and is affiliated with the Peshawar University. PIPOS is distinguished as the preeminent amputee hospital in the country and provides artificial limbs for patients at five sites across Pakistan. The PIPOS-APPNA Rehab Centre, situated in the District Headquarter Hospital (DHQ) of Mansehra, has been fully operational since February 2006. The center is well equipped with the machinery necessary for the manufacturing of prostheses (artificial legs) and orthoses (body supports).

APPNA's NEW YORK CHAPTER pledged US \$200,000 as three-year funding of this project.

In the year 2006–2007, the Centre provided physiotherapy, prosthetic and orthotic services to 593 patients. The centre manufactured and fitted 271 assistive devices with 103 prostheses and 168 orthoses. All services were provided free of cost to the patients. The net project cost to APPNA between June 2006–September 2007 has been Pak Rupees 4.95 million (US \$82,600).

### **APPNA Rehabilitation Center at Rawalpindi General Hospital:**

This project was undertaken by APPNA due to the personal interest and commitment of Professor of Orthopedics, Dr. Salim Chaudhary at RGH who has been instrumental in completing this project in record time. A budget of \$286,000 was allocated for this project by APPNA. An existing building was remodeled

and expanded to construct three operating rooms and a connecting bridge between the units and the OR.

The center is located on the campus of Rawalpindi General Hospital and comprises of the following:

1. Physiotherapy unit
2. Orthopedic workshop and Artificial limb center ■

Respectfully submitted

Shahabul Arfeen  
Chair SW&DR Committee

Mansoor Alam  
Co-Chair SW&DR Committee

Shahid Yousuf  
Co-Chair SW&DR Committee

# APPNA Finance Committee Report



*Manzoor Tariq, MD  
FACC, FSCAI, FACP, FCCP  
Treasurer, APPNA 2008*

Dear APPNA Membership,

Assalam-O-Alaikum:

I am presenting this report on behalf of the Finance Committee. As you are aware, the Finance Committee is responsible for investing the lifetime dues of APPNA in such a manner that they are used to provide for our association's long-term objectives. This allows us to preserve capital and achieve consistent returns from capital appreciation,

dividends, and interest income. The target of returns is to exceed inflation (CPI). With the current unstable conditions of the stock market, our Finance Committee is keeping very close watch over our investments. We have made some changes to our portfolio to keep in line with the current economic conditions and we hope for a better return.

Below you will find the investment portfolio for APPNA as of November 28, 2008.

INDICES	2004	2005	2006	2007	YTD 11/26/2008
Dow Jones	+3.15%	-0.61%	+16.29%	+6.40%	-34.20%
NASDAQ	+8.59%	+1.37%	+9.52%	+9.80%	-42.20%
S & P 500	+8.99%	+3.00%	+13.62%	+3.50%	-39.50%
MSCI EAFE	+20.70%	+14.02%	+26.86%	+11.62%	-46.50%
CPI	+2.70%	+3.40%	+2.50%	+4.10%	+3.39%
Blend	+10.28%	+4.33%	+11.90%	+4.79%	-29.40%*

\*(48% S&P500 / 40% LB Long Credit Index / 12% MSCI EAFE)

APPNA	+8.04%	+6.10%	+11.30%	+3.10%	-31.10%
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I would like to end this report by thanking the Finance Committee for their continued support and excellent contributions. The list of members are as follows:

Dr. Tanveer Ahmad  
Dr. Riaz A. Chaudhry  
Dr. Syed Faisal Jafri  
Dr. Aamir Z. Jamal

Dr. Jalil Aziz Khan  
Dr. M. Azam Khan  
Dr. Abdul Majeed  
Dr. Atique A. Mirza  
Dr. Aftab A. Naz  
Dr. Furhan Yunus  
Dr. Sajid M. Zafar  
Dr. Manzoor Tariq, Chairman

As always, I appreciate any comments, feedback, or suggestions. ■

Sincerely,  
Manzoor Tariq  
APPNA Treasurer 2008  
APPNA Secretary 2009  
Cell: 314-378-1658  
mtariqmd@gmail.com

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# President's Visits

## To APPNA Relief & Development Projects in Pakistan

Mahmood Alam, MD

### Visit to APPNA Baluchistan Earthquake Relief Project

On 25th December, 2008 APPNA President Dr. Mahmood Alam accompanied by Tariq Cheema, (Executive Director) and Zeeshan Peracha (local coordinator) visited District Ziarat in Baluchistan to inspect the houses being constructed by APPNA for the victims of earthquake. Leadership met with the villagers and discussed the work in progress. The following account gives the summary of the project.

Some parts of Baluchistan were severely damaged by the earthquake on 29th of November, 2008. Social Welfare and Disaster Relief Committee came in action again to help the grieved. APPNA raised more than \$50,000 to cater for two basic needs; food and shelter in the disaster area. Local team members including Dr. Saeed Akhtar and Zeeshan Peracha visited the most affected parts of Ziarat District like Wam, Kargan,

Ahmadon, Gogai, Tangi and Warchoom. After having initial assessments, planning meetings with FC Wam and Ahmedon camps, the team came up with the decision for selecting Gogai, Tangi and Wam villages for the food and shelter aid. In the initial phase food and blankets were distributed to 100 households in the area. Following initial assessment and paperwork APPNA build 58 house made of GI sheets, and thermo-pore sheets were placed between the inner walls of Lasani wooden sheets.

### Visit to APPNA Rehab Center & OT Complex at RGH

On December 26th, President visited APPNA Orthopedic Center and Rehabilitation Center, a facility constructed in Rawalpindi General Hospital after the earthquake of 2005. It is a fully functional Rehab facility that caters for a large geographical area for their orthopedic prosthesis needs.

### Visit to APPNA Government Girls Middle School Kathai

On 27th December, 2008 APPNA team went to village Kathai, Azad Kashmir to see the progress at APPNA Government Girls Middle School. The road from Muzaffarabad to the line of control is being rebuild hence travelling conditions were not good. The quality of the construction work of Girls school is excellent but slow due to the poor road and whether conditions hampering the transportation of materials. The Girls school is expected to relocate in its new building sometimes in March or April this year.



*Dr. Alam visiting at the Police Hospital in Abbottabad, Pakistan. This hospital was re-build by APPNA membership donations after the earthquake, 2005.*

### Visit to APPNA Police Hospital Abbotabad

APPNA delegation also visited Police Hospital on December 27 in the evening where they were welcomed by hospital staff members. This hospital the rebuilt by APPNA and was completed in 2007. This facility caters mostly for the families of the police employees in Abbottabad area. There is an active out-patient department where 30-40 patients were reported to be seen on daily basis. A 6-bed in-patient physical arrangement is also present without coverage by the physician around the clock. The maternity unit also lacks proper equipment and staff!



Principal and Faculty Members Required for a Medical College in Lahore - Pakistan

Applications are invited from suitable candidates for the post of Principal and Faculty Members for Shalamar Medical & Dental College. The College, now under construction, shall be a most modern education institution comparable with the best in the world. Following qualification and experience is required: -

- Should be a full Professor having MRCP or FRCS, Diplomat American Board, Ph.D in Basic Sciences of Medical & related field with 10 years experience.
- Should have requisite experience to handle faculty and administrative affairs. Should have an amiable personality.
- Should be familiar with preparing and executing operational plans for development of a Medical College.
- Age between 50-55 years (relaxable)
- Salary : negotiable with qualification and experience.
- Requirement for Faculty members is MRCP, FRCS, Diplomat American Board and Post Graduation in basic sciences of medical & related field with 5 - 10 years experience.

Submit your application, resume, copies of academic/other certificates, two letters of reference & a recent photograph, latest by March 15, 2009 to:

**Project Director,**  
Shalamar Medical & Dental College  
Shalimar Link Road, Mughalpura, Lahore-54840, Pakistan.  
Tel: 92-42-111-205-205 Fax: 92-42-6835555,

# APPNA Medical Student Section

The Society of Future Physicians



*Asima Ahmad and Adeel A. Butt*

What began as the idea of a few individuals first came into realization in 1977 with the creation of APPNA, the nation's first professional society for American physicians of Pakistani descent. Its intentions were clear: to foster collaboration and dialogue within the Pakistani-American diaspora and between the Pakistani and American medical communities.

In the 30 years since its founding, APPNA has successfully opened the proverbial door of opportunity for many established physicians, residents and young physicians alike, particularly for those graduating from Pakistan's medical institutions. In the process, however, it has ignored one critical area of potential growth: students enrolled in North American schools of medicine. There are approximately 125 allopathic medical schools in the United States with estimated averages of nine students of Pakistani origin per school – providing a pool of over 1,100 medical students for APPNA to access and engage. (This estimate excludes the considerable number of students of Pakistani origin who pursue their medical education in either Canada or the Caribbean or those enrolled in osteopathic schools.) While the argument that these potential members could simply wait to affiliate with APPNA as a resident or a young physician (as some do currently),

APPNA stands to gain considerable market presence and membership growth via the development of mechanisms targeting this sector of the Pakistani-American medical community.

APPNA also faces another imperative: the need to act in time as the culture of medicine – and, indeed, all of Pakistani-American society – undergoes significant changes. The medical student of today is representative of his generation, involved in academic, social and entrepreneurial ventures from an early age and questioning the status quo in the society around him. For these youth, life is not all about medicine; rather, medicine is but one component of their many ambitions.

The Pakistani-American response to the 2005 earthquake in South Asia provides a particularly revealing case study for this sentiment. In the earthquake's aftermath, hundreds of Pakistani physicians left their homes in the United States to help the victims in areas of Pakistan and Kashmir. Though hundreds went, there were still thousands that wanted to provide assistance but could not venture out to those regions. One such group: American medical students of Pakistani origin, many of whom lacked the contacts necessary to connect with the Pakistani medical community and offer their assistance in medical relief. Many students spent months simply trying to find a contact who could help them guide them towards a target population or hospital with which they could work during the summer. A fortunate few were able to find mentors to guide them through the process, and with their guidance they were able to assist with disaster relief efforts in Kashmir soon after the earthquake. However, most were unable to go and help despite their desire to do so, due to lack of an easily identifiable mechanism. As a medical society and a fertile ground for leadership development in the

Pakistani-American community, it is our responsibility to ensure that this “networking gap” does not occur again. If these students have the desire to get involved in medical work or research targeting the Pakistani population, is it not our responsibility to provide mentorship and guidance to them?

It was with this goal that the Society of Future Physicians was started. The Society hopes to provide:



- Mentorship and assistance medical students and future medical students
- Seek out and form relations with residents and physicians in order to encourage scientific and academic collaboration and also to foster a sense of community.
- Institute ways and means to cooperate with other student medical organizations and medical organizations in North America
- Encourage medical education and delivery of better health care in Pakistan
- Participate in medical relief and other charitable activities both in Pakistan and in North America

The Executive Council of APPNA deliberated over several sessions over a 3 year period. After several presentations by their representative Asima Ahmad and Council

*(Continued on Page 25)*

# Ayub Khan Ommaya Scholar

An Award By APPNA

By Arif A. A. Toor, MD

Most of us have heard of and relate to “Ommaya Reservoir” the living legacy of Late Dr. Ommaya, a Past President of APPNA 1981–82. In September 2008 the executive council of APPNA approved the concept of dedicating a project in the Memory of Dr. Ayub Khan Ommaya. I was asked to head the Committee with Dr. Adeel Butt and Dr. Mohammad Haseeb as its members by Dr. Mahmood Alam who also gave us the full authority to make the decisions.

Before I proceed to give you the details of our deliberations and decision I would like to give you all some information about the Gigantic Personality that we are planning to honor, here I acknowledge the most of this material was written by another Past President of APPNA Dr. Amjad Hussain in the Daily Blade from Toledo Ohio.

Dr. Ayub Khan Ommaya was best graduate of the Punjab University from King Edward Medical College class of 1953. Not only a brilliant student he also was the best athlete as well as the best debater of the college. After graduation he went to England as a

Rhodes Scholar and received a doctorate in clinical biology from Oxford University. While in England, he was named the Hunterian Professor in the Royal College of Surgeons, a singular honor for the young surgeon-researcher.

Dr. Ommaya could not get a suitable position in Pakistan upon his return from UK so he decided to come to the United States. Here Dr. Ommaya joined the National Institute of Neurological Disorders and Stroke as an associate neurosurgeon. His real genius, however, was to bring conceptual theory of the mechanism of head injuries into practice by bringing seemingly diverse disciplines to collaborate and find solutions. In the 1980s, as chief medical adviser to the U.S. Department of Transportation, Dr. Ommaya commissioned a comprehensive report called “Injury in America.” His efforts led to the establishment of the National Center for Injury Prevention and Control at the Centers for Disease Control.

We as the Committee to decide a befitting Memorial for such a gigantic personality discussed the possibilities of having one

project in Pakistan and one here in the US but looking at the financial implications we decided against the idea. The committee has come up with a solution that could be well publicized annually both here and in Pakistan.

We propose to create an “Ayub Khan Ommaya scholar” award given to suitable candidate to pay his/her fee for one year’s training in conducting research at the University of Pittsburgh. The cost of scholarship would be \$15000.00 per year. But the beauty of the Program is that this individual will be interviewed and selected in Pakistan for a 3 year fully paid Residency Program at the University of Pittsburgh.

I am very thankful to Dr. Adeel Butt for the original suggestion and its follow-up with the University. This plan has passed through the initial hurdles but is not finalized at this stage. Our unanimous recommendation however is that we should not look elsewhere unless due to some unforeseen reasons this does fail the final approval from the University. ■

## International Education & Research *(Continued from Page 33)*

in November and held discussions with various stakeholders there and other medical institutions in Pakistan. If you can contribute to this initiative, please send an email to [merit@appna.org](mailto:merit@appna.org)

### TELEMEDICINE Initiatives

Rizwan Naeem, MERIT committee co-chair, presented the telemedicine/tele-training project “Capacity Building of Lady Health care Workers in Rural Mardan, NWFP through the use of ICT-Based Telemedicine,” at Pakistan-U.S. Science and Technology Conference Islamabad. The project, funded by HEC and USAID aims to train lady health visitors using ICT based Tele-Healthcare. The Mardan facility is now operational. Another Telemedicine initiative is being

operated by Khalil Khatri in the Boston area as a Dermatology Telemedicine initiative for Pakistan-based doctors.

### APPNA SUKOON Palliative Care Training Initiative

MERIT’s initiative for development of a Palliative Care and Hospice Specialty in Pakistan is building in 2008 on its successful seminar series delivered during December 2007 in various Pakistani cities. APPNA has endorsed the INCTR Clinical Guidelines for Palliative Care in low resource countries. Naheed Usmani will also be on a MERIT visiting faculty assignment at Shaukat Khanum Cancer Center and Hospital in Lahore during December 2008, to help develop their Palliative Care program.

### APPNA MERIT: Please Join

APPNA MERIT is your vehicle to give something back to Pakistan that only you can – your expertise, your knowledge, your mentoring, your professional outlook and ethics as a role model for Pakistani doctors-in-training, and of course your compassion as a physician for the patients in Pakistan who deserve the quality of care your training allows you to deliver. You can volunteer for short-duration 2-week teaching assignments, deliver seminars and hands-on training on your visits to Pakistan, and join or help create MERITnets in your specialty areas. Visit the APPNA MERIT website at <http://sites.google.com/site/appnamerit/> or email [merit@appna.org](mailto:merit@appna.org) to join. ■

# Dental APPNA

## A Platform for Dentists of Pakistani Origin

By Mian K. Iqbal, DMD, MS

The Association of Pakistani Physicians of North America (APPNA) has covered a lot of ground in the last 30 years since its inception. Over the years APPNA has turned into a strong organization charged with promoting and protecting the efforts of this fantastic community. On October 11, 2008, at its fall meeting in East Brunswick, NJ the APPNA council approved the establishment of Dental APPNA as one of its auxiliary organizations.

The establishment of Dental APPNA is an event of historical proportion that has for the first time provided a platform to the dentists of Pakistani descent. Dr. Sarwat Iqbal has been one of most active physician member of APPNA and was instrumental in this achievement. Dr. Sarwat took a leap of faith during the formation of the Dental APPNA, working tirelessly and persistently on the promise that it would succeed. In short, without Dr. Sarwat, Dental APPNA would not exist. We, as a dental community, owe a huge debt of

gratitude to her for all of the work that she has done.

The Dental organization was brought to APPNA because it was felt that dentists of Pakistani origin in North America who wanted to get involved in professional development seemed to have limited interaction with one another. In this regard a plenary session of the dentists of Pakistani origin was held during the 2007 annual summer meeting of APPNA in Washington, DC. Approximately 40 dentists participated in the meeting and elected the office bearers.

The Dental APPNA invites all fellow dentists from North America to become a united force as contributor, collaborator and co-workers in this fledgling organization. Over the years all the APPNA chapter members have benefited and the similar opportunities will be available to the Dental APPNA members. By joining the Dental APPNA the Dental community of Pakistani decent can

benefit to develop vital contacts and opportunities to network and build professional skills. Some of the goals of the Dental APPNA include arranging continuing dental education courses, dental trade exhibits and opportunities to explore new practice opportunities.

If you or someone you know is interested in learning more about Dental APPNA and how you can help bring it into your community please join us at our next scheduled summer meeting, July 1–5, 2009 in San Francisco. Similarly if you think you have the right ideas for Dental APPNA, please drop us a line. Dentists interested in joining the organization can e-mail at sarwatiqbal5@gmail.com. ■

Office bearers of Dental APPNA  
Dr. Javed Iqbal – President  
Dr. Sami Jangua – General Secretary  
Dr. Malik Mubarak – Treasurer  
Dr. Mian Iqbal – President Elect 2009

## APPNA Members on Tour



APPNA members from Bus #3 assemble before historical buildings of Pisa with the leaning tower seen in the background.

Sitting (L-R): Dr. Ijaz Mahmood, Dr. Rifat Saleem (rear), Sabar Aftab (front), Emaan Mahmood, Dr. Arif Muslim, Dr. Uzma Khalid (Eraaj standing), Ahmad Aftab, Dr. Javed Akhtar.

Standing (L-R): Saeeda Alam, Dr. Tasneim Suleman, Dr. M. Jan, Dr. Rajput, Dr. Mohammad Mirza, Dr. Aftab, Anwar Rahman, Mrs. Rukbi Jan (rear), Amina Rahman, Dr. Karim Nawaz Zafar, Mr. Najmuddin Saleem (rear), Dr. Ghazala Zafar, Dr. Mohammad Suleman (rear in shades), Dr. Khawla Khan, Helen Allen, Mr. Shahid Khalid, Yasmin Mirza, Dr. Nadeem Kazi (in sunglasses), Dr. Zubaida Rajput, Dr. Shahmaz Akhtar, Saeeda Mobinuddin (guide), Mrs. Talat Bukhari, Dr. Zahra Yousuf, Tipu (rear), Arifa Siddiqui, Anwar Siddiqui.

(Photo by M. Shahid Yousuf.)

# APPNA Arizona Chapter Annual Report 2008

The Arizona Chapter of APPNA has had a busy year in 2008. This year some of our members became involved with a local free medical clinic that we, as a chapter, are committed to supporting. Our goal is to generate a consistent supply of volunteer physicians for this clinic, as well as funding and material support. However, there is still a long way to go in having this free clinic become a streamlined operation. Nevertheless, we are hoping to someday emulate one of the shining examples of free clinics that were described in a recent publication by the Institute of Social Policy and Understanding (ISPU) and presented at the APPNA Fall Council Meeting this year. ISPU is a think tank that is committed to studying and analyzing issues that are related to the American Muslim community.

This brings me directly to our next endeavor for this year. Independent research and published data by credible institutions are necessary in the discussion of many sociological issues. Many think tanks and individuals have made it their priority to portray US Muslims in a negative light by writing commentaries and op-ed pieces for the print media, as well publishing research and policy papers. Most recently in August 2008, JAMA published a review of the book, "Jihad and American Medicine: Thinking Like a

Terrorist to Anticipate Attacks Via Our Health System." It is imperative that we support independent research that can provide a necessary counterweight to such publications. For this reason in October 2007, at the Fall Council Meeting, the Arizona Chapter of APPNA pledged its support for an independent study, the Muslim Physician Project that is being started by ISPU. This study aims at demonstrating the positive impact American-Muslim physicians have had on American society. In this regard we combined our Spring Meeting in May 2008 with a fundraiser for ISPU. Over 50 physicians of diverse backgrounds were in attendance, with the speaker from ISPU delivering his message with great clarity and insight. I am pleased to say we have already been able to pay ISPU \$30,000 and with IRB approval in place, the study is about to move into the sample recruitment and data collection phase.

We have also made it a priority to engage and build bridges within and outside of our community to promote unity and understanding. Hence our recently concluded Winter Meeting was held in conjunction with a local organization, the Pakistani American Network of Science and Engineering Professionals. Each of our professional sessions was conducted separately in the afternoon followed by a combined

banquet. The AZ Chapter provided an opportunity for its members to hear about the status of tort reform in Arizona by a representative from the Arizona Medical Association. There was also an informative session on Avoiding the Pitfalls of Medical Liability, by a representative from MICA, our major malpractice carrier. In the banquet over 260 people were treated to an insightful presentation by Dr. Brian Gratton, Professor of History, Arizona State University on 401 Years of Immigration: Race, Popular Reaction & Policy, 1607 to 2008. The evening concluded with an entertaining performance by Hanif Noormohamed and his group.

In conclusion, I am pleased to announce the new Arizona Chapter Executive Committee for 2009. As President we will have Dr. Taqi Azam, as Secretary, Dr. Rushda Mumtaz and as Treasurer, Dr. Azhar Jan. It has been a hectic year and I thank all our volunteers and supporters for their dedication and hard work. We will continue to strive towards making this chapter more relevant for our physicians and an asset to our local community. ■

Submitted by  
Asim Khwaja, MD  
President  
APPNA Arizona Chapter, 2007 & 2008

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## Medical Students *(Continued from Page 22)*

sponsor Adeel Butt, the Council voted in its Fall 2008 meeting to seat the Society of Future Physicians as an Auxiliary Organization of APPNA. Asima Ahmad was seated at the Council as its founding president.

We have great hopes from the Society of Future Physicians, and look forward to their presence and input in all matters of the Association for years to come. ■

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*Asima Ahmad is a third year medical student at University of Chicago's Pritzker School of Medicine. To pursue her career goals in the area of Public and International Health, she is currently pursuing a Masters in Public Health at Harvard School of Public Health. Asima is the founding president of the Society for Future Physicians, now a component society of APPNA.*

*Adeel Butt is the Director of International Scholars Program at the University of Pittsburgh School of Medicine. He has sponsored and mentored the members of the Society of Future Physicians in their quest to join APPNA*

*Both Dr. Butt and Asima Ahmad share a passion for global and international medicine and health services and capacity building in resource poor settings, and have individually traveled across the globe to set up programs.*

# APPNA Georgia Chapter

## Women Physician's Meeting & Garage Sale

*Roohi Abubaker, MD – Psychiatrist VA Hospital Atlanta*

Atlanta is a great city to live, known as the capitol city of Southeast, famous for its three C's CDC, CNN, and Coca Cola. Atlanta is a relatively younger city, and only 150 years ago belonged to the creeks and Cherokee tribes of native Indians. Mostly destroyed in the civil war in 1864, it rose from the ashes and rapidly grew; now it is a bustling city of 5 million, 9th largest metropolitan city in United States.

Over the years it has attracted a diverse population and a large number of people of Pakistan descent. Besides a large Pakistani business community; it has a great number of professionals among which physicians hold an important place. Recently there has been a revival of APPNA chapter in Atlanta, thanks to the local leadership of people like Dr. Yaseen Abubaker, Dr. Khaliq Rehman, Dr. Adnan Abbasi, Dr. Waheed Malik and

Dr. Mohammedy. This report is to highlight the newly formed Women group.

The main aim of the group is to present a broader view of the Women physicians. To show that Pakistani woman are smart, progressive and are an integral part of the community at large. We have some great female physicians and we hold a meeting every 3 months. One of the recent activities of the women group was to help raise money for the immigrant community in the Clarkston area the refugees are from the most troubled corners of the world, like Afghanistan, Bosnia, Congo, Gambia, Iraq, Kosovo, Liberia, Somalia and Sudan. They have a small mosque serving as a community center as well. The Pakistani Women physicians held a garage sale in August to raise money for the Mashed. Dr. Gulshan Harjee has been very enthusiastic about this project. Dr. Rana Hasan, Dr. Dureshehwar Mussarat,

Dr. Roohi Abubaker and Dr. Sara Hayat who worked very hard to organize this event.

The local group and community at large collected items, the prices were very nominal all under 5 dollars. On Sunday all the items were brought to Masjid for the grand garage sale. Large number of people from the community visited it, and it was heart warming to see such a diverse Muslim refugee group. I was moved at one woman's gesture when she bought one wall clock and then donated it to the Masjid.

APPNA Women physicians volunteered for the event and we were able to raise 2000 dollars, which was later donated to the Masjid. Atlanta Women physician group is here to stay and has great plans for the future also. Long Live USA and Pakistan. ■



*Female physicians at the APPNA Atlanta meeting.*



*(L to R) Dr. Seemi Mushtaq, Dr. Roohi Abubaker, Dr. Faryal Baloch.*

# Impact of Muslim Physicians

## On The US Health Care System – A Study We Must Support

Nadeem A. Kazi, MD

After the Glasgow airport incidence last year the media in US tried to portray all Muslim physicians to be potential terrorists. In fact, one book “Jihad and American Medicine: Thinking Like A Terrorist To Anticipate Attacks Via Our Health System” by Adam Frederic Dorin, is trying to scare American people by citing numerous examples of clinicians who have been convicted of murdering patients by tainting IV solutions or injecting toxins. Subsequently JAMA wrote a review on this book (JAMA August 13th 2008-Vol 300 No 6 page 734). Many of us felt that this review brought a relatively unknown book to the attention of healthcare providers. I believe it is the time to stand up and show our patients, our neighbors and our lawmakers who are we? How should we tell them about ourselves and our services to the people of this country? Recently during the discussion on this issue, one of our colleagues was very upset and said “we should boycott JAMA and AMA. Is this the answer? Or should we let them know who we really are through the scientific evidence. I think the scientific evidence will prevail.

Last year we engaged, Institute for Social Policy and Understanding to conduct a study titled “Impact of Muslim Physicians on the US health care system” with two goals:

### I. Quantitative Study

The major goals of this part of the study are: (1) to develop a detailed demographic overview of Muslim physicians in the United States; and (2) to compare the Muslim physicians to the general physician population in terms of age, gender, medical specialty, and geographic distribution, (3) to assess the types and levels of civic engagement and community service in which Muslim physicians are engaged.

### II. Qualitative Study

The major goals of this study are: (1) to explore issues related to U.S. immigration

policies, to determine the impact of such immigration policies on current and prospective Muslim physicians, and to speculate on the future demand for their services; (2) to review how these policies are affecting the productivity of Muslim physicians and health outcomes across the country; and (3) to assess how Muslim physicians contribute to the U.S. healthcare system and how they serve the interests of this country and those countries from which they hail.

This type of study requires careful methodology and is costly. Dr Lance D. Laird, a PhD from Boston University School of Medicine and Dr. Wahiba Abu-Ras, MSW, Ph.D. Adelphi University, New York are the investigators of the study. Initially we were trying to do a pilot study involving Arizona Chapter and New Jersey Chapter. Both chapters committed \$40,000 each for the study. Dr Asim Khwaja of Arizona chapter has already raised \$40,000 and funded the study to be started. The NJ chapter is still in a process to raise the funds. Dr. Mahmood Alam has taken upon himself to get support and raise funds in the New Jersey area.

After a lengthy discussion and debate during the fall meeting seminar on Free Clinics, the consensus was developed to conduct a national study to have for a better impact. This will require additional \$80,000 to complete the study. I will request the membership to donate for this cause and send their donation to APPNA office and write in the memo “ISPU study”. Such studies are extremely necessary to let the society know who we are and as a part of the society, what are our contributions. This study is the best gift we can give to our future generation. These data are required to document our service and commitment to this country. This is the first step that will help to argue our case with the lawmakers in order to develop amiable policies for community.

Dr Syed Adbus Samad will take over as the President APPNA 2009 soon and I have firm believe that he will take this organization to next level up and continue supporting and expanding APPNA programs. Once again I want to thank APPNA membership for their trust and support. ■





# PDM Healthcare

## GROUP PURCHASING NETWORK FOR PHYSICIANS & SURGEONS

PDM Healthcare is national supply chain management and sourcing company. Our Group Purchasing Network for Surgeons & Physicians provides innovative, diverse business services for private practice, hospitals and health systems, ambulatory and elective surgery centers, post-acute care facilities, or clinical research settings.

### OUR SERVICES INCLUDE:

- Practice Management
- Group Purchasing/Supply Chain Management
- Continuing Education
- Capital Financing
- Consulting
- Disease State Management Programs
- Marketing & Advertising

### PDM BRINGS DISTINCT ADVANTAGES:

- Increased operational efficiency
- Increased profitability
- Increased long-term financial viability
- Revenue enhancement
- Leveraged costs and negotiations
- Build and protect patient and referral bases

### FREE ONE YEAR MEMBERSHIP FOR APPNA MEMBERS

#### Practice Management

Managing a practice is time-consuming and full of pressure and unknown or with constantly changing costs. PDM assists you in this “business practice of medicine” via strategic sourcing, long term planning, and practice management expertise. We identify your challenges and implement solutions to achieve your goals. PDM’s practice management guidance will enable you to surmount increasing costs and meet financial, clinical, operational, employee, and patient targets.

#### Cost Evaluation

We quickly and easily locate discrepancies in the practice costs to provide you with the savings that you generate with PDM on a monthly basis and also show the benefit of using our group purchasing division.

#### GPO Division

Our Group Purchasing Division is the most diverse in the nation, giving members discounted, competitive pricing on a huge variety of products and services. In addition to our national contracts, we can customize contracts with independent service and product companies in your geographic region to offer you discounts from local vendors.

#### Education

The Learning Center is dedicated to keeping healthcare professionals informed about the ever-changing healthcare industry. Through our educational programs, PDM provides the most up-to-date information regarding advances in the healthcare field, including new products and technology, as well as the latest medical research studies. Educational programs are specifically tailored to meet the diverse needs of various healthcare institutions.

PDM can sponsor or jointly sponsor live CE courses. We take a hands-on approach to all aspects of course management, including content development, speaker selection, accreditation, promotions, registration, on-site management event management, and follow up with participants.

#### Marketing/Advertising

It is more important than ever for physicians to properly and effectively market their practices. Due to significant changes in the healthcare industry in recent years, physicians can no longer afford the luxury of sitting back and waiting for patients to come to them. Patients demand quality care, timely service, and customer satisfaction, and physicians must proactively plan to deliver these patient needs.

Physicians market their practice to achieve the following:

- Increase name recognition among potential patients and healthcare community
- Increase referrals
- Increase electives (example – plastic surgery) and cash procedures to physician practice
- Increase revenue to practice
- Gain market share for practice
- Maintain and grow patient volume
- Diversify patient mix
- Enhance revenue in light of lower reimbursements
- Announce new service
- Addition of a new practice location

PDM Healthcare  
24700 Center Ridge Rd, Suite 110  
Cleveland, OH 44145  
[www.pdmhealthcare.com](http://www.pdmhealthcare.com)

Contact:  
Tony Viridi, Sales Development Mgr  
P: 847-546-5106  
[tonyvirdi@pdmhealthcare.com](mailto:tonyvirdi@pdmhealthcare.com)

Irene Jurca, Director, Public Affairs  
P: 440-871-1721 ext 224  
[irenej@pdmhealthcare.com](mailto:irenej@pdmhealthcare.com)

# APPNA SEHAT

## *A Brief Review of 20 Years of Its Service to Humanity*

### BACKGROUND

If one, for a while, visualizes Pakistan's national scene, one finds diametrically opposed trend not only at policy but also at the implementation levels. Even the primary healthcare system digresses from the basic principles enunciated during the Alma Ata Declaration of 1978. While the declaration emphasizes equity, proximity and participation of locals in provision of health services, and puts emphasis on health education, the current healthcare system of Pakistan works, apart from leaving people ill-informed and offering poor quality of services, with inequitable distribution (elitists bias – concentration in urban areas and accessible to the rich), without any well-greased program for community participation in health services delivery, scanty inter-sectoral coordination, and seldom taking note of cost-effectiveness and appropriate technology.

### APPNA SEHAT

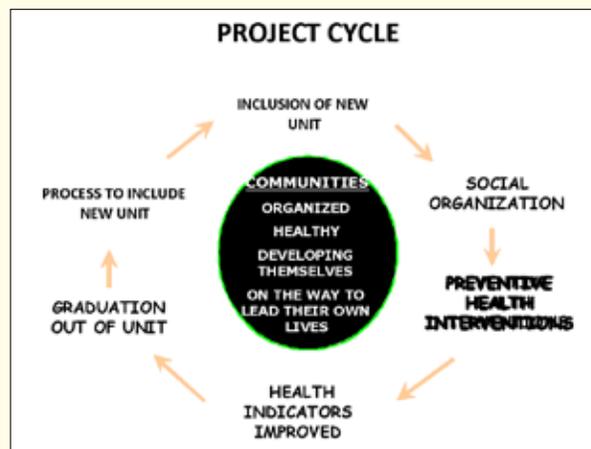
(Scientific Educational Health Administrative Training)

A subsidiary of APPNA was established and registered in 1989, when American physicians of Pakistani origin in an endeavor to repay moral debt to their mother land, to address health problems and to implement practically low cost primary health care projects for poor and marginalized rural communities.

The APPNA SEHAT model of self-help is process of transformation of marginalized and ineffectual communities into effectual, self-reliant, organized communities taking development initiatives on their own to resolve local health and development issues. This positive behavioral change is ensured by intensive health education and cur-tailing 'capability deprivation' by capacity building.

Community involvement in project implementation is properly viewed not merely as a useful concept, but also a guided principle of APPNA SEHAT's project intervention.

APPNA SEHAT works by units – a unit is comprised of 500 or so contiguous households in one or more adjacent villages. There are five paid workers and one unpaid facilitator constitutes the foundation of a unit. Appropriate field staff is selected and recruited essentially from the project area. The staff is trained by professionally trained supervisory staff.



A careful feasibility study, both administrative and social, is carried out before getting a unit on board. Then census survey of the unit is carried out, target populations are listed in data collection tools which are subsequently updated on monthly basis. APPNA SEHAT field staff visits door to door, carried out project interventions, imparts health education on need basis.

Management prepares a detailed Implementation Plan for every three years (project duration) in consultation with community representatives and APPNA SEHAT staff. The document enlists all activities to be carried out for an intervention in orderly manner with reference to time (in months) and space (units in each region) which lead not only to realization of objectives but also to measure the pace of achieving these stated objectives. Other forms of supervisory controls are month unit progress reports, monthly written staff knowledge and skill test and random monitoring visits and data is collected on APPNA SEHAT field monitoring form. APPNA SEHAT supervisory staff in monthly staff meetings discusses finding of field monitoring with the concerned staff to keep them on track.

APPNA SEHAT is governed by a Board of Directors in Pakistan and the APPNA SEHAT Committee in the USA.

From 2004, APPNA SEHAT graduates all those units which have completed three years tenure with APPNA SEHAT financial

support. APPNA SEHAT imparts all basic skills and knowledge deemed necessary for the empowerment of the graduated communities and gets the communities involved throughout in observing good results of improved and changed life style. Community structures evolved during stay with APPNA SEHAT took the responsibility to take care of health activities in close collaboration with APPNA SEHAT and APPNA SEHAT move on to another community. APPNA SEHAT is currently undertaking its project activities in four APPNA SEHAT administrative regions i.e. Mardan, Murree, Sahiwal and Badin.

## Achievements and Impacts of APPNA SEHAT interventions

In 1989 when APPNA SEHAT launched its pilot project there were 16,357 people living in 2,200 households of 15 villages who were included in the project at four diverse rural locations in districts Mardan, Rawalpindi, Sahiwal and Badin. The scale and scope was very limited and data on EPI, TT vaccination, Morbidity and Mortality were collected initially. With the passage of time both scale and scope of the project was enhanced on the community demand. Currently, APPNA SEHAT is carrying out 18 different educational and demonstrative interventions for 74,940 people in 13,310 households of 26 units.

So far 198,991 people residing in 30,120 households of 389 villages in 59 units have been graduated out of active APPNA SEHAT financial support by completing 3years tenure. Had APPNA SEHAT implemented graduation policy right from beginning, it would have served population of 256,276 over and above current populations quoted.

APPNA SEHAT also implemented Pakistan Tawana project in Muzafargarh and DG Khan Districts to serve 37,400 girls of 7 –12 years age in 435 girls' primary schools. The main thrust of interventions was on Primary Knowledge of nutrition, balanced diet, its relation with health (weight height), female child education, management of feeding, teamwork, collective decision making, and participatory monitoring.

APPNA SEHAT also implemented the same APPNA SEHAT model in 32 field units for NCHD serving almost 78,000 populations in Mardan and Badin.

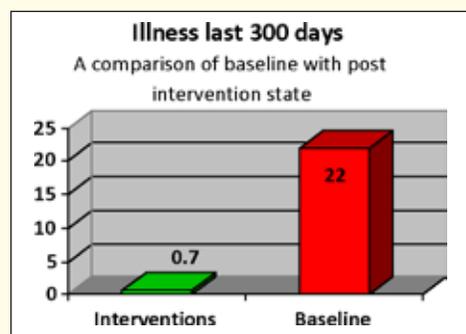


APPNA SEHAT also carried out same APPNA SEHAT field interventions in 7 units for HDF Pakistan serving 14,437 populations. APPNA SEHAT also carried out 8 community development trainings for Muslim Hands UK in Azad Kashmir.

APPNA SEHAT also implemented 2 APPNA SEHAT units in Golra Sharif serving 4,980 population which was funded by UNDP.

## Reduction in Incidence of All Illness

In APPNA SEHAT project units, the baseline survey reports showed that there was 19% of the total project population was suffering from different illnesses during the last 30 days.

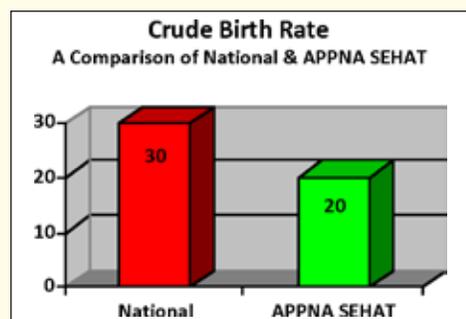


After APPNA SEHAT PHC and Community Development intervention started, only 0.7% of the same population is reported to be suffering from different illnesses. This means that 96 out of every 100 people are no more suffering from any kind of illness.



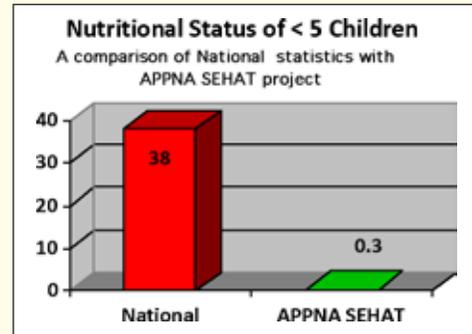
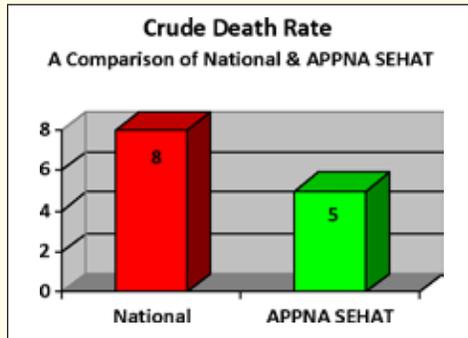
## Crude Birth Rate

APPNA SEHAT has successfully reduced the crude birth rate (number of births per 1000 population) by 33% as evident from graph below.



## Crude Death Rate

Likewise APPNA SEHAT has successfully reduced the crude death rate (number of deaths per 1000 population) by 37.5% as evident from graph below.



## Maternal Care

APPNA SEHAT educates the communities on importance of ante-natal and post natal care, conducts antenatal and postnatal examinations to identify at risk cases and refers them to an appropriate source of help.



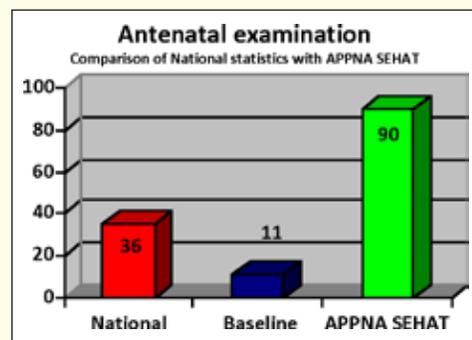
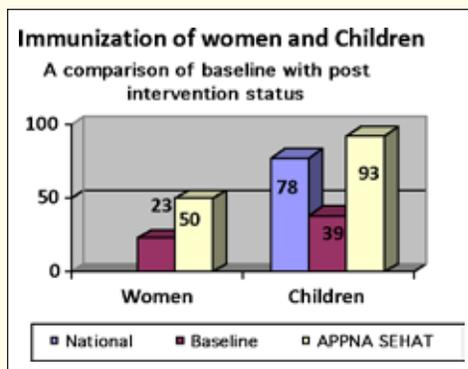
## SOME OTHER ACHIEVEMENTS

### Community Organization

In each APPNA SEHAT unit communities are organized in the form of Cluster organization and Unit Committees to discuss and to take initiatives for local development. Now seven different Unit Committees have been registered as CCB.

### Immunization

The coupled interventions of ensuring the vaccinations of children under five and women of reproductive age and educating the communities on its importance have been successful in increasing the level of fully immunized children and women.

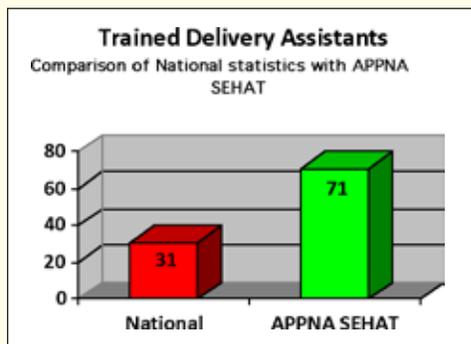


### Nutritional Status of children < 5

APPNA SEHAT monthly monitors growth of all < 5 children on regular basis coupled with education of mothers on how to interpret growth monitoring card and how to prepare balanced diet indigenously with referral of severely malnourished children.

APPNA SEHAT has been successful in reducing the malnourished children in project areas.

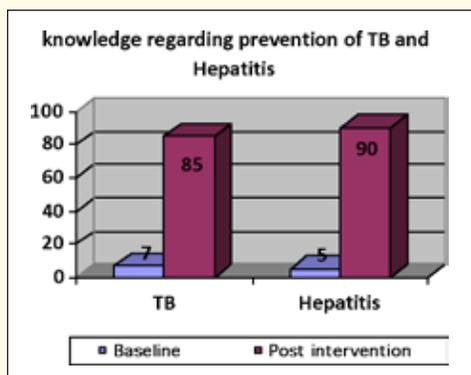
Almost all the women that have been involved in assisting births, including the known TBAs, are trained in conducting safe deliveries. Antenatal care has risen from 11% in baseline reports to 90% before delivery and postnatal examination from 6% baseline to 100% post project intervention.



All the deliveries happened in project areas are 71% were conducted by trained assistant with increasing trend in early initiation of breast feeding.

## Awareness

APPNA SEHAT field staff persuasively educates rural masses while visiting door to door as well as in community meetings. The masses are educated on mode of spread and importance of prevention.



The knowledge about prevention of these diseases rose from 7% and 5% for TB and Hepatitis to 85% and 90% respectively.

APPNA SEHAT persuasively believes communities have potentials to make change. They need guidance to develop local capacities to turn themselves into an effectual communities rather than looking for dole-outs.



APPNA SEHAT's role in humanitarian relief activities during October 2005 earthquake has been phenomenal. APPNA SEHAT distributed 12 metric tons of non-perishable food stuff as well as helped people to build 175 semi permanent homes employing the same APPNA SEHAT philosophy and working methodology. APPNA SEHAT adopted Ajmaira village to support all amenities for six months on from the disaster. APPNA SEHAT also acted a conduit for APPNA and other organizations from North America to deliver services to destitute.



APPNA SEHAT provides a platform for philanthropic potentials to be invested in social capital, health and development of marginalized and impoverished communities of Pakistan.

APPNA SEHAT has demonstrated that how ordinary people are making extraordinary for themselves and for the future generations through mobilization and entrusting them for their abilities and potentials gained through practical participation in developing worth living environment.

This all is done with trivial expenditure of US\$2.5 per person per annum.

All the contributions and support of APPNA membership made available to people of Pakistan through APPNA SEHAT has not only served hundreds of thousands of the poorest of the poor segments of the rural communities but assistance and support was provided to thousands of affected by calamities.



But still thousands of people are looking up to generosity and kindness of munificent membership for help. ■

Prepared and presented by  
Hassan I. Bukhari, Chairman  
APPNA SEHAT Committee

# International Education & Research

## Becomes Formal APPNA Focus



G. Naheed Usmani, MD  
APPNA MERIT Chair

APPNA Council voted at its fall 2008 meeting in NJ to make APPNA MERIT a permanent standing committee of APPNA from the ad-hoc education initiative that MERIT had been since 2007. APPNA MERIT now represents APPNA's permanent formal commitment to helping improve medical education and research in Pakistan via this **Medial Education & Research International Training & Transfer-of-Technology Committee**.

### Specialty-Specific MERITnets

APPNA MERIT has launched a number of new specialty-specific networks to mobilize many of the 15,000 APPNA specialists to help create Centers of Excellence in post-graduate training in specific specialty areas in Pakistani medical institutions. APPNA specialists will volunteer for 2-week visiting faculty appointments, create curriculum enrichment in "Top Ten" topic areas for their specialty, deliver seminars and training programs when they visit Pakistan, and volunteer for Telemedicine Panels to facilitate training and consultation from the US/Canada. You are invited to visit these MERITnet web sites, join their e-list groups and volunteer your time and ideas to make these initiatives successful. Contact the MERITnet specialty leader for your specialty to join a MERITnet or email [merit@appna.org](mailto:merit@appna.org).

### Anesthesiology MERITnet

**Leader:** Iqbal Ahmed (KEMC)  
Anesthesiology Residency Director,  
Tufts University New England  
Medical Center

**Anesthesiology MERITnet Website:**  
<http://sites.google.com/site/anesthesiologymeritnet/>

**Anesthesiology MERITnet E-List:**  
<http://groups.google.com/group/anesthesiology-meritnet>

**APPNA Anesthesiologists Total:** 357

### Initial Discussions & Activities

Anesthesiology MERITnet participants organized a lunch get-together at the American Society of Anesthesiology, Annual meeting, Orlando, on October 19, to get acquainted and plan out activities. They decided that their MERITnet could be a great professional networking initiative not only to collaborate on initiatives for Pakistani medical institutions but also as a Pakistani-American Anesthesiologists' professional network in the US/Canada for jobs, research, and other activities. They discussed arranging teaching and clinical workshops with major anesthesia conferences in Pakistan, clinical training in target Pakistani teaching institutions with collaboration of their faculty, international conference in Dubai for the SAARC and Mid-East countries, a Journal of Anesthesia for Pakistan with peer-reviewed articles, and collaboration with Pakistan Society of Anesthesia and its branches. They will also be building the Anesthesiology MERITnet web site to include more teaching material, presentations and videos, create a more comprehensive database of Pakistani Anesthesiologists and establish links with Anesthesiology departments in Pakistani medical institutions. Naheed Usmani, MERIT Committee chair, met with KEMU Vice Chancellor and professor of Anesthesiology in November to discuss the Anesthesiology MERITnet initiative. KEMU has expressed interest in participating in this effort.

### Critical Care MERITnet

**Leader:** Iqbal Ratnani (SMC)  
Editor, [icuroom.net](http://icuroom.net). Methodist  
Hospital, Texas Medical Center  
APPNA MERIT Visiting Faculty at  
Dow, Nov/Dec 2007

**Critical Care MERITnet Website:**  
<http://sites.google.com/site/intensivistsmeritnet/>

**Critical Care MERITnet E-List:**  
<http://groups.google.com/group/intensivists-meritnet/>

**APPNA Critical Care Physicians Total:** 252

### Dermatology MERITnet

**Leader:** Khalil Khatri (SMC)  
Dermatology Telemedicine Project  
Leader

**Dermatology MERITnet Website:**  
<http://sites.google.com/site/dermatologymeritnet/>

### Dermatology MERITnet E-List:

<http://groups.google.com/group/dermatology-meritnet>

**APPNA Dermatology Physicians Total:** 32

### Initial Discussions & Activities

Curriculum planned for 2-day Dermatology workshops in major medical universities in Pakistan, Winter 2008-9

### Neurology MERITnet

**Leader:** Shahid Rafiq (RMC)  
Medical Director, Stroke Program,  
Frederick, MD

**Neurology MERITnet Website:**  
<http://sites.google.com/site/neurologymeritnet/>

**Neurology MERITnet E-List:**  
<http://groups.google.com/group/neurology-meritnet/>

**APPNA Neurology Physicians Total:** 374

### Additional MERITnets in Development

- Orthopedics MERITnet
- Radiology MERITnet
- Psychiatry MERITnet

Please contact [merit@appna.org](mailto:merit@appna.org) if you are interested in these or other MERITnets.

### MBBS Medical Curriculum Reform Initiative, Winter 2008

APPNA MERIT and KEMCAANA will hold a day long Medical Curriculum Reform Colloquium on December 24, 2008 at King Edward Medical University as part of APPNA's Winter Meeting in Pakistan. APPNA physicians involved in medical curriculum efforts in US/Canada medical schools have volunteered their time and ideas to help Pakistani medical institutions update their medical curriculum for 21st century medical teaching and practice. To help lay the groundwork for a productive session in December, Naheed Usmani visited KEMU

*(Continued on Page 23)*

# Tele-Healthcare Initiative

## for Disaster Relief in Pakistan

### *A Collaborative Project of APPNA Social Welfare & Disaster Relief Committee & Stanford University*

By Rizwan Naeem, APPNA, &  
Atif Mumtaz, Reuter Digital Vision Fellow Stanford University

Pakistan has suffered from one of its worst natural disasters in its history. The earthquake of October 8 2005 was recorded at 7.6 on rector scale. There are over 100 villages and towns that are directly affected, including the capital of Pakistan, Islamabad. The statistics are staggering. The Earthquake affected over 2.5 million of its citizens. More than 77,000 have died and many more are severely injured. The death toll is still rising each day. And pandemic diseases are beginning to spread causing more widespread death and disease. In my recent trip of the affected area one of the major problems I see was lack of communication tools from the remote area to the cities. This was a major crisis for the immediate medical care and now an issue for all of us how to communicate on a regular basis for the long-term rehab projects.



There is no doubt that there is still a serious short supply of medicines, tents, warm clothing, and especially health care facilities including doctors is making matters worse.

What is needed is a mechanism to provide healthcare services to the affected using the Internet based technologies. We propose to connect major hospitals operating in the disaster zone to be connected via Tele-medicine network that would provide support to the staff on the ground.



The proposed Tele-medicine network would provide the following services.

- Connect with doctors on the ground in Pakistan with doctors in the US.
- Connect doctors via Webcam/Video Conferencing to provide face-to-face interactions.
- Provide Email support whereby doctors in Pakistan can send cases to the US for second opinion and review. The results would be emailed back so that proper action could be taken
- Provide a scheduling system online to manage doctors appointments live with hospitals in Pakistan

The system will be designed so that doctors in the US can provide the services from their home computer. The interfaces would be web driven so that we do not need to install any software on physicians systems. The system would rely on a basic broadband connection that is now more prevalent in Pakistani towns and cities.

Atif Mumtaz a fellow at Stanford University has a grant from Stanford to work with APPNA and setup this system. Many SW and DR committee members have already involved with the project we hope to see this in application sometime soon.

Atif has mentioned that the live feedback from doctors in the US and Pakistan would help us improve the basic software and hardware solution that we will deploy in Pakistan. The feedback would make this solution ideal for any disaster to hit anywhere in the world.

### **Cyber net Installs Satellite at UM Healthcare Trust**



Cyber net, Pakistan's largest Internet Service Provider, as part of their Corporate Social Responsibility, has donated dedicated internet access via VSAT Satellite to UM Healthcare Trust's medical hospital in remote village of Zahidabad, Mardan District, NWFP, Pakistan.

The satellite based internet access will enable us to run Tele-healthcare services in collaboration with APPNA doctors in the USA as well as perform analysis on medical records to track pandemic diseases in real time using NUST's SUN based cluster for high performance computing.



This is yet another positive step towards the realization of extending affordable healthcare to the rural and needy population of Mardan District using ICT.

Cyber net and UM Healthcare Trust will be replicating these tele-healthcare services at other medical facilities in rural areas as well and connecting them with specialists and doctors in the cities. ■

# A Ray of Hope

By Zainab Alam

Last year in the midst of the detention of hundreds of lawyers in Pakistan, one man was singled out for his efforts and put on a platform. A platform shared by the members of the Brown vs. Board of Education litigation team; the very team who worked so fearlessly to help integrate schools so black and white students could learn side-by-side in the same establishment. He was put on the same platform as the former South African President Nelson Mandela, a world-renowned Nobel Peace Prize winner who struggled for freedom and equality against all odds. This platform has been attained by a special recognition, which goes by the name of The Medal of Freedom. The Medal of Freedom honors the accomplishments of those individuals who have struggled to defend the legal system's fundamental obligation to liberty, justice and equality. The Medal of Freedom is the highest honor the Harvard Law School Association has to offer, and last year, it was offered to Pakistani Chief Justice Iftikhar M. Chaudhry.

Chief Justice Iftikhar Chaudhry needs, perhaps, no introduction. He was once seen as a pro-government lawyer partially responsible for the legitimization of the military rule in 2000. However, he rose to the status of hero when he was removed by President Musharraf and insisted on his stand on certain vital issues. Then he bravely stood up to Musharraf's plans to extend his own rule. When detained, Chief Justice Chaudhry triggered a movement for the establishment of a democratic rule in Pakistan. Even those who were once against his policies supported his rallies and his legal battle with the military government. His efforts left a more independent judiciary and a bar which is more unified in its bid for the restoration of the rule of law. No matter what political faction you support, Chief Justice Chaudhry deserves a certain amount of appreciation and respect for his stance. Aside from his recent "fame" Chief Justice Chaudhry has had some perhaps under-acknowledged feats. He fought against the privatization of the Pakistan Steel Mill in the interest of the nation and he advocated women's rights by condemning honor killings and forced underage marriages under sawara tribal traditions. Additionally, he brought attention to backlogged court cases and issued orders to help solve the dilemma of the mysterious

disappearance of citizens who were brought to his attention. In addition to the Harvard Law School award, Chief Justice Chaudhry was also chosen as the National Law Journal's 2007 Lawyer of the Year and was the recipient of the Southern Illinois University's Rule of Law Citation Award in May of 2008. Additionally, he recently accepted the esteemed distinction of becoming an honorary member of the New York Bar Association.

No one can argue with the fact that these are dark times for Pakistan. The economy is at risk of bankruptcy; burdened with debt, with inflation at 25 percent and rising. U.S. missiles are striking, borders are uncontrolled, and internal refugee problems are growing. Poverty is on the rise, there is a shortage of food, and both natural and man-made disasters are no longer a rarity. A year ago The New York Times wrote that "the task of stabilizing a collapsed Pakistan is beyond the means of the United States and its allies". Fatima Bhutto recently wrote in the New Statesman that Pakistan's financial crisis was so severe that "not even the Saudis" volunteered to lend a helping hand. It can also be argued that in light of this, a new enigma has arisen: who will, or rather, who is capable of giving that support?

Evidently, the solution does not appear to be in the hands of the current governance. The main "problem" with Pakistan has been, and continues to be its unfortunate fate with a series of corrupt leaderships. On the other hand, Pakistan is seen by the West as a key to speaking to the Middle East and the rest of the Muslim world. In a recent article, for the Christian Science Monitor, political scientist John Hughes stated that "... If democracy can strive and flourish (in Pakistan), that could be meaning for the promise of democracy in the Arab world..." The United States has recently gleamed as an example of a democracy at work; it is possible to have fair elections, it is possible to have a government elected by the people, working for the people. Pakistan is a fairly young country; but many would argue that this should not be seen as an excuse. Pakistan calls itself a democracy, but most of us know that this should not be seen as an answer. The country is a far cry from the democracy and urgently needs to get itself back on its feet. The question is can this dream of democracy become

reality, and if it can, is democracy the solution? If anything, Chief Justice Chaudhry's efforts have given the promise of possibility. Not unlike President-Elect Obama's victory, the support, both internationally and within Pakistan, that the Chief Justice has received is proof that positive measures can be taken under the right circumstances. The dream of democracy may not be as far from reality as one would think. There maybe a ray of hope in this seemingly infinite sea of darkness. Lawyers are a crucial component of upholding and maintaining the rule of law in any country. If lawyers in Pakistan are given direction and support, perhaps they will fight for the rights of Pakistan's citizens. A few months ago, The Society of American Teachers awarded the Pakistani bar its "Rule of Law Award". For whatever it means; they too have garnered international acclaim for a reason. Although it is easy to root for a hero, the unsung members of the Pakistani Bar Association should not be ignored. Let me suggest, for a moment, that democracy is the solution. The support that Pakistan needs need not be foreign in nature. A country democratic in nature would provide a better livelihood for the millions of Pakistanis who do not know where their next meal will come from – if they are lucky enough to have one. A true democracy would promote justice for the common people. It would boost the economy, help provide healthcare for the underprivileged and would improve the much needed low literacy rate. It must be understood that the power does indeed rest with the people of Pakistan. In fact if there is any progress to be made, it must come from within Pakistan. Pakistan must live up to the true sense of the word "republic" which finds its place in the nation's official name. If Pakistanis can show, with valiant determination, that they are willing to pull themselves together to fight for their rights, and that they truly want change, the dream can become reality. Let me suggest that united we stand, and stand we must. ■

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Zainab is a graduate of Rutgers University, and has studied political science, Middle Eastern studies and English. She is an award-winning poet and a free-lance artist who is currently conducting legal research

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# Pakistan: A Dream Gone Sour

By Salma Tirmizi, Founder & President of M.J. APPNA Model School for Poor Children

I was introduced to Pakistan at the age of five or six. That was early 1947. Suddenly, I was hearing the word 'Pakistan' day and night. Everyone was talking about Pakistan. Children were raising the roof with shouts of 'Pakistan Zindabad'. Others were using their green dupattas to create makeshift Pakistani flags with its crescent and star.

I was still puzzled about all this when my elder sisters encouraged me to chant 'Pakistan Zindabad' loudly into our neighbor's house from the top of the dividing wall. He was an Ehrari, who were against the idea of Pakistan. We wanted to rub his nose in the ground as Pakistan was becoming a reality. I felt like an important soldier of Pakistan and shouted at the top of my lungs. How much I succeeded in humiliating Anwar Mian, our neighbor, I don't know but I did manage to startle my sick and frail grandmother who thought some calamity had descended into our house. As the day of independence of Pakistan drew near, these activities increased in their frenzy. My mission was to make everyone I ran into aware by shouting my assigned slogan, to the extent that I did not spare even our Hindu acquaintances.

As the days approached, the excitement increased, mixed with feelings of happiness, apprehension, pride, sacrifice and resolve. Our relatives would gather in one of the homes every evening and make plans to deal with the unknown future. We made pitiful preparations to defend ourselves. We tore up sheets to prepare bandages. We dried bread and hoarded roasted chickpeas and dried molasses for emergency rations. My oldest sister, who was fourteen at the time, was instructed to hide herself in a large cauldron in the granary if there was an alarm.

Finally, the night of Independence arrived. All our relatives gathered in my house to wait for the hour of midnight. Sadness of being left behind mixed with immense pride and happiness. The main gate was barred. Everyone started recitations and prayers at Maghreb and continued till the long-awaited announcement of Pakistan's birth came over the radio. Everyone fell into prostration, praying to Allah (SWT) for her protection, survival and progress. I was too young to

remember but the scenes were repeated so often that it became my own memory.

Suddenly, there was pandemonium outside on the street. We assumed our assigned positions, expecting an attack any moment. Fortunately, it was only a young crowd celebrating.

Soon I was barred from playing with close friends who belonged to anti-Pakistan families. Although there were no major riots in the city, relatives and friends gradually started vanishing. They were quietly leaving for Pakistan. If the government found out about their intentions their properties were immediately confiscated. Arrivals of refugees from Pakistan were increasing tensions. Muslims cowered in their houses. The change hit home when my aunt, who was leaving for Pakistan in an army train, came to get our only brother. He was leaving with her. My mother said there was no future for him in India. We cried and mourned all night. I joined the mourning having no idea of the reason.

Soon we started receiving letters from Pakistan, describing a land of milk and honey, with freedom and abundance. I was transferred to an English school so I won't have to learn Hindi. Any new friends I made would disappear shortly. A new worry started eating at my mother's bosom. In three or four years my sisters had grown into marriageable age. Most eligible men had left for Pakistan. Fortunately, my uncle was posted as passport officer in Pakistan consulate in Calcutta. My aunt convinced my parents that it was a golden opportunity for us to migrate. Quietly my parents made the preparations. Us younger ones were not told for fear of breaching the secrecy. Before leaving my mother went around the house crying and touching everything that was left behind as it was. Even our old servant did not know. We were going to Calcutta to see our uncle. We lived in Calcutta until my father could get away. He was a doctor in government service. Once again, we embarked on a journey in secrecy. I did not know where we were going but we saw the beloved green flag flying over the next station. Suddenly, there was a feeling of immense relief and pride. Tears of joy and gratitude wet our faces.

We felt like we had entered paradise on earth. The next month we spent in Chittagong with a family friend. We were welcomed by everyone with such joy and love that we felt all Pakistanis were our family. We were full of euphoria and there was no worry. We then embarked on the final leg of our journey, to West Pakistan, by ship. We were going to Karachi where brotherhood, love, honor and wealth awaited us. Who could know that our days of happiness were coming to an end soon?

Two days into the journey we were shocked with our first encounter with reality. The news of Prime Minister Liaquat Ali Khan's assassination hit us like a ton of bricks. Once again our eyes rained despair.

Our brief experience with pure joy came to an abrupt end. The fate of our nation and our family seemed intertwined. Although my father quickly got a good job with the government and my siblings settled in colleges and schools, my mother left us shortly after depositing me in the school. As our family lost its tranquility so did the country. Political instability followed Prime Minister Liaquat Ali Khan's assassination. Governments fell again and again due to political intrigues and dishonest and selfish politicians who sought to enrich themselves in a hurry. While the first Prime Minister died with no bank account and a hole in his socks, the successors started looting the nation with both hands. Finally the infamous day arrived in 1958 when the first army coup by Ayub Khan set the course of the nation on a disastrous path.

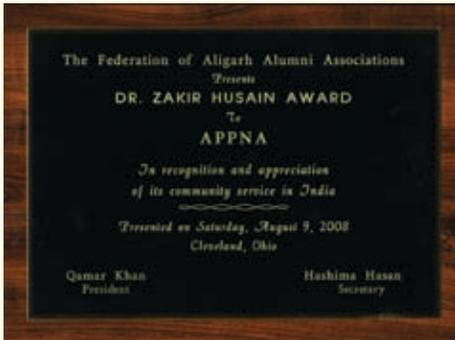
I was married off to an army captain whose family was from Punjab. They called me 'Hindustani', while my family and friends taunted me by calling me a 'Punjaban'. No one called me Pakistani, although I was a Pakistani with all my heart and soul.

Marshall Law brought development but also let loose the demons of intrigue, bitterness, envy, greed, enmity, false pride, vindictiveness, inequality, injustice and eventually lawlessness and religious extremism. The fear and insecurity we felt we left in India

*(Continued on Page 37)*

# APPNA Recieves Dr. Zakir Husain Award 2008

By Farzana Bharmal, MD



There are a number of places in this world where people are unable access basic health care. One such remote place is the province of Uttar Pradesh (U.P.) India. The polio epidemic is worst in this province of India, which reported 1241 cases (65% of the global cases) in 2002. Therefore, U.P. is the focus of major concern in the polio eradication efforts. Muslim children are the maximum sufferers of this disease because of illiteracy, ignorance, poverty, lack of health facilities and false propaganda by some vested elements. They accounted for 73% and 59% of the total polio cases in 2001 and 2002, respectively, in U.P. The problem continues unabated in 2003 also as out of 52 cases reported till February end, 92% were from the Muslim community.

With this reference, Association of Physician of Pakistani Descent of North America (APPNA) donated US \$11,000 to Federation of Aligarh Alumni Association (FAAA) for holding camps in effected area in UP. FAAA

through Aligarh Muslim University (AMU) initiative funded the camps in various population centers in UP. Each camp cost roughly INR 50,000. The donation was used to offset that cost.

FAAA has appreciated APPNA for donating generously for this cause. In the annual convention held in August, 2008, FAAA has awarded Dr. Zakir Husain Award to APPNA for community service in India. The award was received by Dr. Farzana Bharmal on behalf of APPNA. This donation was made possible by the generosity of Dr Hussein Malik and the efforts put forth by Mr. Hasan Kamal, Dr. Shahid Rafique, Dr. Farzana Bharmal, Mr. Mohammed Inamullah, Dr. Rizwan Naeem and Dr. Nadeem Zafar.

It is worth noting that in Aligarh, India, the prestigious Jimmy & Rosalynn Carter Partnership Award was conferred upon the Aligarh Muslim University on October 28, 2007. It is the first time that this award has been given to a non-American University. The award was handed over to the Vice

Chancellor, Mr. Naseem Ahmad. The Jimmy and Rosalynn Carter Foundation Award for excellence in Campus-Community Collaboration, is in recognition of the community service and polio-eradication program of the Aligarh Muslim University.

During the last four years, under the leadership of the Vice-Chancellor, Mr. Naseem Ahmad, the AMU has taken the lead in organizing polio sensitization programs, immunization camps and door to door vaccinations. Thirty such programs in five districts have been organized with the help of UNICEF and Rotary International and organizations like APPNA. AMU and FAAA request APPNA to keep doors of generosity open in the coming years to help achieve the target of 95% polio eradication in the targeted area. We are proud to be associated with APPNA whose community service efforts have no political, geographic and religious boundaries. ■

*(Information in this article is provided by Mr. Hasan Kamal)*

(L to R)  
Dr. Farzana Bharmal,  
Mr. Hassan Kamal,  
Dr. Shahid Rafique,  
Mr. Mohammed Inamullah



## Dream Gone Sour (Continued from Page 36)

returned with a vengeance in our own 'Land of the Pure'.

The 1965 war brought the nation together briefly but the unity did not last. Zulfiqar Ali Bhutto fooled the people with his 'roti, kapra aur makan' slogan. His mechanizations led to half of our brothers leaving us. It fulfilled the long held ambition of India to break up Pakistan. We were humiliated and derided. Our corrupt leaders sold us to this power and that. We did not learn any lesson from the debacle of East Pakistan.

Kaheen Firqa Bundy Hai Toe Kaheen Zaten Hain

Kya Zamaney Mein Panapney Ki Yaheem Batein Hain?

No one is eager to call himself Pakistani, except for those unfortunates who are paying the price of their loyalty to Pakistan in Bangladesh. They still await their deliverance 37 years later clutching the map of Pakistan to their bosoms.

Today Kalashnikovs make us cower behind closed doors. We don't even have the big

cauldrons to hide our children in. I have turned the pages to reach the last chapter of my life but what of the wilting flowers and the young buds trying to blossom. Come! Let us resolve to protect and nurture these young lives and hope they will set right the mess we have made. May this garden remain green and fragrant for ever!

PAKISTAN ZINDABAD! ■

*Translation from Urdu  
by Jamal H. Khan, MD*

# Commercial Real Estate Opportunities in a Down Market

By Sajjad Chowdhry and Naveed Sheikh

There are not too many bright spots in the current US economy. Liquidity is running dry, the stock market is down about 40% this year and consumer spending is at record lows.

Investors have also seen their portfolios take a substantial hit this year. The values of both paper and hard assets have seen a significant decline. For medical professionals, the situation is compounded with decreasing reimbursements, ever increasing mounds of paperwork and skyrocketing malpractice costs. The question on most peoples' minds is how long will this downturn last and what should an investor do in the meantime?

With all these challenges there are still, however, significant opportunities for investors who can draw on ready cash to purchase assets at a substantial discount. Short-term investments will take a back seat to long term growth strategies as investors look at hard assets and stable returns. Due to the current credit crunch, assets such as real estate are being undervalued. Investors with cash on hand can position themselves for the long-term by taking advantage of the short-term devaluation of asset prices. This article highlights commercial real estate (CRE) as one such investment which provides an attractive long-term investment.

## What is Commercial Real Estate?

Loosely speaking, the term commercial real estate (or CRE) covers properties that are leased to tenants to generate a monthly cash flow. These properties can provide a workspace in the case of office or retail properties and can also provide a living space in the case of multi-family properties (usually defined as a property with five or more units/apartments). Commercial real estate broadly includes office buildings, shopping malls, retail shops, multi-family properties, warehouse/distribution, and motels/hotels.

Experienced investors who already own CRE properties have the ability to cash out of fully owned investments to purchase and finance newer, larger portfolios (ranging from \$5 million to \$25 million or more). First

time investors are seeing CRE as a more stable investment option to the stock market by purchasing multi-family, office, and retail properties for between \$600,000 and \$3 million.

Rental income from leasable space generates income for CRE. Rental rates are usually calculated as price per square foot (for office and retail) or per unit (for multi-family properties). For example, the U.S. national average rental rate in 2007 for investment grade office space was around \$22 per square foot. Industrial buildings generally rent at a lower rate, but they also have lower overhead costs compared to an office property. Expenses on a commercial building can include real estate taxes, property insurance, and building improvements among others.

## Investment Advantages of Commercial Real Estate

The inherent characteristics of CRE make it a prime vehicle for investment in the current market. One of the most compelling benefits of CRE is the fact that it generates cash flow on a monthly basis. Because these assets generate cash flow from rental income every month they effectively pay for themselves. Sustained cash flow in CRE is supported by two key attributes: long term leases and tenant diversification.

Office and retail properties generally carry longer lease terms. For example, it is not unusually for some leases to span a 10 year term or more, and are usually at minimum one year long. This gives the CRE owner a considerable amount of cash flow stability as long as the building is occupied by long-term tenants. It is important to note that selecting strong or established businesses as tenants will provide more stability to a rent roll. These types of businesses may include credit rated tenants or companies who are more shielded from fluctuations in the economy.

Another factor which supports cash flow in many commercial property types such as multi-family, office, retail, and mixed-use buildings is tenant diversification. A property with five or more tenants will not suffer a

## Advantages of Commercial Real Estate

- Commercial Real Estate investments pay for themselves
- Risk is diversified among multiple tenants
- Long term leases can secure a properties' cash flow for 10 years or more

huge fall in cash flow if one of the units is vacant for a short period of time. For example, if a commercial property with 5 similarly sized units has one of its units vacated by a tenant, the building will still be generating roughly 80% of its income. This argument does not hold true for many residential real estate investments; when a tenant vacates a single or two family home, cash flow may decrease by 50% or 100%. The negative impact on cash flow will affect the ability to pay expenses or financing costs for the property.

A key consideration for aspiring medical professionals is property management. Many first time investors frequently think to themselves, "I'm ready, but I can't deal with the hassle of managing a property." Depending on the size of the property, an alternative to self managing an investment may be to hire a property management company which will typically charge a fixed percentage of the gross rental income of the property as its management fee. These companies can take responsibility for day-to-day maintenance, collecting rents, bringing in new tenants and negotiating lease terms. Investors should always discuss terms with management companies to see if there are alternative payment mechanisms as well.

Although residential real estate and CRE share some similarities such as the ability to generate revenue through rental income, statistics show that the fundamentals of commercial real estate are much stronger than residential properties. Home prices have declined severely over the last year (insert % here) while CRE values have not seen the same dramatic drop-off. Moreover, even in the current market CRE defaults and delinquencies are relatively stable and are much lower than within the residential market.

### Medical Offices

One of the strongest sectors in the CRE market today is medical office space. The demand for leasing space is increasing and investors are taking advantage of opportunities in medical office investments. According to Real Capital Analytics, values of medical office properties have increased 13% from last year.

CRE experts believe that medical office space is more recession proof than other property types such as retail or non-medical office. In a down economic market, sales of prescription drugs and medical equipment tend to hold up better than nonessential items. Also the country's aging population and the ongoing need for healthcare in general help paint a positive forecast for the medical office sector. Accordingly the fundamentals of medical properties offer more protection from market volatility than other types of real estate.

When purchasing medical office properties, investors should pay attention to key qualities which will add value

to the asset. It is often stated that the top three things to consider when investing in real estate are location, location, and location. The question then becomes - what makes a good location? For medical buildings, proximity to hospitals is very important. Hospitals are a primary driver and referral source for physicians' practices. A nearby medical center will also provide an opportunity to lease office space directly to the hospital. Having a sizeable portion of office space leased by a hospital will increase a property's value, because of the stable long-term cash flow that is generated. A highly accessible location is also important. Being close to a residential neighborhood or located on a main road will attract more patients to an office and create more foot traffic. Another important factor regarding accessibility is having adequate parking space for patients and staff. Keeping these key qualities in mind, physicians who are currently leasing their spaces may find it opportunistic to explore purchase options in order to invest in an asset which will appreciate and provide a stable income stream for the long term.

### Valuable Medical Office Properties

- Are located near hospitals
- are easily accessible
- Have ample parking space

### How to Get Started

For first time CRE investors, it may be best to analyze your current investment portfolio and get an idea of your investment appetite. Employ the use of a real estate professional to find CRE which fits your investment profile. As credit criteria continue to tighten, investors should be prepared to provide a higher down payment than previously required (approximately 30% of the purchase price) if obtaining financing. Most, if not all, financiers will require you to submit personal and business financial documentation. It is important to speak to financiers early on in the process in order to obtain the most current criteria for obtaining a mortgage.

Investors should take a serious look at CRE as a viable investment in today's down market as the long term prognosis for CRE remains relatively healthy. And that is something that would make any medical professional happy.

**For more information visit [www.zayanfinance.com](http://www.zayanfinance.com)  
or contact Sajjad Chowdhry or Naveed Sheikh at 877-Zayan123**

# Life And Times Of South Asian Diaspora



*Syed Ehtisham, MD*

South Asians have a long and honorable history of migration. They took to high seas for adventure or to escape political persecution for daring to challenge foreign rule. A substantial number left their homes to seek better future, as the countries of their birth had suffered from plunder at the hands of colonists. Colonial rulers transported a great number as indentured laborers to Africa and South America. We can find their descendents in practically all countries of the world – in Sri Lanka, South America, Africa, West Indies and the venerable Indian colonies in California and British Columbia, Indonesian immigrants in Holland and Vietnamese in France. In the second half of twentieth century a lot of Asians went west for higher education and unlike their pre- and immediate post-independence predecessors, many elected to stay abroad.

Europeans on the other hand were driven out by religious persecution and mass starvation. Adventurers were lured by the fabled riches of India and the spices needed for “preserving” food from going bad. I suppose you could call them state sponsored pirates. In their ignorance they called every land and people they came across after the country (East Indies, Indo China, West Indies, and American Indians).

Subject people tend to look up to the rulers and try to ape their norms mores and traditions, but usually succeed in only becoming a caricature. It is a part of the psychological depredation of captive nations. Their own institutions are destroyed in the process. But

one consolation prize of this cultural hegemony was that young people went abroad for higher education. This is not to say that their own countries would not have attained the level of technical and scientific knowledge if they had not been over run. Japan, never directly ruled, developed faster than the western countries did, and managed to over take them in industrial production, scientific discoveries and financial acumen in a matter of three decades, even after devastation of WWII. China has similarly taken giant strides.

Most of the seekers of knowledge returned home, sometimes bringing white wives of generally, though not always, and lower social order in their own country. But these were the children of the native elite or the rare one possessed of high intelligence from genteel and impoverished stock, which would be sponsored for higher education with a view to marrying a daughter of the house. These Students concentrated on law, medicine or literature. The former made up the core of the leadership of Indian Independence movement. Jinnah, Gandhi, Nehru, Liaquat and most of their associates were London trained Barristers. Professors in Medical schools till nineteen sixties were exclusively UK trained. US and locally trained physician joined the ranks later.

My professor of Surgery, Lt. Col. Said Ahmad, a man high wit, intellect and learning, told us this story when we asked him about life in British Isles. He had gone to England in 1929, and stayed with a family for a while as a paying guest. He had heard that English girls were very friendly and provided “emotional support” to forlorn Indians. In his first evening in London, he went out, and roamed around the cold, wet and dreary streets, only to return after a few hours, shivering and crest fallen, that no damsel had accosted him, much less way laid him.

In those days, British Hospitals did not pay any salary to trainees. They only provided a lodging of sorts. Neighborhood bakeries and breweries donated bread, butter, cheese and beer to keep body and soul together. On return post graduate degrees did not necessarily ensure a good job on the staff of a medical school or as civil surgeon.<sup>1</sup>

WWII brought an earth change. Flower of British manhood perished. There ensued an

acute shortage of skilled and unskilled manpower. In 1945 elections labor party won. They introduced National Health Service. British doctors boycotted it for a few years. To cope with the short fall the government actively encouraged doctors from the Indian sub-continent to come to the UK and a large number of the latter came to occupy the lower cadres of the service. A senior labor cabinet minister told me that the Service would not have survived without Indian/Pakistani doctors.<sup>2</sup>

British government also offered all kinds of inducements and facilities for illiterate laborers to immigrate and work in the country. It was most certainly not an altruistic move. Working class was not only in short supply, but was in ferment too. Progressive movement was on the upswing in all of Europe. They demanded a living wage, fewer hours, job security, disability and sickness benefits, compensation for “on the job” injury, adequate pensions and decent housing. Manual workers from the subcontinent did not ask for any thing. They flocked from Kashmir, Punjab and Sylhet and not only filled up the slots that could not be utilized for want of man power, but also the ones that striking native workers had left vacant. The welcome they received from the establishment affirmed the analysis of Marx that capitalists will use ethnic, racial and other divides to sow dissension in the ranks of the working class. Seeds of hatred sowed at the time between whites, blacks, browns and yellows persists grew like weeds into a storm of racial riots.

In early years of post independence, there were plenty of jobs at home left by the British and in the case of Pakistan, by fleeing non-Muslims. Later on, with no further expansion of health and other services in India and Pakistan, many had to stay put, working in junior ranks with nary a hope of a consultant<sup>3</sup> or similar senior appointment

Few foreigners attained the rank. Many joined General practice, earning as much money as consultants did. In law the latter were actually a bit more important, and were put on a pedestal by their patients. Their only regret was that they had wasted so much time in Hospital service chasing post-graduate degrees and training. (At the time you only needed six months each in medicine and surgery to obtain a slot in General practice). Scientists, lawyers, accountants

and academics also languished in junior level jobs and gradually drifted to the Mideast, Africa and Far East where they were treated as skilled slaves. Saudis routinely called Pakistanis “miskeen” – pauper. Lucky ones found jobs in the USA.

Unskilled laborers worked in factories and municipal services (sanitary) or as waiters in Indian restaurants. They lived in ghettos, and often resorted to an ingenious arrangement – twelve to a room, in four bunk beds, in eight hourly shifts. They cooked highly spiced and pungent curry. The smell drove white neighbors away, and caused real estate values to plummet. Later this technique of getting whole blocks of flats vacated was successfully used many times, till the British landlords got wise to the scheme and refused to rent the flats to South-Asians, however well dressed. That led to many race discrimination suits. They saved every penny they could, built mansions in Mirpur (Pakistani Kashmir) where white shalwar/kameez clad women carrying earthen water pots on their heads was to become a common sight.

The British laborer couldn't go on strike, as there were plenty of brown workers to replace him. There was a backlash; gangs of hooligans with shaved heads<sup>5</sup> would beat up South-Asians who came to be called collectively called Pakis.

Manual unskilled workers had to stay put in the UK. A large number could not assimilate. Cultural, linguistic, racial and religious difference was too wide to be bridged. Their descendents usually got educated, spoke in the native accent, but faced racial discrimination in jobs, housing and in public services. Britain was in an economic slump. Bad times bring the worst in people. In later years a large number of British born Asians were to be further alienated and reverted to fundamentalism. This was especially true of Muslims. But that is another discussion.

Awash in oil money, Saudi Arabia, Gulf States, Libya and Nigeria decided to expand their health services. Literacy rate in the countries was even lower than that in Indo-Pak subcontinent. They imported doctors, nurses and other health care professionals. Pakistan had an in-built advantage as the people shared the same faith with those of host countries. The largest export of health care professionals was to Saudi Arabia, as the

King, in conflict with Nasser had expelled Egyptian caregivers.

Government of Pakistan, always in financial bind to the West, and being hard put to “service” (payment of interest is euphemistically called service) the debt encouraged the export of skilled personnel. Bhutto who had been able to impart a bit of his self-respect and sense of solidarity to other heads of Muslim states, successfully induced them to hire Pakistanis instead of non-Muslims. This self-respect did not last very long.

Early sixties saw the trend change to Doctors passing ECFMG<sup>6</sup> examination and going to USA and Canada. USA, unlike the UK and Canada where you just had to buy a ticket (UK put restriction on immigration in June 1962 and Canada in December 1973), screened visa applicants, so only the educated or the rich investors could get in. This measure was good national policy, for every Doctor, Scientist and Engineer the country saved \$200,000.00, it would have had to spend educating and training one of its own. And they did not even have to acknowledge the receipt of this aid!

Other educated persons and skilled workers also made a conscious decision to make their way to the USA. Engineers didn't do particularly well till the influx of computer techs in the waning years of twentieth century. Accountants, Attorneys, Dentists and pharmacists had more bothersome restraints put on them. United States Government (USG) policy, as usual, was market driven.

Investors, mostly Gujratis, made a beeline for the land of promise. They are a linguistic cultural group with unmatched ingenuity, initiative, financial skills, ingrained frugality and nerve. At one time you only needed \$5000.00 to get an investor visa. These gentlemen recycled the money bringing dozens of men, their spouses and children for the initial amount. USG, belatedly wise to the subterfuge, kept on raising the figure till it was a million, with out making a dent on the influx. The community bought motels, small stores, news stands and gas stations. Now these amiable, low profile but shrewd people (both Jinnah and Gandhi were Gujratis – Gujjus – a campus sobriquet) own more than half of the country's small and mid sized motels. They have literally driven Jews out of discount business. I remember when I

arrived in the NY in 1974; Canal Street in Manhattan had only Jewish discount houses. They were short with customers and in their stilted English would tell non-whites, “You want to buy, buy, or go away”. The whole Canal street market used to close down for Jewish Sabbath on Saturdays. When I left Brooklyn NY in 1980, one could buy mango ice cream on Saturdays and the natives spoke courteously with Brownies. The community came to own large swathes of high priced real estate in metropolitan NY, Chicago, Detroit and NJ, Florida and California and in most of the other states as well.

Many Physicians like me moved from England to Canada and USA and had to go through several years of training over again. I escaped the ordeal, thanks to the recommendation of a British consultant (As mentioned elsewhere he was the one who used to ask me to do all his work. He was better at politics than he was in orthopedics and was very well known in the USA.) And landed a staff job right away.

US Hospitals made one work very hard, and if you chose a surgical internship, it was literally day and night. But they paid about three times as much as one got in England and it was a two to four year well balanced training program, (The British got their act together only in 1995. Prior to that it was hit or miss, mostly a miss in sub specialty training. I have discussed it in chapters on the UK).

By the time I arrived in the USA in 1974, a substantial number of expatriate Doctors were well settled in private practice and lucrative and academic hospital based jobs, owned homes and had started investing in commercial property. They were well on the way to becoming substantial citizens. Like all upwardly mobile groups their next focus was on professional organizations. APPNA (Association of Pakistani Physicians of North America) was founded in mid seventies, AAPI (American Association of Physicians of Indian Origin) a few years earlier. Both bodies developed into formidable lobbies exercising great influence on their communities and governments back home. It is especially true of APPNA on Pakistani rulers and a few of its leaders have parlayed their influence into cabinet level jobs back “home”. They enjoy easy access to congressmen and senators, and actively participate in electoral

process, fund raising and even running for office. In due course they become members of the establishment, belong to Rotary and other civic clubs and send their children to expensive private schools

The groups do a lot of charitable and social work. I would like to make a special mention of Asian American Network against abuse (ANAA) which is one of the more vibrant human rights Advocacy groups and lobbies for legislation to eradicate gender discrimination, honor killing and dowry murders.<sup>7</sup> Dr. Amna Buttar, a former co-chair of women's caucus of APPNA, founded it. It has spearheaded a successful campaign to high light violations of HR and gender discrimination in Pakistan.

Foreigners, especially Muslims suffered a tremendous set back and lost a lot of ground post 9/11. But they have exhibited a great deal of resilience and are inching their way back into mainstream society. I have dealt with the issue in the chapter "America the beautiful".

This brings me to ABCD'S (American Born Confused Desis, another campus nick name). Having put five of my own through college I am eminently qualified to dwell on the subject. South-Asian parents are highly focused (my American friends say obsessed) on educating their children. They forego vacations; some work two full time jobs to send the young ones to the most expensive schools they can get into. They make the children attend prep schools during vacations, (while their native peers are working summer jobs and partying,) and get them tutored by private academies for SAT.<sup>8</sup> I personally know of instances when mothers have grounded kids for days if the school grades were not high. Their only competitors are Jewish mothers.

Results justify all the parental dedications and heartburn. These new Americans are up right citizens, and combine the virtues of both the worlds. They are bold, confident and honest citizens. They stand up for their rights, are not easily cowed by state apparatus, challenge any slight or discrimination, yet remain loyal to family, faithful to friends, and considerate of the dispossessed. They are articulate and social, and mix easily with "old" and "New" Americans alike. They have done well in their careers, reaching executive

levels in all professions. They have gone into professions their immigrant parents found difficult to break into, like Law, Finance and Communications.

The trait of self-reliance, courage and independence of young girls is particularly gratifying. They assert themselves; take no such nonsense that they are delicate, dainty, helpless and emotionally labile beings, who should have half as much inheritance as their brothers, and half the vote as a witness.

We have come a long way from the portrait of "innocents abroad" of five decades ago and have come of age as a community, matured and stabilized into an integrated whole which owes allegiance to the land it lives and works in, and to which its future is inextricably attached, yet find time, resources and will to try to bring much needed solace to our kith and kin left behind at "home" as most of first generation expatriates call the countries of their origin. We were strong enough to with stand, shaken, but not broken in spirit by the after math of 9/11.

As a part of the global trend there has been considerable regression to obscurantism. Christians, Hindus, Muslims and Jews, all are affected. In the fifties and sixties liberalism and secularism dominated. As a reaction to neo-imperialist hegemony and inept non representative governments in Asia and Africa which are unable and unwilling to tackle economic, health and educational issues and have failed to eradicate social crimes and control population explosion, a lot of people have sought shelter in orthodoxy, exclusivity and intolerance. With empowerment of masses, freedom of expression, diversion of resources from the bottomless pit of war machines to economic development, this reactionary phase will pass too, but not with out a fight. ■

<sup>1</sup> In British India there used to be four luminaries in a district – Deputy Commissioner, Sessions Judge, Civil Surgeon and Superintendent of Police. The ranks were overwhelmingly drawn from white Britons. Many doctors joined the army or worked in junior civilian positions.

<sup>2</sup> I was an assistant GP with surgery next door to his constituency office. I had sought an appointment with him on the insistence of one of my patients who had thirteen children with a fourteenth on the way, living in a two-bedroom apartment. She wanted me to request her member of the parliament to get her a house. I had

gone to his office ready to be snubbed; instead I got an early appointment, received courteously by the minister who put me at my ease by joking that I should have gone to the offices of the "Guinness Book of records" assured me of his best attention to the matter. Ministers were admirably available to their constituents, but favored physicians even more. My patient, to my utter surprise but not hers, got a six-bedroom house. She brought a Magnum of high quality champagne for me.

<sup>3</sup> Consultant, top of the heap in medical profession, was the king of the roost with his own ward, medical and nursing staff, clinics etc.

<sup>4</sup> The British till 9/11 followed the law of the land scrupulously. The government routinely lost cases on grounds of racial, ethnic and religious discrimination. In a famous case courts ordered the government to bring back an Afghan family they had exiled to Germany on technical grounds. The minister had chartered a plane to send the family away and had to charter another to bring them back. He lost his job and prospects of promotion. Things got worse after their own version of 9/11 known as 7/7.

<sup>5</sup> They were called skin-heads. They prided themselves on this "paki bashing" Indians resented this sobriquet. They should not have. The British criminal were only affirming what Gandhi, Nehru and Jinnah had firmly believed in – the last till the intransigence of the former forced him to change his stance. This race based gangsterism traveled to Canada and the USA. The gangs, perhaps to compensate the much maligned Pakistanis called their outrage dot busting, referring to the red dot Hindu women sport on their foreheads.

<sup>6</sup> Educational council for Foreign Medical Graduates was set up to evaluate the training of non-American Medical graduates. It set up an examination which all foreign doctors, except for Canadians, had to pass in order to apply for and be accepted for training in the USA. After a year of training you were required to pass FLEX – Federal Licensing Examination – also conducted by ECFMG that gave you a license to practice independently. The system was later changed. All medical graduates, Americans and foreign, had to take the same USMLE – United States Medical Licensing Examination.

<sup>7</sup> I have dealt with the issue elsewhere. It will bear brief repetition. It is a euphemism for tribe/clan murder rooted in the feudal mind set and is a thinly disguised subterfuge for keeping land and other assets in the family. The case of a girl (and her friend) accused of illicit sexual relations is brought before a tribal court. She is not allowed (if not already killed) to appear in her own defense, nor may she present witnesses. A guilty verdict is inevitably handed down. The pair is executed by the girl's family. If the case ever gets into a formal court of law, perpetrators are granted lenient punishment on the grounds that it was crime of passion. The practice in various guises is very common in Pakistan and other Muslim countries and to a lesser degree in India and Latin America.

<sup>8</sup> Scholastic Achievement Test is conducted by an independent commercial group and is given considerable weight during the assessment process for college admissions. 1600 hundreds is the maximum number of marks one can get examinations. It is called the perfect score. In my hinterland of Bath NY several students, all of expatriate origin, made the grade.



(L-R) Dr. Javed Akram, Principal AIMC introducing Dr. Mahmood Alam and Dr. Babar Cheema to Prime Minister of Pakistan Mr. Raza Gilani at the convocation.



(L-R) Mr. Shahbaz Sharif, Chief Minister Punjab and Dr. Mahmood Alam at the inaugural of CME at AIMC. (Photo Dr. Hassan Bukhari)



(L-R) Dr. Mushtaq Sharif (IL), Dr. Mubashar Rana, King Edward Alumni Association President 2008 and Dr. Naheed Usmani, Chair APPNA's MERIT Program



Mr. Raza Gilani, Prime Minister of Pakistan addresses the convocation of graduates of King Edward Medical University, Lahore, Pakistan .

Below Dr. Faisal Cheema addresses a seminar for young physicians



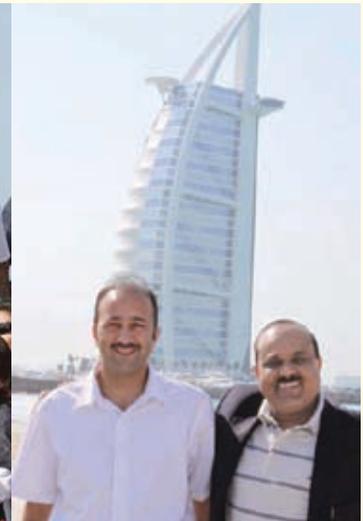
Outside AIMC auditorium venue of APPNA CME program (L-R) Drs. Laeeq Khan (TX)?, Mubashar Rana, Masud Akbar, Atiya Khan, Talat Bukhari, Tariq Khan and Adeel Butt. (Photo Dr. Hassan Bukhari)



Punjab Club (L-R) Dr. Javed Akram (Principal AIMC), Dr. Sheila J. Akram, Dr. Talat Bukhari, Dr. Hassan Bukhari, Ayesha Akhter and Dr. Rizwan Akhtar (Photo Dr. Hassan Bukhari)



Members of APPNA with the regional officers of College of Physicians and Surgeons of Pakistan (CPSP) (L-R sitting Drs. Mubashar Rana, Mohammed Haseeb, Naheed Usmani, Prof. Khalid M. Gondal, Mahmood Alam and Hafiz Ejaz Ahmed. Sitting in second row 4th and 5th from left Dr. Masud Akbar and Dr. Tanvir Zuberi



(Above) (L-R) Tipu and Dr. Mahmood Alam with the Hotel Al Burj in the background.  
 (Left) A group photo of the APPNA team in Dubai. Some members still carry warm weather clothes as a precaution while others were in shirtsleeves. (Photos Dr. Hassan Bukhari Dec 17, 2008)



Fall Meeting New Jersey (L-R) Hassan Usmani shares computer information with Dr. Shaheen Mian Dr. Sarwat Iqbal, and Dr. Naheed Chaudhry (in rear standing)



Photo Above ^ Winter Meeting Lahore 2008 (L-R) Dr. rubina Inayat and Dr. Sajid Chaudhry Secretary APPNA 2008 (Photo Dr. Hassan Bukhari)



Fall Meeting New Jersey (ABOVE) Dr. Manzoor Tariq, APPNA Treasurer 2008



<PHOTO LEFT Dr. Zeelaf Munir, President Elect APPNA 2010 awards the first prize to a speech contestant during fall meeting.



<< Photo Left New Jersey APPNA Women's Forum (L-R) Dr. Shahida Abbas, Dr. Fauzia Anwar and Dr. Zeba Nizam.

Photo Right > Mr. Akram Chaudhry (center holding plaque) is awarded APPNA's lifetime community service award. (L-R) Dr. Zubair, Dr. Mahmood Alam (President 2008), Mr. Arkram Chaudhry Dr. Perves Rasul and Dr. Syed Samad (President APPNA 2009)



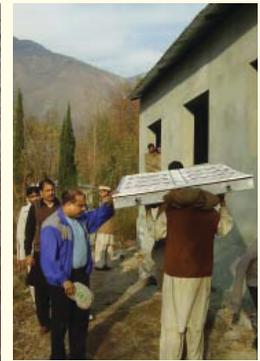
Photo Above ^ Qawwals at Fall EC << Photo Left shows audience participation. (L-R) Drs Razia Rehman, Shamim Salman, Abdul Rehman and Dr. Riaz G. Chaudhry (all from NY) Dr. Shahid Athar (IN) to the left and rear.



Baluchistan Earthquake. Photo shows in the background APPNA's building structure to house victims of the 2008 earthquake. Dr. Mahmood Alam, (foreground) APPNA President 2008 speaks to the recipients of APPNA's aid. Dr. Tariq Cheema, Exec. Dir APPNA (first left).



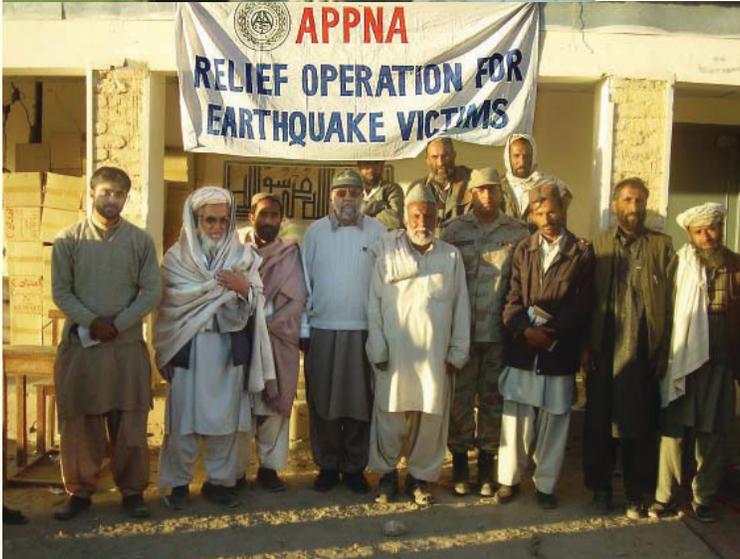
APPNA's relief reach the afflicted in Baluchistan. A father and daughter have received basic essentials in rations.(Sep.10th, 2008)



(ABOVE) Ongoing construction of APPNA Kathai Girls Middle School. Photo shows Dr. Mahmood Alam making a site inspection.



Rough terrain of Ziarat Balochistan at the village adopted by APPNA to rebuild some 57 homes after the earthquake 2008.



ABOVE APPNA supplies being unloaded for delivery to the villagers in regions selected by APPNA for relief operation.

Dr. Saeed Akhtar (4th from left) poses with his team of volunteers and workers involved in the distribution of relief supplies which included food items, tents, galvanized steel roofs, finished living structures and medicines. (Photo Below) APPNA employed workers bring supplies such as flour, water, cooking oil and other day to day necessities in remote regions. APPNA chapters raised funds in USA. (Sep. 10th, 2008). The earthquake measuring 6.5 Richter scale struck on October 29th, 2008.



APPNA's Telemedicine Project in the village of Zahidabad, Mardan Dist. NWFP was accomplished in coordination with the Stanford Univ.(US) Reuters Digital Vision Program, APPNA and UM Healthcare Trust Free Hospital. The project allows consultation with specialist via Internet. Photo (L-R) National Univ. of Science and Technology coordinator, Mr. Mumtaz, Dr. Rizwan Naem, Mr. Aamir Shafi (NUST) . Sattelite dish which allows internet connection in background.



APPNA's Rehabilitation Center in Rawalpindi General Hospital. Photo shows Dr. Mahmood Alam making an onsite visit with Mr. Zeeshan Peracha. APPNA contributed \$400,000 towards this center constructed from ground up



PMA House Karachi at the basic life support training program: Association of Pakistani Cardiologists of North America L to R : Cardiologist from NICVD; Immad Sadiq(RI); Arshad Rehan(IA);Javed Suleman(NY);Wajid Baig(RI);Rizwan Karatela(FL) and volunteer from Pakistan Medical Association. (Photo Dr. Wajid Baig)Dec17,08



Dr. Hassan Bukhari (Former APPNA President) Co-Chair of the CME receives an award for his services at the APPNA Banquet, Lahore Dec. 2008. Dr. Mahmood Alam (Center)



ABOVE Fashion Show during Fall 2008 EC meeting. Pakistani women's fashion trends were highlighted by the volunteers



Photo Right>> Volunteers of the Women's Forum New Jersey Chapter who organized the children's speech contest and other activities (L to R) Tina Mahmood, Dr. Saira Zubair, Zainab Rehman, Dr. Shahida Abbas (President Women's Forum) and Gulshan Awan.

Photo Below

Amjad Sabri Qawwal and Humnawa enthrall the audience with their performances. The Sabri Brothers claim descent from Mian Tansen the legendary singer of the Mughal Court of Akbar



The Speech Club participants. (Fall Meeting New Jersey) and organizers.



Dr. Alam addressing the inaugural session of Winter CME at KEMU.

## غزل

ڈاکٹر جاوید اکبر

علامہ اقبال میڈیکل کالج لاہور۔ ۱۹۸۹

ہر ایک شخص لگے جیسے کچھ خفا سا ہے  
مزاج شہر ہی اب کے ذرا جدا سا ہے  
وفا کے بدلے میں جس کو ملی تھیں تعزیریں  
وہ شخص آج بھی محفل میں کچھ بچھا سا ہے  
کسی کی آنکھ سے دھنکار تھی ملی جس کو  
کسی کی آنکھ میں وہ شخص اک خدا سا ہے  
کچھ اہل بزم بھی عادی نہیں صداقت کے  
کچھ اپنا لہجہ بھی بے باک و بر ملا سا ہے  
اُسی کو ڈھونڈتے جاوید عمر گزری ہے  
ہجومِ دہر میں جو شخص آشنا سا ہے۔

☆☆☆☆☆☆☆☆

## غزل

ڈاکٹر جاوید اکبر

سہی کٹھنایاں جلتی رتوں میں  
وفا کے عہد کی سرمستیوں میں  
بہت معصوم ہے خواہش وفا کی  
تلاشِ زندگی کرتی بتوں میں  
خیال یار کی آندھی چلی ہے  
بہت باراں ہے دل کے موسموں میں  
بہار آئی ہے شاید وہ بھی آئے  
عجب ہے شور دل کی دھڑکنوں میں  
بہت یاد آتا ہے جاوید مجھ کو  
پرانا گھر بدلیسی بارشوں میں

☆☆☆☆☆☆☆☆

## راتاں

ڈاکٹر نعیم محمود کوہلی

ناں بھجیاں نال پائیاں راتاں  
شام توں پہلے آئیاں راتاں  
گھرنوں بال کے چانن کیتا  
ہور وی گورھیاں چھائیاں راتاں  
ہنہرے دے وچ ٹوہ ٹوہ لہدے  
چانن وچ گنوائیاں راتاں  
جہدے ہنہریاں بھید چھپائے  
ہونیاں اج پرائیاں راتاں  
لوری دین، سلاون، بھلیاں  
میریاں اے ماں جائیاں راتاں  
دکھاں بھریا ہجر وچھوڑا  
لاوے دل نوں پھائیاں راتاں  
کہہ دیاں نظراں کھاگئیاں یارو  
سدھراں نال سچائیاں راتاں  
خورے کدائے کچھا چھڈن  
میرے سوہنا، سائیاں راتاں

☆☆☆☆☆☆☆☆

ڈاکٹر جاوید اکبر

ڈنہہ چیترا بہار دے آگے ہن پے کھو دے پھل چارے پاسے  
کنہن رین کوں چین نصیب تھیا، کنہن تھوڈتے سجدے پے ہاسے  
میکوں کلہا کر کتھ ونج وسیوں پردیس تیکوں آیا راس اے  
جاوید تکلیندا در بیٹھا رکھ اکھیاں ونج تیڈی آس اے

☆☆☆☆☆☆☆☆

ڈاکٹر جاوید اکبر

ساڈے پیار پریت دے بُوٹے کوں ذری پانڑیاں لائھن گھر آچن  
ہیں کھنیں گُھ تھی شام کئوں میکوں آن بچا ہن گھر آچن  
انہاں دید دیاں پیاسیاں نظراں کوں دیدار کرا ہن گھر آچن  
جاوید ہیں سنجے موسم کوں توں رنگ چالا ہن گھر آچن

☆☆☆☆☆☆☆☆



## چند قطعات

ڈاکٹر عبدالرحمن عبد

ڈاؤمیڈیکل کالج کراچی۔ ۱۹۶۷

ZOOM زوم

(۱)

وہ الگ دور ہٹ کے بیٹھے تھے  
پھر بھی فوٹو عجیب کھینچ لیا  
Zoom والا ہے کیمرہ اپنا  
جس کو چاہا قریب کھینچ لیا۔

(۲)

بتاؤں، میں ہوا کنگال کیسے؟  
میں برساتا تھا قولوں پہ پیسے  
یہ عادت صرف میری ہی نہیں ہے  
یہاں پہ اور بھی ہیں میرے جیسے

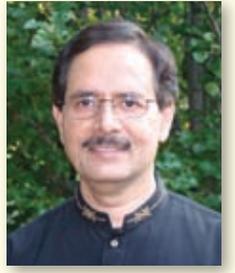
(۳)

محبت میں کوئی کنجوس ہو، اچھا نہیں لگتا  
وفا میں گر کی محسوس ہو، اچھا نہیں لگتا  
محبت میں ملاقاتیں کبھی چھپ کر بھی ہوتی ہیں  
محلے میں کوئی جاسوس ہو، اچھا نہیں لگتا

(۴)

خدا جانے اچانک ان دنوں کیا ہو گیا ہم کو  
کہے اُس کو برا کوئی تو لگتا ہے برا ہم کو  
کہیں یوں تو نہیں ہم بھی گرفتار محبت ہیں؟  
کہ اب اچھا نہیں لگتا کوئی اُس کے سوا ہم کو

☆☆☆☆☆☆



## غزل

انوار احمد انوار

ڈاؤمیڈیکل کالج کراچی ۱۹۸۳

راحت کے واسطے، نہ رفاقت کے واسطے  
اب کوئی مجھ کو چاہے تو چاہت کے واسطے

یہ اختلافِ فکر بہت کام آئے گا  
اس کو بچا کے رکھ کسی ساعت کے واسطے

دونوں کو اس جہان میں سچ کی تلاش تھی  
اتنا بُہت تھا ہم میں رفاقت کے واسطے

میں خواہشِ قیام سے آگے نکل گیا  
اب مجھ کومت پکار اقامت کے واسطے

منزل مری سفر ہے، مرا زادِ راہ بھی  
میں چل رہا ہوں آج مسافت کے واسطے

وہ سانپ تھا اور اُس کو سپیرے سے پیار تھا  
اتنا بہت تھا اُس کی ہلاکت کے واسطے

☆☆☆☆☆☆



## بارشوں سی اک لڑکی

ڈاکٹر حماد اللہ خان خٹک

خیبر میڈیکل کالج پشاور۔ ۱۹۹۹

اک نظر کی چاہت کا  
دوست یہ نہیں قصہ  
کہ بارشوں سی اک لڑکی  
میرے دل کے صحرا پر  
بوند بوند  
اُتری ہے

☆☆☆☆☆☆☆☆

”بہانے زیست کرنے کے“

ڈاکٹر حماد اللہ خان خٹک

کتائیں!

اور کتابوں میں کہیں رکھی ہوئی  
تصویر تمھاری  
تمھارے ہاتھ کی لکھی ہوئی  
چند ایک تحریریں  
کئی اک پھول مرجھائے ہوئے  
چند بھیکتی بادیں!  
اور اک پرفیوم کی نشیانی!  
تو گویا ہم نے کتنے ہی  
تمھارے بعد  
جینے کے بہانے ڈھونڈ رکھے ہیں

☆☆☆☆☆☆☆☆

فضل محمودی یاد

ڈاکٹر آصف ڈار

بالاں دی اک ٹیم کرکٹ کھیڈن انگلستان گئی  
ایسی ہمت نال اوکھیڈی جگ سارا حیران رہیا  
چتن دا جے موقع سی تے ہارن دا امکان وی سی  
تد وی آخر دم تک کچی پیری پاکستان رہیا  
دُھماں والے سن کھڈاری انگلستان دی ٹیم دے وچ  
پر بلوری اکھیاں دے ہتھ اوول دا میدان رہیا۔

☆☆☆☆☆☆☆☆

## لاہور کی گلیوں میں

ڈاکٹر آصف ڈار

خاموش ساڑکا تھا  
آنکھوں میں جھجک سی تھی  
لڑکی تھی پری چہرہ  
لہجے میں کھنک سی تھی  
لڑکے نے کہا کچھ تو  
خوشبو کی کہانی میں  
کیا خون پسینہ تھا  
ستی سی نشانی میں  
ویران گلی تھی گو  
لوگوں کا گزر بھی تھا  
آنچل کی متانت میں  
وہموں کا گزر بھی تھا  
جب لوگ مخالف ہوں  
تو بات بنے کیسے؟  
یہ بیل محبت کی  
پھر پھولے پھلے کیسے؟  
کچھ اور وہ کیا کہتی  
بس ہاتھ کو لہرایا  
بوجھل سے قدم بھرتا  
لڑکا بھی چلا آیا  
لاہور کی گلیوں میں  
خوشبو کی کہانی میں

☆☆☆☆☆☆☆☆

## ایک سوال!

ڈاکٹر ندیم رفیع

کنگ ایڈورڈ میڈیکل کالج لاہور ۱۹۸۶  
پوچھ رہا ہوں  
آتے جاتے لوگوں سے میں  
انجانی منزل کا پتہ!  
میرے جذبے، میرے ارادے  
راہنما کے دعوے، وعدے  
سب رستوں کی خاک ہوئے  
سارے مسافر رفتہ رفتہ  
رزقِ خس و خاشاک ہوئے  
سب پیراہن تار ہوئے  
سارے گریباں چاک ہوئے  
اسبابِ سفر خود ہم سفروں کی  
لوٹ کھسوٹ کی نذر ہوا  
اپنی اپنی جھولی بھر کے  
ہر کوئی بے قدر ہوا  
بھٹک رہا ہوں میں بھی ساتھ  
خالی دامن، خالی ہاتھ!  
پوچھ رہا ہوں  
آتے جاتے سب لوگوں سے  
یہی سوال!  
کیا ہے مری منزل کا پتہ؟

☆☆☆☆☆☆☆☆



## چند خواہشیں

ڈاکٹر سلمان ظفر

ڈاؤمیڈیکل کالج کراچی ۱۹۷۶

پروا نہیں ہے بھائی گر اپنا خوار ہو  
 اس پر یہ آرزو کہ ہمارا وقار ہو  
 جاہ و شرف و منصبِ عالی کا شور کیا  
 کارِ کمال خود کہے تم ہونہار ہو  
 دیکھو تو اٹھ کے سینکڑوں آگے نکل گئے  
 سوئے پڑے ہو دیر سے اب ہوشیار ہو  
 غیروں کی بات پر تو ہے ہر وقت مرحبا  
 اپنا کہے جو بات کچھ، تو ناگوار ہو  
 کردار میں خودی نہیں تو کس طرح کہیں  
 اقبال کے کلام کے تم پاسدار ہو  
 کہنے کو یوں تو ہر کوئی ہے ایک آدمی  
 ہے آدمی وہی جو اطاعت گزار ہو  
 یہ نعمت سکونِ دل کتنی عظیم ہے  
 اُس کی بھی لو خبر کہ نہ جس کو قرار ہو  
 خلقِ خدا ہے سود میں جکڑی ہوئی یہاں  
 اسراف سے بچو تو نہ تم پر ادھار ہو  
 اسلام کی جھلک کبھی ہم خود میں لاسکیں  
 ایسی بھی کوئی گردشِ لیل و نہار ہو  
 مل کر کرو جو کام تو آسان ہے بہت  
 مانا کہ بے نوا ہو غریب الدیار ہو  
 کینہ سے سینہ صاف ہو یارب کچھ اس طرح  
 ہرگز کسی کے دل میں نہ کوئی غبار ہو  
 ہو جائے اتفاق جو اس قوم میں کہیں  
 پھر دیکھئے بہار میں کیسی بہار ہو  
 اوروں کے وقف کر سکو خود کو اگر ظفر  
 تم پر بھی ایک دن یہ زمانہ نثار ہو

☆☆☆☆☆☆



## بنام احمد فراز

ڈاکٹر محمد شفیق - خیبر میڈیکل کالج - پشاور

اسے یا حادثہ یا بے کسی جانو  
 کہ مجھ کو یاد رکھنا تھا کہ تم کو بھولنا بھی تھا  
 مگر اس ذہن میں کوئی نظام ایسا نہیں جو کل  
 فراموشی کی قوت میں اضافے کا سبب بنتا  
 مجھے یہ لگ رہا ہے اب  
 تمہاری یاد کے نقشِ قدم نے راستہ ایسا تراشا ہے  
 اور اُس کو حُسن کی اُن جھلکیوں نے یوں  
 نکھارا ہے

کہ اُس کو ہوش کے ناخن مٹا سکتے نہیں جس سے  
 یقیناً یہ ہی ہے  
 مری اُمید کی دنیا خزینہ بن گئی جس میں  
 تمہاری یاد میری زیست کا سرمایہ ٹھہرا ہے

☆☆☆☆☆☆

## ڈاکٹر محمد شفیق

جب دھند ہو تو شمعِ فروزاں اٹھائیے  
 وہ آئیں گے یہ نکتہ امکاں اٹھائیے  
 ہدم اگر ہیں آپ تو شکوہ نہ کیجئے  
 اب کچھ تو بارِ خاطرِ یاراں اٹھائیے  
 ابھریں سوال اور بھی میرے جواب سے  
 ایسا کوئی سوال میری جاں اٹھائیے  
 ساحل کو موج آئی تلاطم سے جب اٹھی  
 خاموش بحرِ اشک میں طوفاں اٹھائیے

☆☆☆☆☆☆





بکثرت استعمال کیا۔ خالص سونے سے تیار ہونے والے اس نسخے کے تیار کرنے میں کئی مہینے لگتے تھے لہذا اس کی مانگ ہمیشہ رہتی تھی۔ حکیم نابینا صاحب کے اس نسخے کی افادیت اور ترکیب استعمال وغیرہ کے بارے میں حکیم عبدالغنی انصاری صاحب نے ایک کتابچہ مرتب کیا تھا جس کے مطالعے سے معلوم ہوتا ہے کہ نسخہ مختلف امراض کیلئے مفید ہے اور اس سے دل کو تقویت ملتی ہے، خونِ صالح کی مقدار بڑھتی ہے اور گردے میں اگر پتھری ہو تو ریزہ ریزہ ہو کر نکل جاتی ہے وغیرہ وغیرہ۔ علاج کے اوائل میں حضرت علامہ اس نسخے سے اتنے پُر امید تھے کہ انہوں نے روحِ الذہب کے حوالے سے حکیم صاحب کو درج ذیل اشعار عنایت کیئے۔

”ہے دو روحوں کا نشین قلبِ خاکی میرا  
اک سراپا شور و مستی اک سراپا تاب و تب  
ایک جو اللہ نے بخشی مجھے روزِ ازل  
دوسری ہے آپ کی بخشی ہوئی روحِ الذہب  
اس سے زیادہ اور کیا لکھوں میں اے لقمان ملک  
رکھتا ہے بے تاب دونوں کو مرا حسنِ طلب“

☆☆☆☆☆☆☆☆



## غزل

ڈاکٹر نعیم محمود کوہلی

کنگ ایڈورڈ میڈیکل کالج لاہور۔ ۱۹۸۱

ہم بھی رہے ہیں یارو کبھی دلفگارِ عشق  
اچھا بھلا عذاب ہے یہ کارِ وبارِ عشق  
اک تو نہیں جو بھول گیا وعدہ وفا  
بھولا ہوں میں بھی بارہا قول و قرارِ عشق  
سودوزیاں سے ماورا تھا پیشہ جنوں  
آیا ہے درمیان کیوں بوس و کنارِ عشق  
شامل ہمارے عشق میں رنگِ ہوس بھی ہے  
نکھرے زنانِ مصر سے نقش و نگارِ عشق  
بے جا نہیں ہے دوستوں کی بے رخی نعیم  
پھیلا ہے تیرے چار سوگردو غبارِ عشق

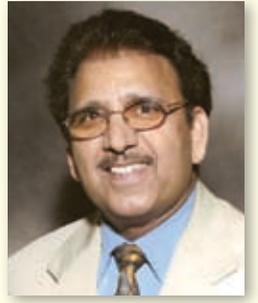
☆☆☆☆☆☆☆☆

## غزل

ڈاکٹر نعیم محمود کوہلی

چہرہ نور سویرا، زلفاں گھلیاں، گھلیاں  
شاماں ویلے آئیاں یا داں بھلیاں، بھلیاں  
کل تک رُتاں ساڈے وہڑے بھنگڑے پائے  
لگن کولوں اج بہاراں رُسیاں، رُسیاں  
رمزِ دلایاں، عشقِ دیاں کی پچھدے او  
چور مستیں کردے گلاں گجھیاں، گجھیاں  
عشقِ چاوے بھانڈِ دل دے اندر، اندر  
باہروں نظریں آون اگاں بھجیاں، بھجیاں  
خورے کہڑا روگ نعیم دی جان نوں کھاوے  
جَد دیکھو اے کردا گلاں دکھیاں، دکھیاں

☆☆☆☆☆☆☆☆



## چوں مرگ آید

تصنیف: ڈاکٹر سید تقی عابدی۔۔۔۔۔ تبصرہ: ڈاکٹر عبدالرحمن عابد

چوں مرگ آید جناب ڈاکٹر سید تقی عابدی صاحب کی تازہ تصنیف ہے جس میں انہوں نے علامہ اقبال کی بیماریوں اور مرض الموت کی تشخیص خطوط، مستند حوالوں اور جدید طبی تحقیقات کی روشنی میں کی ہے۔ دوسو پانچ صفحات پہ مشتمل اس دیدہ زیب کتاب کی اشاعت ۲۰۰۷ء میں اقبال اکیڈمی پاکستان کے زیر اہتمام ہوئی۔ یہ تصنیف دنیائے اردو میں بالعموم اور اقبالیات میں دلچسپی رکھنے والے حلقوں میں بالخصوص ایک اہم اور گرانقدر اضافہ ہے۔ میرے لیے مقام حیرت تو یہ ہے کہ آج حضرت علامہ کے انتقال کو ستر برس ہو چکے ہیں مگر اس مضمون پر اس نوعیت کا تفصیلی اور مدلل کام کرنے کیلئے اس سے پہلے کسی کا قلم نہ اٹھ سکا۔ ڈاکٹر عابدی نے ۸۱ کتب اور علامہ اقبال کے ۱۵۲ ذاتی خطوط سے مواد حاصل کر کے علامہ کی علالت اور علاج معالجے کو ہی نہیں بلکہ ان کی زندگی کے چند ایسے گوشوں کو بھی اجاگر کیا ہے جو اس سے قبل عوام سے قدرے پوشیدہ تھے۔ اس مختصر تبصرے میں، میں اس شہکار کے تمام پہلوؤں پر روشنی تو نہیں ڈال سکتا مگر اتنا ضرور کر سکتا ہوں کہ چند دلچسپ باتوں کا تذکرہ کر کے آپ کے ذوق مطالعہ میں تجسس کی چنگاری ساگا کر آپ کو آپ ہی کے اشتیاق کے حوالے کر دوں۔

علامہ ڈاکٹر محمد اقبال (پیدائش ۹ نومبر ۱۸۷۷ء) کا انتقال ۶۰ برس کی عمر میں ۱۱۲ اپریل ۱۹۳۸ء کو عارضہ قلب کے باعث لاہور میں ہوا جہاں وہ مدفون ہیں۔ چوں مرگ آید کے مطالعہ سے معلوم ہوتا ہے کہ علامہ کا علاج تیس سے زیادہ معالجوں نے کیا جن میں مسیح الملک حکیم اجمل خان اور افسر الاطبا حکیم نایبنا صاحب جیسے مایہ ناز حکیموں کے ساتھ ساتھ ڈاکٹر ٹھٹرا داس اور بھوپال کے ریڈیالوجسٹ ڈاکٹر عبدالباسط جیسے فزیشنز بھی شامل تھے۔ علامہ کو دہنی آنکھ کا ضعف بصارت، دردِ گردہ، دل کے پھیلاؤ اور ضعف تنفس اور نفرس (گنٹھیا) وغیرہ کی شکایات تھیں اور آخری چند برس ان کی آواز بھی کسی باعث متاثر ہو گئی تھی جس کے نتیجے میں وہ مشاعروں میں اپنا کلام سنانے سے قاصر ہو گئے تھے۔ یہ بھی واضح ہے کہ ان کی عمر کے آخری پانچ برس کافی علالت میں گزرے جن میں انہیں سانس کے پھول جانے اور پاؤں متورم ہوجانے اور چھاتی کے درد نے پریشان رکھا۔ ان منجملہ بیماریوں نے انہیں اپنے معمولات میں کما حقہ شرکت کرنے میں دشواریاں پیدا کیں اور وہ ان کے باعث کئی کاموں میں عملاً نہ شامل ہو سکے۔ بایں ہمہ، یہ بات بھی مسلم ہے کہ ان عارضوں سے ان کے ذہن، حافظے اور ان کے تخلیقی معیار یا سوچ پر کوئی منفی اثر نہ پڑا اور وہ تادمِ آخر اسی باکمال سوچ اور صاف ذہن سے اپنے رفقا سے تبادلہ خیال کرتے رہے اور شعر کہتے رہے۔

حضرت علامہ کے خطوط سے معلوم ہوتا ہے کہ انہوں نے اپنی بیماری کی علامات اور علاج وغیرہ کے بارے میں اپنے احباب اور رفقاء کو خاصا باخبر رکھا ہوا تھا۔ بالااختصار یہ کہا جاسکتا ہے کہ علامہ نے تمام عمر اپنا بیشتر علاج حکیموں سے کروایا۔ وہ ایلوپیتھک (انگریزی) طرز علاج کو کمتر سمجھتے تھے اور ان کے خیال میں انگریزی دوائیں ان کی طبیعت کے غیر موافق تھیں۔ گوانہوں نے ایلوپیتھی کے تشخیصی ذریعے استعمال کیے اور احباب کی ایما اور اصرار پر ایلوپیتھک دوائیاں متعدد بار استعمال کیں وہ اپنے علاج کا اصل جزو ہومیو پیتھک علاج کے نسخوں کو ہی سمجھتے رہے۔

حضرت علامہ کے ہومیو پیتھک طرز علاج کو پسند کرنے کی وجوہات میں طب کی طویل اور شاندار تاریخ، مسلمان حکیموں اور دانشوروں کے طب میں اعلیٰ مقام اور ایلوپیتھی طرز علاج کی طفل سالی کا بڑا دخل تھا۔ اس کے باوجود علامہ نے نیند کی گولیاں، امونیم کلورائیڈ، فروٹ سالٹ، گلسرین اور انجکشن آف Mersalyl Mersyles وغیرہ جیسی، انگریزی دوائیں بھی استعمال کیں۔

حضرت علام نے حکیم نایبنا (حضرت علامہ لقمان الملک، حکیم عبدالوہاب صاحب) سے تادیر علاج کروایا اور ان کے مشہور زمانہ ”روح الذہب“ نامی نسخے کو

بے حد اچھی نظم Eye Bank لکھی۔ اس نظم میں پہلے وہ نایب نالوگوں کی محرومی کا ذکر کرتے ہیں۔ پھر اپنی آنکھیں انہیں آفر کرتے ہیں اور پھر آخر میں کہتے ہیں۔

کہ کون سہہ پائے گا لیکن مری آنکھوں کے عذاب  
کس میں ہمت ہے جو دیکھے مرے دیکھے ہوئے خواب

یہ نظم پڑھنے والی ہے۔ فراز صاحب اچھی شاعری لکھتے ہی نہیں بلکہ پڑھتے بھی اس انداز اور جذبے سے تھے کہ سب سامعین مسحور بیٹھے رہتے۔ ان کو خدا نے بہت مؤثر اور اچھی آواز بھی عطا کی تھی۔ ان کی شاعری سن کر اکثر لوگ جذبات سے بے قابو ہو کر کھڑے ہو ہو کر داد دیتے تھے۔ خاص کر ان کی نظم ”محاصرہ“ کے بعد لوگوں کو بٹھانا مشکل ہو گیا تھا۔

اک انسان کی حیثیت سے فراز صاحب بہت ہی مزے دار شخصیت کے مالک تھے۔ ہر اک سے بچوں تک سے بہت محبت، انکسار اور فراخ دلی سے ملتے تھے۔ ان کو الفاظ سے کھیلنے، لطیفہ گوئی، بات سے بات پیدا کرنے اور محاوروں کے جگہ جگہ اور ادل بدل کر استعمال کرنے میں بہت مزہ آتا تھا۔ مثلاً ہم نے ان سے کھانے پر پوچھا ”فراز صاحب آپ دہی لیں گے؟“ جواب بغیر تامل اور تاخیر کے ملا ”مجھے دہی نہیں دل دہی چاہیے“۔ فراز صاحب جس محفل میں ہوتے اس کو اپنی باتوں اور لطیفوں سے بقول محمد حسین آزاد کے ”زعفران زار کشمیر کی کیاریاں بنا دیتے تھے“۔

فراز صاحب کی سوچ ترقی پسند تھی۔ وہ نئی ایجادات اور خیالات کو بہت شوق اور توجہ سے سنتے تھے۔ فراز صاحب اپنے خیالات کو بے دھڑک بیان کرنے سے جھجکتے نہیں تھے چاہے ان کو اس میں نقصان ہی اٹھانا پڑے۔ حق تو یہ ہے کہ فراز صاحب ایک قد آور شخصیت کے مالک تھے۔ وہ بہت ہمدرد، غیور، نڈر، جوشیلے، باہمت، ولولہ انگیز ہونے کے ساتھ ساتھ بے حد پرکشش، جاذب نظر، خوش مزاج، طنز و مزاح سے بھرپور انسان تھے۔ ان میں محبت، انسان دوستی، ظلم اور ظالم سے بغاوت اور انسانی حقوق کے لئے علم اٹھانے کی ہمت کوٹ، کوٹ کے بھری ہوئی تھی۔

وہ اک سچے دوست پائے کے شاعر، فلسفی اور عوام کے جذبات کے رہنما تھے۔ وہ عام راہ گزر سے ہٹ کر سوچتے تھے۔ اور اُس کو کہنے سے ہچکچاتے نہیں تھے۔ فراز صاحب کو پاکستان سے اور اپنی مٹی سے عشق تھا۔ ان کی شاعری اس کا ثبوت ہے۔

”وہ شہر جو ہم سے چھوٹا ہے وہ شہر ہمارا کیسا ہے

کیا اب بھی ہمارے گاؤں میں گھنگرو ہیں ہوا کے پاؤں میں

یا آگ لگی ہے چھاؤں میں، وہ سارا نظارہ کیسا ہے۔

۲۶ سال کی طویل دوستی اور محبت اور ظاہر ہے کہ بے تحاشہ یادیں۔ بقول کسی کے ”کے یاد رکھیں کسے بھول جائیں“

ہر سال کم از کم اک مرتبہ فراز صاحب امریکہ آتے تھے اور کبھی ہمارے پاس آئے بغیر نہیں جاتے تھے۔ اسی طرح ہم بھی پاکستان جا کر ان کے ساتھ وقت گزارتے تھے۔ اس سال بھی وہ دو مرتبہ امریکہ آئے۔ اک دفعہ اپریل میں ہمارے ساتھ ہی HDF کے فلوریڈا کے فنڈ ریزر کیلئے اور پھر جون میں ڈاکٹر محمود عالم کے بے حد اصرار پر ہم نے ان کو APPNA کی میٹنگ میں مشاعرہ میں شرکت کے لئے بلایا۔ طارق نے کہا بھی کہ ابھی تو وہ گئے تھے، پھر کیسے آئیں گے۔ مگر فراز صاحب کی ہمت اور ڈاکٹروں سے اور APPNA سے خاص انسیت کی وجہ سے انہوں نے انکار نہیں کیا۔ کیا پتہ تھا کہ یہ ان کی آخری ٹرپ ہوگی۔ ان سے ہم نے بہت کچھ سیکھا اور جانا اور ان کے بغیر محرومی کا جو احساس ہے وہ بیان نہیں ہو سکتا۔ وہ ہم سب سے چوبیس اگست ۲۰۰۸ کو جدا ہوئے۔ انہوں نے بہت اچھی زندگی گزاری اور زندگی کو بہت سراہا۔ ان کو زندگی میں بھی بہت محبت، عزت اور شہرت ملی اور مرنے کے بعد بھی اس میں کوئی کمی نہیں۔ بلکہ ان کو ہمیشہ یاد رکھا جائے گا۔

انہوں نے ہمیں اپنا دوست کہا۔ یہ ہمارے لئے بہت بڑا فخر ہے۔ اور ہمیں اس پر فخر ہے کہ ہم ان کو اتنے قریب سے جانتے تھے۔ ان کے بعد اب شاعروں اور شاعری سے دلچسپی رکھنا مشکل ہے سوائے خود ان کی شاعری کے۔

شاعری تازہ زمانوں کی ہے معمار فراز

یہ بھی اک سلسلہ کن فیکوں ہے، یوں ہے

☆☆☆☆☆☆

## فراز صاحب

ڈاکٹر عطیہ خان

کنگ ایڈورڈ میڈیکل کالج لاہور ۱۹۶۸

کسی اور دلیس کی اور کو سنا ہے چلا گیا فراز  
سبھی دکھ سمیٹ کے شہر کے، سبھی قرض اتار کے شہر کے



فراز صاحب سے ہماری پہلی ملاقات آج سے کوئی ۲۶ برس پہلے ہوئی۔ فراز صاحب اس وقت علی گڑھ ایسوسی ایشن کے مہمان بن کر آرہے تھے اور ہمیں یہ عزت دی گئی کہ ہم اُن کے میزبان ہوں۔ ان چند دنوں کے لئے۔ فراز صاحب ستمبر ۸۲ کو واشنگٹن ڈی سی آئے اور ہمارے گھر ٹھہرے۔ چند دنوں میں ہی ہم لوگوں کے ساتھ گھل مل گئے۔ پھر وہ چند دن ہفتوں میں اور ہفتے مہینوں میں بدلتے گئے۔ پاکستان میں سیاسی حالات ایسے نہیں تھے کہ فراز صاحب واپس جاتے۔ ہماری خوش قسمتی کہ فراز صاحب تقریباً ایک سال ہمارے ہاں رہے۔ اُس درمیان میں اُن کو بہت شہروں میں بلایا گیا اور اُن کے بہت سے دوست بنے مگر انہوں نے ہمارے گھر کو ہی Base بنائے رکھا۔ اس لمبی قربت کے دوران ہم لوگ اک دوسرے کے خاندان کو بھی جان گئے اور فراز صاحب آہستہ آہستہ ہمارے خاندان کے ہی اک فرد لگنے لگے۔ ہمارے والدین، دوست، بہن بھائی اور بچے سب فراز صاحب کے ساتھ وہی خصوصیت برتتے تھے جو ہم لوگ۔ ان کو عزت کے طور پر ہمیشہ فراز صاحب ہی کہتے رہے اور انہوں نے بھی ہمیں ہمیشہ ڈاکٹر عطیہ ہی کہہ کر مخاطب کیا۔

جہاں تک اردو شاعری کا تعلق ہے ہمارے خیال میں اس عہد میں فراز صاحب کے معیار تک پہنچنے کا اُن کے ساتھیوں میں سے کوئی بھی دعویٰ نہیں کر سکتا۔ اُن کی شاعری کو اس مقام اور معیار تک پہنچانے میں اُن کی شخصیت کا بہت بڑا حصہ ہے ان کی ظالم سے نفرت اور ظلم کے خلاف احتجاج کا جذبہ:

اُن کی اُمید اور حوصلہ:  
میں کٹ گروں یا سلامت رہوں یقین ہے مجھے  
کہ یہ حصار ستم کوئی تو گرائے گا  
تمام عمر کی ایذا رسیدیوں کی قسم  
مرے قلم کا سفر رائیگاں نہ جائے گا  
اُن کا باغی پن:  
مرا قلم نہیں تسبیح اس مبلغ کی  
جو بندگی کا بھی اپنی حساب رکھتا ہے۔

میرے ضمیر نے قابیل کو نہیں بخشا  
میں کیسے صلح کروں قتل کرنے والوں سے  
اُن کی بے دھڑک زبان:  
اب سبھی بے ضمیروں کے سر چاہئیں  
اب فقط مسئلہ تاج شاہی نہیں  
اُن کا فلسفی پن:  
اک دیوانہ یہ کہتا ہوا ہنستا جاتا  
کاش منزل سے بھی آگے کوئی رستہ جاتا

اُن کی عاشق مزاجی کارنگ تو اول عمر میں ہی ظاہر تھا۔ اُن کی وہ شروع کی غزل جس نے اُن کو شہرت کی بلندیوں پر بہت ہی کم عمری میں پہنچا دیا، آپ سب کو یاد ہی

ہوگی۔

”رنجش ہی سہی دل ہی دکھانے کے لئے آ“

فراز صاحب اک آرٹسٹ کی طرح بہت حساس طبیعت رکھتے تھے۔ وہ جو چیز بھی دیکھتے تھے اس کو شدت سے محسوس کرتے اور اپنے میں سمو لیتے تھے۔ ہمارے جیسے عام انسان ان چیزوں کے قریب سے گزر جاتے تھے مگر کچھ اثر لئے بغیر۔ مثلاً اک دن طارق اُن کو واشنگٹن میں بیت نام میموریل دکھانے لے گئے۔ واپسی میں فراز صاحب بہت خاموش تھے۔ اگلی صبح اٹھ کر انہوں نے اپنی معرکہ آرا نظم ”کالی دیوار“ لکھی جو دوہے کی شکل میں ہے۔

اک اور مرتبہ وہ ہمارے ساتھ کام پر چلے گئے۔ اس وقت ہم جانز ہاپکنز ہاسپٹل میں تھے۔ وہاں پر انہوں نے Wilmer Institute دیکھا اور اگلے دن اک

## بچوں کا عالمی دن ۲۰ نومبر ۲۰۰۸ء

ڈاکٹر محمود عالم

علامہ اقبال میڈیکل کالج لاہور۔ ۱۹۸۳

بھوک، قحط اور مفلسی کی وجہ سے چند سکوں کے عوض بچوں سے لی جانے والی مزدوری دنیا بھر میں پھیلی ہوئی ہے۔ چند دن پہلے ایک مقامی ہسپتال کے ڈاکٹر ز لاؤنج میں داخل ہوا تو چندے کی اپیل کا نوٹس پڑھا جو عالمی ریڈ کراس کی جانب سے تھا۔ ”افغانستان میں مائیں بھوک کی وجہ سے اپنے بچوں کو فروخت کر رہی ہیں۔ براہ کرم مدد کیجئے۔“

ہم جب بچے تھے اور پاکستان میں پل بڑھ رہے تھے تو اُس وقت بھوک اور قحط کی ”تصویر“ صرف افریقی ممالک سے منسلک تھی۔ مگر آج فلاکت زدہ ممالک کی فہرست میں تیزی سے اضافہ ہو رہا ہے۔ اس المیہ کی کئی وجوہات ہیں جن میں سے ایک وجہ مختلف خطوں میں لڑی جانے والی جنگیں ہیں۔ وجوہات جو بھی ہوں آج کے موضوع کا حصہ نہیں۔ آج کا موضوع ایک نظم ہے جو پاکستان کے ایک مشہور شاعر ابن انشا مرحوم نے ۱۹۷۴ء میں بچوں کے عالمی دن کے موقع پر لکھی تھی اور سرورق پر صادق ابن مرحوم نے اپنے مومے قلم سے ایک فاقہ زدہ بچے کی تصویر بنائی تھی، جو ہڈیوں کا ڈھانچہ لگتا تھا۔ بقول ابن انشا یہ تصویر ”اُن تصویروں میں سے ہے جو ضمیر عالم کو جگاتی ہیں، جھنجھوڑتی ہیں۔ دل والوں کی آنکھوں کی نیند اڑا دیتی ہیں۔ حبشہ یا اریٹریا کا قحط زدہ صحرا ہے۔ یہ نظم اُس بچے نے ہم سے لکھوائی ہے اور یونی سیف کے نام اس کا انتساب ہے کہ وہ دنیا بھر کے بچوں کے لئے اتنا کچھ کر رہی ہے۔“

اس نظم کے سات بند ہیں مگر ”اپنا اردو میگزین“ میں جگہ کو ملحوظ خاطر رکھتے ہوئے صرف چار بند پیش کر رہا ہوں۔ شکریہ۔

یہ بچہ کیسا بچہ ہے	اس دُنیا کے کچھ ٹکڑوں میں	کچھ پُورب پچھم فرق نہیں
یہ بچہ کالا کالا سا	کہیں پھول کھلے کہیں سبزہ ہے	اس دھرتی پر حق سب کا ہے
یہ بچہ کالا سا مٹیالا سا	کہیں بادل گھر گھر آتے ہیں	اس جگہ میں سب کچھ رب کا ہے
یہ بچہ بھوکا بھوکا سا	کہیں چشمہ ہے، کہیں دریا ہے	جو رب کا ہے، وہ سب کا ہے
یہ بچہ سُکھا سُکھا سا	کہیں اونچے محل اٹاریاں ہیں	سب اپنے ہیں کوئی غیر نہیں
یہ بچہ کس کا بچہ ہے	کہیں محفل ہے، کہیں میلا ہے	ہر چیز میں سب کا سا جھا ہے
یہ بچہ کیسا بچہ ہے	کہیں کپڑوں کے بازار سجے	جو بڑھتا ہے، جو اگتا ہے
جو ریت پہ تنہا بیٹھا ہے	تہ ریشم ہے، یہ دیا ہے	وہ دانا ہے، یا میوہ ہے
نا اس کے پیٹ میں روٹی ہے	کہیں غلے کے انبار لگے	جو کپڑا ہے، جو کمبل ہے
نا اس کے تن پر کپڑا ہے	سب گیہوں دھان مٹیلا ہے	جو چاندی ہے، جو سونا ہے
نا اس کے سر پر ٹوپی ہے	کہیں دولت کے صندوق بھرے	وہ سارا ہے اس بچے کا
نا اس کے پیر میں جوتا ہے	پاں تانبا، سونا، رُوبا ہے	جو تیرا ہے، جو میرا ہے
نا اس کے پاس کھلونوں میں	تم جو مانگو سو حاضر ہے	یہ بچہ کس کا بچہ ہے؟
کوئی بھالو ہے، کوئی گھوڑا ہے	تم جو چاہو سو ملتا ہے	یہ بچہ سب کا بچہ ہے!
نا اس کا جی بہلانے کو	ہم جس آدم کے بیٹے ہیں	
کوئی لوری ہے، کوئی بھولا ہے	یہ اس آدم کا بیٹا ہے	
نا اس کی جیب میں دھیلا ہے	یہ آدم ایک ہی آدم ہے	
نا اس کے ہاتھ میں پیسا ہے	وہ گویا ہے یا کالا ہے	
نا اس کے امی ابو ہیں	یہ دھرتی ایک ہی دھرتی ہے	
نا اس کی آپا خالا ہے	یہ دنیا ایک ہی دنیا ہے	
یہ سارے جگ میں تنہا ہے	سب اک داتا کے بندے ہیں	
یہ بچہ کیسا بچہ ہے	سب بندوں کا اک داتا ہے	



دیا۔ غالباً 1956 کا واقعہ ہے۔ ماہنا روال کے کسی نواحی گاؤں سے رات کے اندھیرے میں جموں کے لئے روانہ ہوا۔ رات کی تاریکی میں پیدل سفر کرتا اور دن چڑھتا تو کہیں چھپ جاتا۔ ایک دن پکڑا گیا۔ اُس نے کچھ پاکستانی کرنسی اپنی خشک خوراک کے تھیلے میں چھپا رکھی تھی کہ واپسی پر کام آئے گی۔ یہی غلطی اُسے لے ڈوبی۔ اُس پر پاکستانی جاسوس ہونے کا الزام لگایا گیا۔ کئی گھنٹے سیکورٹی اہلکاروں کے ہاتھوں تشدد کا نشانہ بنا رہا۔ جب اہلکاروں کو یقین ہو گیا کہ وہ ایک بے ضرر مزدور ہے تو اُسے واپس پاکستان میں دھکیل دیا گیا۔ ماہنے کا بیٹا دوسری جنگ عظیم میں رائل انڈین فوج میں بھرتی ہو کر برما گیا تھا۔ باورچی کی نوکری تھی۔ برما سے اُس نے ایک خط میں باپ کو دے لیا تھا۔ الفاظ میں بتایا کہ وہ ایک برمی لڑکی سے شادی کرنا چاہتا ہے۔ ماہنے نے جوابی خط میں اس ارادے سے باز رہنے کی تلقین کی۔ چند مہینے بعد ہی ماہنے کو سرکاری طور پر بتایا گیا کہ اُس کا بیٹا لاپتہ ہے۔ ماہنا بیٹی کی سلامتی کے لئے نماز اور دعا میں مشغول ہو گیا۔ جب دو سال سے کچھ اوپر عرصہ بیتا تو لوگوں نے سمجھایا اگر تمہارا بیٹا جاپانیوں کی قید میں ہوتا تو کب کا مل گیا ہوتا۔ مگر ماہنا یہی اصرار کرتا رہا کہ بیٹی نے کسی برمی لڑکی سے شادی کر لی ہے اور والد کے خوف سے روپوش ہو گیا ہے۔ ماہنے کے والدین کیلئے بعد دیگرے اللہ کو پیارے ہو چکے ہیں اور بیوی معیادی بخار کے ہاتھوں جاں بحق ہو چکی ہے۔ ان ساری اطلاعات کا وسیلہ نئی دہلی میں مقیم ایک کشمیری ہے جس کی وادی میں رہنے والے رشتے داروں اور دوستوں کے ساتھ خط و کتابت رہتی ہے۔ نئی دہلی میں رہنے والا کشمیری لندن میں مقیم کسی دوست کو خطوط کے ذریعے اہم خبروں سے مطلع کرتا رہتا ہے اور پھر کہیں جا کر یہ خبریں بذریعہ ڈاک ماہنے کو ملتی ہیں۔ اتنے صدقات کو ماہنے نے تنہا برداشت کیا ہے کہ اللہ تعالیٰ کی یہی مرضی تھی۔ میں سمجھ گیا ماہنا بس اسی امید پر زندہ ہے کہ ایک دن اُس کا بیٹا اسے ملنے آئے گا۔

یہ داستان سن کر میں کچھ عرصہ خاصا ٹمگین رہا۔ انہی دنوں مجھے میڈیکل کالج میں داخلہ مل گیا زندگی مصروف سے مصروف تر ہوتی گئی۔ کبھی کبھار سرراہے ماہنا ملتا تو علیک سلیک ہو جاتی۔ اس کی گرتی ہوئی صحت میری نظروں سے پوشیدہ نہ رہ سکی۔ پتہ چلا کہ اسے اپنے بیٹے کی واپسی کی امید نہیں رہی۔ ہر وقت بلیوں کے ساتھ کھیلتا رہتا ہے۔ گا ہے، گا ہے محلے کے لوگ اس سے چھوٹے چھوٹے کام کرواتے رہتے ہیں تاکہ بیچارہ روکھی سوکھی تو کھا سکے۔

وہ ایک تنگ بستہ رات تھی۔ میں بروم ہوٹل جانے کے ارادے سے گھر سے نکلا تھا۔ گلی کے نکر پر تھڑے پہ بیٹھے چند لڑکے تاش کھیل رہے تھے۔ اچانک شور بلند ہوا "ماہنے کی کوٹھری میں آگ لگ گئی ہے"۔ سب بھاگے بھاگے گئے۔

چند لوگ کوٹھری کا دروازہ توڑنے کی کوشش کر رہے تھے۔ کچھ پانی کی بالٹیاں لئے کھڑے تھے۔ بند کواڑوں کی درزوں سے شعلے نظر آرہے تھے۔ آخر دروازہ ٹوٹ گیا مگر دھوئیں کے بادلوں کو نکلنے کے لئے کچھ لمحے تو گزرنے ہی تھے۔ آگ پانی سے بجھنے لگی۔ ایک پھٹی پرانی چٹائی پر ہاتھ ماہنا بے حس و حرکت پڑا تھا۔ اُس کی بلیاں آگ سے دہشت زدہ ہو کر اُس کے بے جان جسم کے ساتھ لپٹ کر بین کر رہی تھیں۔

## اظہارِ تشکر

" اپنا اردو میگزین " کو معیاری بنانے کے لئے سب سے زیادہ قابل ستائش لکھنے والے ہیں۔ تاہم کسی بھی جریدے کی کامیابی

میں قارئین کے مشوروں کی اہمیت کم نہیں کی جاسکتی۔ بطور مدیر اپنا اردو میگزین میں ڈاکٹر محمود عالم کا انتہائی شکر گزار ہوں کہ انہوں نے مجھ پر

بے انتہا اعتماد کیا اور ان سے رابطہ کرنا مجھے کبھی مشکل نہیں لگا۔ ڈاکٹر سلمان کو چیئرمین پبلی کیشن کمیٹی اور اسی کمیٹی کے سارے ارکان کا بھی

مشکور ہوں۔ خصوصاً ڈاکٹر سلمان ظفر ہمیشہ مددگار رہے۔

آصف علی ڈار۔ مدیر اردو



کشمیر سے دور

ڈاکٹر آصف ڈار

کنگ ایڈورڈ میڈیکل کالج لاہور - 1941

لاہور اندرون شہر میں کئی گلیاں ڈھلانوں پر واقع ہیں۔ ایسی ہی ایک گلی کو گھاٹی والی گلی یا گھاٹی کہتے ہیں، اصلی نام جو بھی ہو۔ اس گھاٹی پر اگر آپ اتر رہے ہوں تو بازار سے ادھر ہی داہنے ہاتھ ایک مکان آتا ہے جس کی پختی منزل پر واقع کوٹھری کا دروازہ گلی کی طرف کھلتا ہے۔ اس کوٹھری میں کبھی عبدالرحمان نامی ایک کشمیری ہاتو بحیثیت کرایہ دار رہتا تھا۔ اسے سب ماہنا کہتے تھے۔ ایک دفعہ نو عمر لڑکوں کے نرغے میں تڈکیرو تانیٹ کی روایتی غلطی کرتے ہوئے اس نے بتایا میری اصلی نام عبدالرحمان ہے۔ ایسی ہی ایک محفل میں لڑکے کپیں ٹھونک رہے تھے۔ کسی منچلے نے مذاق کیا۔ یار مانے! تمھاری قمیض بوسیدہ ہو گئی ہے یہ لودس روپے اور جا کرنی قمیض سلواؤ۔ بولا: ہاتو لوگ بات کی کمائی کھاتا ہے، خیرات نہیں لیتا۔ ماہنے کی آنکھوں سے اکثر پانی بہتا رہتا تھا مگر یہ بات کہتے ہوئے، اُس کی آنکھیں کچھ زیادہ ہی بھیگ گئیں اور جس منچلے نے مذاق کیا تھا، کھسیانا ہو کر رہ گیا۔ ماہنا پہلے لکڑیوں کی ایک ٹال پر کام کرتا تھا۔ لکڑیاں کاٹتا تھا اور پھر گھر گھر بیہی لکڑیاں ڈھونڈ جاتا تھا۔ اُس زمانے میں لکڑی بطور ایندھن مٹی کے تیل سے سستی تھی۔ اس مزدوری کی اجرت قبیل تو تھی مگر تھی مستقل۔ جب مٹی کے تیل والے چولہے عام دستیاب ہونے لگے تو ماہنے کا روزگار بھی جاتا رہا۔ پہلے سال، دو سال بعد ملیشے کی ایک قمیض اور ایک شلوار سلواتا تھا، اب شلوار کی جگہ دھوتی پہننے لگا کیونکہ یہ سستی پڑتی تھی۔ کسی دن دیہاڑ، بیاہ شادی، عقیقہ یا فوتیڈی پر دیکھیں پکانے کا کام محلے کا نائی کرتا تھا۔ ماہنا اُس کا ملازم ہو گیا۔ یہ کاروبار جزوقتی تھا اور اس لئے ماہنے کی ملازمت بھی۔ ایک دفعہ محلے کے لڑکوں نے اُسے گھیرا ہوا تھا۔ اُس کے ساتھ مذاق کا روایتی سلسلہ جاری تھا۔ یہ الگ بات ہے کہ ہمیشہ کی طرح مذاق میں لگاؤ کا عنصر بھی تھا۔ میں نے پوچھا: ماہنے! تمھاری بیوی کشمیر سے کیوں نہیں آتی۔ جعفر شاہ، جو عمر میں مجھ سے کئی سال بڑا تھا، پاس ہی کھڑا تھا۔ اُس نے آنکھوں ہی آنکھوں میں مجھے خاموش رہنے کا اشارہ کیا۔ ہاتو ماہنا بولا: جعفر شاہ سب جانتی۔ جعفر شاہ نے بات بدل دی۔ بعد میں پتہ چلا کہ بیوی فوت ہو چکی ہے اور بیٹا دوسری جنگ عظیم میں غالباً ہلاک ہو چکا ہے مگر ماہنا اس حقیقت کو تسلیم نہیں کرتا۔ محلے کے ایک بزرگ نے لڑکوں کو سمجھا رکھا تھا کہ اس موضوع پر گفتگو نہ کی جائے۔

ہاتو ماہنا فارغ اوقات میں سبز چائے پیتا رہتا یا اپنی دو عدد پالتو بلیاں لے کر بیٹھ جاتا۔ کبھی کبھار وہ بلیوں سے کشمیری زبان میں باتیں کرتا ہوا بھی سنا گیا۔ اس طرح محلے کے لڑکوں کو مذاق کے لئے ایک اور بہانہ مل گیا۔

میرے دل میں ماہنے کے ماضی کے بارے میں تجسس بڑھتا گیا۔ میں نے اس کا اعتماد حاصل کرنے کے لئے کبھی بلیوں کے بارے گفتگو کی اور کبھی سری نگر اور اُس کے آس پاس میں واقع دیہاتوں کے نام لئے جہاں سے میرے ابا و اجداد مہاراجہ رنجیت سنگھ کے عہد میں لاہور آئے تھے۔ ایک دن میں اُسے کشمیری کپڑوں اور سبز چائے کا ناشتہ کرانے ایک سستے سے ریستورنٹ لے گیا۔ ناشتے کے دوران مجھے بہت سی تفصیلات معلوم ہوئیں ماہنے کی آپ بیتی دلچسپ بھی تھی اور الم انگیز بھی۔

اس کہانی میں زعفران کے کھیتوں کی خوشبو تھی، غریب کسانوں کی محنت مشقت تھی، پہاڑی چشموں کی نغمگی تھی، غریبہ بہت کچھ تھا۔ ماہنا پاکستان بننے سے کوئی دس برس پہلے لاہور آیا تھا۔ اُس کا آبائی گاؤں سری نگر سے کوئی بائیس میل دور تھا۔ وہاں اُس کی بیوی اور بیٹا اُس کے والدین کے ساتھ رہتے تھے۔ پاکستان بننے سے پہلے تقریباً ہر سال ماہنا گرمیوں کے دو مہینے وہیں گزارتا تھا۔ پھر پاکستان بن گیا تو کشمیر جانا ناممکن ہو گیا۔ چند ایک کشمیری رات کی تاریکی میں سرحد پار کر کے براستہ جموں وادی میں گئے۔ اُن میں سے ایک جمعہ ڈار تھا جو موچی دروازے میں ہی چند گلیاں چھوڑ محلہ کشمیریاں کے پاس رہتا تھا۔ جمعہ ڈار دو ہفتے ہی سری نگر میں ٹھہرا ہوگا کہ گرفتار کر لیا گیا۔ اُس کے عزیز واقارب رشوت دے دلا کر اُسے جیل میں ملنے آتے رہے مگر ایک دن اچانک سرکاری اہلکاروں نے اسے جیل سے نکالا اور پاکستانی علاقے میں چھوڑ



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