



# APPNA Newsletter

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Spring 2012

A BIENNIAL publication of the Association of Physicians of Pakistani-Descent of North America

## Message From The President



Saima Zafar, MD

Dear APPNA members,

APPNA embarked on 2012 with a concrete set of goals driven by our aspiration for channeling our energies, to ensure that we improve APPNA in as many ways as possible, because we believe in giving back to our organization that has given us so much. I am pleased to tell you that we have already made long strides in the vast majority of goals set forth. We have made APPNA office paperless, by upgrading our website and adding modules that will make us more transparent and efficient. During the process, we have had some delays in access, which were unavoidable since implementing upgrades on a live

website is challenging. We really appreciate your patience in this regard. I promise that the ultimate product will be worth the temporary inconvenience.

APPNA had a very successful Spring Meeting in Las Vegas in March. The host committee did an exceptional job. It was an honor to have Mr. Rob Nabors, Director of Legislative Affairs at the White House, as our keynote speaker. I am thankful to the White House, for giving us the opportunity to voice our efforts by partnering with our leaders to continue building a greater America.

I genuinely believe our organization of a few thousand members can create much more good than any other organization of Pakistani origin. An ideal that both APPNA and the United States share is the belief that one's success is only meaningful if one does something with it. This can be seen through our efforts in helping our local communities by offering free clinics, through our members serving as volunteers in state boards, soup kitchens, and through our assistance to victims of hurricanes and tornadoes across the country.

We have continually pursued our mission to facilitate every single eligible graduate from any medical school in Pakistan, aspiring to join residency programs in the U.S. We have persisted in our efforts to cement our relationship with the State Department to streamline the J-1 visa issuing process. We welcomed

Ms. Nicole Porreca from the State Department during our Spring meeting. A two hour session with her allowed us to share the data and the concerns we had for the J-1 visa refusals and delays. She has promised to take this information back to the State Department for review.

I would be remiss not to recognize the abundant APPNA members, especially female physicians, who are diligently supporting humanitarian efforts throughout the US and Pakistan. The first female physicians' APPNA house in Michigan was sponsored in March 2012 by WAPPNA, our female physicians.

I look forward to a wonderful summer meeting and am excited to welcome you all.

Sincerely yours,  
Saima Zafar MD, FACC, FASE

### APPNA JOURNAL PUBLISHER

The Association of Physicians of Pakistani  
Descent of North America

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Tanveer M. Imam, MD

## Of Laws & Regulations

Healthcare reform had been the focus of President Obama's election campaign. And

rightly so, as millions of Americans remain uninsured and thousands die every year, merely due to lack of access to affordable health care. After months and months of political wrangling and dealings, the President signed the Patient Protection and Affordable Care Act (ACA) into law on March 23, 2010. The key compromise was dropping off the "public option" from the legislation.

The constitutionality of the law was recently debated in the U.S. Supreme Court. The three-day argument principally dealt with the "individual mandate", the law's requirement that affording individuals who are uninsured should buy insurance or face penalties (subsidies would be given to individuals who cannot afford to buy insurance). Prior to the beginning of the main argument, the court had a 90-minute debate whether an obscure 1867 law, "the Anti-Injunction Act" which states that individuals who object to taxes should pay first and then litigate, precludes further debate on the healthcare law. The Supreme Court justices agreed with both parties that the Anti-Injunction law does not bar discussion on the main question.

The argument put forward by the government's solicitor is based on the "Commerce Clause", which gives Congress the unambiguous powers to regulate interstate commerce. The clause essentially works on the concept that local economic activity has ripple effects that are felt across the nation and affect commercial activity in general. Hence, the Federal government has the power to regulate commerce for the betterment of the people, even when the activity is confined within a state. Ironically, Mitt Romney, who could potentially be President Obama's opponent in the national elections, has implemented the concept of "individual mandate" in the State of Massachusetts.

The argument against Obama healthcare plan is that the Commerce Clause allows the federal government to regulate economic activity but not economic INACTIVITY. They stress that the federal government's enforcement to have individuals buy medical insurance plans is akin to forcing people to buy mobile phones, funeral insurances or to eat broccoli. The government cannot create commerce to regulate it. The counter argument is that healthcare is unique as every individual needs health services and is connected to the market even if he/she does not carry an insurance plan. An uninsured individual is participating in the healthcare commerce when they show up in an ER for their care. Hospitals and taxpayers pick up their unpaid bills.

Another crucial question of the hearing is whether the Affordable Care Act can stand if the Supreme Court deems the "individual mandate" unconstitutional. One of the clauses of ACA is that the insurance companies will no longer be able to reject customers on the basis of "pre-existing conditions". The individual mandate is integral for making insurance work by mandating healthy people to buy insurance. Without it, people will delay signing up for insurance till they get life threatening conditions. This will create "free riders" busting the companies out of business.

While we wait for the Supreme Court's verdict on "Obamacare", we hope and pray that our leaders and institutions have the political will and fortitude to reverse the tide that will soon sure sink the healthcare system. With approximately 50 million Americans uninsured and the cost of healthcare surpassing 17% of our GNP and rising, we will not be able to charter our current course. While we cannot predict if the Supreme Court will hold or repeal the law, some commentators argue that the Obama administration has made a political and tactical error. Perhaps if they had stuck to the single payer system, we would not have this conundrum at hand. ■

# Immediate Past President's Report



Manzoor Tariq, MD

Assalam-O-Alaikum.

It was a pleasure to serve you as APPNA President for the year of 2011. Last year, we worked together as a team to take APPNA forward and uphold our promise to service with integrity and unity. One of my

key focuses was the centralization of APPNA affairs and I addressed this goal by starting the year with the APPNA Central Office Staff, Committee, and EC meeting to plan together on how to centralize and streamline the Central APPNA Office and its affairs. We then turned our focus to restoring APPNA's charitable status, which happened on February 17, 2011. We established guidelines for APPNA to follow the regulatory requirements on a continuous basis, allowing APPNA to comply with all rules and regulations. Following these guidelines, APPNA's audits for the past five years, including 2010, were filed on time as required by law. APPNA also held a Strategic Planning Meeting in St. Louis on the weekend of February 5-6, 2011. The meeting took on a brand new interactive format, led by a professional strategic planner. As a result of the meeting, the Strategic Planning Oversight and Implementation Ad Hoc Committee were formed.

As President last year, I felt the need to keep in communication with the membership so I started the President's Monthly Message to update you on a regular basis and uphold my promise to transparency and accountability. In order to promise membership growth and retention, we reduced both annual and lifetime membership fees in the beginning of May. The Membership Benefits Package was also completed and is now offered to our membership as a show of our appreciation to them for their support of and participation in APPNA. This effort was not just APPNA's initiative for young physicians but also an avenue to develop future human resource and assist the new generation of our alma maters.

APPNA held many successful and highly attended meetings last year including the Spring Meeting in Louisville, KY, two international meetings, one to Brazil and Argentina and the other to Tanzania, the Summer Meeting in St. Louis, MO, the Fall Meeting in New York City, NY, and the Winter Meeting in

Bahawalpur, Pakistan. Each meeting was unique and innovative and enjoyable for all our members and their families.

Upholding our pledge to charitable efforts, APPNA sponsored its annual APPNA CARES Clinic Day in November and also welcomed newly established APPNA Free Clinics in 2011. We established the Hepatitis C Initiative to curb the Hepatitis C epidemic in Pakistan and also a Bone Marrow Registry for Pakistani and South Asian donors. As always, we pulled together and were there to serve and provide for those in need after the Joplin and Alabama tornadoes, the earthquake and tsunami in Japan, the famine in Somalia, and the earthquake in Turkey. The APPNA sponsored village of flood-affected Munirabad was official inaugurated with 128 homes built and we started new flood-affected village rehabilitation in Sajawal, Sindh. The overall SWDRC disbursements for 2011 were \$1,272,663.29 and at the end of year there is \$199,000.00 still present in APPNA SWDRC bank account. "APPNA Pakistan" was registered as a non-profit organization in Pakistan in 2011.

Throughout 2011, APPNA took part in several United States national affairs including attending the USAID Global Diaspora Forum hosted by the Secretary of State, Hilary Clinton, sharing a constructive conversation with several Senators, Congressmen, and Ambassador Marc Grossman on how to best advance people-to-people relationships between the U.S. and Pakistan, address young physician visa issues, and the future of Medicare and Medicaid reimbursements, and attending the White House Iftar with President Obama. The AMA welcomed APPNA to its Specialty and Service Society Caucus this year, which was a great honor for APPNA. Lastly, APPNA had a "Day on the Hill" in December in which we once again focused on critical residency training visa issues for young Pakistani physicians.

It is a pleasure to continue my service to APPNA as Past President. As always, any questions, comments, or feedback are sincerely appreciated.

Best Regards,

Manzoor Tariq, MD, FACC, FSCAI  
Immediate Past President



M. Shahzad Hasan, MD

## The Politicization Of Women's Health

In a year that should have been dominated by coverage of the recession and attempts at economic recovery, social issues -- particularly those that impact the health of women -- have suddenly burst to the fore. In Pakistan, a documentary film highlighting the ravages of acid attacks on women has won an Oscar, the first for that country. The film, "Saving Face", is co-directed by a Pakistani, Ms Sharmeen Obaid-Chinoy. It follows our fellow-Dow graduate Dr Mohammad Ali Jawad, a London based plastic surgeon, and his pioneering facial reconstructive techniques, offering new hope to these horribly disfigured victims. The fight for justice is supported by female members of the Pakistani Parliament, which passes a law condemning the perpetrators to life imprisonment.

Out here in America, two events impacting the health of women have recently caught the media's eye. The first was when the Susan G. Komen for the Cure foundation, a charity involved in breast cancer research, cut its funding to Planned Parenthood on January 31, 2012 and then reversed its decision three days later, after a public outcry. The second was when the Obama administration mandated in January 2012 that all employers, including Catholic institutions, were required to provide free contraceptive coverage as part of their health plans for workers. After a month of complaints by Catholic leaders that this violated their religious beliefs, President Obama revised the rule, stating that such coverage would be provided by insurance companies, and not their Catholic

employers. Both of these events demonstrate the political and emotional power of women's health rights and deserve further discussion.

Susan Goodman Komen was diagnosed with breast cancer at the age of 33, and died of the disease at age 36 in 1980. Her younger sister, Nancy Goodman Brinker, founded the Susan G. Komen Breast Cancer Foundation in her sister's memory in 1982. Since its inception, Komen has invested nearly \$2 billion for breast cancer research, education, advocacy, health services and social support programs in the U.S., and through partnerships in more than 50 countries. Today, Komen is one of the most trusted non-profit organizations in America. Its logo is a pink ribbon that resembles a runner in motion and is meant to reflect the importance of Komen's signature "Race for the Cure" event, a 5K run, which is currently the world's largest fund raising event for breast cancer education and research.

Komen advocates for early detection as a primary method for fighting breast cancer. They support universal screening mammography and breast self-examinations, as well as increased government spending on this disease. Since its foundation, the organization has awarded more than \$180 million on breast cancer research grants. In the 2009-2010 fiscal year Komen reported approximately \$400 million in earnings, of which 91% came from public contributions. Expenditures were mostly for community-based breast health education, research, and breast cancer screening/treatment services for the poor and medically under-served, either directly or through affiliates like Planned Parenthood. The latter organization

received \$680,000 from Komen last year. Over the last five years Komen has granted money to Planned Parenthood to pay for 170,000 clinical breast exams and 6,400 mammogram referrals. Funds are targeted by Planned Parenthood in poor communities where the majority of women are uninsured or under-insured, and are disproportionately African-American or Latina. Lack of access to early screening for breast cancer has been identified as a primary reason that minority women in the U.S. die of breast cancer at higher rates.

Planned Parenthood (PP) is a non-profit organization which is the largest provider of reproductive health services in the United States, including contraception and abortions, along with maternal and child health services. Founded by Margaret Sanger in 1942, it has a budget of over \$1 billion, and serves over five million patients a year, the majority from lower income classes. In April 2011 the Republican Senator Jon Kyl, from Arizona, wildly accused PP of spending 90% of its budget on abortions. The truth is that only 3% of the budget funds abortions, and that by law (Hyde Amendment of 1976), no federal money is used to fund abortions. PP receives about a third of its money from the US government, a decision made in 1970 by Republican President Richard Nixon. One quarter of its revenue comes from over 700,000 private donors, including Bill Gates, Warren Buffett, and the Ford Foundation. In 2009, the PP expenditures were as follows: 35% for contraception, 35% for STD services, 16% for breast and cervical cancer screening and prevention, 10% for pregnancy/prenatal/menopause care, and 3% for abortions. By providing contraception, Planned Parenthood actually reduces the number

of abortions that would otherwise have been performed in the U.S.

Abortion is by far the most contentious social issue in America's "culture wars", but ever since the landmark *Roe v Wade* decision in 1973 by the U.S. Supreme Court, it has been legal. The Republican controlled Congress attempted to end all federal funding to PP last year, but was blocked by the Democrat-controlled Senate and by President Obama. In August 2011, the anti-abortion Republican Congressman Cliff Stearns launched an investigation into PP, alleging that it had used federal funds to provide abortions. This is despite the fact that PP is regularly audited to ensure compliance with the Hyde Amendment, and no evidence of any wrongdoing has ever turned up.

In April 2011, Karen Handel was appointed as senior VP for public policy at Komen. During her unsuccessful Republican campaign for governor of Georgia in 2010, Handel had stated that "I will be a pro-life governor... I do not support the mission of Planned Parenthood". In light of the investigation into PP launched by Rep. Stearns, Karen Handel created a rule withdrawing Komen's funding for groups under any federal, state or local investigation, even though not one penny of Komen's grant to PP went toward abortion. On January 31, 2012, Komen cut its funding to Planned Parenthood. While the move was applauded by conservative religious and anti-abortion groups, it was denounced in several newspaper editorials. Women's health advocacy groups condemned the move, stating that the Susan G. Komen organization was "putting politics ahead of women's health". Komen's director of community health programs resigned in protest, and several U.S. Senators urged Komen to reverse its decision.

Within 24 hours of this news, Planned Parenthood received more than \$600,000 from 6,000 donors. New York Mayor Michael Bloomberg pledged a matching grant of \$250,000. This more than made up for the \$680,000 grant provided by Komen to PP each year. On February 3, 2012 the Komen Board of Directors issued a statement to "apologize to the American public for recent decisions" and said Komen "will continue to fund existing grants, including those of Planned Parenthood, and preserve their eligibility to apply for future grants." Komen said it would amend criteria to "make clear that disqualifying investigations must be criminal and conclusive in nature and not political". On February 7, 2012, Handel submitted her resignation from Komen, and the next day Komen founder Nancy Brinker admitted she had "made some mistakes" and "mishandled" the controversy.

Now let us turn our attention to the so-called controversy over contraception. In 1960, the FDA approved the sale of the original birth control pill, giving rise to new attitudes towards women's reproductive freedom. PP lobbied the federal government to support reproductive health, culminating with President Nixon's signing of Title X in 1970, a law that provided government subsidies for low-income women to access family-planning services. The law enjoyed bipartisan support. The fact remains that contraception in America today is no longer a controversial subject, except in the eyes of practicing Catholics. Ironically, 58% of American Catholics supported President Obama's original mandate requiring coverage for free contraception from all insurance plans, and the greater irony is that 98% of Catholic women in America have admitted to using birth control!

When President Obama announced his compromise on February 10, 2012,

absolving Catholic institutions of the need to provide free contraception for their employees, it was a gracious move to protect religious freedom. The burden was shifted to the insurance companies, while also protecting the poorer women from the \$600 annual cost of oral contraceptives. Most American Catholic bishops approved, but once again the issue was politicized by conservative Republican politicians such as Rick Santorum. There were the usual baseless allegations of an "assault on religion". It boggles the mind why there is this campaign against contraception, which, after all, prevents unwanted pregnancies and abortions. It is attitudes like this, and attempts to mandate trans-vaginal ultrasounds before permitting abortions, that could turn a lot of independent and moderate Republican women against the Republican Party.

We are all familiar with the ill-effects of the lack of contraception in Third World countries like Pakistan. In addition to an exploding population, with straining of limited resources, high fertility rates have been associated with shorter life expectancies for women, not least due to death in childbirth. This goes hand-in-hand with higher rates of poverty and illiteracy for women, higher rates of domestic abuse, female infanticide, child-brides and fewer women's rights. In the developed world, lack of access to birth control as recently as the 1950's meant fewer female college graduates and fewer women in positions of power, either in the private sector, or in the government. In short, men ruled over women. It is inconceivable that American women would give up access to contraception today and all the control it confers upon their wellbeing. The politicization of women's health issues in an election year could well push half of the electorate towards the Democratic Party. ■

# APPNA Spring Meeting 2012



Nayab Zafar, MD

This year APPNA held its spring retreat in the city of lights... Las Vegas, Nevada. Delegates from all over the country gathered to debate and iron out various policies and regulations of the organization. The delegates were provided an excellent opportunity to meet several members of Congress and local dignitaries on a one to one basis and discuss matters of vital interest to Pakistani physicians in their adopted homeland. Mr. Rob Nabors, who is advisor to President Obama on Legislative Affairs, delivered the keynote speech.

The host committee worked tirelessly to make this classy event a weekend to remember for the attendees. The meeting was held at ARIA, one of the most modern and highest rated resort hotels in the world. Audiences were treated to world class comic and musical extravaganza from performers flown in especially from Pakistan on Friday and Saturday night. A 6-hour CME program featuring most successful physicians from academia was also offered to the participants. Host committee had made arrangements for special limo services to local malls, Juma prayers, subsidized tickets to local shows and discounted shopping vouchers at designers' boutiques at Crystals shopping mall. An abundance of tea, mithai and paans added to the nostalgia of medical school days for many.

While it's difficult to capture the magnificence of this event in a few words, we have tried to re-live the spirit of the proceedings through these pictures. ■

(Photos courtesy of local host committee and nvcappna 2012)



APPNA Spring 2012 Friday Buffet



Congresswoman Shelley Berkley with Dr. Saima Zafar



Nayab Zafar acknowledging his local committee members, Amir Qureshi, Nasir Tufail, Ali Syed & Rizwan Qazi



Keynote Speaker Mr Rob Nabors, Legislative Affairs Advisor to President Barak Obama



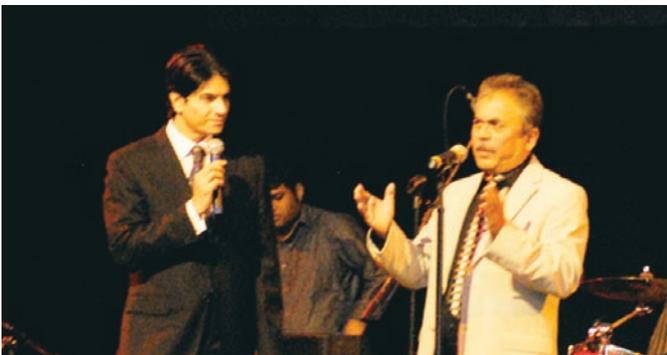
Dr. Ayesha Zafar & Aftab Naz



*Ayyaz Khan brought a smile to everybody's face*



*Past President Manzoor Tariq, President Saima Zafar & Mrs. Manzoor Tariq*



*APPNA Spring Meeting, superb stand-up stuff from Ayyaz Khan*



*Local Host Committee Ladies Shaheen Chowdhry, Nudrat Nauman, Uzma Zafar, Shazia Pasha, Lubna Ahmed & Aisha Tanveer*



*Nicole Porecca with out-of-state guests*



*Registration desk managed by high profile volunteers*



*Professor Arif Asif, University of Miami, giving a CME Lecture*



*Everybody dance now*

# ASIF M. REHMAN

M.D.

**CANDIDATE  
FOR  
PRESIDENT  
ELECT 2013**

F.A.C.C., F.A.C.P., F.S.C.A.I.

Director Invasive Cardiology and Cardiac Catheterization  
Laboratory - Mercy Medical Center, Long Island, NY  
Associate Direct Interventional Cardiology -  
South Nassau Communities Hospital, Long Island, NY

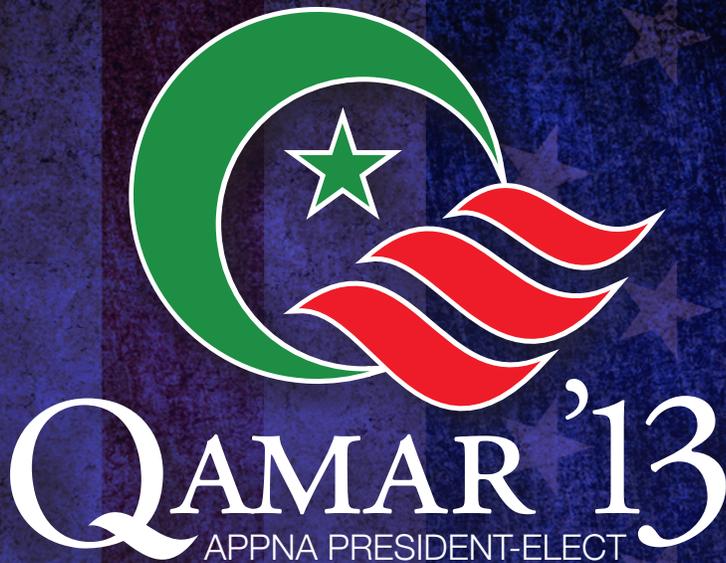
Attending Invasive Cardiologist - St. Francis Hospital "The Heart Center" Long Island, NY

- **Secretary:** Central APPNA 2012
- **Treasurer:** Central APPNA 2011  
Chair Finance Committee  
Member CABL Committee  
Member Form Committee (Adhoc)
- **President:** APPNA NY Chapter 2009
- **President:** Association of Pakistani Descent  
Cardiologists of North American 2009
- **President:** Nishtar Medical College Alumni of North  
America 2008
- **Chair:** Constitution & Bylaws Committee "CABL"  
of APPNA 2009
- **Chair:** Membership committee 2007 and 2008
- **Co-Chair:** Young Physicians Committee 2007
- **Member:** Resource Committee 2009
- **Member:** Committee on Advocacy, Legislative &  
Government Affairs 2008
- **Member:** Research, Education & Scientific Affairs  
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***Candidate with Experience, Commitment, Integrity, Dedication and  
Proven Leadership***



## APPNA has come a long way. Who will take it to the next level?

### *Vision for APPNA:*

1. Making APPNA a distinguished professional organization at national & international levels.
2. Making APPNA a unifying platform for all Pakistani American Physicians through excellence in leadership, integrity and secular values.
3. Making APPNA a preeminent voice of advocacy for all physicians in medicine, public health and medical education.
4. Making APPNA the leader in social welfare and community enhancement projects for the US, Pakistani and international communities.
5. Strive to enhance the image of Pakistan in USA and USA in Pakistan through educational, welfare and social ventures.

### *Brief Bio:*

Life Member APPNA  
Life Member APPNA FL chapter  
Life Member AIMCANA  
Past President AIMCANA  
Co Chair Host committee APPNA Summer Meeting 2007  
Married with three beautiful children.  
Wife Humeraa also life member APPNA  
Fellow American College of Cardiology

Fellow American College of Physicians  
Fellow American College of Chest Physicians  
Fellow Society of Cardiac Angiography & Interventions  
Fellow Society for Geriatric Cardiology  
Master American Board of Cardiology  
President Institute of Cardiovascular Excellence, Ocala, FL

## Achieving Greatness Together

Asad Qamar for APPNA President-Elect 2013 | [www.AsadQamar.com](http://www.AsadQamar.com)



# Leadership, Transparency, Integrity



**Farid U. Qazi, MD, FACP**

**Candidate for President Elect APPNA 2014**

You elected me as the treasurer of APPNA this year and my work is in front of you, I promised to give you Transparency, integrity and Leadership and I have done my best to deliver.

I have been elected as the Secretary for 2013, and I will show you that your confidence in me was right.

Now the most crucial time is When I am contesting for the post of President-elect 2014, this election will be next spring ask for your support and confidence it is essential that you are a voting member in 2013 and you not only vote but also ask other APPNA members to vote for me I assure you that I will make you and all APPNA members proud to be a part of this community

## Why you should vote for me in the year 2013

Because you want more then promises. You can see how I have done my job as a treasurer and how I have fixed the problems for future as well.

Track record of my services to APPNA and DOGANA

I am someone whose opinion are known to you, I did not keep quite to be politically correct

Someone to deal with discriminations and dehumanization of our race, country and religion by the media?

Someone who does not carry a baggage of favors from a certain group and who has to return his favors.

I am not running as the representative of a certain group who hold some committee chairs permanently and continue keeping their favorites in the office.

Because I am someone who can hold on to my promises and deliver

My track record as the treasurer is my proof of transparency

My election politics has remained clean and without controversy.

And

Above all

I am your man and I will prove it

### Services to APPNA

2013-Elected secretary APPNA2012: Treasurer APPNA2010:  
Co-Chair Advocacy committee  
2009: Co-Chair Advocacy committee  
2007: Chair APPNA Winter meeting  
2007: Co-Chair Resource Development committee  
2006: Member Resource Development committee

### Services to DOGANA

2008: Chair Election and Nomination committee DOGNAN  
2007: President DOGANA  
2006: Secretary DOGANA  
2006: Chair Social forum DOGANA  
Served as Councilor and as regular member since 1993

### Services to Georgia Chapter of APPNA

Help revive Georgia Chapter with help in setting up processes for electing office bearers, implementing bylaws and arranging CME program.

### Community Services

involved in many social charitable projects including wedding of poor girls in Pakistan and buying Rickshaw for poor unemployed people.

Has been among Board of Directors in the local Mosque and active in resolving issues in the community.

**VOTE  
FOR  
CHANGE**



**Pervaiz Iqbal**  
**For APPNA President-Elect 2013**

**I feel overwhelmed and profoundly grateful to the APPNA membership for endowing me with this opportunity to run for the President-Elect of APPNA for the year 2013.**

This is crucial and critical time in the historical account of APPNA when it is pacing across the moments of change and conversion. More tangible is the fact that the membership is indomitably firm to transform it into a more practiced, more persistent, more dynamic and a stirring organization in the real sense. The dream to see APPNA as a flourishing and prosperous organization needs an

energetic and vibrant leadership which can come in terms with the mutable and formidable challenges of this ever-evolving world. A leadership with both a focused vision and a practical viewpoint can take APPNA to the desired heights of excellence. Transparency within the thriving organization is conducive to a leadership which is open to all forums of accountability.

*A Wave of Change*

*"Looking up gives light although at first it makes you dizzy." —Mavelana Rumi*

*With Best Compliments From*

## **NORTHERN VALLEY PRIMARY CARE, P.C.**

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Meena Agarwala, MD

Iftikhar Ahmad, MD  
Farah Mirza, MD

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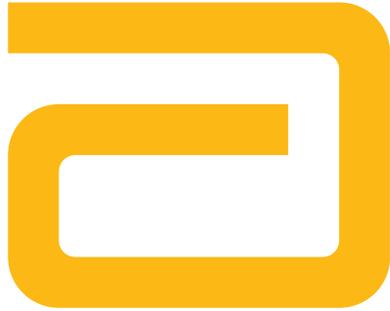


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Association of Physicians of  
Pakistani Descent of North America





Muhammad Nadeem, MD

## Prevention of Hepatitis C in Pakistan

Over a year ago, Dr. Maqbool Arshad, a practicing pulmonologist from Wisconsin, approached the leadership in APPNA to support an effort to prevent the acquisition and spread of Hepatitis C in Pakistan. Although estimates vary, the prevalence of Hepatitis C infection may

be up to 5% in the general population. It is considered a 'silent killer', as a high proportion of patients who acquire Hepatitis C infection go on to develop chronic Hepatitis, and a substantial number may develop liver cirrhosis, as well as liver cancer. Fortunately, the Hep C genotype which is most prevalent in Pakistan, is more easily treatable than the prevalent genotypes in the US, treatment may be expensive and logistically prohibitive for a large proportion of patients in a poor country like Pakistan. With this in mind, Dr. Arshad felt that the best way to approach this problem was to take a preventive approach, and to raise awareness amongst the health care providers and the general population about the modes of transmission of Hepatitis C, and how to prevent against this potentially fatal infection.

A sub-committee for prevention of Hepatitis C was formulated under the leadership of Dr Maqbool Arshad, under the overall umbrella of Social Welfare and Disaster Relief Committee of APPNA. Several APPNA members made contributions, totaling over US \$14,000.00, for activities of the Hepatitis C Prevention Committee. This money was used to print hundreds of copies of a workbook in Urdu, for prevention of Hepatitis C. This workbook, and other information material/posters etc. were distributed to several medical colleges and universities in Pakistan. A network of medical student volunteers was created, and these volunteers from several different medical colleges in Pakistan organized educational campaigns in general population about prevention of Hepatitis.C. The Hepatitis C committee members had several meetings during the past year, to co-ordinate their various activities, amidst close cooperation with the SWDR Committee.

The efforts of the Hepatitis C prevention committee received a significant boost when it received a US \$25,000.00 grant from

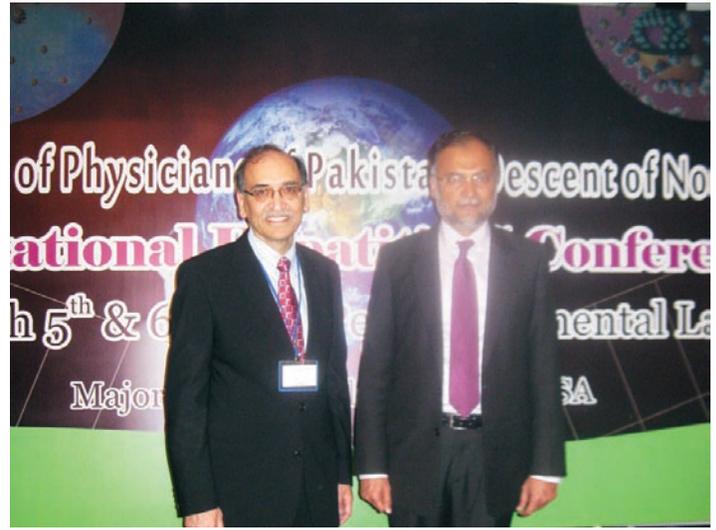
Islamic Relief, who were impressed by the totally volunteer efforts of the committee, and the support it received from APPNA leadership and members. This money was used to hire 2 co-ordinators for further work in Pakistan. With their help, a conference for prevention of Hepatitis C was organized in Lahore on March 5 and 6. The conference was addressed by several experts in Pakistan, who discussed various aspects of Hepatitis C prevention. Sessions were held on Epidemiology of Hepatitis C in Pakistan, blood product safety, and infection control in health care setting. There was also a session in which representatives from ten different medical schools in Pakistan presented their activities in Hepatitis C prevention during the previous year, based on co-ordination and guidance by APPNA. The conference was also attended by Non-governmental organizations, and some members of the Punjab government. A number of recommendations were made at the end of the conference for instituting infection control committees, for

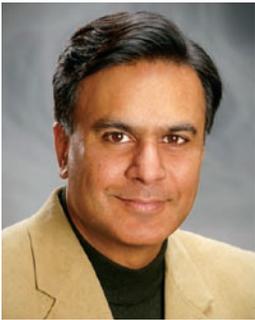
policies and procedures in hospitals, and for the need of the use of appropriate sterilization

techniques and use of appropriate disinfectants. A more detailed report on the conference has been forwarded by Dr. Maqbool Arshad via email to the APPNA membership.

During the last year, a lot has been accomplished by the APPNA Hepatitis C prevention committee, but the work has just begun. There is a need for ongoing commitment by both the leadership and membership of APPNA, to provide expertise and assistance to people in Pakistan who are struggling with immense burden of diseases, several of which are easily preventable. Lessons learned during Hepatitis C prevention efforts by APPNA can be applied to several other diseases in Pakistan. Physicians of Pakistani descent in North America can do a lot, by contributing their expertise, time and money, to help ameliorate some of this disease burden on the people of their homeland. ■

# APPNA Initiative





Wasique Mirza, MD

## Costly Lessons

As the countdown to another presidential election begins, the recipe for debates have shifted to the usual subjects of economy and jobs, guns, gay rights, abortion and a drizzle of border control and immigration laws. What has seemingly disappeared is any discussion of health-

care overhaul, a front and center issue during the last presidential election. While it is understandable to shy away from the topic so early in the races, especially in view of the shrapnel that are still flying in the aftermath of the last attempt at it.

The fact remains that the issue still stands out like a sore thumb; a very sore thumb and there is nothing anyone is doing about it. What's been done is not enough, and what needs to be done is entangled in the convoluted web of party politics. People in much less fortunate nations are amazed at the plight of our healthcare delivery, and those who think that going any further will take our freedom away, do not have the experience of dealing with the autocratic insurance giants. There is no such thing as freedom in healthcare, whether one is a patient or a healthcare provider.

The same story goes on in the "Education Business". A lot is being said about the educational standards in the US, its place on the world ladder and our poor performance. Scores from the 2009 Program for International Student Assessment show 15-year-old students in the U.S. performing about average in reading and science, and below average in math. Out of 34 countries, the U.S. ranked 14th in reading, 17th in science and 25th in math. However, the final analysis is not as black and white as it seems. The sheer impact of US geography and population makes achieving numbers that match the leaders such as South Korea, Finland, Singapore and Hong Kong, a little more difficult to accomplish when compared to aggressive education programs in those countries.

Results are important but there is so much political weight behind them is that the real problems of our education system are overlooked (or masked, intentionally?). The founding fathers did not intend to create a nation of highly accomplished high school graduates who can read at the same level as other 15

year olds around the world. The foundation and strength of this country lies in the new ground that we pioneer in. It resides in the heart of the innovator who leads the world in technology, and novel thinking that comes from specialization achieved with higher education. However, what good are our highly accomplished high school grads if they cannot afford college education. The meteoric rise in college tuition is not only alarming in numbers, but is also eroding our future at its foundations.

College expense has gone up consistently and at higher than inflation rates making it harder and harder for Americans to consider 4 year college. It's true that returns for a college graduate in the long run are higher too but the amount of debt that they carry has doubled since 1996. Professions that guarantee handsome return, though more competitive are more popular, but at the expense of motivated teachers and researchers who simply do not see making ends meet something to look forward too.

Competing with the world is fine, but not at the expense of our future by ignoring these harsh realities. In a political environment, where short term interests of war and big corporations (including big Universities) are paramount and trump the long term interests of the people and the future of this nation, change is an absolute necessity. When numbers like comparing our standardized scores with Shanghai, china (comparing a nation of 300 million to the most developed city in China) become the standard, there is always a hidden agenda, whether politically or financially motivated, varies with every comparison.

We fail to recognize that what's common between these high achieving nations is something we will never be able to replicate. We do not have the luxury of a limited and thus easily managed population and even more so, a socialist system. Moreover, majority, if not all these "Educationally Superior" countries also provide free or highly subsidize higher education. Our solutions are going to be different and certainly, a challenge for our educational and economic minds; however, if we truly wish to reinstate the US as the pioneer in innovation and technology, this is an area we need to pay more attention to, hopefully starting this fall. ■



Mubasher Rana, MD  
Chair, SWDRRC

## Social Welfare & Disaster Relief Committee

Assalaam-Alaikum,

It is an honor to be serving as Chair APPNA SWDRRC this year. I have the distinct privilege to be working with extremely accomplished committee members who are leaders in their own right. Our committee has been very active in the first few months of this year:



### SWDRRC Policy and Procedures

We have established Policy and Procedures for the committee. It specifically addresses criteria for submitting and reviewing proposals for projects to SWDRRC. It also includes a Conflict of Interest statement which all SWDRRC members have signed. It also includes a sample MOU. I want to thank Dr. Shahid Yousuf for his help in preparing the document.

### SWDRRC Account

With the help of Dr. Arif Agha and OMC, a new SWDRRC merchant account has been established. This will enable online donations for SWDRRC Projects to be deposited directly into this account. SWDRRC Account transactions will be closely monitored so there is no comingling with other APPNA accounts.

### SWDRRC Projects

SWDRRC is presently working on the following projects:

- **Munirabad Project:** 128 homes have been completed at the cost of about \$1000 per home. Future needs for Munirabad is a school, water filtration plant and a vocational center. SWDRRC is exploring partnership with organizations like TCF, DIL and CARE to build the school. SWDRRC has also

raised funds and provided 1600 pairs of shoes to the children of Munirabad. SWDRRC has approved to continue funding a dispensary presently run by funds from the St. Louis Chapter. St. Louis Chapter funds will run out at the end of April, 2012 after which APPNA SWDRRC will take over. The clinic treats 400 patients every month and provides free medications. There is a dispenser on site every day and a doctor twice per week. The expense of the Dispensary is \$600 per month. APPNA SWDRRC plans to provide a Water Purification Plant at a cost of about \$4500 to the village. We need funds for the Dispensary and Water purification plant and will appreciate your generous donations. I want to thank Dr. Ayesha Najib for taking the lead on this project.



- **Sind project of providing Motorcycle Rickshaw to Flood victims:** Each Rickshaw costs \$78-95,000. These will be provided to Flood victims in Sanghar, Badin and Mirpurkhas. Dr. Abdul Majeed recently visited the flood affected areas of Sind and has taken the lead on this project.
- **Sujawal Project:** SWDRRC plans to build 100 homes in Village Rahib Amro in Sujawal Sind which was severely affected by floods. We are partnering with Shine Humanity in this project. SWDRRC has identified a ground partner who will build the houses. Shine will provide monitoring and

accounting for the project. The monies for this project were donated by the APPNA Southern California Chapter and we are grateful for their generosity.

- **Eye Camp:** SWDRC partnered with LRBT to conduct an Eye Camp in the Kot Addu area where Munirabad is located. 475 patients were seen and 120 underwent surgery, all free of charge. Each camp costs \$1850. Thanks to your generous donations, we have additional funding to conduct 3 more Eye Camps in different areas of Pakistan.



- **Winder Clean Water Well Project, Baluchistan:** APPNA SWDRC is partnering with Hassan Foundation to provide clean water. We have started with funding of one well in Winder, Baluchistan. The cost of a well in Baluchistan is relatively higher at about \$3000 as the water table is low and the Wells have to be dug deeper. SWDRC has already raised the funds for this project. The cost of Wells in Punjab and Sind is about \$17-1800. We plan to fund more Wells in the future.



### Tornadoes in Midwest, USA

In March, Tornadoes hit several parts of Midwest. SWDRC has partnered with APPKI Chapter and local communities to help the victims. The following relief efforts have been provided:

- **Louisville:** working through the local Masjid and church. Taken youth to Indiana to participate in rehabilitation efforts
- **West Liberty, Morgan County:** provided food, tetanus shots, gloves and emergency medications.
- **London, KY:** disbursed funds through local church.
- The plan is to identify a small project and take ownership



### Short Video on SWDRC Projects

SWDRC plans to produce a short video on the SWDRC projects in the past years. We are working on an agreement with organizations that can produce the video. The Goal is to have the video ready by Summer Meeting.

In the end I want to thank all the Committee members who have enthusiastically supported and participated in all the projects. My special thanks to Dr. Aisha Zafar who has been a great advisor to our committee. Her depth of experience and insight is invaluable.

I also want to especially thank the APPNA membership who have always been very generous and have stepped up to help in the time of need. ■

### Committee Members

- |                            |                           |
|----------------------------|---------------------------|
| Dr. Ayesha Najib (Cochair) | Dr. Shahab Arfeen         |
| Dr. Abdul Majeed (Cochair) | Dr. Nosheen Mazhar        |
| Dr. Haroon Durrani         | Dr. Naeem Khan            |
| Dr. M. Shahid Yousuf       | Dr. Mansoor Alam          |
| Dr. Nadeem Zafar           | Dr. Munir Javed           |
| Dr. Nadeem Ahmad           | Dr. Naveed Aziz           |
| Dr. Shahram Malik          | Dr. Aisha Zafar (Advisor) |

جنونی نے اسے اپنا غصہ نکالنے کے لئے تختہ مشق بنایا ہو۔ لوگ روم میں صوفے پر پرت پال آدھا جھکا ہوا پڑا تھا اسکے پیٹ کے اوپری حصے اور سینے کے ذرا سا نیچے ایک لمبا چاقو گھسا ہوا تھا۔ صاف ظاہر تھا اس نے کلپنا کو قتل کر کے خودکشی کر لی تھی۔ فوری طور پر اس حادثے کی کوئی وجہ معلوم نہیں ہو رہی تھی۔ میں تو اس ڈرامے کے دونوں کرداروں سے واقف تھا اس لئے میں تو یہ سب کچھ دیکھ کر دہل گیا۔

پولس کے لئے اس کیس میں مزید کچھ کرنے کی ضرورت نہیں تھی اس لئے انہوں نے جلد ہی کیس کی فائل بند کر دی مگر میں اس کے متعلق مستقل سوچتا رہا۔ ایک سال بعد جب مجھے شیکاگو جانے کا اتفاق ہوا تو میں نے تعزیت کے لئے ڈاکٹر جے پال کے یہاں جانے کا فیصلہ کیا۔ وہ ایک سال میں کئی سال بوڑھے ہو چکے تھے۔ چہرے پر جھریاں پڑ گئیں تھیں اور ہاتھوں میں کپکپاہٹ صاف نمایاں تھی۔ ملازمت چھوڑ کر ریٹائر ہو گئے تھے بقول انکے اب کس کے لئے کام کرنے اور کمانے کی ضرورت ہے۔ میں انکے زخم کریدنا نہیں چاہتا تھا۔ مگر وہ شاید خود ہی اپنی دل کا بوجھ ہلکا کرنا چاہتے تھے۔ کہنے لگے ہم تو برباد ہو گئے۔ پرت پال نے ہمارے ساتھ دھوکا کیا۔ اتنا بڑا دھوکا!!

کیسا دھوکا؟؟ میں حیران تھا۔ کہنے لگے وہ جو اس کے خیالات تھے نا۔ وہی اپنا کلچر، ماں باپ کی طے کی ہوئی شادی۔ وہ سب جھوٹ تھا، دھوکا تھا۔ اسے ان تمام چیزوں سے نفرت تھی۔ وہ ایک آزاد اور اپنے انداز کی زندگی جینا چاہتا تھا۔ وہ اپنی پسند کی شادی کرنا چاہتا تھا اور ماں باپ سے دور جا کر کہیں اور رہنا بسنا چاہتا تھا وہ خود اپنے پروں پر اڑنے کا خواہش مند تھا مگر وہ ہمارے جذبات کو ٹھیس نہیں پہنچانا چاہتا تھا، نہ ہی اس میں اتنی ہمت تھی کہ وہ مجھ سے کھل کر اختلاف کرتا۔ آخر کار وہ پھٹ پڑا، بکھر گیا!!

پھر انگریزی میں کہا "YOU KNOW, HE JUST SNAPPED"

میں نے پوچھا آپ کو کیسے معلوم؟؟ کہنے لگے "اسکی ڈائیری"

میں سوچنے لگا سمندر کے اندر، زیر آب کتنے طوفان پوشیدہ ہوتے ہیں اور کسی کو معلوم نہیں ہوتا مگر جب اسکے سینے میں سلگنے والی آگ زلزلہ بن کر سمندر کا سینہ بھاڑ دیتی ہے تو اس میں ایسا طوفان اٹھتا ہے کہ وہ سونامی بن کر دور دور تک بتاہی اور بربادی کی داستان لکھ دیتی ہے۔ پرت پال، تم نے بھی اپنے اندر ایسا ہی زیر آب طوفان چھپایا ہوا تھا جو آخر کار سونامی بن کر کئی زندگیوں کی بتاہی کا باعث بن گیا کاش، کاش تم نے حقیقت کا سامنا کر کے نقلی نقاب اپنے چہرے سے اتار دیا ہوتا تو یہ سونامی ایک دلکش لہر بن کر تمہارے قدم چومتی اور تمہاری زندگی کو خوشیوں سے بھر دیتی۔

ختم شد

مجھے مخاطب کیا۔ یہ پرت پال تھا وہ آج کل یہاں کام کر رہا تھا۔ ہم بڑی گرم جوشی سے ملے۔ اس نے پہلا سوال مجھ سے یہی کیا کہ کیا میری شادی ہوگئی۔ میں نے اسے بتایا کہ میری ضد کی وجہ سے ابھی تک میری شادی نہیں ہوئی ہے۔ وہ بڑا پر جوش تھا اور خوشی سے سرشار۔ کہنے لگا آپ بڑے اچھے موقعہ پر ملے میری جلد شادی ہونے والی ہے۔ ہم اپنا کھانا لیکر نزدیک ہی ایک میز پر بیٹھ گئے۔ اس نے مجھے بتایا کہ اس کا کنبہ دو ہفتے بعد دہلی جا رہا ہے۔ اسکی شادی وہاں ایک ہفتے بعد ہے۔ دلہن دہلی کے ایک بہت باعزت اور متمول گھرانے کی لڑکی ہے جس نے انگریزی ادب میں ایم اے کیا ہے۔ اس نے اسکی تصویریں دیکھی ہیں۔ لڑکی کسی فلمی ہیروئین سے بھی زیادہ حسین ہے۔ وہ اور اسکے ماں باپ خوشی سے پھولے نہیں سمار ہے۔ جیسا وہ چاہتے تھے بھگوان نے انہیں ایسا ہی گھرانہ اور ایسی ہی بہو دی ہے۔

کوئی چھ ہفتے بعد پرت پال مجھے پھر ملا۔ وہ شادی کر کے واپس آ گیا تھا۔ جیسے خوشی سے اسکے چہرے پر کسی نے گلاب مل دیا ہو۔ اس نے مجھے تفصیل سے شادی کے متعلق بتایا۔ شادی کے بعد دلہا دلہن ہنی مون پر ہندوستان کی سیر پر نکلے تھے جس میں راجستان کے محلات، اجنتا، بیلورا کے غار اور جنوبی ہند کی ساحلی گھاٹیاں شامل تھیں۔ وہ ہندوستان کے خوبصورت نظاروں کی تعریف کرتے نہیں تھکتا تھا۔ اس نے مجھے ایک شام اپنے گھر بلایا۔ اب وہ اپنی نئی نیلی دلہن کے ساتھ ایک چھوٹے سے گھر میں رہتا تھا۔ وہ مجھے ”کلپنا“ سے ملانا چاہتا تھا۔

اس کا گھر بہت ہی نفاست سے سجا تھا اور اسمیں مجھے پیار کی خوشبو محسوس ہوئی۔ کلپنا ایک نازک سی کول سی لڑکی تھی جسکی نگاہوں میں میں شرم و حیا کے سائے لرزاں تھے۔ اس نے اپنے چمکیلے سیاہ بالوں کو ڈھیلے جوڑے میں گوند رکھا تھا اور اسکی مانگ میں سیندور اور ماتھے پر بندی نے ماحول کو دیسی رنگ دے دیا تھا میں نے نوٹ کیا کہ وہ تھوڑی تھوڑی دیر بعد بغیر کسی وجہ کے پرت پال کی طرف دیکھتی اور مسکرا دیتی۔ کھانے کے بعد انہوں نے اپنی شادی کی تصویریں ہمیں دکھائیں۔ پرت پال راجستانی اچکن، پگڑی اور گلے میں سچے موتیوں کی مالا کے ساتھ سچ مچ کارا جکمار دکھائی دے رہا تھا۔ پرت پال کلپنا سے کہیں زیادہ پر جوش انداز سے تصویروں پر کمنٹری کر رہا تھا اور بار بار مجھے اس بات پر بھی قائل کر رہا تھا کہ مشرقی انداز کی شادی کتنی اچھی چیز ہے اور اسکے ماں باپ نے کیسا ذبردست جوڑا ملایا۔ وہ بار بار پیار سے کلپنا کا ہاتھ تھام لیتا اور وہ اسکی طرف دیکھ کر پیار سے مسکرا دیتی۔ میں گھر آتے ہوئے پرت پال کی زندگی پر رشک کرتا رہا اور اس بات پر خوش تھا کہ اسے اسکے خوابوں کی تعبیر مل گئی۔

کچھ مہینوں کے بعد میں نے سردی سے پریشان ہو کر شیکاگو چھوڑ دیا اور کیلی فورنیا میں ایک نئی زندگی کی ابتدا کی۔ پرت پال میرے ذہن سے بڑی حد تک محو ہو گیا تھا کہ ایک شام ہسپتال میں ایک تھکا دینے والا دن گزار کر میں جب گھر آیا اور میں نے ٹی وی کھولا تو تقریباً سارے چینل ایک نہایت سنسنی خیز خبر نشر کر رہے تھے اور ایک ہی منظر دکھا رہے تھے۔ شیکاگو کے ایک ڈاکٹر نے خود کو گھر میں مقید کر لیا ہے۔ ساتھ ہی اس نے اپنی بیوی کو مار پیٹ کرنے کے بعد ریگنال بنا لیا ہے اور وہ اس بات کی دھمکی دے رہا ہے کہ اگر پولس نے اسے جانے کا محفوظ راستہ نہیں دیا تو وہ اپنی بیوی کو قتل کر دیگا۔ یہ ڈاکٹر پرت پال تھا۔ اس قدر کنفیوژن تھا کہ کسی کو معلوم ہی نہیں تھا کہ یہ سب کچھ کیوں ہو رہا ہے۔ تھوڑی دیر بعد کچھ مزید خبریں آئیں۔ ٹیلیوژن والوں کی عید تھی۔ ہر چینل کے کئی کئی کیمرے موجود تھے اور پڑوسیوں سے انٹرویو چل رہے تھے۔

اطلاعات کے مطابق رات کے کھانے کے بعد اگلے گھر سے توڑ پھوڑ کی آوازیں آئیں، پھر بیوی کی درد انگیز چیخیں، اس کا نائین ون ون کو ادھورا فون پھر مزید چیخیں۔ پڑوسیوں نے مدد کی کوشش کی مگر گھر بند تھا انہوں نے بھی پولس کو کال کیا۔ کئی پولس کاریں موقعہ پر پہنچ گئیں مگر ڈاکٹر پرت پال دھمکی دے رہا تھا کہ خود کو بھی اور بیوی کو بھی ختم کر لیگا۔ پولس کی کوششوں کے باوجود معاملہ آگے نہیں بڑھا، کلپنا کا بھی پتہ نہ تھا کہ وہ کس حال میں ہے۔ کچھ دیر بعد گھر میں بالکل سناٹا چھا گیا پرت پال کی بھی کوئی آواز نہ تھی نہ ہی اس سے کوئی رابطہ ہو پارہا تھا۔ کچھ دیر انتظار کرنے کے بعد آخر کار پولس نے گھر کے اندر داخل ہونے کا فیصلہ کیا۔

جب وہ اندر داخل ہوئے تو انتہائی خوفناک منظر نظر آیا۔ کچن کے ساتھ بنا چھوٹا سا کھانے کا کمرہ جگہ جگہ خون سے آلودہ تھا ایسا لگتا تھا کہ سخت کشمکش ہوئی ہے۔ دروازے کے نزدیک کلپنا کی لاش مڑی مڑی پڑی تھی ایک ہاتھ دروازے کی طرف بڑھا تھا جیسے بھاگتے ہوئے اس نے آخری دفعہ دروازہ کھولنے کی کوشش کی ہو۔ اس کے جسم پر درجنوں زخم تھے جیسے کسی

کئی سال رہنے کے بعد اور کچھ اپنی فطرت کی وجہ سے میں نہایت آزاد خیال تھا۔ میں اپنے معاشرے کی ”بزرگوں کی طے شدہ“ شادی کے خلاف تھا اور دوسرے رسم و رواج کا بھی مخالف تھا۔ اس کے علاوہ ہمارے معاشرے کی اور بھی چند ایسی چیزیں تھیں جنہیں میں جھوٹی نمائش اور بے بنیاد ”انا“ پر محمول کرتا تھا۔

مجھے حیرت ہوتی تھی کہ پرت پال جو امریکہ میں پیدا ہوا اور یہیں پلا بڑھا تھا اور یہ کہ جس نے شاید صرف ایک دفعہ دس گیارہ سال کی عمر میں ہندوستان دیکھا تھا ان معاملات میں مجھ سے شدید اختلاف کرتا تھا اور شد و مد سے برصغیر کے کلچر اور رسم و رواج کی طرف داری کرتا تھا۔ ایک موضوع جس پر ہماری گرامر بحث ہوتی تھی وہ شادی کا موضوع تھا۔ اس کے ماں باپ اس کے لئے پورے ہندوستان میں اعلیٰ ترین گھرانے کی ایک حسین ترین لڑکی تلاش کر رہے تھے۔ کوشش تو میری اماں نے بھی میرے لئے ایک لڑکی تلاش کرنے کی تھی مگر میں نے ان سے کہہ دیا تھا کہ میں اس قسم کی اندھی شادی کے لئے تیار نہیں۔ میں جب پرت پال سے اس کا تذکرہ کرتا تو وہ بڑے جذباتی انداز سے مجھ سے کہتا کہ میں کتنی بڑی غلطی کر رہا ہوں۔ اس کے بقول ماں باپ سے بہتر کون سمجھ سکتا ہے انہیں اپنے بیٹوں کی پسندنا پسند کا اندازہ ہوتا ہے۔ میں جب اس سے کہتا کہ تم کیسے ایک ایسی لڑکی کے ساتھ گزارہ کر سکتے ہو جس کو کبھی دیکھا نہ ہو، نہ ہی تمہیں اسکے خیالات پتہ ہوں اور نہ ہی اسکی پسندنا پسند کا اندازہ۔ ذوق کی ہم آہنگی، خیالات میں یکسانیت اور ذہنی سطح کا ایک ہونا بھی تو بڑا اہم ہے۔ وہ کہتا کہ ہمارے کلچر میں شادی کے بعد یہ سب چیزیں یک جاں ہو جاتی ہیں۔ لڑکی کی تربیت ہی اس طرح کی جاتی ہے کہ وہ اپنے آپ کو ایک سانچے میں ڈھال لیتی ہے اور مرد بھی اس بات کا خیال کرتے ہوئے صبر کا مظاہرہ کرتا ہے کہ وقت کے ساتھ ساتھ ہم آہنگی پیدا ہو جائیگی۔ اس کے خیال میں عورت کی جانب سے مرد کی خدمت گزاری ساس سسر سے محبت اور بچوں کی پرورش اور نگہداشت آخر میں مرد کی محبت جیت لیتی ہے۔ وہ کہتا پھر یہ بھی تو ہے کہ مغربی کلچر میں شادی سے پہلے ان تمام چیزوں کو دیکھنے پر کھنے کے باوجود زیادہ تر شادیاں ناکام ہو جاتی ہیں۔ اسکی آخری دلیل یہ ہوتی کہ میرے ابا اماں کی شادی بھی تو دادا اجان نے کی تھی وہ تو بڑی کامیاب ہے۔ غرض وہ تمام دلائل جو میں اپنی بڑی بہن سمیت برصغیر کے لوگوں سے سالوں سے سنتا آ رہا تھا اس سے بھی سنتا رہتا۔ میں سمجھ گیا تھا کہ اسکی پرورش بہت ہی مشرقی انداز سے ہوئی ہے اور امریکہ میں پیدا ہونے کے باوجود اس کے دل میں اپنی پرانی اور روایتی قدروں کا احترام اور محبت قائم ہے۔ مجھے اسکے خیالات سے اختلاف ضرور تھا مگر اس سلسلے میں میرے دل میں اسکی ایک خاص عزت تھی

ایک شام اسکے والد ڈاکٹر جے پال نے مجھے اپنے گھر ڈز پر مدعو کیا۔ میں خود بھی ان سے ملنے کے لئے مشتاق تھا۔ شام کو میں نکلے گھر پہنچا۔ وہ شکاگو کی مشہور شاہراہ ”لیک شور ڈرائیو“ جو جھیل مشیگن کے کنارے کنارے بل کھاتی جاتی ہے اور جسکے ایک جانب میلوں تک کئی کئی منزلہ عمارتیں ہیں اور دوسری جانب جھیل کا ٹھاٹھیں مارتا نیلوگوں پانی، ایک بہت شاندار فلیٹ میں رہتے تھے۔ انکے لیونگ روم کی ایک پوری دیوار شیشے کی تھی جس سے دور دور تک شہر کی روشنیاں نظر آ رہی تھیں۔ پر تکلف کھانے کے بعد انہوں نے مجھے باہر گیلری میں آنے کی دعوت دی۔ انہیں سگریٹ کی طلب تھی۔ گیلری میں کھڑے ہو کر وہ کہنے لگے پرت پال انکی زندگی کی تمام تر پونجی ہے انہیں اس پر فخر ہے اور ایسا فرماں بردار اور پاکیزہ خیالات کا لڑکا اس وقت شکاگو کی ہندوستانی کمیونٹی میں ڈھونڈنے سے بھی نہیں ملیگا۔ انہوں نے کہا کہ پرت پال کی پیدائش کے بعد سے انکی زندگی کا صرف ایک ہی مقصد اور محور ہے اور وہ ہے صرف پرت پال۔ اس پر مکمل توجہ دینے، اسکے خیالات کو ایک خاص سانچے میں ڈھالنے اور مغربی روش اور غلط راہوں سے اسے بچانے کے لئے انہوں نے کئی دفعہ اپنے پیشے اور اپنی آمدنی کی بھی پروا نہیں کی اور اسی لئے وہ اپنے ہم پیشہ ہندوستانی ڈاکٹروں کے مقابلے میں مالی طور پر کم حیثیت ہیں مگر اس کا انہیں کوئی پچھتاوا نہیں کیوں کہ انکا سرمایہ تو پرت پال ہے۔

اگلے سال پرت پال ریجنڈی کی ٹریننگ سے فارغ التحصیل ہو گیا اور ہمارا ہسپتال چھوڑ گیا۔ ادھر مجھے بھی یونیورسٹی آف شکاگو میں دو سال کی فیلوشپ کی پیشکش ہو گئی اور میں نے بھی ہسپتال چھوڑ دیا۔ اس طرح ہمارا رابطہ منقطع ہو گیا۔

دو سال بعد جب میں نے یونیورسٹی آف شکاگو کے بعد شکاگو میڈیکل اسکول میں اسٹنٹ پروفیسر کی جاب سنبھالی تو ایک دن کیفیٹیئر یا میں کسی نے بڑے جوش سے میرا کندھا ہلا کر

## سونامی

کالی کالی چمکدار ذہین آنکھیں، صاف گوارنگ اور مسکراتے ہونٹ۔ اس نے شستہ انگریزی اور شفاف امریکی لہجے میں مجھ سے کہا ”ڈاکٹر آلام۔ میرا نام پرت پال ہے مگر امریکہ میں سب مجھے ڈاکٹر پال کہتے ہیں۔ آپ نے اندازہ لگا لیا ہوگا کہ میں ہندوستانی ہوں مگر میں یہیں شکاگو میں پیدا ہوا تھا“ ”میرا نام آلام نہیں عالم ہے اور میں ہندوستان سے نہیں بلکہ پاکستان سے ہوں۔ بہر حال تم سے ملکر بہت خوشی ہوئی میں تمہیں خوش آمدید کہتا ہوں“ میں نے اس سے ہاتھ ملاتے ہوئے کہا۔

یہ ۱۹۷۹ کا زمانہ تھا۔ میں چند ہی سال پہلے شکاگو کے ایک بچہ ممتاز اور اعلیٰ معیار کے ہسپتال میں زیر تربیت ڈاکٹروں کے پروگرام کا ڈائریکٹر تعینات ہوا تھا۔ یہ نہ صرف ایک ذمہ دار پوزیشن تھی بلکہ اپنے کام کی نوعیت سے ایک دلچسپ ملازمت تھی۔ مجھے نئے اور کم عمر ڈاکٹروں سے ملنے کا موقع ملتا تھا اور میں ان سے انکے مستقبل کے خواب اور خدشات شنیر کرتا تھا۔

یہ ہسپتال نئے فارغ التحصیل ڈاکٹروں میں بہت مقبول تھا اور یہاں ریسیڈنسی کی بیس نشستوں کے لئے ایک ہزار امیدوار ہوتے تھے۔ مقابلہ سخت تھا اور کسی غیر ملکی ڈاکٹر کے اس پروگرام میں شامل ہونے کا کوئی امکان نہیں تھا۔ ہمارے یہاں سو فیصد سفید فام لڑکے تھے جو امریکی میڈیکل کالجوں سے امتیازی حیثیت سے پاس ہوئے تھے۔ پرت پال پہلا غیر ملکی نژاد ڈاکٹر تھا جسے اس پروگرام کے لئے منتخب کیا گیا تھا۔ وہ ایک بچہ ذہین لڑکا تھا اور اس نے امریکہ کی نامور یونیورسٹی ”نارتھ ویسٹرن“ سے ڈاکٹری کی سند لی تھی۔ میں یوں تو تقریباً سب ہی زیر تربیت ڈاکٹروں کے بہت قریب تھا اور استاد ہونے کے باوجود میرے ان سے دوستانہ تعلقات تھے مگر شاید کلچر اور زبان کی مماثلت نے ہمارے درمیان ایک خاص قربت پیدا کر دی تھی۔

پرت پال کے والد جے پال دہلی کے تھے اور خود بھی ڈاکٹر تھے وہ تقریباً پچیس سال پہلے امریکہ آئے تھے اور شروع میں اپنے اس ارادے پر قائم تھے کہ اعلیٰ تعلیم مکمل کر کے واپس ہندوستان لوٹ جائیں مگر سینکڑوں دوسرے تاریکین وطن کی طرح امریکہ کے ہو رہے تھے۔ وہ امراض معدہ کے ماہر تھے اور ایک کامیاب زندگی گزار رہے تھے۔ پرت پال یہیں پیدا ہوا تھا وہ اپنے ماں باپ کی واحد اولاد تھا اور بچپن ہی سے اس کے ذہن میں یہ بات ڈالی گئی تھی کہ اسے خاندان کا نام روشن کرنا ہے، اعلیٰ تعلیم حاصل کرنی ہے، کامیابی حاصل کرنی ہے اور کسی بھی حالت میں اپنے ماں باپ کو سوسائٹی میں اپنے کسی کام سے شرمندہ نہیں کرنا۔ بار بار اسے یہ بتایا گیا تھا کہ ایک کامیاب فیملی کے سب سے بڑے بیٹے ہونے کے ناطے اس سے بہت زیادہ توقعات وابستہ ہیں اور یہ اس کا فرض ہے کہ وہ ان توقعات پر پورا اترے۔ اس مقام پر، جب کہ اس نے امریکہ کی مشہور یونیورسٹی سے ڈگری حاصل کر لی تھی اور وہ ایک مضبوط اور مستحکم راستے پر چل نکلا تھا وہ بھی خود سے مطمئن تھا کہ اس نے اپنے ماں باپ کو شرمندہ ہونے کا موقع نہیں دیا۔

بچے کے اوقات میں وہ میرے ساتھ بیٹھ جاتا اور دل کھول کر مجھ سے باتیں کرتا۔ امریکہ میں آباد ہونے والے زیادہ تر گھرانوں کی یہی صورتحال تھی۔ وہ اپنی اولاد کو خود سے بھی زیادہ کامیاب دیکھنا چاہتے تھے اور اگر چہ اپنا آبائی وطن چھوڑنا ان تاریکین وطن کا اپنا فیصلہ تھا مگر اسکے باوجود یہ اس بات کی توقع کرتے تھے کہ انکے بچے، جو یہاں پیدا ہوئے تھے اور جن میں سے زیادہ تر نے تو ہندوستان دیکھا بھی نہیں تھا، ہندوستان کی روایات اور کلچر کی پابندی کریں۔ اگر ماں باپ کی طرف سے ان معاملات کے سلسلے میں وہ کسی دباؤ میں تھا تو کم از کم اسے مجھے ایسا کوئی اشارہ نہیں دیا تھا۔

میں اگرچہ ایک انہم اور ذمہ دار پوزیشن میں تھا اور اس کا استاد تھا مگر ہم دونوں کی عمروں میں بہت زیادہ فرق نہ تھا۔ میں اس سے صرف کچھ ہی سال بڑا تھا اس لئے ہمارے درمیان ایک دوستی کا رشتہ قائم ہو گیا تھا اور ہم ایسے مضامین پر بھی گفتگو کر لیتے تھے جو اس عمر کے نوجوانوں میں عام ہیں۔ اس وقت میری اپنی بھی شادی نہیں ہوئی تھی اور کچھ تو امریکہ میں



غزال قاضی

اپنی سال رواں کی صدر صائمہ ظفر نے مجھ سے پوچھا کہ تم میری ایڈمنسٹریشن میں کیا کام کرنا چاہو گی تو میں نے بغیر سوچے سمجھے کہا کہ مجھے اردو میگزین کی ادارت کا کام سونپ دو۔ میرا یہ خیال تھا کہ چونکہ اردو اخباروں میں کالم لکھتی ہوں لہذا ایک دو صفحات کا ادارہ لکھنا کوئی مشکل کام نہیں ہوگا۔ ادارت کا عہدہ سنبھالنے کے بعد معلوم ہوا کہ نہ صرف ادارے کے لیے موضوع تلاش کرنا آسان نہیں بلکہ احباب کی شاعری اور نثر کو شائع نہ کرنے کا فیصلہ اور کچھ احباب کی شاعری کی اصلاح کرنا جوئے شیر لانا ہے کہ بقول شاعر

خیال خاطر احباب چاہیے ہر دم  
کہیں ٹھیس نہ لگ جائے آہنگیوں کو

امید ہے کہ میرے احباب اس کو میرے (عہدے) کی مجبوری سمجھتے ہوئے معاف فرمائیں گے۔ یہ تو صرف جزوی باتیں ہیں۔ "اپنا" کے ممبران کی اکثریت پاکستان کے لاتنا ہی مسائل کے حل کے لئے اگر کوئی نہیں تو پریشان ضرور ہے۔ بہت سے ممبران اپنے طور پر اپنے حصے کی شیع جاننے میں کامیاب بھی ہو رہے ہیں۔ "اپنا" نے پاکستان کی صحت عامہ کے بہت سارے پراجیکٹ اس معاملے کی ایک اجتماعی کوشش ہیں۔ حالیہ پراجیکٹ خصوصاً قابل ذکر ہے جس میں Pre Mature پیدا ہونے والے بچوں کے لئے ایک ہسپتال کو لاکھوں روپوں کے Ventilators فراہم کئے گئے۔ پاکستان کے لئے کوئی بھی نیک کام کر کے ہم سب کو خوشی ہوتی ہے۔ تاہم ان سب کاموں کو شروع کرنے سے پہلے آگاہی کے عمل سے گزرنا ضروری ہے۔ ہمیں یہ سوچنا ہے کہ ہمارے محدود وسائل سے پاکستان کے عام لوگوں کی بہتری کی زیادہ موثر تدبیر کیا ہوگی؟ اس نقطہ نظر کو اگر سامنے رکھا جائے تو پبلک ہیلتھ کے پراجیکٹ کو اولین اہمیت حاصل ہے۔ پبلک ہیلتھ بادی النظر میں اتنی سحرانگیز نظر نہیں آتی کہ اس کے نتائج فوری طور پر سامنے نہیں آتے مگر اس کا اثر وسیع اور دور رس ہوتا ہے۔

"اپنا" کے "ہیٹائٹس" کی روک تھام کا پراجیکٹ پبلک ہیلتھ کے اعتبار سے ایک بڑا اہمیت رکھتا ہے۔ ہیٹائٹس کی وبا اس وقت پاکستان کے لئے ایک بہت بڑا چیلنج ہے۔ اس کو روکنے کی معلومات کو عام کرنے میں اپنا کا جو حصہ ہے وہ قابل احترام ہے۔ ہم سب کو چاہئے کہ ہم کھلے دل سے اپنا حصہ شامل کریں۔ آپ کو وہ فوری تسلی تو نہیں ملے گی جو ایک مریض کی زندگی بچا کر ملتی ہے مگر یہ واضح رہے کہ ہم اپنے اس عمل سے پاکستان کی پالیٹیشن کا ایک موثری مرض سے بچانے میں ایک نہایت کامیاب اور مکمل طور پر کامیاب ہو جائیں گے۔

#### آصف ڈار

1971 کنگ ایڈورڈ، اوہائیو، ڈاکٹر آصف ڈار کی شاعری کسی تعارف کی محتاج نہیں۔ ان کی مندرجہ

ذیل نظم ہم سب کے جذبات کی نمائندگی کرتی ہے۔  
وطن میں منتظر آنکھیں  
سمندروں اور پہاڑوں کے اوپر  
کئی میل اوپر فضا میں  
جب میرا طیارہ محو پرواز ہو گا  
تو تھکاوٹ اور مختلف منقطعہ وقت کی وجہ سے  
جاگتا مشکل ہو جائے گا  
ساتھ ہی وطن پہنچنے کا پر مسرت ہیجان ایسا ہو گا  
کہ سونا مشکل ہو جائے گا  
جب گھر پہنچ کر گھٹی بجاؤں گا  
تو میرے باپ کا محافظ کتا  
دو سال بعد بھی مجھے پہچان لے گا  
میں اپنے باپ کے عصائے پیری کی آواز  
نزدیک تر ہوتے سنوں گا  
جب پھانگ کھول کر میرا باپ مجھے دیکھے گا  
تو اس کی ضعیف آنکھوں میں  
اک چمک آ جائے گی

#### ڈاکٹر افضل محمود

1985 قائد اعظم میڈیکل کالج، ایڈیلڈا، آسٹریلیا

ڈاکٹر افضل محمود یونیورسٹی آف ایڈیلڈا آسٹریلیا کے اسکول آف پالیٹیشن ہیلتھ اینڈ کلینیکل پریکٹس کے ایسوسی ایٹ ڈین ہونے کے علاوہ شاعری بھی کرتے ہیں اور خوب کرتے ہیں۔

دم صبح، شام اول جسے عمر بھر پناہ دی  
مرے دل کی وہ خلش ہی کسی شخص نے منادی  
تہی اک نہیں یہاں پہ، کوئی اور بھی دکھی ہے  
میں یہ شہر چھوڑ جاتا، کہ کس نے یہ صدا دی  
میں حکایتوں کی خاطر کئی حرف چن رہا تھا  
تری چشم تر نے سب کو میری داستاں سنا دی  
نہیں سنگ دل مگر وہ جو بڑا بے وفا ہے یارو  
کہ جدا بھی ہو کے اس نے مجھے عمر بھر دعا دی  
تجھے لوگ چاہتے ہیں سو یہی سمجھ لے جاناں  
میں نے شہر بھر میں کر دی تیرے پیار کی منادی



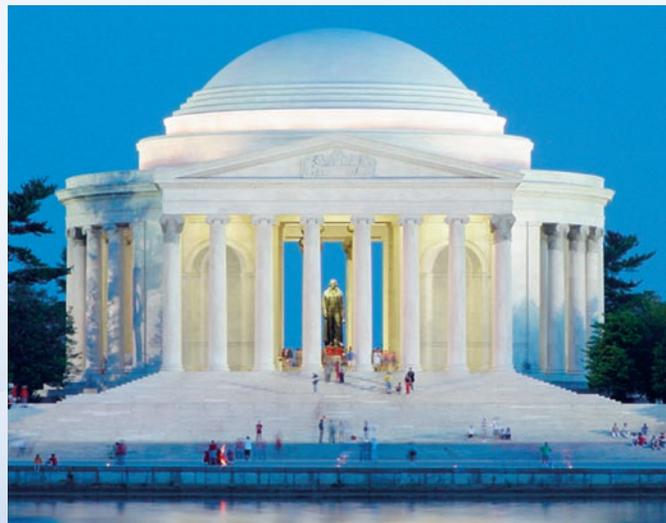
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