MESSAGE FROM THE PRESIDENT

Hussain Malik, M.D.
President 2005

As the year 2005 comes to an end, I must look back at the positive achievements of APPNA. Aside from a few mishaps in the beginning of the year, this was one of the best years in the history of APPNA. Achievements of any non-profit organization are gauged by its service to humanity; and most of you would agree that through the three worst disasters in history, i.e. Tsunami, Katrina, and Pakistan Earthquake, APPNA membership contributions were exemplary. They were very generous with their time and their resources and because of their utmost desire to help the victims, it makes all of us proud of being part of APPNA.

Pakistan Earthquake Disaster - As we all know, several thousand people have died and many more were injured. There are more than 3.5 million homeless and 1200-1500 disabled and chronically ill. This is a challenge for all of us to help them settle and rehabilitate.

During the Acute Phase - In collaboration with other organizations, we provided the victims with tents, sleeping bags, blankets, food, and water. We adopted Kathai Village with a population of 4000. In addition to providing them with food and shelters, we will also support the local schools.

During the sub acute phase of med relief. Our members have volunteered their time by working in Field Camps, Field Hospitals, especially the MASH unit in Muzzafarabad and Tertiary Care Medical Centers in Rawalpindi and Islamabad. In collaboration with PIMA, we have provided medical care for more than 120,000 patients and have performed several thousand surgical procedures.

Our members have donated more than $4 million worth of medicine, medical supplies, medical and surgical instruments and equipment. APPNA also sponsored a Psycho Social Trauma Seminar held at PIMS in November. The team also visited Balakot and Muzzafarabad in order to provide emotional support for the victims.

APPNA also supported a Paraplegic Woman Center in Islamabad, but unfortunately the centre was recently shut down by the Government.

I personally visited the earthquake affected area twice by road and once by helicopter including MASH unit in Muzzafarabad and saw first hand the destruction and devastation caused by the earthquake.

Delayed Phase of Rehabilitation - There are 1200-1500 amputees and paraplegics in the area who need our help for their long-term care. In order to help their immediate needs, APPNA plans to support a recently developed Rehab Centre at Holy Family Hospital in Rawalpindi.

Dr. Hussain Malik with children in Kathai Village.
President's Message
continued from page 1

(part of RMC), which will help rehabilitate the paraplegics.
APPNA will also support a team of physiotherapists and experts
in limb prosthetics who will travel to Pakistan in January 2006
and work at RGH and fit the amputees with artificial limbs.

APPNA Rehab Centre - as a long term project. So far we have
raised $1.5 million. We have donated/expensed $400,000-$500,000
to help the victims; and have over $1 million available. There are
several options for the rehab center. My personal opinion is that
APPNA should have a free standing, state of the art, 30-50 bed
rehab facility; and we should work in collaboration with
Rawalpindi Medical College. The Provincial Government is willing
to work with us and donate the land for the center. Along with
the rehab center, we should have one or two fully equipped operating
rooms where APPNA members can volunteer their time and per-
form surgical procedures, not available in Pakistan. APPNA Sehat
office should also be incorporated along with the Centre. There are
more than 50 APPNA Council members, BOT, Past Presidents and
members of SWDR Committee, who would be willing to travel to
Pakistan and supervise the operational aspect of the facility. I think
APPNA should have permanent presence in Pakistan.

Satellite Rehab Centre in Muzzafarabad or Balkot – In
addition to the above center, we can have a prefabricated 100
bed facility fully equipped and operational in three weeks at a
cost of $150,000.

The final decision about the rehab center will be made by
APPNA Council during its Special Meeting January 14, 2006 in
Chicago.

Winter Meeting and Disaster Management Seminar
December 22-23rd at RMC – The meeting was very well attend-
ed. Due to the unavailability of a block of 40 rooms at a single
hotel, the members had to be divided between Serena Hotel
and Pearl Continental Hotel which was somewhat inconvenient.
There were several distinguished speakers from Aga Khan
University, NCHD, RMC, AMA, Kent Hospital in Turkey, and
Johns Hopkins Hospital. The objective was to work with the
Government of Pakistan and develop policies and procedures
for better disaster management in the future.

AAPI Delegation Visits Pakistan – An eight member delegation
of AAPI (American Association of Physicians of Indian Origin) led
by their President, Dr. V.J. Koli, visited Rawalpindi, Islamabad,
Lahore, and Karachi. They also went on a day trip with us to
Muzzafarabad and saw the earthquake affected areas. They were
deply touched by the devastation and offered to help in our
medical relief efforts.

This trip was in response to
APPNA Goodwill Trip to India in
March 2005 when 260 members
and their families visited India.
We hope to continue to work
together and create harmony and
friendship for the benefit of our
communities, not only in India
and Pakistan, but also in the U.S.

Summer Convention 2005 Houston, Texas – Approx. 800
members registered for the meeting. We had an excellent CME program
with two distinguished speakers, Dr. Murad, a Noble Laureate and Dr. Denton Cooley, a world renowned Cardiac
Surgeon. The local host committee chaired by Dr. Asaf Qadeer,
worked very hard in raising funds and as a result, this was one of
the most financially successful Summer Meetings whereby
the net earnings were more than $200,000.

APPNA Day on the Hill – November 17, 2005, APPNA held a
Day on the Hill in collaboration with several other Pakistani
American Organizations. The objective was to lobby the
Congress for $1 billion humanitarian aid for the earthquake
victims. The bill was passed by the U.S. Congress, but needs
approval from the Senate. This was another significant achieve-
ment for APPNA.

Workings of Several APPNA Committees – Several commit-
tees and its members worked very hard to promote the cause of
APPNA and should be recognized.

Social Welfare and Disaster Relief Committee – Dr. Javaid
Akhtar, Chair, Dr. Afzal Arian, Co-Chair, Dr. Nadeem Zafar, Special
Member, and several other members of the committee worked
very hard to help the victims of Pakistan Earthquake, Katrina,
and Tsunami Disasters.

Young Physicians Committee – Dr. A.R. Piracha, Chair, Dr.
Rubina Inayat, Co-Chair, for their work in facilitating the visa
process for several young physicians.

Office Management Committee – Dr. Riaz Akhtar, Chair, Dr.
Shabbir Chowdhy, Co-Chair, responsible for much needed ren-
vocations and repairs in the central office and streamlining the
accounting services by hiring an in house accountant.

Research Education and Scientific Affairs Committee – Dr.
Raza Dilawari, Chair, Dr. Rizwan Naeem, Co-Chair, for organizing
an excellent CME program, not only for the Summer Meeting, but
also the Spring, Fall, and Winter Meeting, and also Trip to India.

Special Committee to Organize the Trip to India – Dr.
Shaukat Khan, Chair, Dr. Nisar Chaudhry and Dr. Rizwan Naeem,
Co-Chairs, for organizing an excellent Goodwill Trip to India.

Financial Status of the Association – The financial status of
the Association is very secure and sound as shown by our
accountant’s report.

The net revenues for the Summer Convention were more
than $200,000, one of the highest for any Summer Meeting.
APPNA’s 2005 revenues increased from $980,000 to
$1,349,000, more than 37%
for the year.

During the three disasters
of Tsunami, Katrina, and
Pakistan Earthquake, we
raised $1,700,000, the highest
ever in the history of APPNA.

In spite of all the difficul-
ties that I faced this year, I
have continued to work very
hard to make this the best
year for APPNA.

In the end, I would like to
thank you for giving me the
opportunity to serve as your
President.

APPNA Newsletter, Vol. 15, No. 2, Winter 2005
MESSAGE FROM THE PRESIDENT ELECT

Abdul Rashid Piracha, MD
President-Elect 2005, President 2006

Dear APPNA Members:

ASSALAAM-O-ALAEKOM!

Who would have thought the end of 2005 would bring such devastation to our motherland? Now is the time to prove that APPNA is a caring organization. The initial response and the enthusiasm of our membership have been unmatched! The Executive Committee, the Social Welfare Committee and volunteers from across the whole United States have responded with such speed and spirit that it is beyond description! You have been receiving communications detailing what APPNA has done so far. We are close to our target of $1.5 million in fundraising. We have also sent the equipment, medicines, supplies and the volunteers that were much needed in the acute stage of the relief work. The efforts that went on during the first six weeks of the relief work are beyond measuring in dollar value.

During our acute relief work, we provided shelter, food, blankets, medication. This relief effort is a long term challenge, and I hope your interest sustains in this project to rehabilitate a village or to have a rehab hospital, either of which will take at least two to three years. We are in negotiation with other NGO’s who will help in rebuilding the Kathai village. If the negotiations are not successful, we will arrange for our own team to undertake that work.

I have started a branch project called “APPNA-Pakistan”. We have been in contact with attorneys and hopefully will have it registered in the near future. We will need seven Board of Trustees members for APPNA-Pakistan, and preference will be given to our members who also hold an ID card as overseas Pakistanis. Most of you know that without the help of the government, things don’t move quickly in Pakistan. I hope to prove to you in the coming years that cooperation with the government was not for any personal gain, but was to facilitate the work of APPNA in Pakistan.

APPNA also faces other important issues in the United States. Membership is still too low. I hope that each one of our 2000 members can recruit two other members. That would immediately increase our membership to at least 6,000. I urge all the chapter presidents, the alumni, and those members who work in the hospitals to ask and encourage those who are not members of APPNA to become members. If the chapter presidents, alumni, chair, co-chair and all the members of the membership committee put forth an all out effort, I’m confident that we can increase our membership to 4,000 to 6,000 this year. We will have to make changes in the schedule of dues for the life memberships and also for the young physicians. There have been some good recommendations made by the last Membership Committee, and I hope that I can get them approved this year. Projects such as relief work can only be sustained when the association has adequate funds.

I have focused on the young physician issue for the last year and a half. We have had some individual successes, but the problem has aggravated to the extent that this year our fear is that the program directors have stopped interviewing Pakistani candidates. The number of those accepted in residency programs this year compared to 2004 and 2003 has drastically reduced. After having been involved with this problem for some months, it is my feeling that the change has to be brought about in the US Congress and Senate. Otherwise, we will continue to suffer with the visa refusals.

There is also the matter of the APPNA central office. Hopefully, an Executive Director can be hired in the first three to four months of this year, and the changes in policy will be hopefully followed. Our membership directory is now quite old and in much need of updating. I will assign this issue to a specific committee.

The work on the new website has been started, and it is expected to be in operation by the end of January. I intend to communicate with the members through our website on a bi-monthly basis to keep you abreast of the progress of APPNA and its projects.

I would need your help to achieve all these goals, and I request your full support on the agenda that I have outlined above.

EDITORIAL LINES

Rizwan C. Naem, M.D.

Yes You Can!
The Little Blue Engine:

While reading to my kids somehow the famous story of a little blue engine has inspired my nine-year-old son very much. Now he never quits and this story has wedged in his mind so much that it’s been difficult to stop him from trying anything!

This story has also reminded me to look back at my own life. How I could have imagined migrating to America for making a living and getting educated at the same time. How I endeavor a new career in genetics with no real knowledge of anything to do with genes and chromosomes. How could I have imagined placing my self from the corridors of Sindh Medical College and streets of Karachi to the classrooms of Harvard University School of Medicine and Baylor College of Medicine? I know that I was not the brightest student and not even a studious one. I was more interested in the social science and struggled to understand the reasons for the disparity of poor and rich then my books. I now realize that the times spend in social work and in student politics has prepared me to be more passionate and dedicated for the causes I believe.

Within the span of 20 years life has blossomed and had given me so much that I do not have any words to illustrate. At times it is difficult for many of us to understand why me? But now I believe that the adversities of hard times and the struggle for continued on page 4
Editorial Lines

continued from page 3

the survival makes you resilient and teach you some lessons of life that you can apply at any situation. The lesson I learned is "yes you can" you can achieve anything if you keep trying.

Noble laureate Ferid Murad who was an invited speaker at the last APPNA summer CME program mentioned that while a student he use to work in a restaurant to support himself but when he puts his mind for something he never give up.

Migrating to US was not a choice for many of us when we moved but for me it turned out to be a blessing. I learned that this is a great country where hard work and passion for the cause would never waste.

I have been involved with APPNA for more then a decade and have seen the dynamic growth of the organization and the passion of APPNA members towards the organization and causes. I believe this is only the tip of the iceberg and lot more is attainable with more active participation of common members. As I understand the constitutional mandate of APPNA is two fold: Education and Charity. For educational work we have seen at the more recent APPNA CME meetings that if you build it they will come. Last summer meeting was a great example of probably the highest attendances at any APPNA CME programs. More importantly we saw an active and historical participation of physicians in training. This was all possible due to the commitment and endurance of the CME committee to provide the highest quality of programs. The recent earthquake in Pakistan has jolted our conscious and APPNA members from California to Main have risen to the occasion to contribute and do what they can for our second mandate Charity. Immediately after the earthquake in Pakistan the social welfare and disaster relief committee has been working tirelessly. Being part of this committee and charity work I cannot describe in words the passion and commitment I have seen from the members. They have worked literally day and night to provide the kind of relief everybody is now talking about.

I believe that APPNA should stand on two pillars of education and charity and our tent should be broad enough to embrace all kind of ideologies and people and let people work for the passion they have. APPNA as an organization should have no reason to be involved in any politics both in Pakistan and in the US. We should stay wedged to our mandate of education and charity and stay focus.

We have seen that when APPNA members stay focus on education and charity they can do wonders. We should build on these two pillars and make APPNA an immaculate example for the rest of the community. Like a little blue engine yes we can yes we can make APPNA a more vibrant and independent organization with broader tent to include all ideologies and people.

This is my last issue, as an editor and I wanted to thanks each and every one of you who provided positive contribution towards this journal and guided me at each step. I have edited this journal for more then two years and have tried my best to comprise all thought processes. I am sure I am not perfect and must have made mistakes. If I have hurt anyone it was unintended and I ask for forgiveness. I will keep contributing to help improve the journal. I am sure the next team will bring fresh ideas and will do an excellent job and I am available to help them in any way I can. These were wonderful years and I have made many new friends probably more then ever. I will cherish these friendships for the rest of my life. I know I am and I hope may of you will be like the little the blue engine that never quit trying! We together can make APPNA a more meaningful and independent organization. So long for now and hope to see you soon.

SECRETARY’S REPORT

Nadeem A Kazi, M.D.
Secretary 2005, President-Elect 2006

Dear members of APPNA family

I am very proud of APPNA members who open their hearts and pockets for earthquake victims in Pakistan. We have collected more than 1.6 million dollars and more than 4 million dollars worth of medical equipment is sent to Pakistan. The devastation of this atrocious earthquake is not over yet nonetheless it is just the beginning. There are millions of people in earthquake affected area living in a horrendous condition. They desperately need help to recover from this catastrophe.

APPNA leadership had arranged a special council meeting (teleconference) on November 26th to discuss the long term plan for earthquake relief efforts. Twenty seven council members and members of SW&DR committee attended this meeting. The council decided to wait until the winter meeting before making any long term plans. They want Executive Committee (EC) to assess the ground reality when visiting Pakistan for the winter meeting and to discuss further with the council in the second week of January to finalize proposed plans.

The EC and many members of SW & DR committee visited several affected areas in Pakistan to assess the need and available infrastructure. Their main focus was to see and explore the possibilities of a rehab center at Rawalpindi General Hospital (RGH) and Ayub Medical Complex (AMC). The RGH already have an infrastructure to rehab 250-350 amputees of the earthquake. However, they need financial and technical support from APPNA. We are sending a team of twelve orthotist from USA to start preparing prosthetics for the amputees. We still need more information on AMC site as visiting the area did not gave us a clear picture regarding the infrastructure and logistics for rehabilitation of the earthquake victims.

The Council has already approved adoption of Khatai village in Kashmir during November 26th meeting. The main village is Khatai and then there are few smaller villages around it, in the northeast region of Kashmir near LOC. There are about 10,000 lives in this community. We have visited this village on December 25th by a Helicopter as the roads are still not cleared completely after the earthquake. We were received by the children and few elderly of the village when we landed. It was a pleasant sight to see a large sign board saying "APPNA Village
Khataiight in front of the main entrance of the helipad. It was also very comforting to see children from Khatai and surrounding villages already attending the school in a large Marquis tent donated by APPNA called “APPNA School.” The people in this village are very motivated and want to build their area as soon as possible. We saw children doing their homework on the holiday sitting over a rock under the trees in this cold weather. We saw an old man who was plowing small piece of land with his bull even though they don’t have water in the village on asking his response was “I am keeping this land ready for the day when we will have water.”

I believe this village can be an ideal village and other villages can follow the model to develop their own villages. I can see doctors, engineers, and scientists coming out of this village. Their major problem at present is lack of water since the canal they use to bring water is cutoff due to the earthquake. Due to the lack of water the hygienic conditions are very poor and 70% of them have scabies and several of them have infected wound due to scratching. We are trying to fix this canal ASAP. Some other NGO’s are willing to partner with APPNA for building houses and school in this community.

All our future plans need long term commitment and we can not deliver this without the support of our membership. Please continue your support to help the victims of this disastrous earthquake of this century. As an officer I will assure you that each and every penny donated will be use to help the earthquake victims and we will make sure every plan will be assess thoroughly before we implement. Once again thank you for your unprecedented support, together we will deliver.

**TREASURER’S REPORT**

*Mahmood Alam, MD  
Treasurer 2005, Secretary 2006*

From turmoil to stability to progress, a year of challenges and achievements!

It was not fun to hear from our accountant this past April less than one week from our spring meeting. He wanted us to sign him for another 2 years otherwise he will not prepare the first quarter financial statements. Yes, we were looking for an accountant that better fits our present day needs and work out of our offices at Westmont, IL. I told Denise to bring all the financial records to Washington DC and I locked myself into the room for next 24 hours, produced a financial statement and presented the Treasurer’s report to the Council next day. This was just a beginning of taking the challenge. Mr. David Lade, CPA, MBA, was hired as a part time accountant right after the spring meeting and records were transferred from previous accountant to APPNA office. The transition and consolidation of APPNA accounts began and all new accounts were opened.

Please review the balance sheet of APPNA assets as of December 31, 2005 comparing it with 2004. This statement gives you the financial status of our organization that is better than ever. You will find the details of our lifetime endowment fund in the Finance Committee report and earthquake related fundraising and disbursements under two separate headings in this newsletter. It is not possible to publish a detailed report of income and expenses under different accounts due to limited space, however, this year we will send a detailed itemized financial report to all the paid membership. Briefly, we have a total cash and investment of $1,452,098 and $122,345 in fixed assets totaling to a record figure of $1,652,555. This amount excludes designated (restricted) Relief funds as well as Meeting funds. We had a budget of $439,500 for 2005 that we easily met with challenges and to move forward. I am indebted to all the officers and staff of APPNA office alike for their support during this challenging year. Not to mention the name of Dr. Riaz Akhter, Chair Office Management Committee, who helped me to the best of his ability. He was also instrumental in hiring the accountant, Mr. David Lade. I thank APPNA membership for this opportunity for me to serve our organization. Together, with your help we should accomplish a great deal.
Outperforming the market, APPNA investments have crossed the $ Million Mark again, Congratulations!

Mahmood Alam, Chair M. Javed Akhtar, Co-Chair, Hassan I. Bukhari, Nadeem Kazi, S. Latafat Hamzavi, M. Jafar Shah, Jalil A. Khan, and A.R. Piracha

As of December 28, 2005 APPNA's investments at Smith Barney totaled $1,011,318.84 ($39,006.88 in the Office Management Fund + $972,311.96 in the Lifetime Dues). The current asset allocation of the APPNA accounts is as follows: Cash $46,812.80 (4.6%) + Preferred Stocks and Bonds $308,692.11 (30.5%) + Stocks $655,813.93 (64.9%). Since the August 29, 2005 update, the APPNA accounts are up 3.9% due to continued dividends from the preferred stocks and appreciation from the stocks in the managed accounts. The following returns data compare APPNA to the popular indices for 2004 and year to date through December 28, 2005:

<table>
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<th>INDICES</th>
<th>2004</th>
<th>YTD / 12-28-05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dow Jones</td>
<td>+3.15%</td>
<td>.93%</td>
</tr>
<tr>
<td>NASDAQ</td>
<td>+8.59%</td>
<td>3.60%</td>
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<tr>
<td>S &amp; P 500</td>
<td>+8.99%</td>
<td>3.51%</td>
</tr>
<tr>
<td>APPNA</td>
<td>+8.04%</td>
<td>5.97%</td>
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</table>

*(Latest year to date APPNA account valuations - previous year end APPNA account valuations + net deposits to APPNA accounts divided by the previous year end APPNA account valuations.)

With a moderate risk objective and a balanced allocation of a little over a 1/3rd cash and fixed income and 2/3rd in stocks using multi-disciplined and versatile professional money managers we continue to stay ahead of the market indices for 2005. No new deposits or changes were made during this period. In spite of facing choppy markets with only a few industries and sectors like energy, housing, precious and industrial metals, selected internet/technology, and biotech doing well, our money managers individually and as a group outperformed their respective indices.

Since the low in the markets in the fall of 2003, emerging markets, value and small cap stocks have been the best performing styles and sectors. Also since that period in 2003 the markets again produced narrow rallies in the 4th quarters that salvaged the year to end on a positive note. The markets will repeat history, and will change from their narrow stock participation to broader stock participation and from their dominant value style/small cap sector to the growth style/large cap sector. With the current rapid growth in China and Asia, emerging and international markets should continue their outperformance. Also with possibly slowly rising interest rates and inflation, fixed income will be a challenging asset class to manage for higher returns than stocks.

The current allocation and managers have demonstrated and are positioned to manage the above challenges. With any new and current available funds ($10,544) I would recommend adding to our large cap core money manager, Atalanta Sosnoff, and/or our international money manager, Delaware.

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**APPNA EARTHQUAKE DONATION STATUS**

**Date**

as of December 31, 2005

**Amount $**

$1,604,367

**Remarks**

Recorded in office

**Note:** Some chapters have not deposited their collections to the central office, yet.

**APPNA EARTHQUAKE DISBURSEMENTS**

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<th>Name</th>
<th>Purpose</th>
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<tr>
<td>Abbottanionians AMA</td>
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<td>Pneumatic Drill Set</td>
<td>Orthopedic supply</td>
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<td>TOTAL DISBURSEMENT</td>
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**Remarks**

Food+First Aid
Tents+Blankets
First Responder Aid
First Responder Aid
EC approved project
APPNE chapter
Ayub Medical
APPNE chapter
Advertisements
Advertisements
Approximate
ISLAMABAD
SW/DR approved
EC approved projects
EC approved
EC approved
SW/DR approved
Designated fund
EC approved
SW/DR approved
EC approved project
Approximate
Tis the Season...

Mufiz Chauhan
Chairperson Publication Committee

Get Ready it is that time of the year again! Political season of APPNA is upon us. Once again Hot and Bold rhetoric will be enough to keep us warm in this frosty and frigid winter weather. There will be usual lofty claims of taking APPNA to the new heights. This is the only time of the year when we suddenly find out that APPNA is heading in the wrong direction and our would-be the leaders will guide it back to 'Sirat-ul-Mustaqeem. All of a sudden net will become alive where supporters will extol the virtues and qualification of their favorite candidate. All the candidates would promise not to get indulge in the negative campaign but then turn around and do it any way.

Welcome to the Bazar of "Garma Garam" APPNA politics, where sometime the truth is sacrificed at the alter of convenience, where facts are distorted and mangled to advance ones own agenda, where even the families of the opposing candidates are not spared. Apparently the wives and the mother in laws are now the fair game. But then why should we be surprised. This is the politics and politics by its very nature is dirty. Politicians all over the world engage in all kind of behavior. Therefore why should we expect any thing different from APPNA politicians so called gurus?

I don’t know.
May be because we as physicians represent the most civilized and educated segment of the society. May be because our religion teaches us to be truthful at all cost and refrain from "Buhtaan Baazi" as it is one of the gravest sins. We are to treat others, as we would like others to treat us. But some time in a haste to make a point or win an argument we forget and set aside these golden rules.

As an eternal optimist I am hopeful that may be this year will be different and all the candidates and their supporters will pledge to run a decent, clean and civilized campaign that will make us all proud. But then again in this "Garma Garam" Bazar of Appna politics, may be we are asking too much.

So my dear APPNA brothers and sisters buckle your seat belt and get ready for a rough and turbulent ride. Tis the season for APPNA elections

Wassalam

Developing a Prudent Fiduciary Framework

There’s a reason why many of the nation’s most successful institutional investors turn to Consulting Group. It’s the need for customized investment advice, the experienced delivery of customized strategies and a sophisticated platform of diverse investment options.

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THIS IS WHO WE ARE. THIS IS HOW WE EARN IT.”
A catastrophic Earthquake struck northern Pakistan on Saturday morning (10/8/05). Entire towns and villages have disappeared from the face of the earth. The damage is enormous with current death toll over 77,000, many more injured and more than 2.3 million affected. (Sources: CNN, BBC, Yahoo News, Associated Press). Pakistan is in urgent and desperate need of help and I request that you donate generously.

You can also donate online at www.appna.org.

All donations to Association of Physicians of Pakistani Descent of North America (www.APPNA.org), a not for profit 501-C3 organization, are tax-deductible as allowed by IRS Rules. Tax ID #360291079.

For inquiries or to give donations personally (checks addressed to APPNA only)

Name: ____________________________

Contact Number: __________________

Email: ____________________________

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APPNA, 6414 S. Cass Avenue, Westmont, IL 60559
Phone: 630-968-8585 or 630-968-8606
Memo: Earthquake Fund 2005
As President of South Texas Chapter of APPNA, I took the responsibility in Jan 2005. Thanks to Dr. S.D. Khan who announced an extend election three times in Nov / Dec 2004 but no one contested, so after talking to all the members of South TX Chapter, I took this big challenge and I tried my best to fulfill this responsibility.

Following are the brief details of the activities of S. T. Chapter in 2005:

Oath taking Ceremony occurred in Lasani Restaurant in Jan 16th, 2005.

Big challenge was the Annual Convention of APPNA in Houston. The chapter initiated to increase the membership of central APPNA and achieve the third highest membership in the center first time, and also helped APPNA’s special meeting for strategic planning held in Houston in Jan 2005.

An educational meeting was organized in a local restaurant. S. T. Chapter initiated a teleconference on a weekly basis with Host committee and APPNA Executives to improve communication and discuss strategic planning. This happened first time in the History of APPNA. Everybody who joined in freely gave his opinion and ideas. All plans of meeting were discussed in detail. Every Sunday host committee met on a weekly basis. Thanks to Dr. Asaf Qadeer who showed brilliant leadership as Chairman of the Convention and Dr. Rizwan Naeem as Co-Chair. Thanks to Dr. Amin Karim and Mr. Fayaz Merchant for job well done in APPNA Heights and Business Expo. South Texas Chapter proudly provided help in different areas wherever chairman and co chair requested. Thanks to all members for their time and effort. By the grace of God, Houston Meeting was one of the highly attended, well organized meetings that also produced financial results for APPNA.

First time in the history of APPNA, South Texas Chapter, organized a chapter program in cooperation with Ohio Chapter and Up State New York Chapter and many other chapters to discuss chapter philosophy, By-laws, and functions, followed by entertainment program with Alamgir. This program was highly attended.

South Texas Chapter also took Responsibility of first fundraising of APPNA Charitable Foundation. There were three fundraisings before this program in Houston, and many doctors had already left on Sunday; however, this fund raising produced more than Hundred and Forty Nine thousand dollars for APPNA.

Unfortunately after that we had three big disasters.

S. T. Chapter arranged a fund-Raising for Katrina Victims, and raised about 3800 dollars. Medical Help was provided to Katrina Victims through volunteer doctors either in their clinics or community clinics or mobile clinics. Coordination with other organizations in George Brown Convention Center on September 11, 2005 showed our part in United Front.

Then we had Hurricane RITA, luckily everyone got saved by the grace of God.

Just after that we had the biggest earth quake of Pakistan history that killed about 87000 people and injured more than 120,000.

We decided to pursue HDF program for earth quake victims. It was 7th fund raising in the town but with the help of generous people like you it produced more than 90,000 dollars for earth quake victims. Many equipment and medical supplies were collected, special thanks to Dr. S.D. Khan for coordinating and making that program successful. Thanks to all the team for their hard work.

We also met with congress woman Sheila Jackson Lee for lobbying in congress, for increasing relief efforts and AID by USA. That was increased from 50 Millions and 580 Millions dollars has been spent so far.

In Mayor iftar Party S. T. Chapter high lighten earth quake relief activities of APPNA and requested people to donate generously for earth quake victims.

S.T. Chapter also initiated earth quake relief fund raising and collected more than 7200 dollars.

S. T. Chapter coordinated efforts with Chevron Employees in a fund-raising and receive a check of 10,433.00 dollars on Dec 16, 2005 in a ceremony held in Chevron Corporation. Together with the efforts of S. T. Chapter and Chevron employees, APPNA is a matching program for employees’ relief efforts world wide.

South Texas Chapter also attended many local fund raisings and helped the victims generously.

We also participated in vigil to increase awareness for earth quake victims.

General body meeting was held on Dec 17th, 2005.

On Dec 25, 2005 South Texas Chapter participated in a community health fair where flu shots, sugar and cholesterol screenings and medical advice free of cost provided to more than three hundred community people.

I am thankful to everyone, who provided their time, support, trust, and pledges in all those endeavors. In my humble opinion a minute of productive work is million times better than thousands of years of talking.

---

Part or full time surgeon with vascular surgery experience needed for a busy vein center in Brooklyn and Staten Island to do ambulatory vein procedures, including laser ablation of saphenous vein and sclerotherapy. Generous compensation and compensation and leisurely work hours.

Please fax resumes/cv to 718-435-3016 ATTN: Imtiaz

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APPNA Newsletter, Vol. 15, No. 2, Winter 2005
Committee Reports

Communication Committee Update
Sajid Chaudhary
Chair Communication Committee 2006

Dear APPNA members, Assalam-o-Alaikum and happy New Year,

APPNA's new website www.appna.org will be active soon; hopefully by the time you will have this journal in your hand. This year we are planning to give you the facility of online registration for the summer meeting, through the website. All the previous APPNA Newsletters including this latest issue will also be available online.

The website will also contain a Message board where members can post their personal messages and announcements.

APPNA's official e-list has also been developed for official communication from APPNA office to its members (No personal emails). Its Purpose is to convey official announcements to you & keep you informed regarding APPNA activities as well. All the members have been placed on the list and will receive an official notification when the e-list is activated. If you do not get a welcome message, in the next 2 weeks then kindly call or email APPNA central office to enroll in the list. You may contact Tina or Denise at 630-968-8585 or appna@appna.org. Once the e-list is active you should also be able to join or change your information online by visiting the new website.

Your comments and suggestions are very welcome for continuous improvement of the website and e-list.

Prize Presentations for the Physicians in Training

Physicians in training are invited to submit abstracts for presentation at the upcoming APPNA Summer meeting. The meeting will be held July 5th – 9th, 2006 at the Hyatt Regency, 151 East Wacker Drive, Chicago, Illinois.

Presentation may include but is not limited to original research.

Three prizes of $500.00, $400.00 and $300.00 for the first, second and third position respectively will be awarded.

Deadline for the abstract to be included in the program is February 15, 2006.

A 250-word abstract with Title, Objective/s, Methods (if applicable) and Conclusions should be submitted via email as an attachment to:

Arif H. Agha, MD
Chairman CME for the Local Host Committee
APPNA Summer Meeting Chicago 2006
2425 West 22nd Street, # 201
Oak Brook, IL 60523
Email: aagha@msn.com
Phone 630-990-4244
Fax 630-929-8591

Social Welfare and Disaster Relief Committee Report

M. Javed Akhtar, MD. Chairman APPNA SW/DR Committee

Dear Friends,

As soon as the news of Earthquake was received in US, an emergency conference call was setup between the Executive committee and the members of the Social Welfare and Disaster Relief committee. An immediate response plan was discussed and approved.

Some of the things APPNA has done are:

1. Immediate establishment of APPNA 2005 Earthquake relief Fund in that fund over $1.2 Million have been collected.

2. Collect and dispatch of medical/surgical supplies via APPNA members throughout US. Over $10 Million relief supply has already been distributed. Immediate help included arranging tents and blankets to be distributed with the help of all available NGOs on the ground.

3. Immediate help also included adoption of a Village named Kathai as 'APPNA Village' and provision of tents, Sleeping bags, blankets, food and setting up clinic. Tents and blankets were also supplied to other affected areas like Battal in NWFP. A School is also being opened in Kathai with the help of Read Foundation of UK.

4. A Psychological Trauma team was sponsored through IMET to give seminar in Islamabad and do the fieldwork. Donation was given to Dr. Rubina in Islamabad to take care for paraplegics.

5. Intermediate phase relief included upgrading existing field Hospitals and tertiary care Hospitals in Islamabad, Abbottabad etc. This phase also included coordinating APPNA volunteers for travel to the affected area. This phase has been in implementation since the first week. Close to a hundred and fifty physicians have already been volunteered and many still going. The response from APPNA community was overwhelming.

6. Deliberations regarding long-term relief phase are still going on with the elected executive counsel. A Rehab committee has been formed by EC to come up with a long term Rehab plan for the paraplegics and amputees. We are overwhelmed and humbled with the support and generosity of APPNA community. Your help is greatly appreciated.

APPNA Newsletter, Vol. 15, No. 2, Winter 2005
Committee Reports

Educational Council for Foreign Medical Graduates

Basharat Ahmed, MD

Educational Council for Foreign Medical Graduates (ECFMG), a private non profit organization committed to promoting excellence in international medical education, is completing its 50 years of service to the IMGs and the U.S. Graduate Medical education.

Since 1956, it’s been meeting the needs of physicians, medical educators, licensing and credentialing agencies, and those involved in the evaluation and certification of health care professionals worldwide.

The three needs are assessing the readiness of IMGs are:

♦ To enter graduate medical education in the U.S.
♦ Promoting quality healthcare
♦ Certifying more than 260,000 international physicians since 1956

Its organizational members are:

♦ American Board of Medical Specialties
♦ American Medical Association
♦ Association of American Medical Colleges
♦ Association for Hospital Medical Education
♦ Federation of State Medical Boards of the U.S. Incorporated
♦ National Medical Association

The ECFMG has accomplished the following tasks by sponsoring:

♦ Exchange visitor sponsorship program
♦ Electronic residency application service
♦ Primary source verification of physician credentials
♦ International credentials services
♦ Certification verification service for U.S. residency programs, licensing boards, credentialing agencies, and hospitals that train, license, and employ IMGs.
♦ Sponsors J-1 visa
♦ Five years ago, ECFMG established tax exempt foundation program called FAIMER, (Foundation for Advancement of International Medical Education and Research). This foundation is:

♦ Improving world health through education, research and data resources
♦ Educational opportunities for medical educators
♦ Creating web based data resources on the worlds education systems
♦ Researching the impact of medical education and physicians workforce and migration on healthcare

In 2006, ECFMG will celebrate 50 years promoting excellence in international medical education. To celebrate this anniversary, an international invitational conference is being held at the Park Hyatt Hotel in Philadelphia, PA. July 20-22, 2006. The topic of this conference will be Impact of International Medical graduates on U.S. and Global Healthcare. This is high powered international educational conference which will be very beneficial for IMGs. All IMGs who are interested in the Global impact of healthcare must attend. A detailed program will be posted on the APPNA yahoo list.

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Letters to the Editor

Report from Texas
Sardar Daud Khan, MD

The year 2005 was a year of delight and disaster. The Pakistani community in Texas proved its worth during APPNA’s annual convention and opened its hearts and pockets to help those in need around the world. The APPNA convention was skillfully organized and was one of the highest attended meetings in APPNA history. The Host committee, under the leadership of Dr. Asaf Qadeer did a fabulous job of accepting the challenge and proving to the APPNA community that our hearts are as big as Texas. The CME program was exemplary and will be a guideline for future annual meetings. The APPNA Foundation, a brainchild of Dr. Hussain Malik, was created and the South Texas Chapter and various other APPNA members collected more than $140,000.00 for its charities.

Then unexpectedly, Hurricane Katrina struck the gulf coast. The Pakistani community at large and the medical community in particular were at the forefront of disaster relief programs. Every local community leader took note when they saw more than two thousand Pakistani Community members standing in line in their yellow shirts, serving food and providing medical care and collecting funds for victims of Katrina hurricane.

The October 2005 earthquake not only brought death and destruction to Northern Pakistan and Azad Kashmir, but also galvanized our community in Texas. Virtually the entire Pakistani, Texan community participated in fundraising programs and millions of dollars were collected in mosques and various halls across the state. The Medical community under banner of South Texas Chapter and Human Development Foundation arranged a function in November that collected around $90,000 in cash, numerous boxes of medicine and supplies, and generous amounts of medical equipment for the disaster areas of Pakistan. We were fortunate to have a chapter president like Dr. Yaqoob Shaikh who did a tremendous job during not only the APPNA convention, but also the aftermath of Hurricane Katrina and the collection of funds for earthquake victims.

The challenge we all face in Pakistan is a huge one and each one of us has to take positive steps to improve lives of less fortunate people who are struggling to stay alive. We all are blessed with many comforts in our lives. Its estimated there are over a million people of Pakistani origin in North America and if we each donate just one dollar a day for the Kashmiri people in need we can create a better and prosperous nation whose aspirations could be as big as state of Texas.

Raza Khan Letter to APPNA

Dear All - Assalam o alikum.

I was hoping that someone more capable than myself would be elected to lead the APPNA Ohio chapter in 2006 but I am humbled by the confidence shown by the members and respect the decision of executives of the chapter.

It is indeed difficult to follow the footsteps of founder president of APPNA-Ohio, Dr Shahid Sheikh, who has worked tirelessly for the advancement of the chapter and but I pledge my best efforts to serve the chapter in my limited capacity. Ohio chapter of APPNA has distinguished itself as an organization where democratic values supersedes any personal agendas and I plan to continue this very important tradition, working closely with the past president, executives and the members of BOT.

APPNA-Ohio has also been in forefront of a concerted effort to streamline all APPNA chapters so that a single set of rules, reflective of high democratic values, adopt the governance of all chapters of APPNA.

I plan to continue the push for this effort on behalf of my chapter so that a homogenous atmosphere of accountability, transparency, and constitutionality prevails throughout APPNA and its chapters.

Once again thank you all for your trust and you kind words.

Thank You & Allah Hafiz
M.Raza Khan, M.D.
Hasta la victoria siempre! (Until victory always)-Ernesto Che Guevara
The 28th Annual APPNA Convention was successful due to the absolute commitment, dedication, and hard work by the local host committee and members of South Texas Chapter. They took it as a matter of pride and honor to make the event as an exemplary one. Doctor Hussain Malik traveled many times to Houston to stay involved and provided valuable guidance. APPNA elected officials and Members of Board of trustees were available when called for during the organizational process. The meeting was not only well attended but also turned out to be quite profitable convention. The net income was $222,888.00, which was more than net income generated during 2004 and 2003 annual conventions. In addition to that APPNA Foundation collected more than $140,000.00 as donation for its charitable work including APPNA Sehat. Our CME committee managed to bring famous personalities like Dr. Denton Cooley, Nobel Laureate Dr. Ferid Murad and Dr. Adib Rizvi and many other good lecturers to enhance our educational program.

I am reporting the detail accounts of the 2005 Houston Convention and how it compared with 2004 and 2003 conventions.

**INCOME:**

**Registration**
- 2005 (Houston) $34,950
- 2004 (Washington) $33,273
- 2003 (Orlando) $34,688

**Dinner & Entertainment**
- 2005 (Houston) $164,008
- 2004 (Washington) $173,729
- 2003 (Orlando) $125,078

**CME Income**
- 2005 (Houston) $93,050
- 2004 (Washington) $96,800
- 2003 (Orlando) $103,500

**Expenses Billed to Alumni Chapters**
- 2005 (Houston) $82,600
- 2004 (Washington) $148,411
- 2003 (Orlando) $153,815

**Miscellaneous Revenue**
- 2005 (Houston) $42,500
- 2004 (Washington) $22,010
- 2003 (Orlando) $33,562

**Exhibitor's Revenue**
- 2005 (Houston) $274,090
- 2004 (Washington) $152,900
- 2003 (Orlando) $107,750

**TOTAL REVENUES:**
- 2005 (Houston) $691,198
- 2004 (Washington) $627,123
- 2003 (Orlando) $558,393

**Expenses:**

**Hotel, banquet, lunches, food**
- 2005 (Houston) $296,791
- 2004 (Washington) $257,861
- 2003 (Orlando) $253,481

**Entertainment, audio**
- 2005 (Houston) $69,608
- 2004 (Washington) $109,959
- 2003 (Orlando) $104,089

**Exhibit Displays**
- 2005 (Houston) $27,000
- 2004 (Washington) $26,780
- 2003 (Orlando) $24,191

**Mtg., Management & Exhibit commission**
- 2005 (Houston) $14,350
- 2004 (Washington) $48,530
- 2003 (Orlando) $0

**Printing**
- 2005 (Houston) $2,407
- 2004 (Washington) $9,129
- 2003 (Orlando) $0

**Security**
- 2005 (Houston) $16,525
- 2004 (Washington) $10,557
- 2003 (Orlando) $0

City of Houston Acknowledging APPNA Convention: From left to right Dr. Hussain Malik, Mayor of Houston Bill White, Chairman Dr. Asaf Qadeer and Co-Chairman Dr. Rizwan Naeem
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A record attendance at the Saturday night banquet dinner at APPNA summer 2003 convention.

Friday night Urdu Mushaira. Dr. Naeem Khali second from left has done a fabulous job for many years.

Planning for Houston meeting started at the January special EC meeting: From left to right Dr. Yaqoob Shaikh, Dr. Rizwan Naesen, Dr. Mahmood Alam, Dr. Hussain Malik, Dr. Asaf Qadeer, Dr. Pirazhu, Dr. Shahid Laseef, Dr. Omar Aqiq, Dr. Nadeem Qazi, Dr. Basharat Ahmed, Dr. Nesar Chaudhry, Dr. Syed Samad and Dr. Kausar Naqi.

Drs. Zahid Asghar, Mufiz Chohan and Faysal Mires enjoying a musical evening.

Dr. Asaf Qadeer, Dr. Hussain Malik, Dr. Kausar Naqi and US representative from Houston Sheila Jackson Lee at APPNA foundation dinner on Sunday night.
**Total Expenses:**
- 2005 (Houston) ........................................ $468,310
- 2004 (Washington) ................................. $534,632
- 2003 (Orlando) ......................................... $437,470

**Net Meeting Income:**
- 2005 (Houston) ........................................ $222,888
- 2004 (Washington) ................................. $92,491
- 2003 (Orlando) ......................................... $120,923

I would like to thank our President Dr. Hussain Malik, Board of Trustees and many other elected officials for bringing the APPNA convention to Houston. I respect Dr. Omar Atq, Dr. Paracha, Dr. Nadeem Kazi and Dr. Mahmood Alam for attending many teleconferences and providing valuable advice to our host committee.

It has been great pleasure to work with my committee members like Dr. Yaqoob Shailih, Dr. Daud Khan and my Co-Chair Dr. Rizwan Naeem for their dedication and hard work during and prior to convention. Dr. Kohli, Dr. Azam Khan and Dr. Aman Ullah Khan brought color to event by hosting Urdu and Punjabi Musharia. Dr. Amin Karim did a great job for APPNA Height the Convention Brochure. Mr. Fayaz Marchant filled up every corner of the Business Expo and improved our bottom line. I am also thankful to Mr. Abdullah Jaffary for Saturday night banquet arrangement, Muzaffar Sadiq for the security arrangement and Honorable City Council Member M.J. Khan for providing full support from the City of Houston. Haji Abdul Razzaq ARY Digital for sponsoring entertainment and media coverage, Tina And Denise from APPNA central office and Mr. Saeed from Washington for the event management support.

I am thankful to APPNA members and their families who traveled to Houston and made this convention a success.

*Photos by Dr. Asaf R. Qadeer*
PRESIDENT'S MESSAGE

Dear SAYA Members,

It has been a privilege and honor to serve as your SAYA President during the 2005 year. I am excited to see how many more people got involved with SAYA over the past year and am confident that it will only grow to be even more successful this coming year. We have a great group of young, new leadership entering in 2006. They are all extremely enthusiastic and have some very creative ideas for SAYA’s future! I wish the incoming executive board, Shuja Shafqat, Najia Hamid, Saira Karim, and Arooj Sheikh the best of luck and will offer my support from the sidelines as much as possible. SAYA has only improved over the years because of the dedication of the people who get involved – currently, that involvement extends to only about a dozen or so people beyond the executive board. We can enact more positive change with more active members! Hence, I urge you all to get involved in whatever capacity you can, and to contact any or all of the members of the incoming executive board to see what they have planned. Thank you to everyone who made this year such a pleasurable and productive one for SAYA. Best Regards.

Sahar Dar
SAYA President, 2005

Meet the 2006 SAYA Executive Board!

Shuja Shafqat, age 19, is the President of SAYA. He is pursuing a Bachelors degree in Biology and will be attending medical school in the fall of 2007. In his spare time, Shuja enjoys music, movies, cars, singing, and working out.

Najia Hamid, age 18, is the President-Elect of SAYA. She lives in Wellington, FL (West Palm Beach), and is a freshman at the University of Miami, where she is majoring in Biology and Psychology on the Pre-Medical track. In her free time, she enjoys reading, volunteering, playing sports including tennis, basketball, and football, and spending time with friends and family. Najia works at Information Technology on Campus as a User Assistant, and is involved in Alpha Epsilon Delta (Pre-Medical Honor Society), Islamic Society of UM, and Council of International Student Organizations (COISO).

Saira Karim, age 20, is the Secretary of SAYA, and is from Houston, Texas. She will be graduating from Rice University in May 2007 and will then apply to law school. Currently, Saira is majoring in Religious Studies, Political Science and Policy Studies. As part of her undergraduate experience, Saira is an active member of Amnesty International and has interned at the Baker Institute since 2005. Reading and day time television seem to be her favorite pass times. Promoting gender equality and human rights awareness seem to be her obsessions. Over the past few years, Saira has researched and written over many controversial subjects in an effort to disseminate some preconceived notions about Islam and the Middle East. This year she will be concentrating on researching the nature of emerging Islamic militants prevalent throughout the Middle East. As a member of the SAYA board last year, Saira was able to contribute my ideas and efforts in order to ensure a successful meeting. This year Saira hopes to incorporate her experience to promoting a more diverse agenda for the 2006 APPNA Meeting so that all members of the organization can benefit.

Arooj Sheikh, age 19, is the Treasurer of SAYA. She is currently a sophomore at the Ohio State University. As a pre-law student, Arooj is pursuing a double major in Political Science and History, and a minor in Asian American Studies. She hopes to be a lawyer one day, but has not decided in which field. Arooj is also the President of OSU’s Pakistani American Students Association and loves to be involved with that, and other activities on campus. Arooj also enjoys teaching dance, writing, and music.

Sahar Dar, age 23, is the Past President of SAYA. She graduates in May with a doctorate degree in law and a management certificate from the University of Pennsylvania Law School and Wharton School. She holds a Masters degree in Bioethics and a Bachelors degree in Economics, International Studies, and Psychology. After graduation, Sahar will be working as a corporate lawyer at the law firm of Schiff Hardin, LLP, which is based in the Sears Tower in Chicago. In her free time, Sahar enjoys movies, musicals, reading fiction novels, and is very involved in community service.

PRESIDENT-ELECT’S MESSAGE

Assalamualaikum.

My name is Shuja Shafqat. I’m a student at Wilkes University in Pennsylvania, currently pursuing a bachelors in Biology and insha Allah attending Medical School in the Fall of 2007. My executive board and I plan to make this APPNA conference’s events better than before. I feel we are in a rebuilding stage at the moment. We want to get SAYA more involved in the community, such as community service, while still putting on the events we normally do. The biggest concern right now is participation. I urge anyone who has been involved in any such activities in High School, College, in any other capacity, or simply is just interested in helping out, to contact me at shuja.shafqat@gmail.com. This is the most important thing on our minds at the moment. The more participation we have, the more ideas and experience we can put together, and the better our organization can become. We have already started brainstorming a lot of charity projects, and hopefully we can expand on this enthusiasm and bring SAYA to a new level.

- Shuja Shafqat
APPNA 2006 Summer Meeting

A PPNA summer 2006 meeting will be held at Hyatt Regency Hotel in Chicago from 5th to 9th of July. This beautiful hotel with entrance on Wacker Drive and only one block away from Michigan Avenue is located on south bank of Chicago River. Lake Michigan is nearby and is visible from most hotel rooms.

Hotel is within walking distance to world famous Wrigley Building and Magnificent Mile with architectural marvels and elegant shops. Beautiful new Millinnium Park, art and history museums, Shedd aquarium, Buckingham fountain, planetarium, and many other attractions are short distance away from the hotel.

In addition to usual APPNA programs, tennis and golf outings, Devon Avenue dining, and shopping tours are being planned. Devon Avenue has many Pakistani and Indian shops and restaurants.

Convention room rate of $89.00 per night starts from Tuesday 4th of July. Tel: 312 565 1234; Fax: 312 239 4414. You can book online. promotion code 26342

http://chicagoregency.hyatt.com/hyatt/hotels/index.jsp

Organizing committee was formed in July of 2005. It has been meeting regularly and different sub-committees have been formed to cover different aspects of the summer meeting. A web site will be activated and suggestions from general membership are welcome. Information will be mailed to members in first week of Feb.

Following preliminary program has been formulated.

**Wednesday 5th July**
- Dinner Cruise on Lake Michigan
- Sightseeing tours of Chicago- Tennis and golf outing

**Thursday 6th July**
- Exhibits
- CME
- Sightseeing tours of Chicago
- Tennis and golf outing
- Alliance dinner and entertainment
- Mushaira

**Friday 7th July**
- Exhibits
- CME
- Sightseeing tours of Chicago
- APPNA executive council meeting 2PM to 5PM
- Alumni Dinners and entertainment
- Mushaira

**Saturday 8th July**
- Exhibits
- CME
- Sightseeing tours of Chicago
- APPNA general body meeting 2PM to 5PM
- APPNA annual Banquet and entertainment

**Sunday 9th July**
- Executive Council meeting
- Departure
  - Pervez Rasul, M.D. 708/484-4488
  - Mushtaq Sharif, M.D. 630/682-0780

Please forward it to your alumni/chapters elist groups. Event Registration will be available online on new APPNA website.

Organizing Committee 2006 • APPNA Summer meeting
Above: Dr. Nasir and Dr. Shazia Kirmani (Chief Local Host Committee)

Photo Right: (L-R) Dr. Shahnaz Khan (foreground) Dr. Busharat Ahmad
(M) Mrs. Atiba Ahmad, Dr. Iqbal Nasir (M) and Dr. Khalid Riaz who pre-
sented the application from Human Development Foundation (HDF) for
status as an APPNA affiliate.

Below: (L-R) Dr. Tauseef Pasha and Dr. Shazia Kirmani relax during the
entertainment program.

(Photo Right) L-R: Mr. Wasim Baloch of Hidaya Foundation reporting
on the memorandum of understanding with APPNA. Seated Drs.
Hussain Malik and Dr. Abdul Piracha, standing Dr. Javed Akhtar, Chair
Social Welfare and Disaster Relief Committee 2005.
The three sons of famous ghazal legend Mehdi Hasan keep the family tradition with classical performances as well as more lively bhangra renditions.

The King, Elvis Presley look alike kept the dinner rocking and rolling with songs from the seventies when many in the audience were in their medical college days. The Pakistani flag backdrop gives an interesting juxtaposition of images.
My Experiences with Human Development Foundation

Yasmin Khan M.D.
Dallas, Texas

On hearing about the awful devastation caused by the earthquake in Pakistan I was very shaken. I called my family in Pakistan and was relieved to know that they were all right. It was a gut reaction of all Pakistani ex-patriots living in North America. On hearing about the massive losses of lives and the total devastation caused by the earthquakes, I immediately wanted to get on the first flight to Pakistan and help my fellow countrymen. I had forgotten at that moment that I was now an American and living far away. All I felt was that the people of the land of my birth, were in pain and I must be with them in any way I could. I called around trying to find out which organization had mobilized their resources to help with earthquake relief. It was gratifying to know that every single reputable organization was helping by sending relief goods and donations. My quest to find the right organization with an infrastructure in place in Pakistan led me to HDF. I was fortunate enough to be introduced to the central working group of this organization in North America through Dr. Naheed Qayyum of Chicago.

The main headquarters of HDF is located in Islamabad and is headed by Colonel Azhar Saleem. His prompt actions in bringing together all resources within hours of the earthquake helped tremendously. Through his efforts and the well-run field offices of HDF a group of small villages located in the remote areas of Azad Kashmir were adopted as the main area for earthquake relief. Field officers went house to house and checked for damages to homes, lives, and livestock. They brought back crucial data, which helped HDF to then distribute essential foods, medications, and tents to the earthquake victims. A field hospital was established in a large tent at Bugna Village, which served the surrounding villages such as Puttiyan, Dhana, etc, all part of the HDF project, as well as the population outside of the project, since this was the only health facility functioning at the time.

When our group from U.S.A. arrived to HDF headquarters in Islamabad, we were given a detailed update of the situation. We went to Muzaffarabad and subsequently up into the mountains to the village of Bugna and Puttiyan. What we found was a very well-organized effort by HDF to provide constant medical care to the people of that region.

I was fortunate enough to be able to serve the women of the area for their medical problems. The first day I came to the Bugna Tent Hospital, I treated many women with medical problems and was pleased to note that my efforts were hugely appreciated. The following days, a rumor had spread that a woman physician was treating patients at Bugna Hospital. As a result of this, many more women came to me from the surrounding villages. It was tragic to treat women whose faces told stories of loss of children, homes, and lives destroyed. Yet at the same time their courage was so remarkable that it humbles all of us who were there to serve them.

Such was the story of Eleeza’s mother Sabiha, whom I saw sitting at the edge of the mountain ridge at sunset in village of Puttiyan. Sitting there quietly, she embodied the tragedy of her people. When I went up to her, she continued to sit quietly looking down towards a slab of cement with some
flowers on it. I was shocked to realize that she was looking at a grave. I was informed that it was where her little baby girl, Eleeza, was buried, along with her cousin. We prayed at the gravesite and I gently asked her about her story. She was shaking, she picked up her two year old, Eleeza, and ran out of the house. But tragically, a stone had fallen and hit Eleeza on the head and broken the arm of her mother. She kept repeating that the bruise was so little on Eleeza's temple, yet she never said another word. She spent many moments describing little Eleeza's joyful personality until she suddenly realized that she was no more. Then in a very heart wrenching tone she said with a sigh, "I accept Allah's (SWT) will. Allah (SWT) knows better. Eleeza is with him." This was the saddest and most humbling moment of my experience in Azad Kashmir.

There are many such true stories of thousands of families and HDF has made a great difference. The Alaska Structures built fiberglass tents house the 10 bed field hospital providing out patient care as well as an onsite pharmacy. Any emergency cases are taken to tertiary center by the HDF ambulance. Other large tents are being used to provide temporary schools to the community, and the smaller tents serve as temporary homes for families. We must continue our efforts to not forget these people. They have gone through hell on earth. And every effort we make to help them will be rewarded a thousand times here and in the hereafter.

My thanks to HDF who helped me serve my people.

Village of Hope

Javed Akhtar, MD

The life was pretty normal in this tiny Village of Kathai (10,140) in Northern most part of Pakistani held Kashmir until October 8, 2005 when the area was rocked by a massive Earthquake of the magnitude 7.6 on the Richter scale. As one area resident put it he though it was the "Last Day" as described in the Holy Quran. He saw huge mountains crumbling like sand dunes. The houses were coming down all around him and there were screams of women and children getting crushed under the rubble as men were all out in the fields working. He himself was buried in a bunker (he is a major in the Pakistani Army) until he shouted for his guard who got him out after 10-15 minutes of digging with a shovel. He showed me a large scar on his scalp as a result of wounds caused by stones collapsing on his head. After he got over the initial shock and dizziness he and his men started digging around frantically for the survivors, army and civilians alike, from under the rubbles.

Our early response team was told about this village by a paramedic from New York who was dropped there with EMS team by a helicopter. He really pleaded to us to help these people as roads were closed and nobody had reached them. When our first team arrived there people in Kathai had not eaten in three days and they were sleeping under the sky. They literally attacked our Oxfam provided relief Helicopter but order was quickly restored by Pakistani army troops stationed there. It took several sorties by our relief Helicopters (Oxfam and Pak.army) to bring enough food, tents, blankets and sleeping bags for everyone there. A Medical Clinic (APPNA Clinic) was established right away to take care of the injured and sick. More complicated cases were air lifted to tertiary care hospitals in Islamabad.

We (APPNA) adopted Kathai as "APPNA Village." APPNA in Urdu language means "OURS." Things have changed a bit between November 10 when I first visited Kathai and December 24, the day of my last visit. Everyone has food and tents. Temporary shelters from the sheets and materials we provided are almost built with the help of Pak.army and locals. They have enough food to last thru March (the roughest time of the year because of harsh winters there). A girls and a boys school is running in the tents we provided. We are especially proud of the Marquee tent we shipped from here and it took a US Chinook helicopter to airlift it from Islamabad to Kathai. It is housing almost 72 girls school. We found children playing Cricket outdoors, a popular sport in Pakistan. The life is slowly returning to "Normal." Much remains to be done still! The Quake and the landslides have interrupted the only water supply to the Village. So as of right now the area has no running water! The only source of water is either still water or a spring about 1000 feet deep in the riverbed. It takes a normal healthy male about two hours to walk down to it and back so they can only bring enough water on their backs to drink and cook. As a result of lack of bathing facilities Scabies is rampant especially in children. There are other diseases like Ac, watery diarrhea and Measles, etc. And there are economic challenges as most men are out of jobs and they cannot farm again because of lack of water.

We have requested Pakistani army corps of Engineers to survey the water source (a major spring was feeding a canal that led to the village before the earthquake and got blocked by the landslides). We will provide the financing and they will provide the expertise and manpower. We are planning to extend the microcredit program to finance small businesses for economic development, a model successfully tested elsewhere. For young girls of working age we are going to start vocational school.

The people of this remote little village have suffered a lot and yet "HOPE" and faith lives on. I could not help noticing an elderly farmer plowing a bone dry field with his bulls when asked him what he was plowing for, there is no water? His reply was God will provide either rain or other source of water someday and I want to be ready when it comes! Now that is strong faith!
October 8, 2005, 8:53 a.m. Muzaffarabad, Kashmir, a scenic, beautiful, quiet, laid back region, where time comes to a standstill. The awesome breathtaking views of series of mountains, freshness of air, the chirping sounds of birds, rippling sounds of river, roads buzzing with vividly painted trucks, the routine of daily life for many inhabitants, changed for ever when earth trembled, mountains began to crumble, buildings collapsed, the air was filled with morning dew and rising dust. There were screaming, confusion, chaos and wailing whispers of trapped ones under the rubble.

This natural disaster brought together not only the people in the area but the entire nation. Help arrived from nook and corner of the country as well as from many nations, NGOs, and charitable organizations. USA was in forefront in providing relief assistance on all levels. After two and a half months, still there are visible signs of destruction, demolition and despair among people.

Association of Physicians of Pakistani Descent in North America (APPNA), which comprises of about 10,000 physicians, took upon this as a challenge and lead massive efforts in collecting contributions, for initial relief, provided medical supplies and above all expertise of physicians from USA.

It was a historic moment and a milestone for the American Association of Physicians of Indian Origin (AAPI) to reciprocate the earlier visit by members of APPNA to India in March of 2005. Dr. Hussain Malik, President of APPNA extended an invitation for us to visit Pakistan. Initial plan was to have three days of activities of CME, and social interaction between physicians of both countries. The plan changed when earthquake happened. The AAPI delegation was lead by Dr. Vijay Koli, President of AAPI, Malathi Koli, Psychiatrist, Jagan Pahuja, the Regional Director of Mid Atlantic Region of AAPI, Ravi Jahagirdar, Chair of Ethics and Grievance Com., Udita Jahagirdar, OB & Gyn from Florida, Rajam Ramamurthy, chair of AMA and Liaison committee and Past Chair of BOT, Dr. Virender Saini, retired Cardio-Thoracic Surgeon and Manorama Saini, retired radiologist. This trip would be a cornerstone for further collaboration between two ethnic medical organizations in the USA in areas of philanthropy, medical education and charity.

The group assembled in Islamabad from various ports in India on the 20th of December 2005. The next day we joined our colleagues from APPNA for a long arduous journey by a bus to Muzaffarabad, in Kashmir. It was a hair raising, agonizing moment for eight of us who had an opportunity to visit ground zero. The trip by a bus took about five hours on rugged roads. We saw remnants of collapsed buildings. Camps are set up in various areas and a military 212 Mobile Army Surgical hospital opened. There is a vast need of physicians in primary care area such as family doctors, internists, pediatricians and OB& Gyn.

Now that initial phase of immediate need of relief, food and shelter is almost over, now there is a bigger challenge of rehabilitation of victims and restoring normalcy as much as possible. Some of us had an opportunity to discuss with the patients.

On the second day, Dec 22nd our delegation attended the inaugural session of National Disaster Conference 2005 held in Rawalpindi Medical College (RMC). It was organized by APPNA in collaboration with RMC, National Commission for Human Development and Aga Khan University. The inauguration session was attended by the Governor of Punjab, Mr. Ryan Crocker, US Ambassador to Pakistan, representative of American Medical Association and many other dignitaries. AAPI delegation was welcomed by Dr. Hussain Malik, President of APPNA and other speakers. We were well received. In the evening social event I had an opportunity to express our appreciation. AAPI was given a plaque in honor of our visit. During the dinner reception, we visited with the Hon. Minister of Health from Punjab. An interesting observation was preponderance of women among medical students. More women are now enrolling into medical schools in Pakistan.

The AAPI delegation meanwhile visited historic places such as Punji-Sahib, Taxila museum and excavations near Islamabad. We traveled to Lahore by a bus, a long but interesting journey. Late in the evening we were invited by Lt. Gen RTD Khalid Maqbool, Governor of the Punjab at his residence. He underscored importance of our goodwill visit and suggested to continue on-going collaboration and dialogue. In Lahore, Dr. Saini who studied in King Edward Medical College had an opportunity to visit his alma mater, while Dr. Pahuja paid visit to his birth place near Multan. Dr. Pahuja was walking through the memory lane of his childhood. Throughout the journey he captured scenery, the sounds, places and moments in his camcorder. He also narrated individual heroism and sacrifice of the both sides of the fence while mob hatred reigning during the partition. Surprisingly his family of 10 children and parents were reunited after a year of being scattered all over the region.
American physicians and staff. I guess many skills we take for granted, like knowing Urdu, are very precious and can become lifesavers for many.

In addition to visiting a temporary tent school for vaccination of the School children's with the American Military preventive medicine team and attending the daily WHO briefing where all relief agencies would present their reports, I also visited the EQ stricken areas of Muzaffarabad and Chari Duppata to get a first hand acquaintance of the ground situation. It was indeed somberly to see the extent of depredation while the resilience of spirit shown by the locals was certainly very comforting. I must add that most of the horror stories that we all heard about kidnappings or mass plundering including the gory tales of chopped off hands with jewelry etc were not validated by any of the locals.

The coverage on satellite Pakistani TV channels had given me the impression that the government of Pakistan, with the support of 700,000 strong standing military, is in total control of the relief operations and at the forefront of the efforts but when I reached Islamabad airport, on morning hrs of 19th of November, I was dismayed to find that there was no outfit to facilitate those who were coming in to Pakistan to volunteer, instead I only found a desk for International Media. This was the first shock I received about the ground realities but was certainly not the last.

The relief efforts in general were typical of third world inequitable hit or miss situation with most of the aid including basic food supplies, clean water and temporary housing being provided to those living in the camps and obvious to the media, however, those living around their inhabitable demolished homes in the established neighborhoods were not receiving much support or relief. Their sense of pride prevented from begging for their needs. The fact of the matter is that amount of money government of Pakistan has promised to each collapsed roof will not ever cover the cost of clearing the debris, let alone any rebuilding.

My personal assessment is that what we see in the various Pakistani and local US media is not a true reflection of the ground situation since they seems to focus their coverage to the activities of their favorite outfits primarily the Pakistan Military, American Military and some political parties like MQM and JI etc while complete missing the many many unsung hero's including a number of NGO's and foreign relief missions who have worked selflessly for the relief effort without much recognition.

One such entity that deserves special mention is the Turkish mission who, according to military officers assigned to guard the M.A.S.H, singlehandedly provided the bulk of medical relief during the initial weeks after the and continues to do so. The chief of Turkish Medical mission happened to be an ENT physician who graduated from R.M.C. while his family was part of Turkish diplomatic corps.

On the whole I believe that the relief efforts could have been much more effective and far reaching if there was a well planned coordination by those in charge of overseeing the relief efforts. Even after many weeks after the EQ there was a sense of chaos with no firm direction seen by those visiting. Hundred of tons of relief supplies, donated from within Pakistan and sent from all over the world is languishing on the Islamabad airport and in various GoP warehouses without any cataloguing while we still hear of folks needing blankets and warm clothing etc.

Now that the acute stage of the disasters is under some control the greatest long term need for the survivors will be that of semi permanent housing like fiber glass homes etc, since I don't foresee any concrete efforts by the GOP to rebuild and rehabilitate these folks despite billion of dollars of aid. We need to step up our efforts to provide shelters for these folks who can at least live as decent humans.

Lastly I would like to commend the marvelous job done by APPNA officials and the EQ team volunteers who spent countless personal and professional hours in support of EQ victims without any due recognition. They are too many to name but we all know them very well. It is precisely because of their selfless efforts that we feel proud to be associated with APPNA. Thank you EQ team, May God bless you all and reward you tremendously for selfless deeds.
Father and son burn the midnight oil caring for the injured. Photo shows (L-R) Major Farid Sheikh USAF consulting with his father Dr. Mushtaq Sheikh (NY) regarding clinical care. Standing nearby is an anxious relative awaiting news of the prognosis. Location MASH unit in Muzzafarabad. U.S. Air Force photo by Staff Sgt. Quinton Russ

MASH Helping EQ Victims

Dividend to Biological Homeland, MASH helping EQ victims: A Father and Son Team with Passion and Commitment. APPNA and EQ Victims can never thanks you enough for your efforts.

Major Fareed Sheikh
435th MDG USAFE • Internal Medicine • Deployed with the 212th US ARMY MASH
And
Dr. Mushtaq Sheikh
Elmira, NY

11 December 2005

A

We arrived early on Oct 22 at Chaklala Airfield in Islamabad. Our group was aboard an Antonov Cargo plan, one of the largest in production. It was early and dark outside (which is not too atypical for military procedures). We had flown through Baku, Azerbaijan on our way to Pakistan. As the familiar smell of heat and diesel hit me, I was transported to memories of childhood vacations. But this was no vacation. I was here on a mission with the US Military to provide relief to Pakistan and the earthquake-ravaged areas. As a Major with the USAF in Germany I never thought that I would be tapped for such a mission. I was now deployed with Army MASH to Pakistan. Our first task was to mobilize the whole convoy and hospital; and proceed to Muzzafarabad up to the north. The task was monumental, as the direct road through Murree was closed, so we had to take the circuitous route through Gari Habibullah. The trip took 27 hours. On the way we saw the destruction that had occurred in the wake of the earthquake. There was also the unfortunate smell of decomposing human bodies that lay beneath the rubble of what was once a shelter to the natives of this region... When we finally arrived at our camp we had to start from scratch. The MASH is designed to be self-sufficient. So the well-trained Army soldiers began to erect what would be the hospital. In fact even as the additional wards were being constructed the ER tent (EMT)
was opened for business. And then they came.... The patients were tired and fatigued. They had injuries that many of us had never seen. They came in all ages, sizes, and shapes. But most of all, I spoke their language. Their eyes sparkled when they saw one of their own taking care of them at this American hospital. It gave me a unique insight into the trauma they had endured. I learned of total destruction of whole families, with one or two survivors at best. People had nothing to show for but their mangled limbs and tattered clothes. We began to treat and operate on the individuals. Our wards ICU 1 and 2, along with ICW and MCW filled up fast. As I am trained in Medicine, I took control of the inpatient care and MICU. I saw a lot of Pneumonia and CHF cases. One of the unique aspects of our care is that we have capability for 12 Mechanical Ventilators here in our ICU. So many people that would have died of respiratory failure were saved with the amazing help of our staff. There was one bright spot in this tragedy. I was able to work with my dad (Dr Mushtaq Sheikh) who is also an internal medicine trained physician. He volunteered to come as one of the APPNA doctors in support of the MASH. It was a unique experience as I was able to have my dad see what military life is like.... As well for me the chance to work with my dad was truly unique and satisfying. As time goes on and the caseload has changed from a trauma surgery to a medical one; the staff has sustained the needs of the local population. Dignitaries, VIPS, and movie stars have come and gone during our stay here in the AJK. We anxiously await our departure date; in hopes of returning home to our loved ones including Katja and Aleena. In the meantime we “march on” and carry out our daily task to provide relief to this quake stricken land with a grateful help from APPNA.

APPNA Ohio Chapter Earthquake end of year Update

Shahid Sheikh, MD
President, Ohio Chapter of APPNA-2005

Following is a brief update on the ongoing efforts of our Chapter on the Earthquake relief in Pakistan. APPNA-Ohio activities have been in 6 broad areas:

- Awareness campaigns in the Press/Media
- Fundraising
- Collaborating with other local organizations to develop a consensus within our communities to make this issue a priority
- Transfer of funds to Pakistan
- Soliciting donations of medicines/surgical supplies and their transfer to Pakistan
- Assistance to APPNA physicians seeking to serve in the earthquake zone

Let me share details with you on these items.

Awareness/Media Campaign
Ohio Chapter physicians became the face of the Pakistani-Ohio community for many in our region as the media in Ohio sought us out to discuss how the earthquake had affected us and what we were doing to help mobilize relief efforts.

Some of the media activities included interviews with MSNBC, TV Channel 10, Columbus dispatch, Messenger and other media outlets. Some of the items are as follows.

Candlelight vigil in Columbus, OH:


Much work is still ahead for all of us to make sure this disaster remains in the public consciousness and we can continue to enlist Ohio resources in the longer term rehabilitation and rebuilding efforts.

APPNA Newsletter, Vol. 15, No. 2, Winter 2005
**Acute Care Projects:**

A. A check of $30,000 was mailed to APPNA earthquake relief fund last month for acute care including winterized tents and medical help to Muzaffarabad, Abbotabad and Kathai.

B. $3,000 are allocated to be spent on sending medical supplies to Pakistan.

We rented a 26 feet large U haul truck and moved medical supplies of urgent need to Chicago. Medical supplies were urgently sent to Islamabad Pakistan via PIA. This was done with collaboration of APPNA disaster relief committee. This project was done with the help of Medhelp of Akron-Cleveland and CAIR -Ohio. Supplies were worth $250,000.00. Charges incur on this transaction are $1,030.00.

Two large 40 feet containers full of medical supplies have already left Cleveland for Pakistan by ship. This project is being done in collaboration with Medhelp of Cleveland (with the help of Dr. Syed Ijaz Ali, Dr. Bashir Ulvi and Shah Sahib of Cleveland). We were able to get the 40 feet containers on nominal cost and we shared the cost with Medhelp. These two containers had medical supplies, worth more than $500,000.00 each thus totaling to more then one million dollars worth of supplies. Third container is filling up with medical supplies and once ready, will be shipped ASAP. I am waiting for the final receipts but total cost of this project. Because of discounted prices of containers we are expecting this project to be done within $3,000.00.

**Long Term Rehab Projects:**

A. We are coordinating with Louisiana Chapter of APPNA and Dosti foundation of Toledo to participate in "adopt a village" project. Final decision is not made yet and we are waiting for the feasibility study which will be available in first week of January. Once feasibility study is available (which is being conducted by Dr. Zahid Imran of Louisiana Chapter in Pakistan as we speak) and once we are assured that project is a valid project, we will contribute between $5,000 and $10,000 dependent on available funds, to this project.

B. Ohio Chapter is collaborating with Dosti foundation of Toledo (Dr. Munir Ahmad) to help fulfill educational needs of the children in earthquake areas. Schools are destroyed and Dosti foundation is involved in primary education projects for tent villages. Ohio chapter is partially sponsoring primary school project for the village of Battal (near Balakot in NWFP) which will cost us $1,600.00.

C. We have sent another check of $15,000.00 to main APPNA office as our contribution to long term rehab project of Kathai village.

**Volunteer Physicians:**

A number of physicians from the Ohio (most of them are also member of our chapter) have gone to volunteer in the Earthquake Zone. Names of some of them are as follows.

- Shahid Atcha (OBGYN) - Columbus
- John Kashubeck (Emergency Medicine/Trauma) - Columbus
- Raza Khan (Internal Medicine) -Cincinnati
- Syed Ijaz Ali (Radiology) - Akron
- Jennifer Chapman (Emergency Medicine) - Columbus
- Bashir Ulvi (Plastic Surgery) - Cleveland
- Malika Haque (Pediatrics) - Columbus
- Bashir Mujahid Chawdry (Medicine) - Dayton

Many of them who contacted us have gone through APPNA program being managed by APPNA disaster relief committee members including Dr. Faisal Cheema, Rubina Inayat and Rizwan Khalid. They did their best to trouble shoot and help with the smooth coordination of this effort. We are very grateful for all who volunteered and those who are coordinating this project.

Our chapter is recognized by APPNA as one of the leading chapter to organize and execute relief planning (as mentioned in the disaster relief committee newsletter).

**Next Steps:**

1. Continue the awareness campaign in the broader public and develop collaborations and networks with other aide agencies for more effective coordination of the relief efforts.
2. Continue our fund raising efforts. Our next fund raising event will be in collaboration with United Methodist churches and CAIR-Ohio in February.
3. We would like to better coordinate the volunteering physicians for the earthquake relief as there will be a sustained need over the next one year.

This is just a beginning and we have a long way to go. With the help of Allah almighty and each one of us, we can prove that together we can fulfill our responsibilities to our motherland. Please continue to guide us in this effort. I am very hopeful that all chapters and alumni will also submit their reports to APPNA membership.
Thirty-Seven Seconds of Jolt and Devastation

Waheed Akbar
Past President of APPNA

I had flown directly on an emergency basis, from the fall meeting of the Association of Pakistani Physicians of North America (APPNA) in Las Vegas, to Pakistan during the last days of September, to take care of my sick mother. I stayed for one week. After she had stabilized medically, I returned to the United States, from Islamabad, on October 8th, probably one-half hour before the 7.6 Richter Scale earthquake shattered the lives of millions of Pakistanis. It, therefore, took some time for me to rearrange my patient schedule and return back for earthquake relief work. This time, my daughter, Amna, an attorney, and my son, Ahmed, a senior in high school, accompanied me, as they were anxious to contribute to the relief effort.

Our first stop was at Muzzafarabad, the capital of Azad Kashmir. I was very impressed with the dedicated hard work and enthusiasm, of every person that I worked with, but it took me a few days to realize that each one of those individuals had been directly affected by the tragedy. In spite of their loss, their concern was to help other less fortunate than them. “We are at least alive”, was the continuous refrain; “We are happy to be alive!” These people had buried members of their own families with their own hands. Normally, people share grief by attending funerals, exchanging memories, and extending condolences. After the earthquake, nobody had the time or the capability of going through the normal grieving process, everybody had the same tragedy, everybody had close family members that had died, and everybody was burying their own dead.

During my time in Kashmir, I have not met a single Kashmiri, who said that his house was still standing intact. Our host had his own house demolished completely. He had gone out of town for one day and came back to find his house a total ruin. He started describing the house, “It looks like rubble, just pieces of rock, and all my history, everything completely gone.” He could not complete his story; he was choking holding back his tears. As we talked to the people, they kept on saying, “Thirty-seven seconds, thirty-seven seconds” and then I found that was what they claimed was the duration of the first jolt of earthquake and that is all the time it took for most of this devastation to take place and the approximately one hundred thousand people to die.

There was a 10-year-old boy who had an external fixator on in the hospital. His x-rays and medical records demonstrated a diagnosis of a grade III open tibial fracture. He had lost a part of his tibia that was still missing, according to the x-rays. It had taken them 23 days to transport him to the hospital. His village was extremely remote and he had been hand carried, shoulder carried and walked to the hospital. In the United States, we would have taken a patient with a similar injury to surgery in less than six hours. Had there been a wait of even 23 hours, not 23 days as it happened, orthopedic surgeons trained in the U.S. would have given an almost zero prognosis of being able to save that leg. He was, however at that time, a week or ten days post-op and quite comfortable. I could not at that time estimate his long-term chances of rehabilitation or limb salvage as he might still end up needing an amputation. He was stoic, complaining of no pain! At no point did we ever hear a complaint from him; we were always greeted with a smile. There was this quiet feeling of heroism and a steely determination to get better.

The bazaars were full, teeming with life, and the traffic rushed at full speed. The affected people were shopping, cooking, cleaning, driving vehicles, normally conducting life, and it was hard to comprehend that most of them had lost a major portion of what they considered important in their lives. There

**Personal recounting of the resilience, spirit, and the capacity to improvise. Exemplary example of the nation coming together.**
were several pieces of rubble, which were ten feet high and looked like a stack of pancakes. People would tell us that a particular stack was a five or a six-story building or a hotel and that it had been full of people who had perished in the collapse. We saw a hotel where the owner’s family expired in the hotel when it fell but the owner was at that time at his home. His house collapsed and he died at home. The only survivor was a son, who was visiting England at the time of the earthquake. There was a whole subdivision of suburban Muzzafarabad that had been erected on the side of the mountain. When the mountain cracked, the school, most of the subdivision, and the road just slid down into the river. The slide was so massive and the debris so enormous, that the entire Neelum River was completely blocked. The army had to subsequently blast away the debris to let this rather significant river flow again. The Neelum is a major river in this area and is a notable tributary to the Jehlum River. The Jehlum River meets with the Neelum right in the middle of picturesque Muzzafarabad and from there the Jehlum River becomes a part of the five rivers of the Punjab.

All around the brick and mortar hospital building were tiers and tiers of tents. I initially thought that volunteers, aid workers, or visitors, were being accommodated there. To my chagrin, I discovered that those tents were actually hospital wards including intensive care units. Patients were out there, in the cold, in those tents, postoperatively, with external fixators on, casts on, and their limbs exposed to the elements. I don’t even want to imagine what it was like for them at night. My children and I, while in Kashmir, went to sleep with three or four layers of clothing including at least two socks, a cap, long Johns, and sweaters, under a blanket, with a space heater on, in a normal room, in a normal house. In spite of all of that, we would still be freezing throughout the night. It was bitterly cold.

Kashmir is beautiful; it is green, verdant, vibrant, and extremely picturesque. The Mughal Emperor Babur after visiting Kashmir had said, “If there is paradise on earth, this is it, this is it, this is it’. As I had toured these areas after a considerable time, I was struck by the excellent preservation of the trees and shrubs and this impression was reinforced by the information provided to us by a local guide and the people who have lived there. The reason for that seems to be the easy availability and access to electricity, which has decreased the need for wood as fuel. Natural Gas and Liquefied Gas are readily available, transport well, and are being widely used. This has been a boon for the flora and fauna of the area. At this time of the year, the trees were showing fall colors and the evergreens were striking in their deep green. The contrast between the misery, suffering, and devastation surrounding the absolute serenity of the green mountains and the snow-capped peaks in the background reflected the Omnipotence of the Almighty.

As we traveled the various valleys, villages, and mountains of Azad Kashmir, we came across multiple tent cities, housing hundreds of families. Thousands and thousands of tents have been
donated and it was obvious that not only were they needed but that they had been widely utilized. One could only truly appreciate the scale of the devastation during a helicopter ride. There were miles and miles of ruined habitations, which encompassed thousands of acres of beautiful mountains and valleys. It is hard to explain the extent of the wreckage to somebody who has not seen it directly themselves. Every few miles we could see a whole new tent city that appeared ghost-like in an instant. We later confirmed that there were families utilizing those tents, sometimes ten to twelve individuals in one tent. My children, Amna and Ahmed, wondered as to what the local people had done prior to the arrival of the tents. The chilling answer they received was that everybody was sleeping under the sky. October is extremely cold in Kashmir.

We were transported by helicopter to possibly one of the most remote areas affected by the earthquake. There was an international volunteer group in place. A Russian helicopter with a Russian pilot and crew was being run by an American team, coordinated by a British lady from Trinidad, managed by an American physician of Pakistani descent in Islamabad, who in turn was being overseen by a local Pakistani woman physician, who, when she visited the helipad, drove a car while wearing a full hijab (veil) and impressed everybody with her cool efficiency. It was heartwarming to see the diversity of help from all over the world. There were piles and piles of different types of food, clothes, medications, which were being delivered. Helicopter flights could be heard almost continuously. There were traffic jams on the highways from thousands of trucks delivering goods and medical supplies on an ongoing basis. I saw scores of convoys of relief goods being sent by multiple organizations. Food was being transported, housing in the forms of roofs to shelter the people being sent. Even a few miles, there was a convoy of ten to thirty trucks, which were headed towards Muzzafarabad with relief goods. We also came across a convoy of trucks with a familiar sign indicating that they were being run under the auspices of the Human Development Foundation of North America. The tremendous effort of the Pakistan army, the Pakistan army, and the world large was obviously at display. There were of course logistic difficulties. The terrain is extremely difficult and traveling conditions can be quite impossible. Some areas had problems of oversupply and other areas had a dearth of supplies. However, this was not from a want of effort, some places were too difficult to access even with the helicopters.

We delivered 500 sleeping bags to a remote village called Kittai, which has been "adopted" by APPNA. Kittai is in an area where apparently there is two to four feet of snow in the winter. Originally, most of the houses had tin roofs. The locals salvaged them after the earthquake and they have constructed temporary shelters with these roofs over their heads with some fire to keep warm. Lighting fires in the tents otherwise is a considerable hazard. The rescue teams had not reached Kittai until about three weeks ago and as of two days before our arrival they had found another two dead bodies of a mother and child. The final stages of the funeral service, 'The Soyem', were being conducted at the time we reached the village. The devastation was completely shocking. It reminded me of the movies from the Second World War, which depict the bombing of Dresden by the Allied Forces. All we could see was rubble. There were 127 homes; each one of them was completely destroyed. People were basically reduced to living in tents. The school was conducted out in the open, the children were sitting enjoying the warmth of the sun, the teacher was apparently sick and volunteers were playing games with them that day to keep them involved. APPNA, the Pakistan Medical Association, and the Islamic Medical Association have also started a dispensary and a doctor had been available in that area for the last several weeks. Villagers were also being immunized and the dispensary had quite an array of medications available.

The Pakistani army is working full force, very courteously, and is omnipresent. As we watched their interaction with the villagers, we were impressed by the general respect that they evoked by their dedicated commitment and hard work. The villagers were obviously very grateful to "the Jawaan" of the Pakistani Army. The Major in charge of APPNA's Kittai village told us that he was covering 16 villages, with a population of about 26,000. He told us that at least 4,000 people had been killed, another 4,000 had been injured, and nearly one hundred present had lost their homes. In spite of that, he felt that the people had a lot of spirit, were trying to put things behind them, and were moving forward with their lives. As we toured this area, we literally saw complete sides of the mountain completely dissolved, fallen into the ravine and then into the river at the bottom of the valley. Part of the fallen roadway could be visualized, hundreds of feet down the mountain. As we flew in the helicopter, we could see several areas where there had been a mudslide, blocking the original river stream, separating it from the down river channel and causing the river to create a new tributary. As an orthopedic surgeon, I would describe it as an "hour glass" type of deformity of this river following very fast rapids, which we could hear even from the height of the helicopter. Probably half a kilometer or more of road surface had literally slid down the mountain into the ravine. The Pakistani army had already reconstructed it in a more medial position for immediate transportation.

There were miraculous stories of survival. 'Jissey khuda rakhey, ussay kaun chakhay' (nothing can destroy, that which God keeps). There was a freestanding outside shower in one of the army camps that was being used at the time of the earthquake. The shower (head) fell all the way to the bottom of the ravine, the person taking the shower walked across to the other side of the river, borrowed somebody's sheet, covered himself, and came back unscathed - not
injured at all. Another child, possibly five or six years old, slipped down with the mud slide and thought that it was the most enjoyable ride that she had ever taken. She did not realize the serious nature of the event and went back to the village to find complete devastation.

I want to recount the resilience, spirit, and the capacity to improvise and learn of the Kashmiri people. One day I was walking with a Pakistani Army Major and one of our own, American, six foot two inch tall, blond, blue-eyed U.S. soldier, when an old man who looked quite illiterate, walked up to us and greeted me and the Pakistani Major with the typical Pakistani greeting of "Assalam u Alaikum" (peace upon you) and then surprised me by turning around to our friend, Dave, and saying, "Good morning, Sir", in excellent English. The other interesting thing noticed by Amna was that a little girl, without realizing what a serious catastrophe she had gone through and was still probably going to face, as the winter draws in, said that she would prefer to live in a tent than a regular house. She thought that it was fun as if all of this had been a backpacking trip. People everywhere seem to be going about their business as well as they could. There were at least three, maybe four or five, fresh graves, which we saw during the last few days in spite of the fact that the earthquake at that time was almost six weeks ago. Bodies were continuously being found under the rubble.

I have come back with a great deal of respect for the Pakistani people. Individuals, businesses, and groups of friends have been feeding three "square meals" to thousands of people for the last six weeks on a private basis, and have opened a lot of "soup kitchen" style food stations. Most of the people that we talked to were doing this entirely out of their own pocket, totally out of the goodness of their heart, and said that they would continue to do it as long as they could afford to run the kitchen. Most of them thought that they would continue to do it for the next three to six months. Typically, food stations would provide food three freshly prepared square meals per day to a whole tent city of a thousand or more individuals, completely, with no questions asked. And then there was the question of honor and pride! Previously well to do people had suddenly lost everything. It was against their code of honor to ask for help. Some families were literally starving and too proud to ask for food and had to be coaxed gently into accepting help.

At the present time, the doctors are concerned that the surgeries have not been done in optimum conditions and the chances of chronic infections from the iatrogenic processes are very high. Another looming tragedy is the number of people who have lost limbs because of amputation. An educated estimate is approximately one thousand amputees, who will need artificial limbs. The international committee for Red Cross (ICRC) has undertaken to build a manufacturing plant within the next few months. This will be permanently setup in Muzaffarabad and will manufacture about 3,300 limb prostheses during the next year. This will provide the needed follow-up on an ongoing basis to the amputees. An adult needs a new artificial limb every two or three years and a child every six months for obvious reasons of wear-and-tear and change in size, etc. There are also patients with paraplegia secondary to spinal cord injuries. They will need short-term, long-term, extended care, and rehabilitation. An international effort is needed to set up a center of excellence for chronic care and rehabilitation of the spinal cord injured paraplegic patient.

The major concern remains that as winter sets in, the cold will continue to seep in the tents and the death toll could even double in the aftermath. There is an urgent need for providing permanent housing. After we left Kashmir, I was blessed to visit my mother in Faisalabad for a few hours before departing for the United States. She looked more robust than she had done in the last six months. I reached the United States safe and sound, that Sunday night. I received the news that she had peacefully passed away the next morning in her sleep. I intend to go back to Azad Kashmir a few times this year. I will not be able to ever visit my mother physically, but her prayers will accompany me everywhere.
January 7, 2006

Ramadan is hard enough as it is. Why did Pakistan’s worst natural disaster have to happen then? What was God thinking? You see it is harder for me than the average Pakistani mourning our national tragedy. I have to relive mine: the loss of two brothers ages 14 and 15 in a car accident when I was 12, and then the death of my father, while playing tennis, five years later. I feel like quite the tragedy pro.

I regressed and relived after 9/11 as well, for a week later, the tears would not stop, so work had to. This time every evening hung heavy as GEO carried endless coverage of the devastation and I sat clutching the remote, glued and gaping. “Enough, Ammi!” my daughter Faiza would say, as she tried to wrest the remote from me. The silent stream of tears would leave me too drained to fight her.

It’s been decades since our lives were shattered, and I think, all told, my mother and I have done rather well. After all I conquered the grueling workload of Medicine and became a doctor. And yet when I grieve in face of such tragedies, a friend suggests that I might have post-traumatic stress disorder (PTSD) and that therapy might help.

I agree, I may well have it; for generally it is natural disasters that snatch away three people from one family. PTSD is a condition that typically occurs after witnessing or experiencing a traumatic event, such as an earthquake, and it is typified by flashbacks, nightmares, sleep disorders, a sense of estrangement and an increased propensity toward depression, alcoholism and drug addiction. Treatment is largely based on therapy and in some cases medication can help.

With the magnitude of the earthquake, there will be essentially an epidemic of PTSD. And how can there not be? To have the earth move wildly under your feet and then have concrete come crashing down and have you buried for an interminable period, screaming for help and hearing the cries of others and then perhaps silence, is enough to give PTSD and more. The four-year old with blood shot eyes sits on the hospital bed, her saucer-wide eyes just stare, her face blank. She has stopped talking, she either stares or sobs. A man searches the rubble with his bare hands even days afterwards, only so he could find the bodies of his wife and children, and get closure.

The stages of grieving explained by Elizabeth Kubler-Ross apply so predictably. The first stage of denial or disbelief is one that is rampant in the survivors. The older children and adults speak about the tragedy as though it had happened to someone else. With flat expressions they matter-of-factly reel out family casualties like one would a grocery list.

“My mother died, my brothers did also; my father was buried under the rubble but they got him out.”

How does one make peace with 87,000 dead, over 90,000 injured and 3 million homeless? And the Himalayan winter has now come with a vengeance, and will only spike those figures.

How can a country that had the sketchiest of infrastructures, ever be able to withstand this monumental challenge? There was scarcity of potable water, high illiteracy, poverty and unemployment to start out with; now it seems Pakistan’s economy and development have been set back a century.

The sole sliver in this gloom is the manner in which this national catastrophe has galvanized Pakistanis. Individual and collective efforts are so dramatic that you want to cry all the more. From man-on-the-street to rock star, the collective consciousness of the nation has changed. God works in mysterious ways they say; not only did this happen in Ramadan when zakat is traditionally at its peak, the national malaise that had engulfed Pakistan has gotten a powerful jolt.

Questions about end-times, tests and punishments swell in each mind. Sheikh Abdul Qadir Jilani in his discourses compiled as Futoohul Qhayb or Revelations of the Unseen, does wonders in helping to distinguish between a test and a punishment. It is a test, he says if in the face of calamity, the person has patience, fortitude and a sense of inner calm. According to him, the one that reacts with bitterness, anger and vociferous complaints is probably being punished. All of us have, of course, our own moral inventory, a quick scan of which can be rather revealing. Man is tested to elevate his spiritual station, and harsh events such as these erase sins very effectively.

Monday morning quarterbacking a la Islam now blames the rising materialism and hedonism in Pakistan as having invited God’s wrath. Unable to figure this I asked Imam Dr. Muneer Fareed, Professor of Islamic Studies at Wayne State University, whether Pakistan was being tested or punished. “All of life is a test, including the calamities that befall us” he said. “Pakistan is certainly being tested individually and collectively. A nation established in the name of religion has a far greater responsibility than a nation established to preserve ethnicity or nationality. All of the teachings of Islam that speak to humanitarian values apply with greater poignancy to a nation like Pakistan. In addition to the materialism argument, which may well be true, Pakistan needs to reexamine its moral compass, its raison d’être, for now more than ever, it is being asked to compromise its principles in the national interest or worse still in the interest of global mavericks bent on molding the world in their own image.”
"What about end-times" I asked for certainly by Biblical and Quranic tradition the world seems to be ending. He explained that the relevance of global end-times is negated by the fact that what we will notice as individuals is not global end-times but our own deaths. At a time of extreme national suffering, we are best advised to shelve the philosophy and concentrate on practical rehabilitation of the victims. People will deal with PTSD at their respective pace. It takes a minimum of three months for the bereaved to accept, at a subconscious level, that their loved one is gone. There is also a vicarious PTSD, like my crying evenings. Extrapolated there is a national PTSD, a pall of despair, periodic disorientation and detachment, flashbacks and insomnia.

No amount of therapy can rewind and redo those deadly minutes. The flashbacks and the memories are here to stay. I have donated and facilitated, but seems my only tribute, really, are my tears. Not just to the dead; but to those that die every day they live.

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APPNA’s Disaster Relief Conference Report

Saud Anwar, MD

Rawalpindi, Pakistan
December 22nd and 23rd.

The Association of Physicians of Pakistani Descent of North America (APPNA), with Rawalpindi Medical College in collaboration with National Commission for Human Development and The Aga Khan University took a very important initial step towards evaluating long term perspectives of Disaster Management. While APPNA members and all people of Pakistani continue to work and focus on the immediate and intermediate needs of this disaster, it is critical to look at the strengths and weaknesses of the current health care systems response toward the disaster. Dr. Saud Anwar, the Chair of the Scientific Committee of this conference mentioned that this conference is envisioned as the first organized step towards enhancing the current health care system to be better equipped for the later phases of the current challenge and future disasters. The conference title is POST DISASTER HEALTH CARE SYSTEMS IN PAKISTAN: A NATIONAL AND INTERNATIONAL CHALLENGE.

This Disaster conference attracted a wide variety of experts with experience and knowledge of disaster preparedness and building of health care systems. The different organizations, institutions, disaster groups, and stake holders represented in the conference along with APPNA include, the Government of Pakistan, Rawalpindi Medical College, National Commission for Human Development, Aga Khan University, Higher Education Commission, Pakistan Society of Emergency Medicine, Pakistan Medical and Dental Council, Pakistan Medical Association, Pakistan Islamic Medical Association, Ayub Medical College, Punjab Emergency & Ambulance Services, Rescue 1122, and the Pakistan Army to name a few. Amongst the International groups the participants include representatives affiliated with, Johns Hopkins University, Harvard Medical School, USAID, Save the Children, Rush University Medical Center, University of Connecticut, Arizona Department of Health Services, American College of Surgeons, WHO Collaborating Centre, Center for Public Health Preparedness and Disaster Response, American Medical Association, Ephesus Emergency Medicine Training and Research Center Izmir, Turkey to name a few.

The conference discussed four broader topics, including

a) Focus and plans for rebuilding acute health care system post disaster (including an effective and efficient national emergency medical system)

b) Developing health care personnel proficient in disaster management, (including improved education of nurses, emergency medical technicians, and doctors to have improved knowledge and preparedness of disaster management along with making emergency and disaster management as a separate training faculty and specialty in Pakistan)

c) Increasing knowledge and understanding of psychiatric and rehabilitative dimensions of disaster along with the health care of internally displaced people and women and children issues with disasters.

d) Enhancing the existing district development system including a need based health care system for providing disaster support.

The conference included main sessions and speeches from the various experts followed by 4 strategic planning sessions (as mentioned above). The expert spent time will spend time discussing the ways of implementing changes to enhance the current systems.

Dr. James James, Director of American Medical Association Center for Public Health Preparedness and Disaster Response, mentioned how impressed he was with the level of organization and commitment of the organizers. He commented on the excellent quality of presentations and focus of the different presenters. Dr. James Fowler with extensive experience in set-
Dr. Stephanie Rosborough - Harvard Medical School

standing up disaster systems in Turkey evaluated the plans for higher education in Emergency Medicine with Dr. Junaid Razzak of Aga Khan University and mentioned that the current planned curriculum for Emergency Medicine residency appears better than the one in Turkey. He however also mentioned that the success of the disaster and health care systems depends on the commitment of the government and the ability of the government to collaborate, communicate with the civil society and the institutes. Dr. Mussadik, Principal of RMC mentioned that it was time to change the curriculum of the Medical schools to start focusing on disaster related education and training. Dr. Rashid Jooma representing the PMDC joined in this similar perspective wholeheartedly.

Dr. Stephanie Rosborough from Harvard Medical School and Harvard Humanitarian Initiative agreed with the proposal and suggestion and added that the strengthened primary health care systems act as a very important buffer to help sustain any disaster. She spoke on the health care issues of the internally displaced populations.

The disaster conference has lead to a set of general and specific recommendations, which will serve as guidelines for a future disaster plan. This conference will serve as a guide for the stakeholders to work with, and to be better prepared for disaster. Dr. Saud Anwar summarized the discussion and the views of the conference, which included the principles of commitment, communication, collaboration, coordination, continued planning and capacity building. He stated that this should now be the beginning of an era of preventive approach and safety and preparedness culture. A need for a multi-prong, top-down and bottom-up approach was suggested and focus on Hazard risk and hazard mapping plans along with improvement in the Pre-Hospital level of care with specific focus on a volunteer based national movement, and strengthening the primary health care model as a back bone followed by a nationwide trained and appropriately equipped EMS services. The 2 models of EMS services were discussed with focus on each models strength and weaknesses. An increase in both horizontal and vertical growth of the system was stressed. Dr. Anwar further stated the need to strengthen the hospital emergency level of care, with a focus on re-evaluating the medical and nursing education. An important and critical need for paramedic and EMT (emergency medical technicians) was stressed. A need for special focus on the vulnerable populations, internally displaced people, understanding and appropriate implementations for the psychiatric and rehabilitative dimensions of disaster were discussed. A group discussion was held between multiple groups currently involved in the physical and mental rehabilitative activities after the current disaster.

The recommendations and the disaster conference declaration was read by APPNA’s President elect, Dr. Abdul Piracha on behalf of Dr. Hussain Malik. Dr. Raza Bokhari, the conference chair thanked all the collaborators and participants and especially Dr. Muhammed Umar, Professor of Medicine at RMC and Dr. Saud Anwar for their role in this conference.

**DISASTER CONFERENCE SUMMARY**

Following principles were agreed upon by the participants from all different backgrounds of health care at the conference.

**Important Guiding Principles for Disaster Planning and Management**

1. The current situation and management plans though helped in sustaining the disaster are not enough at this time from long-term management perspective.
2. It is critical for sustenance of a disaster plans to have alliances and partnerships amongst different stakeholders.
3. The disaster plan and management of the country remains a responsibility of the administration with importance and need to have support system from all other stakeholders.
4. The use of coordination, collaboration, communication, capacity building and continued planning of all stakeholders remains of paramount importance.
5. Investment in education of masses and disaster managers remains a cornerstone of an effective plan.
6. Work should be services based along with research centered and data-driven work.
7. Development of accountability, transparency and trust between stakeholders would help ensure sustainability and collaboration.
8. All stakeholders must continue to learn from the current and other disasters.
9. Need for a paradigm shift in the mind frame of the people with now focus on not on reactive processes, but more focus on the preventive and preparedness and safety culture.
10. The successes of disaster management processes are dependent on the political will and understanding of the administration.
11. Effectiveness and preparedness may require a multi-prong approach including the top down and bottom of approach simultaneously to meet in the middle and improve the situation.

The conference discussed about the:
A) Future disaster policy recommendations and needs
B) Current disaster recommendations and needs.

A) FUTURE DISASTER POLICY RECOMMENDATIONS AND NEEDS
Reevaluation of hazards risks and hazard mapping across the country.

Pre-hospital care.
Part I: Focus on the first responders’ volunteer-based system with education training across communities especially high risk communities with specific focus on high risk situations for those communities to be bound with a primary healthcare system while educating the people.
Part II: Effective primary healthcare based on district healthcare system and that would serve as a backbone to sustain the injuries and any type of disasters.
Part III: EMS Paramedical System education with horizontal and vertical coverage and disasters and evaluating current models with specific focus on strength and weaknesses of each collaborated model. Model a: 1122 model, which actually is a high resource sensitive and is for CPSP’s (College of Physician’s and Surgeons Pakistan) acceptance of the above.
4) Residencies and fellowship programs need to be created.
5) Need for education based systems with need for specifically the paramedical education plan.
6. Understanding and special focus on the treatment and management of the following
1) Psychiatric dimensions of disaster,
2) Rehabilitative dimensions of disaster and
3) Special issues for vulnerable population management
4) Disaster specific training with focus depending on the types of disasters as they are not restricted to earthquake alone, and
5) Internally and externally displaced population studies and management plans.
Other components of disaster plan, which include the non-healthcare related parts like structural evaluation and management, specific management situations and economic stimuli that may be needed in the area.

Drs. Anwar, Fowler, Rosborough and James
B: CURRENT DISASTER NEEDS AND RECOMMENDATIONS:
1. Development of a general network of individuals interested in disaster management, and currently involved and interested in disaster management in Pakistan under a single platform.
2. Specific networks that were created with focused areas of interest including:
   a) Orthopedic surgery
   b) Rehabilitation medicine
   c) Emergency medical services network to help build on current systems strengths and weaknesses.
   d) Primary healthcare services in the country, which would serve as a potential early backbone towards the disaster planning.
   e) Psychiatric services network.
3. Development of a task force on psychiatric issues to highlight the need and future evaluations of a disaster psychiatric setup, which would include providing services:
   a) Coordination of services of psychiatrist from out of the countries who are willing to contribute their time and expertise on a regular basis in Pakistan.
   b) Set up of a screening methodologies to help identify children who are at a higher risk.
   c) Explore a potential study in Pakistan to try and prevent PTSD/anxiety and other common psychiatric ailments that occur post large disasters.
   d) Education programs for community mental health workers amongst others.
   e) Education program for PCPs in Pakistan for identifying and treating common disaster related psychiatric issues.
4. GAP analysis of the current status of plan within the country with respect to EMS coverage and different models with each model’s strength and weakness.
5. Hands on training about disaster management with respect to the multiple components of disasters to a large number of practitioners involved in disasters including representative of NGOs, about 50+ physicians from army, and large number of medical students.
6. Basic Disaster Life Support and Advanced Disaster Life Support programs to be initiated in Pakistan universities.

A Road Trip to Kathi
“A Village of Hope”

Mahmood Alam, MD

A paramedic from New York who was dropped there by a helicopter with other team members. They communicated to Dr. Saeed Akhtar about the bleak situation in Kathi weeks after the October 8th disaster; no food, no shelter, road access closed due to landslide! APPNA Executive Committee (EC) immediately acted upon recommendations of our liaison in Pakistan and the Social Welfare / Disaster Relief Committee (SWDR CO). Tents, blankets, food, and a large tent for Girls’ school were airlifted to the area and a clinic was established by APPNA.

Kathi, a village that is located about 55 Kilometer (KM) north of Muzzafarabad. It is a valley next to the small town of Chinari where significant destruction, death and disability was caused by the earthquake. Khai had a population of over 1000 people out of which 122 died and 87 got injured and about 10-15 was disabled. About 235 homes were demolished. The “Barah Hazari” peaks (twelve thousand feet high mountains) surround the area including the valley of Kathi.

It was a little over 6 hour long ride with a local experienced driver from Islamabad to Kathi. The road from Muzzafarabad to Hatian Balla to Chinari and then to Kathi was significantly damaged due to massive landslide. The military had reconstructed the road at many places and we had to cross three makeshift suspension bridges to reach our destination. We were escorted by a school teacher from Chinari to Kathi thru a very steep winding down road that was recreated at many places by the military. His Boys school was totally destroyed killing scores of students and some teachers.

APPNA is considering adopting the rebuilding of this village as a model, a village of hope. There is no water. The main artery feeding the Village from a remote spring was cut off by the earthquake and mudslides. Villagers have to walk down to either stagnant water or a spring about 900-1000 feet deep taking almost 2 hours trip.

Due to lack of clean running water diseases like Scabies and Gastroenteritis are common. No farming for food or livelihood is possible. This is a major healthcare issue. A projected cost of $50,000 is suggested to get water from the stream to this village. Building of demolished houses is a major project that can be achieved with the help of other Non-Governmental organizations (NGOs) as well as the local government. Building of both Boys and Girls school is well within the reach of APPNA. Lack of proper health care facilities and immunization program necessitates building them a permanent Clinic with a paramedic/nurse stationed permanently and a local Doctor visiting twice a week. We should implement a clean drinking water and immunization program and other programs using APPNA-Sehat model. A budget of at least $250,000 is being suggested and needs to be approved in the upcoming APPNA Council meeting.
Three days after the devastating earthquake that hit Pakistan on October 8, 2005, upon the request of the Government of Pakistan, the Canadian Government deployed an inter-departmental evaluation and assessment team to Pakistan with the task of working with relevant authorities and international agencies to identify intermediate actions that Canada could take in support of relief and recovery efforts, including the possibility of deploying Canadian Forces assets such as the Disaster Assistance Response Team (DART).

On October 14, based on the recommendation of the evaluation and assessment team, Prime Minister of Canada announced that the DART would deploy to the earthquake affected region of Pakistan. The first flight of DART equipment left for Pakistan on October 15, the first flight of main personnel on October 16. Once the camp was set up the DART was declared fully operational in Pakistan on Oct 23, meaning that clean water production and the treatment of victims was underway. The DART consisted of a total of 215 military personnel, out of which 51 formed the medical platoon. The team also included representatives from Foreign Affairs Canada and Canadian International Development Agency.

The DART area of operation was in the Muzzafarabad region in the Jhelum valley. The main camp, the static medical clinic and one of the reverse Osmosis Water purification units (ROWPU) were in the town of Gharhi Dupatta, which is located 15 km southeast of Muzzafarabad. Personnel were also located at Hatian Bala and in Muzzafarabad to support ROWPU operations and a small detachment of liaison and support staff was stationed in Islamabad.

In order to enhance DART’s ability to distribute relief goods in Pakistan’s mountainous terrain, the Canadian Forces contracted the services of a Kamov 32 (KA-32A) medium lift helicopter. This Canadian leased helicopter flew a total of 110 flying hours in support of the DART, inserting mobile medical teams, evacuating patients and transporting humanitarian aid.

The DART provided medical treatment to 11,782 patients, which included 7,000 treated by mobile medical teams, 2,637 in the static medical clinic, and 2,145 who received immunizations. The mobile medical teams operated in remote locations that could only be reached by helicopter or traveling on foot. Almost half of the DART’s medical personnel that deployed to Pakistan were female. This was important since they were able to provide medical treatment in this area, where female patients may have been prevented from consulting male healthcare providers. Prior to DART’s redeployment back to Canada our winterized medical clinic was donated to the Pakistan Red Crescent Society operating in Gharhi Dupatta to carry on medical care for the long term.

DART operations concluded on December 1, 2005 once the local government; international and non-governmental organizations were in place and committed to ensuring medical care and clean drinking water in the area for the long term. The DART personnel returned home on December 9, 2005.

The DART deployed because Canadians care. During the course of the mission the DART distributed more than 3.8 million liters of pure water and distributed more than 540 tons of humanitarian aid. This deployment of the DART to Pakistan was a success, and received wide praise from NGOs, the World Health Organization, NATO and the Pakistani Government.
Using a reliable source of light (sun) Dr. Saeed reads a chest X-ray.

A child being examined is afraid despite being in the arms of his father. Lt. Col. Dr. Arshad Saeed from the Canadian Air Force team renders medical aid as he auscultates the chest of the child. (Photos courtesy of Les Perreaux)
Earthquake Relief Mission 2005

Dr. Parween Khan
Staten Island, NY

Imagine living in which everything you hold dear is destroyed in a matter of seconds. Now add to this cold, hunger, and desperation and you may have an idea of how the survivors of the earthquake in Pakistan feel. While watching the misery of my people I felt compelled to do something other than just donating some money or clothes. I knew that there were many children suffering and since I was a pediatrician I thought my best calling was to go to Pakistan and actually help the victims. However I did not know where to start. I knew along with many other groups that APPNA was involved in the relief efforts so I decided to give them a call. While waiting for a definitive response from them, I had contacted major hospitals in the worst hit areas of Abbottabad. The hospitals that I was actually able to get in contact with were: Ayub Medica, Shahina Jamil Frontier Medical, District Headquarter Hospital of Mansehra and the Abbasi Institute were the only hospitals in Muzzafarabad. I requested them to fax me the medical, surgical, and orthopedic equipment that they needed to help the earthquake victims. These requests were then forwarded to various non-profitable organizations, local hospitals, medical personal and APPNA. I also appealed in the local newspapers, but most of the supply was provided by the Pakistani Civic Association.

Fortunately I received a great deal of support from both community and non-community organizations and also from APPNA, but most of the supply was provided by the Pakistani Civic Association of Staten Island. Since I am only one individual I was limited in the amount of supplies I could bring with me. But I brought as much possible as one person may bring. Some of the supplies that I took with me were: an anesthesia machine, ekg machines, pulse oximeters, various surgical supplies, and $10,000. Many organizations pledged their support and donations but one group that stuck out in my mind was a small Jewish organization that approached me to volunteer to support 5 amputee children. They stated that they would arrange to bring these children to the United States and provide them with prostheses and support before sending them home. This organization has done similar procedures with children from Iraq. It is touching to know that no matter the quarrels of society that we can still come together in tragedy to help our fellow men. Furthermore I have initiated the idea of donating $35-50/month to support families that are suffering in Pakistan.

Gulzar, a 15-year-old girl who is mentally retarded and her right leg was amputated (Nov. 5, 2005).

Dr. Parween Khan in Balakot.
Samia, a 1-year-old patient whose right leg was amputated.

Dr. Parween Khan in Balakot.

Although I can sit for days and talk about the heart breaking and inspiring stories, which I witnessed in my 3-week stint, there are some that just stick out. Getting to many villages was a tremendous feat in its own, due to the fact that mudslides and landslides blocked most of the roads on the mountainside. One village in particular was Hangrahi, this is a village 7500 feet above sea level. Our driver circumvented roads that seemed impassable to get to this village. We were the first doctors to reach the top after going through many mudslides; landslides and traveling around the mountain in circles, to finally find hundreds of people living in rubble with not even a band aid. Helping these people gave me strength to help more victims. A specific case that sticks in my mind is of a female, which I saw at Mansehra Tent Hospital. This person was badly injured in her neck and on top of that had a large goiter, which was furthering her suffering and complicated her breathing. She was not allowing any male doctor to examine her. I saw her helped with her superficial wounds and I convinced her to allow to be seen by the male surgeons to operate on her. A moving case took place when I was walking on the roadside to another camp when a woman approached me with a limp infant in her hand stating that the baby's mother had died and was afraid that the infant was also dead. Fortunately I found a heartbeat on the child and rushed her to the hospital. The child was severely dehydrated and was taken care of in which she fully recovered. Another case entailed one-month-old who was amazingly found one week after the earthquake. He was barely alive when I saw him. He was malnourished, and covered with fungal infections but by the grace of Allah lived and recovered. A touching story to me was that of Khatib-Un-Nisa, a 30-year-old female, who had deep wounds and double fractures her arms and left leg. Sadly her son and two of her daughters died in the town Garhi Habibullah, Balakot and herself was scheduled for double amputation. Remarkably she still had high spirits and thanked Allah to be alive. Her courage and fortitude gave me inspiration like none other. This made me think about all the luxury we have in the US that we take for granted.

I was able to gather bio-data and information of the 5 children with amputation requested by the local organization and also 100 families of earthquake victims with serious problems ranging from amputation to children of whom both parents have passed away. Inshallah, I will work on trying to find support of these families. Although it may not be feasible but even if every other Pakistani physician donates his/her time or fund to the cause that the problem would be alleviated ten fold. The rewards of volunteering ones time is that which will be granted in this life as well as the afterlife. Thus I encourage everyone to do as much possible in their means to do something for the less fortunate who are suffering in a country in which you have deep rooted ties to. If others who don’t even know where Pakistan is on the map until recently can help there is no reason why medical personal of South-Asian ancestry can’t.
Thank You, Dr. Husain
for your efforts with Katrina and the Pakistan Earthquake

Introduction by Dr. Zahid Imran

How many of us have heard the name of Dr. Arshad Hussain? I guess not many. But all of us have heard the tragic genocide in Bosnia, the ravages of war in Chechnya, the earthquake in Gujarat and Turkey. We all saw images of death and destruction wrought by Tsunami. In more recent history our TV screens were filled with images of desperate humanity hit by Katrina. All of us wept at the sites of mass graves in Pakistan of children buried under the rubble of their Alma mater. But there was one man who was there to help and mend the broken hearts. That man is Arshad Hussain.

He is truly a citizen of the world. He was my motivation to come to United States for residency training in Psychiatry. He is involved in projects all over the globe yet able to find time for his community in Columbia Missouri.

I salute his determination and grit to continue to work on what he believes in without thinking in terms of success, photo opportunities or recognition. It is our job now to at least acknowledge and take pride in his accomplishments, as after all he is one of us.

Arshad Husain, M.D., is currently a professor of Child Psychiatry and Child Health, as well as Chief of Child and Adolescent Psychiatry at University of Missouri Health Care in Columbia, Missouri. Born in India, Husain received his medical education at Dow Medical College in Karachi, Pakistan. He continued his specialty training in psychiatry in England at Maudsley Institute and in Canada at McGill University. Husain completed training in child psychiatry at University of Missouri-Columbia.

Husain is a fellow of the Royal College of Psychiatrists of England, the Royal College of Physicians and Surgeons of Canada and of the American Psychiatric Association. The American Board of Psychiatry and Neurology, both in general and child psychiatry, certify him. He joined the Department of Psychiatry at the MU School of Medicine in 1970.

In addition to his teaching responsibilities as the Director of Training in Child and Adolescent Psychiatry at MU's School of Medicine, Husain has published over 65 papers in noted medical journals (including the American Journal of Psychiatry and the Canadian Journal of Psychiatry), scientific proceedings and book reviews on adolescent psychiatry and on psychiatric education and teaching. He is the author of five professional books on various aspects of child psychopathology, and is a member of twelve professional international societies, where he has been elected to key administrative positions.

Husain is known for his research on sexually and physically abused children, as well as his work with war traumatized children in Bosnia and Herzegovina. Since 1994, Husain and his trauma teams have made more than 20 trips to war torn Bosnia and has trained more than 2000 teachers and over 200 mental health professionals to help children deal with the trauma and tragedy associated with war. For a decade, Husain has also led the World Federation of Mental Health Committee in its efforts to prevent child pornography and the commercial sexual exploitation of children throughout the world. The Committee, in collaboration with other international human rights organizations, has lobbied successfully in several countries for legislative changes regarding child prostitution, child pornography,
people help the 'yes!
camp at Gorhi Dupatta. However, they were not able to serve this community because help had arrived for them in the form of the U.S. Doctor’s team.
- Collected almost 25,000 U.S. dollars for the earthquake victims.
- Collected medicines with 15,000 -20,000 dollars in donations from different pharmaceutical companies and other donating physician offices in the U.S. which were used mostly by the team itself for the earthquake victims but also donated to the local dispensaries and hospitals in Kashmir. The supply included 4 nebulizers as well.
- With the donation, bought and distributed, kids winter clothes, caps, socks, shoes, and warm shawls for men and women.
- Supported the rebuilding of local elementary schools in the form of monetary donation.
- Provided monetary donation to the Abbas Hospital Nursing Hostel, to purchase the linens, utensils and day to day essentials. This was the only place providing accommodations to the female volunteer nurses, paramedical staff and doctors helping out the earthquake victims in Muzzafarabad.
- Also identified EQ victim in desperate need of money and helped them directly and a care to care basis.
- Purchased medicines locally for thousands of Rupees to be used for the medical care provided by the team.
- Organized and trained the personnel at Bhugna to maintain and run the pharmacy. Also trained the paramedical staff at Bhugna clinic, the disposal of hazardous wastes including sharps and needles, and the maintenance of patient records. Also lectured the residents, students, volunteer physicians at Abbas Hospital, on PTSD management and other important psychiatric issues relevant to the situation.

All five stayed in Muree and used to travel via Highroof Suzuki van provided by HDF a 2-7 hour commute each way. Usually they would leave the hotel at 8 AM after breakfast & come back to the hotel around 9-10 PM. There was no lunch or lunch breaks except for the tea provided by the local volunteers. The usual dinners were at 11 PM when they got back to the hotel. November 30th they returned back to the US.
Physicians with ties to Pakistan are raising donations, volunteering and supporting the relief efforts.

After seeing images of the Oct. 8 Pakistan earthquake on the news, family physician Ayaz Samadani, MD, one of thousands of Pakistani-American physicians practicing in the United States, was moved to do what he could to help survivors.

"This is a matter of urgency," said Dr. Samadani, a past president of the Wisconsin Medical Society and chair of the Wisconsin Dept. of Health and Family Services’ public health council. "As the days go by, there are more victims falling into desperate conditions due to the lack of proper care."

Dr. Samadani is one of many physicians with ties to the area who have responded to the 7.6 magnitude quake in northwest Pakistan and parts of Kashmir that killed more than 73,000 people, severely injured 70,000 residents and destroyed 3.3 million homes. Physicians from the United States have organized fundraisers, sent medical supplies and equipment and traveled into the devastated areas to provide medical care.

The Islamic Medical Assn. of North America and the Assn. of Physicians of Pakistani Descent of North America are the central organizations sending teams of volunteer physicians into Pakistan. To date, 100 physicians have volunteered through IMANA, and $400,000 has been raised, said Shiraz Malik, IMANA’s executive director. Also, enough medical supplies and equipment have been donated to fill a 747 cargo plane.

While the need for trauma surgeons has passed, IMANA and APPNA is still seeking anesthesiologists, plastic surgeons, orthopedic surgeons and pediatricians, Malik said. Family physicians also are needed as the relief efforts move from acute trauma to the longer-term health issues of a displaced population.

Working with the Pakistan Medical Assn. and nongovernmental organizations in the country, IMANA and APPNA volunteers are helping staff five field hospitals and are contributing to the creation of a rehab center in Islamabad, Malik said.

More than 73,000 people died in October’s Pakistan-Kashmir earthquake. In Dr. Samadani’s case, reaching out to victims of the earthquake was a natural outgrowth of earlier efforts in his native Pakistan.

Ten years ago, he created the nonprofit Family Health Organization, which has sponsored exchange programs between medical faculty and students in Pakistan and the United States. The organization also has sponsored events to promote better health care.

When Dr. Samadani heard about the earthquake, he immediately tapped personal funds in Pakistan to ship 50,000 blankets to the homeless. Since then he has raised donations and encouraged others to do the same. Doctors have responded. For example, a Milwaukee colleague raised $125,000 through an area mosque, and the money was used to buy x-ray machines and operating tables.

Dr. Samadani also has sent blood analyzers, sutures and cast materials. He plans to purchase sleeping bags and socks for the disaster victims, as winter settles over the region.

In addition, he’s met with Wisconsin Gov. Jim Doyle, inviting him to visit Pakistan in the next month when Dr. Samadani will go to lay the groundwork for a rehabilitation clinic and bring a physical therapist to teach Pakistani health workers how to help amputees. Doyle’s office confirmed he had met with Dr. Samadani, but no trip had been scheduled.
Dear Friends,

As soon as the news of earthquake was received in US, an emergency conference call was setup between the Executive committee (EC) and the members of the Social Welfare and Disaster Relief committee. An immediate response plan was discussed and approved.

Some of the things APPNA has done are:

1. Immediate establishment of APPNA 2005 Earthquake Relief Fund; in that fund over $1.4 Million has been raised.

2. Collection and dispatch of medical/surgical supplies via APPNA members throughout the US. Over $10 Million worth of relief supplies have already been distributed. Immediate help included tents and blankets which were distributed with the help of available NGOs on the ground.

3. Intermediate and Long -term assistance included adoption of a Village named Kathai as ‘APPNA Village’ and provision of tents, sleeping bags, blankets, food and setting up a medical clinic. Tents and blankets were also supplied to other affected areas like Battal in NWFP. A school is also being opened in Kathai with the help of Read Foundation of UK.

4. A Psychological Trauma team was sponsored through IMET to give a seminar in Islamabad and do the necessary fieldwork. Donation was also given to Dr. Rubina in Islamabad to take care of paraplegics.

5. Intermediate phase relief efforts included upgrading existing field hospitals and tertiary care hospitals in Islamabad, Abbottabad etc. This phase also includes coordinating travel of APPNA volunteers to the affected areas. The committee has been working on this since the first week. Close to a hundred and fifty volunteer physicians have already provided healthcare services in the affected areas and this process is still underway. The response from APPNA community has been overwhelming.

6. Deliberations regarding long-term relief phase are still going on with the elected executive council. A rehabilitation committee has been formed by the EC to come up with a long term rehabilitation plan for paraplegics and amputees. We are overwhelmed and humbled with the support and generosity of APPNA community. Your help is greatly appreciated.

Sincerely,

M.Javed Akhtar, MD. Chairman APPNA SW/DR Committee.

The photo, taken in the earthquake zone shows destruction of the basic infrastructure of a society. Schools, homes and places of business have crumbled with the force of the earthquake. Even wooden structures came down as if made of mere match-sticks. Dwellers suffered death from falling walls, roofs and beams while survivors suffered from fractures, soft tissue injuries with resulting debility and disability.

Photo courtesy of Dr Sobia Hafeez & Dr Saeed Akhtar
** ONE OF THE MOST STRIKING PICTURE & THE STORY BEHIND IT

"It really touched my heart and I could not control my tears! This father saw and heard four of his children trapped under the rubble. None of the three normal healthy children could be rescued! The only survivor was this Child in the picture with Down's Syndrome who has broken legs and has had surgery now at Abbas Hospital, Muzzafarabad. Just try to feel the plight of this father!

If anyone he needs the support of our Psychological Trauma Team and any other assistance we can provide him.”

Dr. Javed Akhtar

Photo courtesy of Dr. Javed Akhtar

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**Donation Status:**

Over $1.4 million collected  
$400,000 of the collected amount has already spent on acute relief  
Over $10 million worth of medical and surgical supplies distributed in the affected areas

**Significant Contributions:**

Connecticut Chapter  
Illinois Chapter  
Mid-South Chapter  
New England Chapter  
New York Chapter  
Ohio Chapter  
Texas Chapter

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**Father and Son Team with Karen Huges**

L to R: Major Dr. Fareed Sheikh, US Under Secretary Karen Hughes and Dr. Mushtaq Sheikh at the MASH Unit  
Photo courtesy of Dr. Mushtaq Sheikh
Dear APPNA family
Since the day of the earthquake more than 130 physicians from North America have rendered services to more than 1,25,000 patients in collaboration with Pakistan Islamic Medical Association (PIMA) and Islamic Medical association of North America (IMANA). After the wave of acute trauma is over, taking care of complications of trauma and surgeries performed under suboptimal conditions as well as providing basic medical care is the challenge of the day.

At Kathai, the APPNA Village, 350 tents, 1000 sleeping bags, 3000 blankets and 20,000 KG of food has been distributed. Moreover, 2000 tin sheets have been donated, which have been utilized by Army engineers along with locals to build shelters for the winter. One school is being established in a Marqui tent for boys in collaboration with Read Foundation and we will also sponsor another school for girls soon. Two hundred tents have been distributed in Batal with Mercy USA cooperation. A rehabilitation center run by Dr. Rubina with 50 paraplegic women between ages 15-35 years is being supported with 5000$/month for 6 months.

Long term rehabilitation center for amputees and spinal cord injury patients is being planned and will be finalized in next 2 weeks. APPNA orphanage in collaboration with SOS village or another NGO is being planned.

Our volunteers had been working very hard on both sides of the globe and inshaAllah we will be able to make a difference in the lives of some of these grief-stricken people. God bless you all.

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**CORPORATE ASSISTANCE**

- **CORPORATE ORGANIZATIONS THAT HAVE PROVIDED US SIGNIFICANT DONATIONS IN CASH AND KIND INCLUDE:**
  - FedEx, Smith and Nephew, Owen’s and Minor’s, DePuy Spine, Zimmer’s, Synthes, Johnsons and Johnsons, Bayer USA, Chiron, Johns Hopkins University, St. Vincent Hospital New York, Maryland General Hospital, Methodist Hospital Memphis (TN), St. Catherine Hospital, Long Island, NY, Schering Plough

- **COLLABORATION WITH THE FOLLOWING COMPANIES IS IN THE PROCESS:**
  - Lilly, Novartis, Wyeth

- **THE FOLLOWING INSTITUTIONS HAVE FACILITATED FUNDRAISING AND PROCURING MEDICAL SUPPLIES:**
  - Columbia University, Cleveland Clinic Foundation, New York Hospital Medical Center Queens
Relief Effort Details

Physician volunteers
APPNA in collaboration with IMANA and PIMA coordinated the travel logistics of over 150 physicians & other medical volunteers. The teams have also included nurses, OR technicians and other allied health professionals. These professionals rendered services in our partner hospitals and medical clinics in Northern Pakistan.

Tents 559 (All weather) Blankets 5000
Wheel chairs 500 Sleeping Bags 2000 Jackets 10,000
Roofs for permanent shelters being built by Pak Army in Kathai: 200

Medical Machinery:
Two operating rooms at PIMS, C-arm machines (7) portable x-ray machines, anesthesia machines (4) cardiac monitors (5), dialysis machines (13), ventilators (3), warming cabinet, dermatomes (2), defibrillators.

Orthopedic/Spinal Surgery:
Pneumatic drills, spinal sets, cervical sets, rods, screws, plates, nails, casting material, braces, splints, collars

Misc Surgical Supplies:
Sutures, gloves, gowns, masks, foley catheters, chest tubes, arterial lines

Anesthesia Supplies:
Tracheal tubes, circuits, pulse oximetry kits, halothane vaporizers, data scopes

Medical supplies:
IV antibiotics, PO antibiotics, anti-hypertensives, anti-asthma inhalers, painkillers, proton pump inhibitors, oral hypoglycemics, infant formula milk, pediatric medications, syringes, needles, pyodine

Vaccines:
Anti tetanus immunoglobulin – 9000 vials (courtesy Bayer US)
Tetanus toxoid-2000 vials
We are working on acquiring more.

Rehabilitation:
$30,000 given for the care of paraplegics housed at Melody Cinema in Rawalpindi under care of Dr. Rubina to meet expenses for six months.
$15,000 given to Abbas Medical Institute to provide food etc for doctors and staff.
$10,000 given to IMET team for sponsoring Psychological Trauma Team for seminars in Islamabad and also for necessary field work as well.

The APPNA Disaster Conference in Rawalpindi, Pakistan.
December 22nd and 23rd, 2005

The conference discussions will focus on four broader topics, including
1. Focus and plans for rebuilding acute health care system post disaster (including an effective and efficient national emergency medical system).
2. Developing health care personnel proficient in disaster management, (including improved education of nurses, emergency medical technicians, and doctors to have improved knowledge and preparedness of disaster management along with making emergency and disaster management as a separate training faculty and specialty in Pakistan).
3. Enhancing the existing district development system including a need based health care system for providing disaster support.
4. Increasing knowledge and understanding of psychiatric and rehabilitative dimensions of disaster.

The organizing committee, both in the United States and Pakistan would welcome all APPNA members to join in to participate in this very important meeting which should serve as a stepping stone for an era of disaster mitigation and preparedness in Pakistan.

M. Saud Anwar, MD, MPH, FCCP, Chair, Scientific Committee APPNA Disaster Conference, 2005.
2006 MEMBERSHIP APPLICATION FORM

APPNA requires a copy of the license to practice medicine in North America from all annual members (and new Lifetime members) in order to become a voting member.

APPNA #: ______________________

Name: ____________________________________________

Last	First	Middle

Address: _____________________________________________

City	State	Zip

Office Phone: ______________________

Office Fax: ______________________

Home Phone: ______________________

Home Fax: ______________________

E-Mail: ______________________

Medical College: ______________________

Year Graduated: ______________________

Lifetime Membership Dues ........................................ $1,875.00 U.S.$

Annual Membership Dues (Jan. 1 - Dec. 31, 2006) ......... $125.00 U.S.$

Affiliate Membership Dues (Jan. 1 - Dec. 31, 2006) ...... $62.50 U.S.$

Physicians-In-Training * Dues exempt only with Confirmation Letter from Program Director or Copy of Contract

Agha Khan Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

A.I.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

D.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

F.J.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

K.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

K.E.M.C. Alumni Association Annual $50.00 * Lifetime $1000.00 U.S. $

L.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

NAMA Alumni Association Student $10, Resident $25, Attending $50 U.S. $

N.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

Q.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

R.M.C. Alumni Association Annual $50.00 * Lifetime $500.00 U.S. $

S.M.C. Alumni Association Annual $25.00 * Lifetime N/A U.S. $

TOTAL PAYMENT ENCLOSED (Please circle appropriate method) U.S. $

CHECK	MASTERCARD	VISA	AMERICAN EXPRESS	DISCOVER

Charge Card Number ______________________

Expiration Date ______________________

I certify that the above credit card is mine, and that I will abide by the rules and regulations of APPNA.

Signature ______________________

Please make checks payable to APPNA and mail to the address above.
(Xerox copies of this form will be accepted)
PERSONAL INFORMATION: (Please Print)

Name: ____________________________  First  Middle  Last

Profession: ________________________

Address: __________________________

City: _____________________________  State: _____________________  Zip: ____________

Phone: ___________________________  Fax: ______________________

E-mail: ___________________________

DONATION INFORMATION:

I would like to make a one-time donation:

☐ $50  ☐ $100  ☐ $250  ☐ $500  ☐ Other $ ______________________________

To: ☐ Endowment  ☐ Zakat  ☐ Education  ☐ Health  ☐ Operation-Sustaining/Support  ☐ General/Unrestricted

I would like to donate to a specific region: ☐ Mardan  ☐ Sahiwal  ☐ Badin  ☐ Murree

I would like to become a:

1. ☐ PROJECT PATRON by donating $10,000 to Village project.
2. ☐ SUSTAINING SPONSOR by donating $2,000 per year for 5 years for Support Service.
3. ☐ FOUNDING BENEFACCTOR by donating $10,000 in 2005.

PAYMENT METHODS AND AUTHORIZATION:

☐ Check  ☐ Money Order / Cashiers Check  ☐ Visa

☐ MasterCard  ☐ American Express  ☐ Discover

Cardholder’s Name: ____________________________

Card Number: ____________________________  Expiration: ____________________________

Please charge my credit card: ☐ 1 Time Donation  ☐ Monthly  ☐ Quarterly  ☐ Yearly

* For Monthly Direct Debits to your Credit Card:

Authorized Signature: ____________________________

IMPORTANT: This authorization remains in effect until The Association of Physicians of Pakistani-descent of North America has received written notification from the donor.

COMPLETE & MAIL TO:  APPNA SEHAT
Association of Physicians of Pakistani-descent of North America
6414 S. Cass Avenue, Westmont, IL 60559
Phone: (630) 968-8585  (630) 968-8606  Fax: (630) 968-8677
Tax I.D.: 36-0291079

APPNA Newsletter, Vol. 15, No. 2, Winter 2005
Candidate
President-elect 2007
Mahmood Alam, MD, FACP, FACC
Diplomate
American Board of Interventional Cardiology

Dear APPNA Members, Assalamu-Alaikum & Eid Mubarak:

Thank you for electing me to serve as the Secretary of the Association this year. I have tried to live up to my commitment as a Treasurer and as an Executive Committee member of APPNA in 2005. The brief reports of my work as a Treasurer and the Chair of Finance Committee are presented to the membership in this Newsletter. I am humbled by the trust of our membership and I am proud to announce my candidacy for the President-Elect 2007. I seek your support as I rise thru the ranks to the next level.

MY ACHIEVEMENTS AS TREASURER 2005

- Hiring of new accountant, accounting transition & consolidation
- Audits for pending APPNA Financial statements for 2003 & 2004 accomplished
- A record number of disbursement were made due to Relief efforts for, Tsunami, Katrina, and Earthquake
- Timely preparation of APPNA Financial Statements with membership friendly itemized details for 2005 is underway
- Change from Cash base to Accrual type accounting for 2006.

Dear Friends, We faced many challenges in our organization this past year and we came thru this turmoil stronger than ever. We responded to the call of our community both here in America when hurricane Katrina hit us and in Pakistan when Earthquake victims needed our help. We are moving forward with tremendous work done by the volunteers of different committees at achieve our goals. I am proud to be part of this selfless team of volunteers. It is my commitment to promote the objectives of our organization as outlined in the bylaws. Lets’ make APPNA a more democratic, vibrant, and progressive organization of Pakistani-Americans that can deliver and stand up to present day challenges. I have a track record of more than a decade of services to APPNA. I look forward to having your support for my candidacy for President-elect 2007. Together we can make a difference. ALAMMD@AOL.COM
Dear APPNA friends:
Assalam AlaiKum: It is my great honor and privilege to represent you as the Treasurer this year, for which I am truly grateful. Last year our organization faced unprecedented challenges from within and also in the form of natural disasters here in the US as well as the catastrophic earthquake in Pakistan. APPNA members have proved equal to these challenges. With the commitment and generosity of APPNA members we are very proud of being able to help the victims of the Tsunami in South Asia, the survivors of Hurricane Katrina as well as the victims of the Earthquake in Pakistan, all in one year. Our commitment to helping the victims of the Pakistan earthquake is ongoing and will continue. As your Treasurer I am committed to improving our accounting and budgeting practices. I am working diligently to improve our payment system to improve the efficiency of our relief efforts. APPNA leadership has to be ready for new challenges for the future. I declare my candidacy for Secretary APPNA for 2007 and would humbly request your support. I respectfully submit to you that I am qualified and have the leadership experience to lead APPNA into the future.

A brief summary of my qualifications and experience is listed:

Personal:
Master of Business Administration. Pace University, Graduate School of Business, New York 1979.
Doctor of Medicine. Universidad Tecnologica de Santiago, Dominican Republic. 1986 Diplomat of American Board of Pediatrics
Fellow of the American Academy of Pediatrics
Currently in Private Practice heading a seven member Pediatric group.

Administrative:
Chief of Staff Health Central Hospital, a 240 bed hospital in Orlando with 488 physicians on staff representing all specialties. (2004 – 2007, two consecutive 2 year terms)
Chief of Medicine: Health Central Hospital 2002 – 2003 (Two years)
Chief of Pediatrics: Health Central Hospital and also South Lake Hospital (120) bed - Current.

Service to APPNA:
Treasurer APPNA 2006
Chairman Finance Committee 2006
Chairman - Local Host Committee, 26th Annual Summer Meeting Orlando, Florida. This meeting is remembered as one of the most successful summer meetings.
President - APPNA Florida Chapter 2003 and 2004. I am also one of the founding members of Florida Chapter.
Member Hotel Selection Committee 2003, 2004 ,2005 and 2006
Member Membership Committee 2005 and 2006.
APPNA life member.
Florida Chapter Life Member.
Rizwan C. Naeem
Diplomate
American Board of Medical Genetics

Candidate for
Treasurer APPNA 2007

I bring Commitment to Education and Passion for the Charity work

I am a life member and for more than a decade I have actively volunteered in many projects:

◆ Co-chair of the APPNA 2003 fall meeting in Houston.
◆ Co-chair of APPNA winter meeting and President of SMC Alumni 2003.
◆ As a President of SMC Alumni I continued BLS/ACLS training program in Pakistan.
◆ Since 2004 I have been serving as the editor of APPNA publications.
◆ Since 2005 I am the Co-Chair of APPNA Research Education and Scientific Affair committee.
◆ Chair of APPNA CME program for the India trip and for the Houston summer meeting (2005). Both of these CME programs reached new heights in attendance and merit of content.
◆ Co-Chair of APPNA 2005 Summer Convention in Houston.
◆ Currently I am also an active member of Social Welfare and Disaster Relief Committee. I am helping to establish a genetic laboratory at the National Institute of Child Health in Pakistan and a Telemedicine Initiative for the disaster relief efforts. Most recently I have been in the forefront of APPNA's efforts to help Katrina and Rita victims in Houston.

As a student I was elected as literary and Debating Secretary (1980-81) and the President of the Student Union (1983-84). I have served SMC Alumni as its first newsletter editor, as a General Secretary, Vice President, and President. Currently, I am a member of the Board of Trustees.

I bring broad experience of management and will strive to make APPNA accounting more transparent. I will work to Empower APPNA Chapters and the Young Graduates to be the building blocks of APPNA.

My election as a treasurer in 2007 will continue our success for a Moderate and an Independent APPNA. Please become an APPNA member and vote me for me as a TREASURER.

Rizwan C. Naeem,
Associate Professor of Pediatrics and Pathology
Baylor College of Medicine and Texac Children's Hospital
Tel: 713-662-2859
e-mail: rizwannaem@yahoo.com
VOTE FOR DR. AZAM KHAN
AS TREASURER

ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA
AN INDEPENDENT VOICE OF REASON TO IMPROVE APPNA

SERVICES TO APPNA

Active Life Members ...........................................Since 1979
Member Executive Council APPNA ................................Current
Co-Chairman Membership Committee ................................Current
Member Finance Committee ........................................Current
President AZ Chapter .............................................Current
Volunteered Medical Services for EQ Relief in Pakistan ...............Oct. & Dec. 2005
Actively Participated in EQ Relief Fund Raisers Arizona, Texas, New York & California 2005
Co-Chairman Mushaira Committee for Houston Summer Meeting ...............2005
Speaker, CME Mumbai, India 'Septic Shock" ................................2005
Comoderator CME Surgery Sections, Mumbai, India 2005
Member, Constitution & Bylaws Committee ................................2005
Chairman Host Committee AZ APPNA Summer Meeting .......................2001
Member Several Committees of APPNA ................................1979-2004
Actively Supported the Cause of APPNA Sehat & Human Development Foundations
Attended and Actively Participated in Many APPNA Meetings..............Since 1979

SERVICES TO KEMCAANA

Treasurer KEMCAANA ............................................Current
Member Executive Committee ......................................Current
Active Member and Life Member ....................................Since 1979
Member Communication Committee ..................................Current
Chairman, Finance Committee .....................................Current
Member Host Committee KE-RETREAT ................................Current
Members Grants Committee KEMCAANA ..............................Current

SERVICES TO COMMUNITY AT LARGE

President of the Board, ASAFO Global Medical Trust - An Arizona Based 501-C Charitable International NON-Profit Corporations - Actively Participating in Disaster Relief Activities in BOSNIA, TSUNAMI, KATRINA and PAKISTAN Earth Quake.
Moderator & Spokesman, CRESCENT HEALTH SERVICES - A Parent Company for a future American Muslim Hospital in USA. President, Council of the Pakistan-American Chamber of Commerce Nevada & Arizona Chapter ..................2004 - Current
Community Director, Mohave State Bank of Arizona .......................2001 - Current
Member Executive Board Kingman Regional Medical Center 1985-87 & 1995-1996
Member Executive Board Misericordia Affiliation Hospitals Bronx, NY ........1974-1976
President House Staff Associations Misericordia Affiliation Hospitals Bronx, NY .......................1974-1976
Delegate to Arizona Medical Associations from Mohave County Medical Society ..............1985

PROFESSIONAL & MEDICAL STAFF ACTIVITIES

Chief of Medical Staff, Kingman Regional Medical Center Kingman, AZ ..............1985-1987
Chief of Medical Staff, Kingman Regional Medical Center Kingman, AZ ..............1995-1996
Director of Surgery Kingman Regional Medical Center ....................1983-1994
Faculty Member, Residency Program Kingman Regional Medical Center ..................Current
Faculty Member, Residency Program Misericordia Affiliation Hospitals, NY ..................1976-1977
Certified & Recertified by Surgical Critical Care, ABS ......................1991, 2001

AWARDS AND RECOGNITIONS

Listed in “Who is Who” among the Medical Specialists ................................Since 1979
Listed in “Who is Who” in the West ..............................................................1983
Nominated for Businessman of the Year by Kingman Chamber of Commerce ..............................................1994
Listed as an Honored Member in “Who is Who” of Executives & Professionals ..................1995
Listed in Nationwide Registers of “Who is Who” in Executive & Business Proclamations
Subject of Biography by Prime TV under Safeer-e Pakistan ......................2004
You want a better APPNA?

Vote for

Javed Suleman

as Treasurer

Energy • Enthusiasm • Excellence

Personal Information:
- Graduated from SMC in 1986.
- Internship and Residency from North Shore Medical Center – Salem Hospital.
- Cardiology Fellowship, Worcester Medical Center, University of Massachusetts Medical School, Worcester, Massachusetts.
- Interventional Cardiology Fellowship, Mount Sinai Medical Center, New York, NY.
- Three Board Certifications (Internal Medicine, Cardiology, Interventional Cardiology).
- Serving as Director, Cardiac Catheterization Labs, Jamaica Hospital Medical Center, Jamaica, New York.
- Interventional Cardiologist and Assist. Prof. of Medicine, Mount Sinai Medical Center.

Services to APPNA:
- Active member of APPNA since early 90's.
- Life Member of APPNA Central (since 2002) and APPNA New York Chapter.
- One of the organizer's of APPNA project after the 9/11 catastrophe “Relief Center for 9/11 victims in New York”.
- Co-Chairman, APPNA Fall Meeting of 2001 in New York City.
- Co-Chairman, APPNA Winter Meeting of 2003 in Karachi.
- Active member of APPNA's Research, Education and Scientific Committee (RESA) from 2002 to present. Moderator / presenter of Cardiology Sections in many APPNA CME's since 2002.
- Chairman, Registration Committee, APPNA Summer Meeting of 2002 in New York.
- Councilor, New York Chapter of APPNA.
- Regional Councilor Area #2 (NY) and member Executive Council of APPNA 2003.
- One of the founding member's of SMC Alumni (component society of APPNA). Served as its Treasurer, General Secretary, Vice President in different cabinets, and finally its President in 2004.
- Member Executive Council of APPNA in 2004.
- Member, Board of Trustees, of SMC Alumni since 2005.
- Actively worked for the "Earthquake Relief Efforts of Northern Pakistan" with the New York Chapter team.
- Chairman, Membership Committee in 2006.
- Member, Finance Committee in 2006.
- Has attended and actively participated in most of APPNA meetings in different cities of US since 1995.
PAKISTAN EARTHQUAKE 2005  APPNA MOBILIZES FOR RELIEF ACTIVITIES

Dr. Piracha, Dr. Syed Iftikhar Hussain and others discussing rehab issues in Abbottabad.

Dr. Syed Iftikhar Hussain comforting a child at the Red Cross hospital in Abbottabad.

Dr. Nadeem Kazi carrying supplies to APPNA village Kathai.

Kathai

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Dr. Hussain Malik and Dr. Piracha with many APPNA members at the APPNA winter disaster relief conference. Among others are Dr. Mehmood Alam, Dr. Omar Naseeb and Dr. Javed Akhtar.

Dr. Hussain Malik working in a field camp, Kathai Village.

Dr. Ahsan Rasheed and Mansoor Zia comforting children at APPNA village Kathai.

Dr. Nadeem Kaz carrying supplies to APPNA village Kathai.
Dr. Hussain Malik examines a hand injury suffered by a villager in the earthquake-affected area.

From left to right: Dr. Amjad Gulzar, Dr. Nadeem Qazi, and Dr. Javed Akhtar at Red Cross Hospital in Abbottabad.

Dr. Saba Mansoor from Arizona and Dr. Asim Rashid from California treating patients at APPNA Clinic in APPNA adopted Village Kathai.

She would not accept charity. Instead this widow is interested in re-establishing her own business. Her machines were destroyed in the earthquake. She has agreed to establish a school to teach this art. APPNA readers may even find her works exhibited at the next summer meeting. L to R: Dr. Sobia, Senator N. Agha, and Dr. Saba Mansoor at APPNA village Kacha.

From left to right - Dr. Hussain Malik, Dr. Nizar Chaudhry, Dr. Javed Akhtar, Dr. Zahid Chohan in Muzafarabad.

Past president of APPNA Dr. Naseem Ashraf and president of RMC Alumni and Chairperson of APPNA winter meeting Dr. Raza Bokhari at the disaster conference in RMC.

After a long day APPNA members at Abbottabad Hospital left to right: Grandfather of child in the bed, Dr. Javed Akhtar, Dr. Nadeem Kazi, Dr. Rubina Inayat and Dr. Rowan Naseem.

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