Dear APPNA members

Assalam Alaikum
Ramadan mubarak

Thirty years is truly a milestone. For the last 30 years APPNA has been the premier organization in the United States for physicians of Pakistani origin. Because of your participation, interest and volunteer spirit today we have the largest membership (3000) in our history. This year also marked a new record for number of attendees at our annual meeting. Here is a brief summary of the year so far.

Annual summer meeting in Orlando
The annual meeting was extremely successful. A record number of participants enjoyed several days of meetings, CME and social festivities. The annual banquet was graced by US Congressman Mr. Al Green and Prominent Islamic scholar Dr. Sheikh Hamza Yousaf. Congressman Mr. Al Green assured us that he will continue fighting for the civil right for all in America. Dr. Hamza Yousaf’s address was motivating. His suggestion about an endowment fund is thought provoking and points to the economic power of the physician community.

Several well attended seminars were held throughout the summer event. APPJD arranged a very enlightening seminar on Democracy in Pakistan. I am sure this seminar was useful for the politically aligned participants. Presidential candidate and US Senator from New York Ms. Hillary Clinton was the Chief Guest at The PAKPAC Saturday Lunch. I thank Dr. and Mrs. Mushtaq Sheikh and PAKPAC for arranging the event. I invited Senator Clinton’s attention to the unique issues pertaining to APPNA members as an American physician, as an American of Pakistani descent and as an expatriate Pakistani (the speech is printed in the news letter). Mr Greg Mortensen was the speaker at the SWDR symposium and APPNA members were enlightened by his noble cause and humanitarian work.

The meeting was made successful by the tireless efforts of the Host Committee and I sincerely offer my gratitude. The meeting will add $150,000 to our meeting funds. I hope that Executive Committee approves release of some of the funds towards the initiative that APPNA took with the Muslim Advocates (MA). I informed you in the last journal regarding the MOU signed by APPNA and MA. Their mission is to promote and protect equality, liberty, and justice for all, regardless of faith, by using the tools of legal advocacy, policy engagement,
and civic education, and by serving as a legal resource to promote the full and meaningful participation of Muslims in American public life.

**APPNA MERIT and Sukoon**

In 1997, APPNA’s Executive Council voted unanimously to launch the Human Development Foundation and charged it with facilitating a “movement for positive social change” as our gift to the people of Pakistan on the occasion of the fiftieth anniversary of Pakistan’s independence. This year APPNA launched the APPNA MERIT program as our gift to the people of Pakistan on the occasion of 60th anniversary of Pakistan’s independence. The program is up and running. Insh Allah by the end of the year we will launch another project called APPNA Sukoon which is headed by Dr Mahjabeen Islam. This project will educate and promote the palliative and hospice care in Pakistan health care system.

**APPNA Re-Election**

As members know that there is going to be a re-election for the President Elect 2007 post. I have sent all the members the joint statement regarding this issue. Due to this case we have learned various issues that need to be fixed in running the organization, including the verification of the membership. The office is charged to streamline the member verification process before the re-election. After the court order the special council meeting was called and 32 members joined the meeting. The council has decided to send ballots to the members after the Ramadan. The re-election will be according to our bylaws. Until the election the position of the President elect will remain vacant. The winner of the re-election will take over the office of the President on January 1st 2008.

**Future meetings**

We have arranged an exciting fall council meeting in Phoenix Arizona from October 19th to 21st. We will have CME on Friday October 19th. After Juma namaz we will have a strategic planning meeting regarding civil right issues. This seminar is arranged by ISPU and Muslim Advocates. In November we are arranging a day on the hill to address the civil rights issues faced by our members. I will also hold a 5 year strategic planning meeting at the same time to assess ourselves and plan for next 5-10 years with clear goals and objectives. We will also invite Brother Sheikh Hamza Yousuf for this planning meeting. He is an excellent visionary who believes in APPNA as a powerful organization.

APPNA winter meeting will be in Karachi from December 27-29th. On December 26th Drs. Mahjabeen Islam and Rizwan Naem are arranging an international conference for APPNA Sukoon. On December 28th we have a plan to visit the ancient city of Mohenjodaro. A detailed CME program is in the making at the Dow campus.

As we look toward the future of APPNA, I want to thank the membership for having the confidence in me to serve as president. I pledge to give you a strong platform, a platform to serve the poor and underprivileged people of the US and Pakistan, a platform to promote education, a platform to voice our concerns, a platform to ensure the rights of Muslims are not eroded in this post – 9/11 world, and a platform of promoting our cultural heritage. We have to use this platform adequately and effectively. Inshallah in the fall meeting we will pass very important measures to run this organization smoothly. Please remember us in your prayers especially in this month of Ramzan.
**Re-Union**

**Appna Time**

*A ride in a convertible*

Dave was an unusual gentleman. My first encounter with him was at the ACLS course during the first year of my residency training. Dave and I shared the same mannequin. He was calm and methodical while I fidgeted with my foreign accent, dark skin and clumsy hands. Dave among other things was tall, blonde and from Colorado.

Dave from Colorado has that magnificent accent to it. It reminds me of a clear blue morning over snow covered Denver. Dave was sophisticated yet casual about himself. Always in cleaner’s washed Khakis and chambray shirt with well worn yet pressed collars. A unique combination of casual civility. He seemed to enjoy his residency and the long calls and busy nights. He had no trouble making friends and his ease at conversation was effortless. I had to learn that from him. I enjoyed all the rotations that I had with him. I remember asking him about the secret of his happy go lucky style in life. His answer like his self, cool and casual. “Furrukh have you driven a convertible” he said. “Happiness is like driving a convertible. Top down on a snowy Denver evening. Enjoy the crispy chill and let the snow accumulate on the leather seat beside you.” Just that.

I seemed to have lost track of him when I left for my fellowship. May be one day we will meet at a re-union.

I recently was at my Class re-union. I met some of my medical school colleagues and friends after twenty years. We happily shared one afternoon at a local restaurant. Some brought their better halves. Others there grown and growing kids. The atmosphere was joyous and expectant. We shared our twenty years journey in USA and laughed at the shenanigans of years long gone. We thought about our lost friends. Introduced our partners and children. We confessed to our pranks. Shared college gossips. We looked deep into each other for battle wounds some still sour. For a short while we were all at our medical school reliving the memories.

I always wondered about the real meanings of reunions. Why would company of comrades would matter so much many years later? Why would those silly pranks of college days bring so much joy now?

We left on a happy note, promise to stay in touch and meet again perhaps sooner than another twenty years. Some left hurriedly to their waiting kids, others stayed for a moment longer. As I walked with my wife to our room, the meeting reminded me of Dave.

I thought I took a drive in his convertible on a snowy Denver road.

---

**JOINT STATEMENT TO THE ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA**

July 23, 2007

As some of you may be aware, a lawsuit was filed by Dr. Zeelaf Munir in the Circuit Court of Cook County in the State of Illinois challenging the 2006 Election for President-Elect of the Association, an Election that was held between her and Dr. Mahmood Alam and in which the Association declared Dr. Alam the winner in July 2006. Dr. Munir lost the Election by four votes and, among other things, had argued that persons had voted in the Election who were not properly verified and not qualified members of the Association.

On July 10, 2007, the Honorable Judge Dorothy Kinnard granted Dr. Munir’s request for a new Election finding that at least four individuals had voted in the Election who were not qualified to do so and therefore Association rules were not followed. The Court ordered that the 2006 Election be considered null and void and that a new Election be held within 120 days. The winner of the new Election will take office as President-Elect for the remainder of 2007 and President for the Association on January 1, 2008.

All the parties to this dispute understand that while differences of opinion may have existed related to the 2006 Election, it is in the best interest of the Association to proceed as expeditiously as possible with a new Election as ordered by the Court. You will receive additional information shortly with respect to the new Election and how it will be carried out.

Sincerely,

Association of Physicians of Pakistani Descent of North America

Dr. Zeelaf Munir
Dr. Mahmood Alam
APPNA Secretary’s Report 2007

Shahid Usmani, MD

Dear APPNA friends
Assalam Alaikum. We had a very successful summer meeting in Orlando this year. This meeting has set new records of attendance by a wide margin. Our meeting registration was approximately 1,100 members which exceeds the last most attended meeting by at least 200 members. The Saturday night banquet was attended by 3,000 APPNA members and their families, which is the highest ever in APPNA history. The last most attended banquet had approximately 2,300 attendees. The CME program this year was presented in collaboration with the University of Florida. This is the first time APPNA has collaborated with a major university for CME purposes. This meeting has also been the most profitable meeting in APPNA history. The details will be provided at the fall meeting this year.

Our association’s commitments in Pakistan towards the humanitarian and relief projects are being pursued actively. Majority of our earthquake relief projects will be completed successfully this year. Social Welfare and Disaster Relief committee is very actively working in identifying new projects in Pakistan as well as in the United States which can be sponsored and funded by APPNA.

MERIT program has been launched. This program is collaboration between APPNA and major health care universities in Pakistan for the improvement of health education in Pakistan. APPNA members are encouraged to volunteer time for teaching and training of health care professionals in Pakistan.

A teleconference of the Executive Council was held on August 5, 2007 to decide on a plan of action regarding the recent court order requiring APPNA to conduct a re-election for the position of President-elect 2007, President 2008. The council decided to conduct a re-election between Dr. Mahmood Alam and Dr. Zeelaf Munir for the position of President 2008. The members who were voting members in 2006 will be eligible to vote for this re-election after the voter lists are verified by both candidates. The election will be conducted by mail ballots between October 15 and November 15, 2007.

Our fall meeting will be held in Phoenix, Arizona from October 19 –21, 2007 and the winter meeting will be held in Karachi, Pakistan from December 27 – 30, 2007. All the council members, committee chairs and APPNA members are encouraged to attend these meetings.

I thank you sincerely for the opportunity to serve you as your secretary.
Respectfully submitted,

Shahid Usmani, MD
Secretary APPNA 2007

Treasurer and Finance Committee Report 2007

Rizwan C. Naeeem, MD
Treasurer 2007
Chair APPNA Finance Committee 2007

Dear APPNA members:

It is my pleasure to update you all on APPNA financial picture. One of my goals this year is to make APPNA finances more transparent for the membership and improve financial practices.

Transparency in APPNA Accounts:
With the help and approval of the Executive Counsel this year we have made all APPNA financial reports available to any member who is interested.

Meeting Account Management a Total Turn Around:
In the 2006 spring meeting APPNA lost
It gives me great pleasure to give this report regarding the 2007 elections for APPNA. This was one of the most closely contested elections in a long time with two candidates for each post.

**STATS**

The elections were held under the following timeline:
- Last day to become a member: March 31st, 2007
- Final Membership list sent to Election Corp on May 16th, 2007
- Ballots returned by: June 20th, 2007
- Counting of ballots: June 30th, 2007

Total number of ballots mailed out was 2,210 (819 Life Members, 1391 Annual members) of which 2,184 were within the United States and 26 outside of the United States.

Total number of envelopes returned: 1,684

Out of 1,684, 72 envelopes were voided due to the following:
1. No signatures on the envelopes – 53
2. Wrong envelopes – 3
3. Postmarked after June 20th, 2007 – 16

Total valid envelopes to open: 1,612 (1684-72= 1,612)

After the envelopes were opened:
1. Ballots that did not have secret a ballot envelope inside – 39
2. Secret ballot envelopes that had identifying marks on them – 5
3. Total voided ballots – 44

**Projected $44,000 from Improved Return in Checking and Saving Account:**
This year have moved most of our accounts into a high yield sweep account. This move is now giving us a return of about 5% on most of the money we have in the bank. This is an innovative approach for improving APPNA’s financial health, as I believe every dollar in our account should yield a higher interest than checking or classical saving account. We expect to earn close to $44,000.00 from the money in the bank.

We are continuing with EQ relief activities and smooth transfers of our committed obligations are in the process.

**Finance committee** after a teleconference has decided to keep the same investment goal as last and we are keeping close eye on our invested portfolio. Please see our performance presented as a separate document.

Please do contact me directly for any question or suggestions.

rizwanaeen@yahoo.com
832-646-4363

**Written Policies and Procedures:**
This year we have also developed APPNA accounting methodologies and policies and procedures for avoiding errors and improving revenue collections. This will be a long lasting document to be followed by all in future. This document will help us to be in compliance with the new IRS requirements on financial issues.

**Election and Nomination Report 2007**

It gives me great pleasure to give this report regarding the 2007 elections for APPNA. This was one of the most closely contested elections in a long time with two candidates for each post.

The elections were held under the following timeline:
- Last day to become a member: March 31st, 2007
- Final Membership list sent to Election Corp on May 16th, 2007
- Ballots returned by: June 20th, 2007
- Counting of ballots: June 30th, 2007

Total number of ballots mailed out was 2,210 (819 Life Members, 1391 Annual members) of which 2,184 were within the United States and 26 outside of the United States.

Total number of envelopes returned: 1,684

Out of 1,684, 72 envelopes were voided due to the following:
1. No signatures on the envelopes – 53
2. Wrong envelopes – 3
3. Postmarked after June 20th, 2007 – 16

Total valid envelopes to open: 1,612 (1684-72= 1,612)

After the envelopes were opened:
1. Ballots that did not have secret a ballot envelope inside – 39
2. Secret ballot envelopes that had identifying marks on them – 5
3. Total voided ballots – 44

Total number of eligible ballots to be counted: 1,568 (1,684-72 -44 = 1586)

**The following is the result of the election of 2007.**

**PRESIDENT**
- Dr. Syed Samad – 862 Elected
- Dr. Shahid Usmani – 693

**SECRETARY**
- Dr. Sajid Chaudhary – 797 Elected
- Dr. Rizwan Naeem – 763

**TREASURER**
- Dr. Manzoor Tariq – 893 Elected
- Dr. Javed Suleman – 657

There was question of some members not receiving secret ballot envelopes with their ballots but in final analysis there were only 39 votes without secret ballot envelopes which is 2.3% well within the range we have seen for years.

It has been a pleasure serving as Chair of Elections and Nomination committee.

Yours truly,

Ahsan U. Rashid, M.D., FACP
Chair, E&N Committee, 2007

AUR/ja
Distinguished guests and Ladies and Gentlemen. Assalam u Alaikum & Good afternoon.

I am very grateful to PakPAC leadership especially Dr Raza Bukhari, Dr Saud Anwar and Dr Mushtraq Sheikh for arranging this luncheon with Honorable Senator Hillary Clinton, Congresswoman Sheila Jackson-Lee, Congressman Al Green and Pakistan Ambassador to US Mr. Durani. I warmly welcome Senator Clinton to APPNA, as this is the second time she is honoring us with her presence; the first time was three years ago on Capital Hill.

Today, we come together in alliance as physicians of Pakistani origin and as concerned Americans. As American physicians, we face a difficult time. Every year reimbursements for our services are falling as Medicare and private insurance companies continue to cut their payments. While reimbursements are being cut, our expenses are escalating due to new laws, rules and regulations. Our liability is mounting, and to protect ourselves we must pay soaring malpractice premiums. To defend against frivolous or thoughtless lawsuits costs billions of dollars, even though 90 percent of them are eventually thrown out. This cost is passed on to the physicians.

Not only are physicians facing the increased costs to practice medicine in America, but patients face high pharmaceutical costs. The majority of patients cannot afford to buy or to pay the co pay for necessary medication. This is occurring while our neighbors to the north and south can get the same medication manufactured by the same company for less than half and sometimes less than one fourth of the price we pay. Why can’t we force pharmaceutical companies to cut their cost? From the pharmaceutical companies we hear the mantra of research and development. However, must American patients bear the cost of research and development for the entire world?

The answers to this crisis however will not be found without the help of physicians who are delivering healthcare to the majority of patients in primary care and rural settings. They understand the issues involving health care delivery better than the physicians working under the protected environment of a university hospital or tertiary care center. They are the ones who get the phone call from patients asking them to change the medication which they cannot afford. They are the ones who provide care to patients in the local emergency rooms without getting paid. They are the one who provide care in suboptimal conditions. So they are the ones who should be involved in finding solutions for change in our health care system. Without the input of these important physicians, law makers will not understand the real issues facing the current health care system, its physicians, and its patients.

While physicians and patients are struggling with the costs of healthcare, insurance companies are pocking record profits. They are increasing premiums for the consumer, increasing co pays, not covering medication, and cutting payments to physicians and hospitals. When law makers discuss health care costs they have focused on these same cuts; while never questioning or commenting on why William McGuire former CEO of United Healthcare through November of 2006, was compensated with $1.6 billion in unrealized stock-option gains, at the time the company was making deep cuts in physician’s reimbursements.

All of these issues have the potential to significantly reduce the quality of medical care Americans will enjoy in the future. There is no doubt that we need an overhaul of our health care system if America is to remain a leader in medical research, innovation, and care.

Honorable Senator Clinton, Congressman Green and Congresswoman Jackson Lee, please take these issues seriously. We need team work to solve this problem. Otherwise like clothes, cars, oil, and many other things which Americans receive from outside the US, American patients will be going out of the US to get healthcare. If that day comes it will bring this mighty nation to its knees. Senator Clinton, I hope once you become president this matter will be on the top of your agenda.

As I said previously, not only are we in alliance as American physicians, we are in alliance as Americans of Pakistani origin, and as such our membership is sadly facing what seems to be an increasing call for racial and religious profiling. There has been a series of extremely troubling incidents where Pakistani Americans – even lawful residents and U.S. citizens – have been detained, removed from the United States or refused entry into the country.

Even more serious are incidents such as that of Dr. Nadeem Hasan and his wife, Amber. Dr. Hasan had been a law-abiding resident of the U.S. for over 15 years, when he was essentially expelled from the U.S. for his association with Jamaat al Tabligh a religious group not previously designated a terrorist group by the government. The FBI has portrayed the group’s followers to be particularly susceptible to the terrorist cause. Eric Bjotvedt, Hasan’s lawyer, said he believes the government is using guilt by association against Hassan.

We must all work together, groups such as ours, the American government, and all Americans, to ensure a safe country. No one wishes for a safe America more than us, but not at the cost of a loss of civil rights for anyone. Allowing unsubstantiated fear to result in racial or religious profiling will not help America become one bit safer.

Finally, as expatriate Pakistanis who immigrated to America for the freedom and prospects it offers, we are in a unique position to help spread democracy and education in our homeland of Pakistan and throughout the world. The best gift one can
give is the gift of education. Education promotes tolerance, harmony, and allows communities to progress in the right direction. In many parts of the world a lack of education is causing upheaval, leading to poverty, intolerance, and hatred among different groups living together. Education has been and will continue to be one of the most important paths to creating democracy. Our group has and will continue to support education efforts in Pakistan. We would ask the American government to join us in this support of education and for Senator Clinton to follow up with her promise of an endowment fund for women's education in Pakistan made three years ago to us at our meeting in Washington DC. Through education of citizens and the support of democracy minded governments everywhere, we truly can make this a better world for all.

Problems such as those I have spoken of today, are not created by a single person. The answers, too, will not come from the mind or actions of a single person, but from many people working together to find the best answer for the common good. I appreciate your attendance, and once again I thanks PAKPAC for arranging this meeting. When we leave today I hope that our alliance as physicians and as concerned Americans continues to grow. I wish you all, especially our honored guests, an interesting afternoon.

For the past 30 years, expatriate Pakistani physicians have been meeting once a year on mainland USA during its summer meeting. What was once a gathering of a select number of doctors has now mushroomed into a multi-faceted cultural, scientific, social and political force. This is the event that is awaited not only by physicians themselves but also by Pakistani artisans who bring their latest fashion-ware, jewelry, carpets and paintings. Philanthropists come to these gatherings to donate hundreds of thousands of dollars. Charities see the generous rewards that physicians and their guests lavish on the land of their origin. Social scientists and economic planners such as the late Dr. Mahbubul Haq and Dr. Adil Najam have expounded on their findings. Nobel Prize winner Dr. Ferid Murad have graced our meetings. Poets, intellectuals, historians, journalists, scientists of various descriptions congregate during our meetings.

Expatriates seeing the physician community as organized and as thought leaders seek its audience. Think tanks and social activists have for a long time made APPNA a must stop destination. Mr. Furrukh Captain of LRBT, Mr Baluch of Hidayat Foundation and countless other charities have come to APPNA and they have not been disappointed. Political figures seeking to shape public opinion have sought the APPNA podium. US Congressmen, US Presidential hopefuls and even Pakistani politicians seek educational exposure to APPNA. They often participate in seminars of topical interest.

For the membership it is quality time away from their busy practices. This is when old friendships are renewed and new ones formed. The children of APPNA members over the years have grown and some have joined the fold. They too come with their own children. In short every meeting is like a Pakistani kaleidoscope. Each meeting is only one twist away from the last one but another rich and dazzling pattern emerges. Every meeting is full of promise and great expectations. This the reason why the meetings get bigger each year and get increasingly favorable print and electronic media coverage. This year it was no different. Record numbers flocked to Orlando and made this meeting one of the most memorable events.
Photo Right:
(L-R) Drs. Rubina Inayat (Co-Chair Social Welfare and Disaster Relief Committee 2007) Sajid Chaudhary (2008 Secretary APPNA) Adeel Butt and Imtiaz Arain (IL).

(L-R) Dr. Khalid Riaz (IL) former APPNA President introduces Dr. S. Sultan Ahmad who is the 2007 APPNA Gold Medal Recipient. U.S. Congressman Al Green (D-TX) presents the medal to the recipient.

(L-R) Mrs. Rubina Naeem and Dr. Rizwan Naeem (Treasurer) (Photo right ➔) Dr. Shahid Usmani (Secretary) presenting the financial report to the Executive Council during summer meeting.

(L-R) Nabil Hamid, Taimoor Khan, Nofel Karatela, Dr. Mushtaq Sheikh, Iqtedar Hanif, Dr. Humeraa Qamar and Dr. Shahid Usmani all singing the national anthems of USA and Pakistan at the start of the banquet proceedings. Rear (L-R) Dr. Zafar Hamid (Co-Chair Host Committee) Dr. Asad Qamar (CME Committee)

Members of APPNA Alliance (L-R) Mrs. Rukhsana Mahmood (Secretary), Mrs. Hamida Tariq (President), Mehreen Atiq (President Elect 2008) and Sajida Arain (Immediate Past President of APPNA Alliance) (Photo courtesy Dr. Manzoor Tariq)

(Sitting L-R) Mrs. Zubaida Amin (Madera, CA), Dr. Nabeed Khan (Chicago, IL) Standing Dr. Zubeda Rajput (Atlantic City, NJ)
Ms. Sunna Rana, Coordinator Medical Education and Research Investment Taskforce (MERIT) and Dr. Naheed Usmani (Chair) signing up volunteers.

(L-R) Dr. Hamidi (AZ), Drs. Sohail Ikram, Dr. Saeed Akhtar (Pakistan Coordinator SWRDC), Javed Akhtar (PA), Afzal Arain (CA), Aisha Zafar (IN), Rubina Inayat (FL) Saima Zafar (IA) and Sophia Janjua (Photo courtesy Dr. Afzal Arain)

(L-R) Dr. Waheed Akbar, Ms. Fakhia Rashid (Institute for Social Policy and Understanding) Dr. Latafat Hamzavi and Dr. Raana Akbar

(L-R) Dr. Nasir Khalidi (Port Charlotte, FL), Dr. Javed Akhtar (PA), Dr. Ahmad Hilal, Dr. Naheed Hilal (Allegany, NY), ?, Dr. Afzal Arain (CA) (Photo Dr. Afzal Arain)

(L-R) Dr. Naseem Sheikhani (St. Louis, MO) and Dr. Omar Atiq (Pine Bluff, AR) participate in Executive Council meeting during the summer convention.

Photos by M. Shahid Yousuf (except as individually acknowledged)
APPNA Summer Meeting, June 27- July 1, 2007 Orlando, Florida

Photos by M. Shahid Yousuf (except as individually acknowledged)

(L-R) Members of Social Welfare and Disaster Relief Committee 2007 Drs. Samma Zafar (LX) (Chair), Rubinayar Inayat (FL) (Co-Chair) and Shahab Afreen (IN) (also co-chair of Publication Committee)

(L-R) Drs. Aamir Hameedi, Nadia Afridi, Roh Afza Afridi and Saleem Afridi (Plant City, FL)

(Above) (L-R) Drs. Hameed Piracha, Hafizur Younus (UK), Sherisha Syed (Pakistan), Farooq Habib (NY), Saghir Ahmad (PA)

(L-R) Mr. M. Shoaib Rana and Dr. Fausia Rana (Garrison Professor, University of Florida Jacksonville, FL)

(Pho Below) L-R) Dr. Durakshan Tanveer (NY and Dr. Asma Ahmad (NY)

(L-R) Dr. Neelam Khan (NC), Mrs. Shazia Qureshi and Dr. Ayaz Qureshi (NC). Rear (L-R) Sara Khan and Sara Kazi

(Pho Below) Young Physicians Seminar participants in a group photograph together with mentors and APPNA officers

Dr. Syed Taqi Azam (Vail, AZ) Treasurer Arizona Chapter 2007 and Mrs. Samreen Azam with daughter Nida and son Zane on left of the photo.
Hospice and Palliative Care Initiative in Pakistan

Mahjabeen Islam, M.D.

Dr. Mahjabeen Islam is a freelance columnist, family physician, addictionist, palliative care and hospice specialist practicing in Toledo Ohio. Her email is mahjabeenislam@hotmail.com

Palliative care and hospice are deeply misunderstood concepts. And not just by lay persons. Students of traditional medicine have been trained to cure: with medication or surgery. Healing has been felt to be synonymous with the stamping out of disease. I do remember being taught to “treat the patient and not the X-ray”. But I do not recall being taught to palliate and cure, just cure. And if I could not cure, I was only entitled to drown myself in a quick mental browbeating, a self-flagellation of sorts and a very private depression.

Palliative Medicine encompasses care when cure is not possible. Hospice is care of the terminally ill. Medicine has evolved through the ages and despite rapid advances and amazing surgical techniques, death has not been beat. Hospice and Palliative Medicine are now sciences with their own standards of practice and research.

Preparing for Palliative Care Medical Directorship at St. Vincent Mercy Medical Center in Toledo Ohio, I read a wonderful forward in a book that said that “all care should be like palliative care”. The medical establishment, like an unwieldy giant, is slowly realizing the accuracy and importance of this premise. Many of its practitioners are unfortunately still stuck in the God-complex of cure alone. One of the misconceptions is that palliative care applies only to the one with cancer. Statistics in the Palliative Care Unit at St. Vincent Mercy Medical Center reveal that COPD and CHF supersede cancer as the commonest diagnoses of patients admitted or transferred to palliative care.

The buzzword in palliative care now is “symptom-management”. COPD and CHF and many cancers are not curable. They should not mean a torturous end either. Neither should the patient with the diagnosis of end-stage COPD, CHF or cancer become hot-potatoes in the alacrity with which physicians palm them off to other doctors involved in their care. Frequently the oncologist feels that the family doctor should deal with pain and other symptoms, and the family doctor feels the oncologist should. Even sadder is the stoic patient who believes that pain is part and parcel of a serious diagnosis.

Palliative care and hospice aim toward a quality life as well as a serene death. The wonderful news is that both are totally doable, regardless of the gravity of the diagnosis. The word “hospice” is derived from the Latin “hospital” meaning an inn for travelers, so a resting place. The first hospice was started in England by Dame Cicely Saunders in 1940 and the first one in the United States was founded in Yale, New Haven, Connecticut in 1974. Since that time and especially over the last decade there has been a surge in the number and type of hospice services around the country.

There is also heightened interest in Palliative Care in hospitals across the nation. In fact having a Palliative Care Unit serves to distinguish a hospital from your run-of-the-mill facility with the usual trauma, cardiology and surgical services. Interestingly, this heightened interest is fueled by that usual common denominator called the dollar. Figures published in March 2004 about the Virginia Commonwealth University compared care of the patient during the last five days in the hospital. One set of patients was at a palliative care unit and the comparative set in a non-palliative setting. After the various costs were totaled including room and board, drugs, chemotherapy, lab tests, diagnostic imaging and medical supplies, the comparative total is startling: $12,319 for non-PCU care and $5313 for PCU care.

In fact all care outpatient and inpatient, serious chronic diagnosis or not, should not focus solely on cure. Palliation and quality of life should form an integral part of it.

Other common misconceptions reign in relation to hospice, as well. One is that hospice care is always inpatient care in a facility. Actually, most hospice patients prefer to die at home, and do. Secondly, people think that hospice is meant only for the last four days of life. The fact is that the earlier the patient is referred to hospice after the diagnosis of a terminal illness, the better their months or year are.

In June 2006, I lectured on Palliative Care and Hospice in a couple medical centers in Pakistan. It was actually my turn to learn from the audience of physicians: there are no palliative care units or hospices in Pakistan; neither do we have any Palliative Medicine specialists in Pakistan. And, more painfully, Dr. Shamvill Ashraf of the Children's Cancer Hospital in Karachi detailed the unavailability of morphine to the medical establishment in Pakistan, barring Shaukat Khanum Memorial Hospital and The Aga Khan Hospital.

The primary symptom managed in the palliative care and hospice philosophy is pain. It is deeply ironic that a nation that is neighbors with Kabul, the opium capital of the world, is suffused with heroin on its streets, but morphine is legally unobtainable for the patient dying of an incurable disease. There is no governmental effort in this regard either, for all its efforts seem geared toward narcotic abuse prevention.

In a nation of 170 million people with poor access to health care, presentation of cancer at the time of diagnosis is advanced and frequently incurable. Almost half of the population is under 15 years of age; they may have been damned with a terrible diagnosis, as well as spending the rest of their days in agony. All for the want of morphine to their doctors.
With the mushrooming of various hospitals in Pakistan fueled by the return of U.S. and U.K. trained physicians, it is high time that Palliative Care Units develop in hospitals across the nation, together with free standing hospices. A burning need is making morphine available to the medical system, for morphine and related narcotics provide the backbone for the treatment of pain in a terminal disease situation. The governmental concern for the diversion and abuse of narcotics cannot absolve it of providing its citizens the very basic right of dying pain free. Especially when a serene death is doable.

With the marvelous success of APPNA SEHAT, we are poised to make a great success of the APPNA Hospice and Palliative Care Initiative in Pakistan. It can be so appropriately called APPNA SUKOON.

Education has been the focus of Dr. Nadeem Kazi’s presidency this year and with the APPNA MERIT (Medical Education and Research Investment Task Force) program, the hospice and palliative care Initiative can be introduced in the various cities of Pakistan.

For the advancement of education and research, The APPNA MERIT program has had extensive consultations with the various medical colleges in Pakistan as well as the Pakistan Institute of Medical Sciences, Pakistan Medical and Dental Council, the Higher Education Commission, the Pakistan Medical Association, the Ministry of Health and the National Talent Program. Discussions are planned with the College of Physicians and Surgeons.

However much we are personally distressed at the heartrending treatment or the lack thereof, of patients around death, I came to the conclusion that I can do little by myself in the vast disorganization that Pakistan’s medical system is. With the talent, resources and clout that APPNA commands, we can pioneer the hospice and palliative care concept in Pakistan, in the form of APPNA SUKOON.

The seeds are sown; in the Orlando summer meeting it will grow some with input from professors and educators visiting from Pakistan. In the Karachi winter meeting, extensive educational lectures will be presented and partnerships for moving this concept into the practical realm will be created. We all must exert individual and collective pressure on the Pakistan government to make morphine available to patients at the end of life.

With the strong family oriented society that Pakistan has, the hospice and palliative care concept, once properly understood, should make a world of a difference to the care of the patient when cure is not possible.

This wonderful odyssey called life shines with the marvels of medicine. Palliative care and hospice should balm its glorious end.

Mahjabeen Islam, M.D. is former medical director of the Palliative Care Unit at St. Vincent Mercy Medical Center in Toledo Ohio and is currently medical director of Odyssey Hospice in Toledo. She can be reached at mahjabeenislam@hotmail.com

---

Social Welfare and Disaster Relief Committee (SWDRC) Report

Perhaps of all the committees that comprise APPNA, none more closely identifies APPNA’s charitable charter as does SWDRC. Last year we saw much of relief work coming to fruition in the aftermath of the Azad Kashmir and Pakistani earthquake of 2005. In the ensuing months we collected and disbursed $ 1.9 million in tangible relief supplies which included such high end items such as C-arms, ultrasonic machines, dialysis machines, wheel chairs besides medicines and supplies. More important and of high caliber were the many medical and surgical missions. These orthopedic and other surgeons and medical specialists flew to the earthquake ravaged areas at their own expense and performed diagnostic and therapeutic services and surgeries free of cost to the suffering patients.

Our mission at SWDRC has continued with many valuable members volunteering to expand and improve our mission. The Breast Cancer Awareness campaign is gaining momentum and we had a booth at ISNA convention at Rosemont, IL. An electronic newsletter will be soon published and its own website will detail its activities. A Bone Marrow Registry project has continued with the aim to have gather a databank of matching donors for recipients in the future. This will be done with some collaboration with SAMAR (South Asian Marrow Association Recruiters) The high prevalence of Hepatitis C in Pakistan has spurred this committee to assist in the hepatitis awareness in Pakistan. The Rawalians Burn Center (RBC) project is continuing and we intend to raise funds for its ongoing operation. The Rawalpindi General Hospital Rehabilitation Center is now a completed project. The Street Children of Karachi Project which serves to educate children otherwise victimized or recruited for prostitution has been recognized. Funds for this will be disbursed shortly upon receipt of paperwork formalities.

The highlight of this year’s summer meeting was the talk presented by Mr. Greg Mortensen author of the New York Times bestseller “Three Cups of Tea”. In a moving narration which lasted some one hour, Mr. Mortensen proved to the audience that individuals can make a difference in the lives of others. His 57 schools currently in operation in the remotest parts of Pakistan at the feet of the Hindu Kush mountains is testimony to his mission. The event raised $ 60,000.

This report is too small a space to detail past and present achievements of APPNA. One thing has become certain, if ever we were lost as to what is our mission as expatriate physicians of Pakistan, it is charity. SWARDC is the way future Pakistani expatriate physicians will express their noble sentiments given its track record. As an example one APPNA donor contributed $100,000 to the OBAT project (for the stranded Pakistanis in Bangla Desh). It is now for future volunteers of this committee to keep the trust bestowed by our membership.

Dr. Saima Zafar (Chair)
The Role of APCNA in the Cardiovascular Health Care in Pakistan.

Rezaun A. Karatela, MD, FACC

Active minds are always working to solve problems all the time. The urge to find solutions, the desire to make a difference is built-in in almost everyone. Mankind has been saved, helped and flourished by the visions of many to constantly improve the lives they touch. Our profession is unique in that we touch lives of many every single day. Many of them talk about their bladders, their bowels, their limbs and their minds and many about their hearts. Many of us rightly concerned about the conditions they live in, the clean drinking water, the working condition the basic health care, the vaccination, the food, the medicine. There are so many things we become passionate about and truly want to make a difference. How can we do all of this?

Focused Activism:

To advocate for the people you care about is indeed a noble thing to do. Many do it quietly, and many feel the need to voice loudly. In the end, the thing that matters the most is the results and the genuine desire to keep doing it. As Shakespeare says “It is not enough to help the feeble up, but to support him after”.

The passion and desire to help must be kept alive. There are many ways to keep doing the things that are important. The idea of advocacy by specialty is something we all must ponder upon. Not knowingly, everyone with the desire to help his/her fellow country has done it. As physicians with our own expertise in our respective fields we can play a key role in the arena of patient and people advocacy. Let us do it with the things we do the best, with our own specialty, our bread and butter, our daily practice. How we can incorporate this into a professional activism. Can this satisfy our urge to help, can it make a difference, and can it be effective. For all these questions the answer is yes!

APCNA vision was to form an organization to activate and gather likeminded cardiologists in North America and pool everyone’s resources (desires) and “give back to Pakistan”, for the poor patients of Pakistan for the less resourceful professional in Pakistan. Amazingly, within the last 2-3 years the collective efforts of many cardiologists has produced remarkable results.

Focused Activism, Resource Consolidation and its Benefits

Resource Consolidation:

Donation of Cardiology and Medical Supplies. It is truly gratifying to see people have poured their valuable resources in collecting unused medical supplies from their hospitals. These valuable supplies are then delivered to various institutions in Pakistan with the sole purpose to be used for the needy and deserving patients. APCNA acknowledges all those who make this happen during APCNA visit this December. We are especially thankful to Dr. Sultan Ahmed, Dr. Mohammed Haseeb, Dr. Tariq Manzoor, Dr. Immad Sadiq, Dr. Nadeem Ashfaq, Dr. Naeem Khan, Dr. Saqib Mansoor, Dr. Javed Suleman, Dr. Wajid Baig and Dr. Nadeem Afridi for providing the supplies. The supplies included, Coronary stents, Swan Ganz Catheters, Triple Lumen Caths, Cardiac Prosthetic Valves, Mitral Valve Rings, Temporary Pacemakers, Sheaths, Injectors, Coronary cath wires, Occlusive Devices, Guide Wires, Perfusion Balloons, and other supplies. The total donation was worth over one million in dollars. The supplies were donated at the various institutions in Pakistan such as Mayo Hospital Lahore, Punjab Institute of Cardiology Lahore, NICVD in Karachi.

APCNA has realized the importance of pooling of resources by partnering with recognized associations an institution internationally and in Pakistan. With the help of Heartbeat International and Rotary Club Pakistan APCNA has set up a pacemaker bank in Karachi. We hope to soon have hundreds of pacemakers available for the needy people of Pakistan free of cost.

Basic Life Support Training for the workers is essential in making an impact in the care of cardiovascular diseases. Pooling resources, expertise and organization know how APCNA working to partner with local institutions to promote this program on a more comprehensive local and national scale. This we feel will be a long-term plan on the scale of five year to ten-year planning.

The Benefits:

Focused Activism for the cause one dearly works for must bear results. Unfocused and unfinished activism is counterproductive and retards the progress. With clear mind and vision; the one year plan, the five year plan and beyond is very important.

Strengthening the foundation, streamlining the processes and pooling of resources should follow introduction of new ideas and strategies. It is believed that cardiologists will play a major role in the health care system in Pakistan, not only because cardiovascular diseases are the number one killer in Pakistan but also because this field is also growing fastest both in USA and in Pakistan.

Unfortunately, there is a great disparity between the private sector and non-existing public sector. It is indeed heart breaking to talk about ICD when majority of the health care needs are not even met at the basic level, and that is clean drinking water, vaccination and infectious diseases. This however does not mean that one should not talk about cardiac diseases. As cardiologists, we certainly can make an impact in health care in Pakistan. Fortunately, the cardiologists who are passionate about helping people of Pakistan with their cardiac disease are also active in supporting many basic health care programs in the country. The basic life support training for the health care professionals and worker is very important and will become more important in years to come. APCNA is actively working to formulate the program where it can help local institutions achieve these objectives in near future.

The Benefits for the Patients:

APCNA has achieved a lot in such a short time, thanks to all the concerned members and their active participation. APCNA has established; Cardiac Supplies Donation on the yearly basis, Annual Cardiovascular Symposia, Hand on Workshops in Cardiac Cath lab, TEE and didactic teaching rounds at various institutions in Pakistan, lectures for the final year students and house-staff at the teaching hospital in Pakistan, visiting cardiologists performing cardiac cath, PTCA, stenting, Pacer insertion and TEE in Pakistani institutions with the local cardiovascular staff.

APCNA Invites you

We request all the Cardiologists of Pakistani-Descent to please become APCNA members.

APCNA Annual Winter Meeting 2007

December 17, 2007 at Khyber Medical College, Peshawar, Pakistan. December 18, 2007 at Ayub Medical College, Abbottabad, Pakistan.

APCNA Annual Meeting 2008 at ACC

57th Annual Scientific Session in Chicago, March 29 – April 1, 2008.

Please visit www.apcna.net for further details.
July 18, 2007

Dear Editors:

APPNA is the largest democratic organization of Pakistani Americans, representing over 12,000 physicians of Pakistani descent serving nationwide. They enjoy the trust of hundreds of thousands of people everyday across the US. APPNA, established in 1976, takes great pride in its medical, educational and charitable activities at home and abroad. APPNA with its more than forty chapters and component societies is amongst the foremost leaders of Pakistani Americans in particular and Muslim Americans in general.

In the quest of the noble mission of securing our homeland from the terrorism, it is unfortunate to observe that sometimes the sense of security and freedom of millions of Americans of ethnic background is injured.

APPNA strongly supports all reasonable security measures that are necessary to ensure the safety of all Americans. Such measures should however be intelligence-led. Profiling based on race and religion provokes breakdown in community relationships. We fear that such a strategy will alienate innocent individuals and communities by making them feel as potential suspects.

Pakistani-American physicians have a history of serving their fellow citizens that spans over half a century. They have performed their sacred duty in places from small towns to larger cities and from the armed forces to the underserved areas. APPNA physicians have very patriotically served in the aftermath of 9/11, Katrina and other natural disaster relief efforts. It is extremely unfortunate that a few misguided healthcare professionals have allegedly committed the recent acts of terror at Glasgow and London airports. It is regrettable that the media backlash has analogized this incident in UK to international medical graduates (IMGs) in the US, predominantly the physicians of Muslim heritage. Whereas APPNA strongly condemns these barbaric acts of terror, it also vigorously opposes the acts of profiling, racial polarization and insularity.

We urge American media to play its pivotal role of promoting a sense of goodwill amongst fellow American citizens by highlighting the services and contributions of IMGs. It is important to note that the IMGs carry 25 % of the burden of medical needs of the nation. It is about time that media pays a well deserved and long overdue credit to this community of healers.

We, the physicians of Pakistani descent join hands with our fellow citizens to make this country safe, and enjoy the pride and freedom to which every American is entitled. We also sturdily believe in the notion that the security of America is best achieved through the integration and not the disintegration of American society.

Thank you for your prompt attention to this matter.

Sincerely,

Tariq H. Cheema, MD
Executive Director
APPNA
The likeness of those who spend their wealth in the way of Allah is as the likeness of a grain that sprouts seven spikes, in every spike a hundred grains. And Allah multiplies for whom He will; Allah is All-Embracing, All-Knowing.” Surah al-Baqarah, Ayah 261

Investing your ZAKAT with Mercy-USA allows us to continue our life-saving support for children and their families throughout the world.

- Health Care
- Food and Shelter
- Economic Development
- Agricultural Programs
- Education
- Disaster Relief and Reconstruction.

Enclosed is my gift* to help the needy:

- Zakat ul-Mal $_____________
- General Sadaqa / Other Gift $_____________
- Total Donation $_____________

My check is enclosed.

Please charge my gift using:

______________________________________________
Card No.      Security Code Expiration Date

Authorized Signature  Date

In USA: 44450 Pinetree Dr. Ste. 201, Plymouth, MI 48170-3869
In Canada: Fiesta R P O, P O Box 56102, 102 Hwy # 8 Stoney Creek, ON L8G 5C9

Contribution Form

Name (Please print)

Address

City          State/Province    Zip/Postal Code

Telephone                   Fax

E-mail

*Please Encourage Your Employer To Match Your Donation.

Website: www.mercyusa.org
Email: mercyusa@mercyusa.org

1-800-55-MERCY
1-800-556-3729

Investing your ZAKAT in
Children and Their Families!

APPNA Newsletter, Vol. 17, No. 2, Fall 2007
 Acts of Faith: The Story of an American Muslim, the Struggle for the Soul of a Generation

By Eboo Patel
Beacon Press, 189 pp., $22.95

The defining issue of the 21st century, Eboo Patel argues in this slim, visionary book, part coming-of-age memoir and part call-to-action, will be religion. Building institutions committed to fostering tolerance and interfaith dialogue, he writes, is the only way to avoid ceding the very concept of faith to religious totalitarians of every creed -- and only by working as hard to nurture young people as violent extremists do to radicalize them can progressive people of faith compete.

The founder of the Interfaith Youth Core (IFYC), Patel is an Indian-American Muslim, and his personal journey toward understanding and embracing the faith into which he was born constitutes the through-line of “Acts of Faith.” But Patel’s story is bigger than that: It is the tale of a man’s increasing understanding that traditions of mercy, compassion, and social justice are embedded in every faith, and accessing them is the key to creating a pluralism that enhances faith rather than threatens it. Patel’s path begins in the Chicago suburbs; he realizes as a child that to be Muslim is to be marginal, and he dedicates himself to academic excellence in an attempt to transcend all that separates him. In high school, he realizes that he and his diverse group of friends possess no language to discuss their beliefs or customs. It is a silence that strains, and the shame Patel feels when he fails to take a stand against the anti-Semitism that surfaces at his school marks him. Such incidents catalyze a period of reevaluation and reflection. Fascinatingly, as Patel works to liberate himself from the confines of an identity proscribed by fear and persecution, it is the black American experience of rage and reconciliation that provides the closest experiential corollary. The humanity and insight of James Baldwin’s work, a touchstone through “Acts of Faith,” prove particularly inspiring -- illustrating Patel’s notion that religion is the new race.

As religious terrorism flares worldwide, Patel revisits the faith he once rejected, seeking and locating fortifying veins of diversity and openness that stand in stark relief to popular American conceptions of Islam. Simultaneously, he begins looking for, and then creating, communities committed to challenging not just the unspoken prohibitions against religious dialogue, but also the inequity and stratification that underwrite these gulfs in communication. Patel’s teachers range from the Dalai Lama -- who encourages him to be a better Muslim -- to Patel’s grandmother, who, when he visits her in India, “models what that means” through her quiet, tireless charity. The pantheon of his “faith heroes,” likewise, grows to include Mahatma Gandhi, Catholic Worker House founder Dorothy Day, Rabbi Abraham Joshua Heschel, Martin Luther King Jr., and -- eventually, as Patel learns to access and connect with Islamic legacies of social justice -- Muslim exemplars like Abdul Ghaffar Khan and the Aga Khan. The Interfaith Youth Core is born not just out of Patel’s convictions, but of the persistent lack of youth outreach he sees across faith lines, and the insular, abstracted nature of interfaith religious conferences. Patel narrates the difficulties he faces in convincing skeptical religious leaders that bringing young people together to perform social justice work and discuss their beliefs will pay faith dividends -- and also the way those doubts are ultimately allayed by the enthusiasm, friendships, and renewed commitments of the participants. As “Acts of Faith” ends, the IFYC thrives, and a shining vision of the possibilities of interfaith cooperation and pluralistic discourse lingers.

By Adam Mansbach

The Publication committee would like to invite The APPNA Memebers to submit articles, poetry and short stories for the Winter APPNA Journal.

The last date for submission is October 31st.
The articles can be submitted to Editor Appna journal at Furrukhmalik@aol.com
I
n the United States, statistics show that mortality rates are as high as 50% among patients who have 85% of their total body surface area affected by second and third degree burns. In Pakistan, by contrast, due to the scarcity of burn centers, the mortality rate climbs to a horrific 100% among patients who have 30 – 50% of the total body surface area affected by burns. The discrepancy between the US and Pakistani figures in terms of mortality rates among burn patients is due to the lack of burn centers, and in accessibility to appropriate health care and technology. Most of the burn victims in Pakistan are women and children, so poor, that they cannot even afford basic health care, and suffer either a lifelong disability, or a painful death.

Rawalpindi Medical College Alumni Association of North America (RMCAANA) is a young alumni, and since its inception, individual Rawalians have participated in various charitable efforts. In 2004, Dr. Amer Akmal the then president of RMCAANA, decided to spearhead fundraising on behalf of the RMC alumni. At the Annual APPNA Summer Meeting (2005), hosted in Washington DC, Professor M. Mussadiq, Principal, Rawalpindi Medical College, was invited as the chief guest. Witnessing the enthusiasm and fervor among the Rawalians, Prof. M. Mussadiq suggested focusing our energy where they were needed most – to establish a Burn Center in Rawalpindi – a dream was thus born.

A handful of physicians from the RMC alumni then got together and decided to make this dream a reality. All they needed was about 10 – 15 physicians to donate $5000.00/each to go forward with this project. The funds collected by the RMC alumni led to the development of RMCOF – Rawalpindi Medical College Overseas Foundation. The idea of Rawalpindi Medical College Overseas Foundation (RMCOF) came after the unfortunate, historic earthquake in Pakistan, which occurred in October 2005. Several Rawalians from the US had gone to Pakistan to volunteer their services. They were met by Rawalians from UK and UAE. This meeting allowed for the development of RMCOF, as everyone wanted to help, but there was no platform.

Several of the Rawalians contributed not only their money but also valuable time to establish RMCOF. Of noteworthy mention are Drs. Avais Masud, Neeraj Mehboob, Amer Akmal, Shahid Rafiq, Raza Bokhari, Sham Tabraiz, Nadeem Manzoor, Rao Baber, Imran Majeed, Riffat Zaidi, Amir Sharif, Suhail Aman, Arshad Ali and Mohammed Fahim, all of whom have significant contributions to RMCOF and the Rawalian Burn Center. Special mention of Dr. Nadeem Afraz, who was the RMCOF’s contact in Pakistan, and is actually a Godsend for the Rawalians. Dr. Nadeem Afraz helped cut through the bureaucratic red tape, and helped complete the project in good time.

RMCOF’s first project was to set up a burn center at the Holy Family Hospital, already named Rawalians Burn Center. Initial cost will be about $500,000.00 that will be spent over 2 years. The plan was to inaugurate it on December 21, 2006, to coincide it with the annual APPNA winter meeting, with only basic facilities and would keep on adding more equipment and facilities with collection of more money.

Today, Rawalian Burn Center (RBC) is a reality – a dream come true. The Rawalpind Burn Center opened in January 2007. First burn patient was a young boy, 5 years old, who was admitted in RBC on 12th February 2007 with 24% burns to his body. These were treated conservatively with baths and dressings. There was no infection and his burns have healed. With this and hopefully many more happy endings, the Rawalpindi Burn Center, is a glimmer of hope for many burn injury victims, who in the past have suffered with many a disability due to lack of adequate care.

Rawalpindi Burn Center is located in the basement of Holy Family Hospital. While Professor Mussadiq did allocate the space for the Burn Center, RMCOF paid for all the remodeling. Currently, RBC has 4 beds, and the plan is to expand to 8 beds, InshaAllah, in the near future. Staff at RBC comprises of 2 medical officers and 6 nurses, as well as para medical personnel, all under the supervision of Dr. Nadeem Pasha, a plastic surgeon, without whom this dream may not have been possible. It should also be mentioned that all the staff at the RBC are on RMCOF payroll. The daily expenditure to run RBC is about Rs. 35,000. Of note, all medical care at RBC is free, and RBC serves the indigent community of Rawalpindi/Islamabad and its neighboring towns and villages. The estimated running cost of RBC per year is about $120,000.00.

The RBC is operational by donations from its alumni so far. Being a small alumni, the Rawalians also hope that projects like the Burn Center will motivate other Rawalians to join the alumni, and thus not only increase its membership, but also be a part of the RBC.

On behalf of the RMCAANA, I hope that physicians from other alumni will also contribute to this noble cause, and be a part of a dream that has indeed come true. For more information on RMCOF, you can visit the website at www.rmcof.org. You can also view the pictures of RBC at www.rmcdocs.com. Donations for the RBC are tax deductible, and can be made to c/o APPNA, 6414 South Cass Avenue, Westmont, IL 60559, with attn: RBC.

In the end, I would like to state that few people can make a difference. What started as a dream did become a reality, and all it took were the committed efforts of a few dedicated physicians. I, being a Rawalian, am very proud of my alumni, for achieving what they did, and setting an example for all of us. On behalf of RMCAANA, I would encourage you all to donate to this noble cause, and be a part of it. The sentiment to help our country men and women can best be summarized by Iqbal in the following shair:

khuda ke aashi tu hein hazaaroN, bunn
non meIN shirtey hein maray maray
meIN us ka bunda bunoen ga jis ko khuda key bundeon sey piyar ho ga

Sophia Janjua, M.D
Dr. Shaikh Sultan Ahmed was APPNA’s 2007 Gold Medal Award recipient. He has served APPNA ever since its inception and has been one of the framers of APPNA’s original constitution. He has served in many committees over the years and is still consulted on constitutional issues. He is a cardiologist and has published many scientific papers.

Dr. Busharat Ahmad was APPNA 2007 Lifetime Achievement Award recipient. He has been involved with the founding of APPNA and has served APPNA in many capacities over the years. He has been active in the American Medical Association and founded the IMG section of AMA. He has been Trustee of ECFMG, Mayor of Marquette MI, an active Rotarian and has been a delegate of AMA. He remains engaged in organized medicine and works on IMG issues.

Dr. Amjad Hussain, former President of APPNA has been named as Trustee of the University of Toledo, OH. He writes regularly for the Toledo Blade and is an active community leader. He authored “APPNA Qissa”.

Dr. M. Rizwan Khalid Chair of Young Physicians Committee was the recipient of 2007 Young Investigator Award given by the Cardiology Society and American College of Cardiology, New York State Chapter for his research paper presented at the American College of Cardiology Annual Meeting in Atlanta GA 2006.

WINTER MEETING 2007

Sponsored by Dow University MC
December 27 to 29th, 2007

CME on 27th and 29th December

On December 28th a trip to Moenjodaro by a chartered plane has been arranged. The trip begins in the morning. Tourists will be back by late afternoon the same day.

Special arrangements have been made with PIA for the members for their trip to Pakistan for the meeting

Please call Mr. Ejaz Ahmed
Telephone number 845-222-0417
with your help

APPNA offers hope and relief to the children of Pakistan

Donate your ZAKAT and charitable donations to support

- APPNA Cytogenetic Laboratory
- APPNA Sehat Program
- APPNA Rehab Centers
- Bone Marrow Drive
- Health Awareness Campaigns

Make checks payable to APPNA Welfare Fund or donate online at www.appna.org

6414 South Cass Avenue
Westmont, IL 60559
(630) 968-8585