He debuted as a professional artist in 2001. From Portraits to Landscapes, from Still Art to Pure Abstract; he has done everything. He has his art exhibits in London, Atlanta, Las Vegas, New York, and North Carolina. His paintings were displayed and sold at the prestigious international Art-expo 2007 in New York where 40,000 viewer were exposed to his art work.

To Inam, art is parallel with nature. He states “When an artist’s inner feelings are outwardly expressed, true art is born. The job of the artist is to explore the mystery of nature. An artist transfers some of his/her life energy as well as some element of ‘universal energy’ into a painting. When you stand in front of a great work of art you can feel the energy flowing—the painting is alive. The perception of the viewer is commensurate with his/her sensitivity to art”. He further adds, “I continually strive for novel expressions. Changes in my style results from intellectual growth, experience and innovative ventures.”

Art is only one aspect of his being. Inam is well known in the local community not just as an artist but as an accomplished poet, stage artist and above all as a humanitarian. He runs a software company and lives in Atlanta with his wife Zari and three sons. Inam can be accessed at his website www.inamgallery.com Ph #678 978 4000.

Inam

This portrait is not only colored with artistic hues of bright and pestle expression, but also has strokes of a versatile personality. Inam was born and raised in Pakistan. He learned the fundamentals of sketching and painting by his elementary school art teacher and later attended art schools in London. He graduated form national college in Karachi and did his masters in MBA from UCLA.
Our Earth

Dr. Tariq Siddiqui
University of Florida, Gainesville

Eons of time and long ago
The earth was young and it had sprung
Congealing from a radiant gas
And slowly it formed its hardened mass
Time then its magic worked
Forests sprung with coniferous fir
And luscious trees ingrained with myrrh
When dinosaurs free roamed the land
All alone and some in bands
It was then humankind was young

Primitive man was advanced you see
He always perceived the reality
That the place we call the planet earth
Was more than its treasures worth
Not gold nor avarice was ancient vice
Respect for land overdid the price
What he needed was a hearth to sleep
Starry skies and places steep
Clear runny brooks which broke the ice
Hunting was a necessary vice

To the heavens then the mountains spoke
They offered them their snow capped peaks
And gave mother earth the glaciers melt
And in this way all was well
And all the gold Pizzaro took
To Montezuma mind was only rind
Man changed to want and not to need
He did not then plant the seed
To keep the earth with treasured care
The deciduous trees and plants did give
With time and press did diamonds bring
And other buried treasures rose
The radiant gas and the trees
All became an oily heap
When burnt it rose till the sun was hid
Neither light nor shine was the mortal lot
This is what mans act had brought.
It’s not too late, so they tell
But it’s not too long before the bell
Which tolls to hark, and time is spent
We do not know if an awful lot
Our wanton acts have now begot
What would I do if I had a day to live? The top line on this high school essay held my attention. I re-read it to confirm my comprehension of these few words. I asked my wife as to what she would do? She shrugged her shoulders. She had no time to think about it. Her day was regimentally divided into hours taking care of our two beautiful daughters, Madeeha aka mady and Zara the quiet one. I tried to concentrate on this book by Kevin Phillips about American Theocracy but words left me. I closed the book and walked into the back yard. What would I do if I had a day to live? The very thought froze me.

What will I do if I had a day to live? I would like to start my day as always. As every morning I would walk into Zara’s room. Watch her as she lay asleep in her orange pajamas. She looked peaceful and serene. Every now and then she would pucker up and smile. A beautiful smile to go along with her new found voice. Zara started talking late and among the first words she learned were “Daddy I love you. And I am OK”. I just would wait in anticipation when she would start her greeting and those few words would be the entire universe for me. I stood at the foot of the bed in anticipation of her waking up and saying those words. I probably would spend that hour watching this little angel in sleep. Later I would walk to Mady’s room and watch her toss and turn. She sleeps like her father. Restless and fidgety. All smart people have that trait. I did not want to go in lest she should wake up. I stood in the doorway and watched her small paintings, instructions for her imaginary toy horse and cats and multitudes of stuffed animals. She could open a shop in the doorway and watched her small paintings, instructions for her imaginary toy horse and cats and multitudes of stuffed animals. She could open a shop and watch her small paintings, instructions for her imaginary toy horse and cats and multitudes of stuffed animals. She could open a shop and watch her small paintings, instructions for her imaginary toy horse and cats and multitudes of stuffed animals. She could open a shop in the doorway and watched her small paintings, instructions for her imaginary toy horse and cats and multitudes of stuffed animals. She could open a shop in the doorway and watched her small paintings, instructions for her imaginary toy horse and cats and multitudes of stuffed animals. She could open a shop.

The day is half gone. May be I should visit all the places I wanted to go. I have always wanted to visit Sydney, Australia. Visit the largest coral reef off the west coast of Australia. No the flight would be a day long. A visit to Botswana and run the Kalahari Desert. May be to the lost ruins of Yucatan where mighty Mayans ruled for centuries.

I should have taken those sky diving lessons that I postponed. Spanish my favorite language that I did not learn. What should I do? May be go test drive the Italian sports car “Testarosa” that Jets quarter back Vinny testeverde reminds me off. Or the “Lamborghini” I have heard about but never seen. How about that visit to Kentucky meadows and watch the majestic Triple Crown winner. May be call all my college friends and re visit the ambiance of a free day.

I walked in the backyard to the swing set. Let’s take the kids to Disney and make a movie of us all. Florida is 3 hours flight. Or go to our favorite beach where Zara caught her first sea shell. I will take pictures of the moment. I should tell my wife. May be not. Lets enjoy the whole day and we will talk in the end. What if she wanted to do things with me? May be she wants to tandem sky jump with me or walk the ocean or catch those shells. Or on our last day together maybe she just would want to lie on the beach listening to the rhythm of the waves.

Too many things to do and too little time. My mind was mush with ideas. I could hear her in the background. Who is it? “Daddy I love you. Have a good day daddy”. Zara was poking my closed eyes trying to wake me up. “Have a good day daddy”. Her new words pulled me out of the chaotic mess. She had walked out of her bed and was trying to wake me. Her soft hands on my eyes. I was still wondering about her last words. How did she know of my day? How could this day be not good? I thought as I picked her up and planted a kiss on her forehead.

I went sky diving, I went rocky mountain climbing, I went 2.7 seconds on a bull named fu man Chu. I loved deeper, I spoke sweeter and I gave forgiveness I’d been denying. He said, “some day I hope you get the chance to live like you were dying.”

(Tim Nichols/Craig Wiseman; Tim McGraw Country music artist)
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Dear fellow-APPNA members: Assalaam Alaikum.

APPNA aims to “uphold ethical and moral values, engage in social and professional activities, support educational and intellectual pursuits, upgrade medical care and thus glorify our Association.” I am very proud to report that we have made significant strides toward the achievement of these goals in the last 30 years in general and during the last six months in particular.

In an attempt to streamline the administration of the central office we have replaced the part time Executive Director (ED) with a full time ED for the first time, with noticeable benefits. Our ED is going to help integrate all the facets of this voluntary organization into a cohesive entity. We have been working on rationalizing APPNA’s policy and procedures to run the organization more efficiently. Our goal is to have these improvements fully in place by the fall Executive Council meeting.

APPNA is proud of its volunteers who work tirelessly to fulfill our goals. With teamwork and building consensus, the executive committee, APPNA council and the various committees have made significant progress with ongoing and new initiatives.

In this regard it is worth noting that the Gold Medal Task Force committee is in the process of formalizing the process of selecting the gold medalist. The guidelines for this process were presented and approved by the council during the spring meeting. From this year on the nominations will be invited openly from the respective fora and the committee will decide based on the approved criteria.

The policy and procedures for the Accounting and Finance committees are in place after the approval of the council. The SWDR committee is finalizing their policies and procedures. The CBL committee presented the amendments to the Council after reviewing the whole document. These amendments were approved by the Council and will be sent to the general body for its approval. Hopefully the entire process will be completed this year at the annual meeting.

The Office Management committee is working together with the ED to enhanced staff efficiency and streamline office protocols. Of note are our efforts to cut down postage and printing costs. For this we have switched to using “Blast” email system to communicate with the membership.

The Social Welfare and Disaster Relief Committee is working diligently to complete all the Earthquake Relief projects. Rawalpindi General Hospital and Mansehra are running efficiently. The Police Hospital in Abbottabad and Topa Soon Dispensary projects are near completion. Saba Trust Orphanage, The Citizens Foundation and Kathai schools are due for completion in the fall. India project for polio eradication has been started. The money collected for Dr. Asma Gul is funding the Bone Marrow Registry for South-East Asians. This year, the committee also provided funds for other causes such as Layton Rahimtoo Benevolent Trust and Street Children of Karachi Project.

APPNA MERIT program is already implemented. The initiative will give APPNA a base of visiting faculty that can then contribute in many different ways:
1. Help develop CME programs and a CME culture in Pakistan.
2. Perform quality audits of medical departments and training programs.
3. Join curriculum review and update committees.
4. Mentor undergraduate and postgraduate students.
5. Guide research initiatives and create international research linkages.

With this initiative, APPNA’s physicians and researchers can now begin to contribute to the modernization of medical education, clinical practice, and medical research in Pakistan’s medical teaching institutions. I believe this will be a crown jewel program of APPNA. We need your support for this endeavor. We will have a 2-hour seminar at our annual meeting on this initiative. Our partners from Pakistan will be joining us to discuss the implementation of these initiatives.

Our membership has grown this year to a record number, thus allowing us to generate extra funding. This year we have decided to only allow active members to register for the annual meeting. This will help us increase our active membership base. The current membership committee under the leadership of Dr. Asif Rehman is developing several different avenues to increase the
membership including the use of media to publicize APPNA’s accomplishments and programs, and offering special deals for credit cards, rental cars and airlines, etc. for our members.

Rep. Peter King (R-NY) of the U.S. House Committee on Homeland Security called for increased security checks on people of “Middle Eastern and South Asian” descent, declaring, “If the threat is coming from a particular group, I can understand why it would make sense to single them out for further questioning.” These were the words of not your neighbor or a radio/TV commentator, but one of our nation’s highest government officials. Sadly, calls for racial and religious profiling seem to be only increasing. There also have 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. If and when the next major terror attack occurs on U.S. soil, these practices are likely to be dramatically expanded with far reaching consequences for all Pakistanis and Muslims. Our Advocacy Committee is very active this year. We are focusing on the civil right issues faced by our members. APPNA is pleased to announce a joint initiative with an organization called Muslim Advocate to fight discriminatory laws and actions by law enforcement and other government officials that target the Pakistani and Muslim community. We have signed a MOU with the Muslim Advocates after approval from the council. The council approved the contribution of $100,000 over the next two years to this organization. They have received an identical amount of funding from the Ford Foundation as well. We will have a Day on the Hill in October 2007 to address the civil right issues faced by our membership and community at large.

With APPNA’s support, Muslim Advocates will undertake a comprehensive campaign that includes four components: impact litigation, policy advocacy, community education and media outreach. This multi-prong approach follows the successful models of other American organizations who have sought the protection of rights for other minorities such as African Americans and have fought successfully for equal access to schools and jobs through the courts and the legislative process. Muslim Advocates (MA) with 500+ members is the first national Muslim American legal advocacy and educational organization. The mission of Muslim Advocates, a 501(c)(3) tax-exempt charitable organization, 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.

It is time for us to realize that we are Americans. American issues are our issues. We have to work with our local community at grass root level to help with resolution of community issues. It is time for us to pay back to our neighborhoods where we earn our living; it is time for us to engage in solving problems faced by our fellow Americans. It is time for us to show who we really are and not what media projects. The best way to address these matters is by reaching out to the grass root of our community and show them who we are. The greatest need of any society is the education of their children. There are many impoverished neighborhoods in and around where we live, where the students need help to improve their education. We have started a pilot project of free tutoring after the approval by the council. This project will promote the goodwill to our local community and this will show that we are giving back to the neighborhood and not only making money from the community.

In the past APPNA has lost money in the spring and fall meetings. The last two years saw us lose $15,000 in the spring meetings. This year I instructed the chair of these meetings to generate funds or at least have these meetings be budget neutral. I am happy to announce that during spring meeting 2007 we were able to raise more than $25,000. This trend will hopefully continue. We can use this money for several new initiatives. The Summer Meeting is going to be a little different this year. We have a record registration for this meeting. I cherish the volunteers of the host committee. They have spent months in planning this event for you and their hard work will deliver an excellent get-together. We are opening up our educational activities to the mainstream by partnering with the University of Florida. I appreciate Dr. Asad Qamar’s role as chair of the CME Committee for inviting excellent faculty to speak on a wide range of topics in medicine. The theme of the meeting is Alī īqbal’s Khudī (self esteem).

As a president some time one has to make difficult decisions and has to choose between right and wrong and some times between two rights. This year I faced such situations. Each time I called executive and/or specific committee and if needed urgent meetings of the council to develop a consensus and made the decisions which are right for the organization. I apologize if any member is hurt or not happy with some decisions; however, I understand even God cannot make everyone happy. I will continue to serve this organization with sincerity, devotion and fervor. I am grateful for your continued support. Together we will serve each other.

Excerpt of the commencement address

By S. Amjad Hussain

Immigrants to a different culture follow one of the three paths while trying to adjust to a new life in a strange land.

Some of them live in the past surrounded by comforting sounds and smells of a land they left behind. They live virtually in a physical and psychological ghetto. This is a common narrative of most first generation immigrants.

Then there are those on the other extreme who soon after their arrival dive into the avant-garde culture of the host country a culture that is strange and alien to even some Americans. They emerge from this cultural baptism as new persons, cleansed of their past. Unfortunately such baptism does not change the color of skin, facial features or the foreign accent.

There is however a third choice, a difficult one and that is to integrate with the host society and act as a bridge of understanding and a voice of reason between two disparate worlds.
I would like to dedicate year 2008 for organization building to create a infrastructure in order to handle the overwhelming work load that confronts our rapidly growing organization. I will focus on the aims and objectives in this first part of the two to share my vision with the membership.

AIMS AND OBJECTIVES:

“This Association is organized for educational and scientific purposes.” This is the opening statement of APPNA aims and objectives written in our Constitution. Under the same aims and objectives, our constitution further dictates to foster scientific development and education in the field of medicine and the delivery of better health care for all. We are supposed to institute ways and means to cooperate with other medical organizations in North America to achieve our primary goal. The Research, Education, and Scientific Affairs (RESA) Committee and Committee for Liaison with Professional Organizations are two important Standing Committees assigned to achieve our primary objective. The RESA Committee has come a long way to promote educational endeavors of APPNA. This committee needs to have a semi-autonomous status to achieve our goals and we are moving in that direction. Continuous Medical Education (CME) activities under this committee have been rated superior during our meetings specially the annual summer meeting. CME accounts are being kept separate now. Sky is the limit when it comes to planning the pursuits of educational and scientific endeavors of RESA committee. This committee will have my full support in planning such activities. The liaison with professional organizations is the task that has been put on the back burner so far despite the personal efforts of some very respectable APPNA leaders. We need to promote the activities of this committee. A sizeable number of APPNA members need to get involved at the level of State Medical Societies as well as joining American Medical Association (AMA) as the paid active members. The APPNA Chapters need to play a role in joining the state medical societies. APPNA is being represented in AMA as a member of the Specialty and Service Society (SSS) in the last four years. It is about time to show our presence in the organized medicine to strengthen the voice of International Medical Graduates (IMG’s). APPNA is being considered for a seat in the House of Delegates (HOD) in AMA. We need 1/3 of active APPNA members to join AMA to achieve that goal. It is a hard goal to achieve. We need to educate our members to joining AMA and the time is now!

“To assist newly arriving Pakistani physicians in orientation and adjustment” is another objective of APPNA. We should be proud of the tireless work done by our volunteers to help those in need. It was 2003 when post 9/11, 2001 syndrome surfaced to significantly impact our new physicians-in-training J-1 visa refusal and security clearance issues resulted in the activation of Taskforce for Young Physicians. The taskforce’s hard work delivered results. The issues of Young Physicians are there to stay and a permanent standing committee for Young Physicians (CYP) was enacted by the end of 2004. Now this Committee consists of most vibrant group of volunteers. The committee has made progress despite hard line US policy of security clearance that works against on time arrival of Resident doctors from Pakistan. CYP has been working closely with RESA committee to promote the education and research amongst young physicians. Moreover, the Mentorship Program initiative is helping youngsters in basic skills and career planning. We need to build on this work in 2008. Since the activation of CYP the role of President Physicians-in Training (PIT) Section was debated. We had a President PIT on the Council without any “section”. The President PIT is supposed to get directions from the President and APPNA Council to address the issues pertaining to PIT. Amendment to bylaws has been proposed to omit PIT section President and after its approval from the General Body (GB), all issues related with PIT section will be dealt with CYP and that makes sense. The bottom line is that Committee on Young Physicians will have to assume more proactive role in 2008.

“To encourage medical education and delivery of better health care in Pakistan specifically by arranging donations of medical literature, medical supplies, and by arranging lecture tours, medical conferences, and seminars in Pakistan.” This is APPNA’s objective number 4. APPNA members have been doing a lot individually and through their respective Alumni Associations as far as the donations of medical literature (more recently donations of computers with internet accessibility), medical supplies, and arrangement of educational conferences and seminars are concerned. We all feel good about it. The major challenge remains to reform the curriculum of medical education and to promote delivery of better health care in Pakistan. Many APPNA leaders have tried many ventures in the past but to our dismay projects could not take off the ground. One such recent effort is the APPNA Pakistan Medical Initiative taken by our current President, Dr. Nadeem Kazi. Medical Education & Research Investment Taskforce (MERIT) is created and a very enthusiastic and competent committee has started the venture. A visiting faculty is being sought whose members will
be involved in clinical teaching in Pakistan in an organized manner. The work of this task-force shall continue in the coming years. I foresee the creation of a standing committee to promote this objective. The changes in the medical education curriculum, expansion of the non-physicians ancillary services (qualified technicians and nurses), and better delivery of health care in Pakistan is a tremendous undertaking on which one can speak volumes but go nowhere until a clear line of communication and understanding is developed between APPNA and Higher Education Commission in Pakistan. I have heard some positive gestures in that regards, recently. If there is a will, there will be a way. I will leave no stone unturned if such cooperation starts and we could help. MERIT has a lot to do. They have my full support in letter and spirit.

“To participate in medical relief and other charitable activities both in Pakistan and in North America” is the APPNA objective number 5. The timely and incredible work done by our volunteers for the victims of Tsunami disaster, hurricane Katrina, and for the rehabilitation of earthquake related sufferers in Pakistan and Kashmir has earned APPNA recognition as a medical and charitable relief organization in the US and around the world. There are far more volunteers available to undertake and participate in social welfare and disaster relief efforts. I would like to extend my full support in promoting the activities of our Social Welfare and Disaster Relief (SW&DR) committee for continued humanitarian work. Let us hope not to encounter any new disaster in the near future so we could work on sustainable development rather than emergency disasters. The scope of the SW&DR committee is unlimited. We need to come up with our priorities to focus on. These priorities should focus on helping our communities both here and in Pakistan including but not limited to the help of hardship cases of our own physician community and their immediate families. Furthermore, we need to sustain and develop our APPNA Sehat Program of primary healthcare and education in Pakistan. A separate standing “APPNA Sehat” committee oversees this model project of APPNA that has received grant awards for their work from various North American organizations. The amount of funding to sustain the present units of APPNA Sehat in Pakistan has been steadily increasing over the last few years and it will need over $200,000 budget in 2008 to fulfill our responsibility. Unfortunately, the major source of funding is limited mostly to less than 50 donors at present and most of them are APPNA members. In fact, some APPNA officers and the family foundation of APPNA Sehat’s immediate past Chair have made major contributions to meet the budget during the last three years. It is obvious that membership has contributed significantly on more emergent causes and for disaster relief. I see that APPNA Sehat program has been consistently promoted amongst our members but serious efforts for fundraising were not made. This year we are facing a short fall and this trend will continue if we did not address this issue promptly. The executive committee of APPNA has authorized an independent analysis by an outside agency to evaluate the strengths and weaknesses of the Sehat project in Pakistan. Hopefully, we will have an outcome analysis based on internationally accepted quality indicators soon. We need to promote this project by obtaining funding in the form of grants from various agencies in the US. It will be a challenge worth taking to sustain and develop this valuable program of primary healthcare education in Pakistan. Lastly, “to inform and educate decision makers and opinion making leaders in problems confronted by the medical community in general and Pakistani-American physicians in particular” is the 6th objective of APPNA.

APPNA spearheaded the formation of the National Alliance of All International Physicians (NAIPP) in 1985. The efforts of NIAPP helped in the passage of a bill that removed discrimination in the examination process for IMGs. PAK-PAC has assisted APPNA since 1990 in the advocacy issues at various occasions. It was the necessity in the post 9/11 era to have a standing committee of APPNA to address issues of advocacy and civil liberties pertinent to our physician community. The need for APPNA Committee on Advocacy, Legislative, and Governmental Affairs (CALGA) was approved in 2004 and first committee came in action in 2005. CALGA played a significant role in organizing a Day on the Hill in 2006 and this committee has been instrumental in addressing the involvement of APPNA in human rights and civil liberties issues in the US as well as in Pakistan this year. CALGA is going to play a significant role in determining our involvement in issues of democracy and civil liberties while maintaining our 501(c) 3 status.

I could only focus on the AIMS and OBJECTIVES of our Association in this write-up. The idea was to share our basis for existence with the membership and to throw some light how to achieve these objectives. In the fall issue of the newsletter, I will focus more on the burning issues like Election Reform and growing role of APPNA Chapters for grass root involvement. I will also share my vision on the functioning of various important committees to achieve our goals.

The publication committee would like to invite APPNA members to contribute to the APPNA Journal. Short stories, poetry and tales of life changing experiences from work are always welcome. Old pictures, family events and pictures of interest can be sent to Furrukhmalik@aol.
Dear APPNA friends,

Assalam Alaikum. We are all looking forward to the summer meeting in Orlando, which is being held at the Rosen Shingle Creek Resort in Orlando. The meeting will be held from June 27 – July 1, 2007. APPNA membership has shown overwhelming interest in the meeting this year and so far we have surpassed last year's registration numbers.

The spring meeting in St. Louis, March 30 and April 1, was extremely successful, and was very well attended. The host committee under the leadership on Dr. Manzur Tariq presented an excellent CME program. The entertainment and food was excellent and was enjoyed by all.

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. The central office policies and procedures are being revised to make the office more responsive and friendly to the membership.

This year our emphasis is on education. The council was presented with information on the MERIT program by Dr. Naheed Usmani. This will be a collaboration of APPNA and health universities in Pakistan for the improvement of health education in Pakistan. An educational initiative was introduced by Dr. Javed Akhtar, which is aimed at providing help in tutoring to the communities with underprivileged children here in the United States.

If you have not registered for the summer meeting so far, please register ASAP on line at www.appna.org. Our fall meeting will be held in Scottsdale, Arizona tentatively from October 26 –28, 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.

APPNA Secretary’s Report 2007

Shahid Usmani, MD

Cost of Harmony

Dr. Darakshan

It was only six in the morning when I heard a soft melody of the door bell. Barely awake, I stumbled out of the bed. The room was pitching dark. I tried to find my way through the clutter. The bell kept ringing, once, twice and again and again. Annoyed from the constant ringing, I wondered who it could be at this hour. Still half awake I rushed to open the door.

As I opened the door, I saw older face on a small boy frame. I could tell he was about ten. As I got used to the light, I asked the boy what he needed. He hesitated to answer. The boy appeared to be dish shelved, and I could tell he hadn’t taken a shower for a while. I asked him again what was that he needed. He answered with the glimmer of hope. “Food, I need some food”. I looked at his cherubic eyes, eyes that were untouched by any evil of this world. He slowly moved his chapped lips again “can I have some water too, please”. “Yes” I answered, “I will be right back”.

As I went inside to get him some food and water, my eyes wandered over to the clock; it was only six in the morning. I went to open the refrigerator. There was not much there. So I packed some of my last night’s food, filled a plastic cup with water and headed back to the entrance. He was still standing there just the way I left him. As he came near to take his food from me, I noticed that he had no shoes on. I told the boy to wait. I went back inside and looked for my old pair of shoes. Although they were old, they were comfortable. I handed my shoes to him. I can gradually see a smile. He put those shoes on right away, thanked me and disappeared.

I never saw that face again but this brief encounter gave me something to live by. Sometimes small things lead to great joy. Harmony lies within.
Dear APPNA members:

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

Transparency in APPNA Accounts: With the help and approval of Executive Counsel this year we have made all APPNA financial reports available to any member. Meeting Account Management: As you might know that last year in spring and winter meeting APPNA lost significant amount of money. This year we have made a decision that all APPNA meeting at least have to be budget neutral. We are managing each meeting separately and according to the latest figures by the executive director we APPNA has made over $20,000 in profit from our first Spring meeting of 2007. This is a significant improvement in APPNA finances and congratulations to the local host committee of spring meeting. I hope we continue this trend.

Written Policies and Procedures: Recently with the help of ED we developed APPNA accounting methodologies and policies and procedures for avoiding errors and improving revenue collections. I visited APPNA office in Chicago on January 19th and 20th and then again on March 1st 2007. You might have seen that these policies and procedures and been presented to and approved by the counsel.. This document will help us to be in compliance with the new IRS requirements on financial issues.

Improved Return in Checking and Saving Account: With the consent of other committee members and upon recommendation from the ED we 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 then checking or classical saving account.

APPNA SEHAT: The last year's counsel in fall meeting approved and budgeted $160,000 to be year marked for the APPNA SEHAT programs in Pakistan. We have transferred our commitment till March 2007. At present we do not have funds available in this account and we need fund raising for APPNA SEHAT to meet our goal. To expand this program we need lot more money.

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.

Rotary Matching Grant Approved: I believe we need to improve revenues from grant writing and CME activities. I have already helped in writing two grants one with the Rotary clubs with the help of Dr. Afzal Arian for the cytogenetics laboratory at the National Institute of Child Health in Pakistan. I have the good news that Rotary grant is now approved and the Cytogenetic Laboratory project will receive approximately matching $60,000 in near future. I wanted to thank Dr. Nadeem Zafar for a very successful fund raising for this project.

The other grant was in collaboration with the Stanford University with US Aid and Higher Education commission of Pakistan for the Telemedicine Project. This was not approved and we will reapply in 2008. We are also in discussion with the Higher Education commission of Pakistan and other agencies to help us in a phenomenal APPNA MERIT program, which is the flagship program this year to improve medical education in Pakistan. I am working with the chair of the MERIT program Dr. Naheed Usmani and ED to apply for funding for this program. We will give you an update as things move forward.

The 26th Pakistan association of dermatology conference and 5th SARAD conference of dermatology

14-18 the November 2007
Lahore Pakistan.

For information www.padsarad2007.com
Tell Us Oh Story Teller, the Tales of Days Gone By

The Association Of Pakistani Physicians of North America (APPNA) is entering the third decade of its life and from all accounts it continues to be a vibrant and thriving organization of Pakistani medical professional in the US and Canada. APPNA is not pareena (ancient) as the Persian title of this essay suggests, but it certainly has accumulated an enviable record of accomplishments in a relatively short period of time. In these 30-years it has weathered many storms and has tackled numerous crises and all through these it has maintained its democratic character. For this the entire membership should feel proud.

But this essay is not about APPNA’s myriad accomplishments. It is about some of its failings.

For the past number of years the Association has developed some disturbing trends. These include the tendency to paint the organization in religious colors, the overt and blatant politicization of the election process and a general attempt by some members to forge political alliances at the expense of civility and collegiality. I shall discuss these issues in light of the preamble of the constitution of APPNA. It states:

‘We the physicians from Pakistan out of our conviction for our profession and motherland, do hereby proclaim the establishment of the Association of Pakistani Physicians, so that we all can: uphold ethical and moral values, engage in social and professional activities, support educational and intellectual pursuits, upgrade medical care and thus glorify our profession and motherland, do hereby proclaim the establishment of the Association.’

Nowhere in the preamble or in the constitution there is mention of religion. It was not that the founders were irreligious people; a good many of them were and are practicing Muslims. They considered religion a personal and private affair and thus did not wish to impose it on an ethnic professional organization.

Over the years and particularly in the past few years however the Association has taken on an overtly religious tone where until a year ago the call for prayer was broadcast from the podium and the sessions were interrupted at prayers time. While a break for prayers is understandable, the call for prayers from the podium is not. I wonder how some of the self-righteous mullahs react if a Christian or Hindu prayer was uttered during the official meetings of their professional societies or Christian or Jewish prayers were made part of the official program. It does not take much imagination to realize that our non-Muslim members and a majority of Muslim members feel the same way.

This trend came to its culmination at the 2006 banquet at the annual summer meeting when President Abdur Rashid Piracha, during his presidential remarks, declared that we are all Muslims. He tried to backtrack when questioned about that statement but his subsequent conduct clearly indicates that he considers APPNA to be an Islamic organization and he has dragged the Association towards the religious right by sharing the stage with other Islamic religious organizations during last years convention of Islamic Society of North America (ISNA).

Now the irony of clothing the Association in religious garb. Did the president know that APPNA membership includes Christians and possibly Hindus and also a good many Pakistanis who do not believe in any religion? I write this as a practicing Muslim but I also write as one who is rather clear about the line that separates ethnicity from religion. Unfortunately some of our suited and booted mullahs and their supporters (the amen crowd) do not. If they are determined to paint the Association in religious tones and if this proposal has traction with members then they should amend the constitution and make it a clone of ISNA and the Islamic medical Association of North America (IMANA).

The other issue is the extreme politicizing of the election process. This trend started in the mid 1990’s and reached a peak in 2001 when APPNA was totally polarized along ethnic, linguistic, alumni and even tribal lines. That trend unfortunately has continued. This all has to do the way APPNA elections are conducted.

The constitution and byelaws provide for a nominating committee which is charged to select a slate of suitable candidates and present it to the membership. At the time that the constitution was revised and rewritten in 1982 it was decided to provide an alternate mechanism in case some deserving candidates were bypassed or ignored by the nomination committee. In that case any self-declared candidate could get on the ballot by having the endorsement of 25 members.

Dr. S. Amjad Hussain

Dr. S. Amjad Hussain served as the 4th president of APPNA (1982-83). He is an emeritus professor of thoracic and cardiovascular surgery at the University of Toledo, College of Medicine and an op-ed columnist for the daily Blade of Toledo. Among his eight published books include APPNA Qissa: A History of the Association of Pakistani Physicians of North America (2004) and Dar-e-Muktah (2005).
This distrust has led the Association creeping up within the Association for over 10 years. This distrust has led the Association to new heights. They all promise those commercials they promise to take the vision spots on ethnic channels. During APPNA elections. These two elements, alas, are sorely missing certain decorum and nicety is observed. But they have consistently been short on delivering. Once they are elected and to uphold the letter and spirit of the constitution. But they have consistently been short on delivering. Once they are elected and to uphold the letter and spirit of the constitution. And television ads must definitely be curbed. Now it has become the sole route to get on the ballot. It is an insult and an affront to the spirit of the election process take to the airwaves to tout their qualifications. They are ample opportunity for candidates to present and plead their case to membership. Telephone calls ala telemarketers demean the process and therefore should be stopped. And television ads must definitely be curbed. You would never see the candidates for election in professional societies take to the airwaves to tout their qualifications. They are elected by their peers and during this process certain decorum and nicety is observed. These two elements, alas, are sorely missing during APPNA elections. I am told that some presidents have tried to bring some sanity to the election process but they were opposed in such efforts by the Executive Council. The Board of Trustees, as overall custodian of the Association, has also been mute on the subject. Many a past president of recent vintage has also, in clear violation of their role as senior members, continued to indulge in this sordid tamasha. Shorash Kashmiri, the rebellious Pakistani poet and editor of Chattaan, wrote this couplet that fits our condition rather well: Merei watan ki siasat ka baal mutt pocho Ghiri bai hai tawaif tamashheeno(N) mei(N) (Don’t ask about the politics of my country (read APPNA) It is as if the dancing girl is surrounded by a mob of pleasure seekers.)

APPNA has served our homeland Pakistan and our adopted land the United States rather well. We should be proud of its myriad accomplishments. But in order to bring the Association in line with the letter and spirit of its founding we need to bring some sanity and civility to the Association.

Three cups of tea

By Greg Mortenson
Excerpt by Mr. Riaz A Dar

“Three cups of tea is an inspiring story of a kind hearted American climber who dedicated his life for the betterment of the most resourceless people of Northern Pakistan. Mr. Mortensen while attempting to climb K-2 got separated from his team. After many days on the mountain and close to death he was rescued by a Baltistan Sherpa. He regained his health and strength in the small village of Korpe. Mr. Mortensen was shocked to see open air school of this small town. The students sat in the open and wrote on dirt. Greg returned to United states to raise funds. The first school, Greg built in Korpe was made possible by generous donation of an American scientist, Dr. Jean Hornie. Greg Mortensen in all built fifty-five schools in Pakistan against a multitude of social and religious impediments. All are functioning well. Greg Mortensen says that he was very impressed by legendary Sir Edmund Hillary the first climber to the top of Mount Everest. He quotes the legend. “I have enjoyed great satisfaction from my climb of Everest. But my most worthwhile things have been the building of schools and medical clinics in Nepal. This has given me more satisfaction than a footprint on a mountain.” Sir Edmund Hillary built twenty-seven schools, twelve clinics and two airfields in Nepal. Greg Mortensen lives with his wife and two kids in Montana.
The charter of an organization is meant to be a medium that catalyzes the progress of an organization. APPNA’s charter seems to be slowly choking it, and, at times, threatens to even kick into cyanide mode.

To say that Pakistan is going through a difficult period would be euphemistic. Regardless of the charges against Chief Justice Iftikhar Mohammad Chaudhry, his summons by a military head of state, forced non-functionality, essential house arrest and then manhandling by the police will be recorded as shameful pages in Pakistan’s already checkered history.

Pakistan governmental intentions, on the face of it, were to ensure that even the Chief Justice is not above the law. The handling of the whole sorry saga has now the government in the dock that it had so officiously prepared for the Chief Justice.

Pakistan-American physicians may have lived in North America days or decades; our hearts bleed for all of Pakistan’s tragedies. And this is not a small one.

APPNA may be the largest democratic organization of Pakistani Diaspora, but it has a limited charter which at times restricts its influence. It may be appropriate now that we should broaden the constitution to give our organization more clout. But let me rewind a little. After March 9, 2007 frantic emails and calls were made to the APPNA executive committee, begging for APPNA to get involved. And out came the constitutional limitation; we cannot get involved in any political activity for it would violate APPNA’s 501c3 status. Some APPNA members burned by APPNA’s previous socio-political narcolepsy decided to do something on their own, and a date was set up for a teleconference to determine our plan of action.

Besides placing an advertisement condemning the disrespect to the institution of the judiciary and the muzzling of the press, concerned listserv members sent faxes to the United States Senate Foreign Relations Committee, detailing all the events in Pakistan, including the usurpation of power by a military head of state, the sham referendum, the scandal of the privatization of The Pakistan Steel Mills and its reversal by Justice Iftikhar Chaudhry. It also detailed the case of the missing persons in Pakistan and the statement by Justice Iftikhar Chaudhry a few months ago in which he had said in a speech to a graduating class that Musharraf’s continued rule as commander-in-chief and president would be unconstitutional.

A day prior to the teleconference a press release was issued by the APPNA president, condemning the attack on the offices of GEO television and press censorship in Pakistan. Before the teleconference and as a result of us squeaky wheels, the CJP issue was inserted as a one liner in the body of the press release. Like Dr. Nadeem Zafar said: “too vague, too little and too late”.

The chest thumping in the teleconference was amusing. The enthusiasm of the executive committee members was overarching to the point that they wished the teleconference converted to an official APPNA meeting. God has such a wonderful way of saving people from themselves. The conversion to an official APPNA conference did not happen, though the chest thumping crescendo to a chorus.

Following the letter of the APPNA charter a teleconference of the Advocacy Committee was then held and three members from the previous teleconference were selected to represent listserv member concerns about the CJP issue. The Advocacy Committee teleconference moderator harped on the non-political status of APPNA, but despite his repeated admonitions, essentially all members of the Advocacy Committee and the three other ad-hoc ones spoke in unison of the importance of APPNA involvement in this issue. APPNA would have failed its members if it failed to act, they seemed to say. And very clearly, that this was not a political but a human rights issue.

Soon thereafter the APPNA president consulted APPNA’s attorneys and was advised: “The mission of APPNA is to provide for the association of physicians of Pakistani-descent, to support medical education and research, to encourage better health care practices in Pakistan and to participate in medical relief and charitable activities in Pakistan. APPNA is not a political organization.” Out came the constitutional limitation this time fortified by legal fabric.

Promptly the APPNA president dissolved the three member ad-hoc committee working on the Pakistan judiciary crisis and pre-empted all current and future APPNA involvement in this issue, by taking umbrage under the attorney letter. And thus was born APPJJD: American-Pakistani Physicians for Justice and...
Democracy, a group of APPNA members who are primarily concerned with righting the miscarriage of justice in Pakistan. An advertisement is being placed in the leading papers of Pakistan, with the names of individual sponsoring physicians, a delegation has been sent to meet with the Chief Justice, the Supreme Court Bar Associations, and the various Bar Councils and to participate in the protest rally of April 3rd 2007.

It is vital here to ask a vital question: why is it that the limited APPNA charter is in play when it is politically expedient and is lost when it needs to disappear? What is a press release but a political statement that is reported by the media and is carried on the APPNA website? What is a Day on the Hill but a wholly political activity? (Held by a former president very laudably and successfully). What are photo-ops and meetings with current and potential Pakistani leaders, except blatantly political activities? What is the courting of Pakistani high ups as guests of honor at APPNA dinners, but political activities guised in the thin veneer of insignificance?

When the Chief Justice of Pakistan was disrespected, the entire lawyer community of Pakistan staged protests and still is boycotting the courts. What a sad day it was when shia physicians were killed, APPNA as an organization was not widely visible in the condemnation. How is the loss of human life a political event? Articles by APPNA members in Pakistani newspapers about the killing of Shia physicians are sole and indirect evidence that we cared. Though they make APPNA’s paralysis at the most critical of times even more apparent and heartbreaking.

Pakistani-American physicians are at the pinnacle of education, wealth and potential clout in the sole superpower of the world. APPNA’s charter needs to be overhauled if it is unable to represent the hopes and aspirations of those it sets out to liberate. This will be a tedious process that will need to be taken through committees, as it should.

It is vital that future elected officers make their mission to make APPNA a relevant, credible and powerful organization. A past president with a particularly unusual and intrepid tenure said it very well: kya APPNA sirf Pakistan mein teekey laganey key liye reh gaya hai? Good question indeed. And yet when APPNA’s hallowed charter and convenient excuses inhibit and paralyze it from any credible activity it might as well vaccinate by day and drown itself in the hedonism of Bentleys and bhangra in summer meeting nights in July.

Editors note
The idea of allowing space for this article is to start a dialogue regarding the constitutional limitation of the APPNA charter. The comments in the article are author’s personal views in the light of the events in March 2007. Many other APPNA members would hold a different perspective to Dr. Islam’s viewpoint and may not agree with her narration. However the point is to start a conversation regarding the APPNA charter and need for a political platform.

Dr. Mahjabeen Islam meeting U.S. Congressman Mr. Keith Ellison form MN.
It is my honor and privilege to be serving as chair of the membership committee. Together we can improve membership and continue to grow the organization as one of the important associations of physicians of Pakistani descent. We have more than 400 new members enrolled this year. This figure represents the maximum new enrollments in one year. To date total membership breaks down as follows:

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Members</th>
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<tbody>
<tr>
<td>Lifetime</td>
<td>845</td>
</tr>
<tr>
<td>Annual</td>
<td>1,549</td>
</tr>
<tr>
<td>Physicians in training</td>
<td>191</td>
</tr>
<tr>
<td>Total Membership</td>
<td>2,585</td>
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In the beginning of the year, a target of 3,000 members was set by Dr. Nadeem Kazi and the membership committee. We are well on our way to achieving that goal. Therefore, the committee recommended a comprehensive plan to help the organization continue to grow. During the last 5-6 months we have had five teleconferences to discuss ways to improve membership. A subcommittee was formed to create an attractive package for new members. The committee includes Dr. Babar Cheema, Dr. Syed Azam and Dr. Arshad Iqbal. Their recommendations include:

- Membership ID card
- APPNA Bag
- APPNA key chain
- Pakistan/American flag pin
- APPNA pen

Provide members with a list of APPNA approved attorneys with expertise in human rights, immigration, real estate, etc. We are also meeting with different attorneys discussing the option of offering reduced rates to APPNA members for their services and soliciting airlines and insurance companies to provide discount rates as well.

Dr. Sarwat Iqbal recommended adding a dental section as a component society of APPNA. There is already a dental component of APPNA but it is not active. Dr. Javed, husband of Dr. Iqbal was named coordinator to investigate re-active the dental component. There are several active members from Canada but without any significant participation or organized chapters. Dr. Naheed Chaudhry was named as a coordinator to create a Canadian chapter according to APPNA bylaws. She will organize a local chapter that will then elect their officers according to the bylaws and constitution.

Dr. Nadeem Kazi, President of APPNA requested Dr. Nadia Alfridi to recruit graduates of North American Medical alumni (NAMA) of Pakistani descent. Hopefully the new generation of children born and raised in this country and who have gone to medical school here will have an opportunity to learn about and join APPNA. Previously, several incentives were given by reducing the lifetime membership fee. As our numbers continue to grow, it will be difficult to continue to reduce the membership fee. It was suggested that the lifetime fee, which currently can be paid in installments within one year, should extend to two years with smaller installments.

Dr. Arshad Iqbal created a slide presentation illustrating APPNA’s influence socially and academically. Each member hopefully will present these aims and goals to their local chapters and the community, which is another way of working the grass roots level.

The electronic and paper media of Pakistani communities have been contacted. The central executive committee is in the process of discussing all the legal ramifications with them so we will be able to publicize APPNA to the general Pakistani community thereby recruiting new members. Through some of the above incentives we should be able to attain our target goal of 3,000 members.
Report of the Committee for Young Physicians

M. Rizwan Khalid, MD Chair
Dr. Asif M. Rehman, Co-Chair
Dr. Muhammad Baber Cheema, Co-Chair
Dr. Busharat Ahmad (advisor)
Dr. A.R. Piracha
Dr. Mohammad Haseeb
Dr. Saima Chaudhry
Dr. Rubina Inayat
Dr. Nayyar Iqbal
Dr. Atif Jalees Khan
Dr. Raheel R. Khan
Dr. Atiq Rehman
Dr. Talha Malik
Dr. Rehan Qayyum
Dr. Shahid Rafiq
Dr. Osaf Ahmed

Committee for Young Physicians (YPC) organized an effort to help Pakistani physicians that unfortunately went unmatched during the NRMP match 2007. We received a record number of applications (>80) this year. Basic information on all these applications was collected for rapid access and transmission. Fifteen academic physicians of volunteered to help YPC in this effort. As soon as the unfilled hospital positions were available to us, we contacted our contacts and provided them applicant information that fulfilled their program requirements. With our contacts, two applicants received post-match positions. One graduate from Baqai Medical College, Karachi received a post-match position in Michigan and another physician from the Aga Khan University Medical College, Karachi secured one in West Virginia. A few other unmatched physicians received interview calls via our contacts but couldn’t make it to the final list. The committee wishes to thank Drs. Nadeem Khan, Raheel Khan and Nadeem Zafar for their efforts in securing positions and interview calls. Drs. Babar Cheema, Faisal Cheema, Asif Rahman and Talha Malik are among YPC members that spearheaded the campaign. This is obviously a huge improvement from last year, when we weren’t able to get even a single person into a residency program. But at the same time, it raised the stakes of the job ahead of us. It is more important then ever to mobilize our resources. I would especially appeal to our colleagues who are in academics to come forward and offer to help us in the months to come and during the next interview season.

Two Pakistani residents were terminated during the last calendar year. YPC heard their cases and after discussion decided that these were cases of wrongful termination and therefore would support their cause. We provided moral support to both, as well as financial assistance to one resident. Case proceedings have gone in our resident’s favor and, God willing, we hope for positive results soon.

In lieu of the situation created after the wrongful termination of our residents, YPC has decided in principle to devise a program titled “Do’s and Don’ts of Residency”. The main aim of this exercise is to provide “orientation” to our in-coming interns. Dr. Haseeb, from St. Louis is one of the core organizers. This program would focus on cultural differences, work place ethics and healthy peer relationships.

APPNA Annual Summer Meeting is always a busy season for YPC as it has initiated core seminars focused on young physicians. After our successful seminars in Chicago last year, the YPC has embarked on hosting similar seminars in Orlando and hopefully to make it an annual tradition. These seminars would include third annual physician in training research seminar coordinated by Drs. Nayyar Iqbal, Asif Rahman and Rizwan Naem. The second seminar is to address issues pertaining to immigration and involving the ECFMG and AMA. Drs. Babar Cheema and Shahid Rafiq are coordinating this seminar. The third seminar is the Program director’s seminar being coordinated by Dr. Raheel Khan. The last seminar, but not the least, is the one-to-one mentorship seminar being coordinated by Drs. Rubina Inayat and Sajid Chaudhry. I would be providing assistance to all the coordinators. We are not expecting a lot of physicians in training in Orlando as compared to Houston, Chicago or New York, since there is a dearth of academic hospitals and residency programs.

Other day-to-day activities of the YPC include providing guidance to young physicians, which span a wide spectrum of issues ranging from electives to immigration issues. Drs. Piracha and Inayat continue to stay in touch with the Department of State and US Consulate in Islamabad. We are also working on a strategy to reach out to Program directors and educate them on our efforts and to be able to convince them to review applications from Pakistani physicians favorably.

I would be happy to answer queries that readers may have. I can be reached at my email: rizkh99@gmail.com

Dr. M. Rizwan Khalid graduated from the Aga Khan University in 1999. He did his Internal Medicine and Chief medical residency from University of Connecticut before joining the New York Hospital Medical Center in Queens/Cornell University as a Cardiology Fellow. He is currently the Chief Cardiology Fellow at the same institution. His research has been presented at numerous national and regional conferences including the ACC, ASE and ASN. Research interests include outcomes research in acute coronary syndromes, vascular biology, diabetes and coronary artery disease and use of various devices in percutaneous coronary interventions.

He is the current President of the Aga Khan University Alumni Association of North America and the Immediate Past President of the Physician in training section of APPNA. He is the Chair of the Committee for Young Physicians. He co-founded the Connecticut chapter of APPNA and was its first secretary. He represents physicians and fellows in training within APPNA New York Chapter and Association of Pakistani Descent Cardiologists of North America (APCNA).
As always, it is a great pleasure to reflect on the accomplishments of APPNA SEHAT. This year has been very tough financially. In spite of the budget deficit no compromise has been made on service delivery. This would have not been possible without the support and dedication of my fellow Executive Officers, co-chairs Dr. Hasan Bokhari and Dr. Nadeem Zafar and the members of APPNA SEHAT Committee.

For almost two decades, the APPNA SEHAT has proven itself as a low-budget high-impact community development project in rural Pakistan. The personal donations of APPNA Membership alone have made it possible to run without any interruption. We are planning a long-term strategy that will provide stable footing to APPNA SEHAT. The four fundamentals of this strategy will be a) Board restructuring to improve governance b) outcome evaluation to enhance service c) donor cultivation to ensure steady stream of funds and d) collaborations with other organizations and donor agencies to enhance our capacity. The Committee will be working closely with the APPNA Executive Director in the third quarter of 2007 to outline the roadmap. We anticipate accomplishing this daunting task partially this year and hope that this strategy will be followed through in next 2-3 years.

APPNA SEHAT is also fortunate to have a dedicated team on ground. A brief report from the CEO of APPNA SEHAT PAKISTAN is given hereunder. In closing, it is important to emphasize that we would not be able to do our work without the strength of APPNA, our valued donors and the support of our volunteers.

Please join us by contributing to already established program or a funding opportunity as we plan to open more units. More information on the project can be obtained from APPNA Central Office.

Project Highlights
Baseline survey completed. Five more units graduated out. Baseline survey of two more units is underway. Monitoring of project activities continues. Community Organization endeavors making headway. Training of APPNA SEHAT staff continues. Unit Committees met to discuss initiatives. Coordination with other agencies continues. Liaison with graduated out communities.

Program Progress & Development
In Mardan, baseline survey of unit # 20 is completed on 25th of April 2007. In Sahiwal and Badin, baseline survey of unit # 22 and unit # 13 has been started during the month under reporting. In Badin, process of inclusion of unit # 14 has been started.

In Mardan, Sahiwal and Badin, five more units have been graduated out on 30th of April 2007, after completion of three year tenure.

Social Mobilization & Community Development
In Mardan, process of social mobilization has been initiated in unit # 20. Regional health board held its meeting in April 2007. In Sahiwal, two construction projects were taken in to improve environmental hygiene in unit # 15 and unit # 18.

Human Resource Development
In Sahiwal and Badin, trainings of field staff of newly inducted units, #22 & #13 respectively, in APPNA SEHAT survey methodology were conducted.

In Mardan and Sahiwal three-day training of field staff of unit #20 and #22 in data entry was carried out. Community capacity building training workshops were conducted during the month under reporting.

Interactions/Collaborations
In all four regions, APPNA SEHAT field staff took enthusiastic part in National Polio Eradication Campaign organized from 24th to 25th of April 2007.
The young New Jersey Chapter of APPNA has established a very strong base in the physician community since the three years of its inception. This year the executive council set itself a goal to make the chapter a meaningful force in the community, and a valuable resource for the physicians of Pakistani Descent in New Jersey. With this in mind the web site was enhanced and made interactive and user friendly in the beginning of the year (APPNANJ.com). A membership drive is under way which until this point has resulted an increase in membership from 63 to over a 100 members in the first 4 months. Currently over 90 of its members are also members of APPNA. The spring meeting for the chapter was attended by approximately 250 people with a standing only room. The annual picnic to be held on June 9th has generated a lot of interest, especially with a planned cricket match between teams from South and North Jersey.

One of the more significant steps towards making APPNA NJ a relevant organization in the community was the formation of a Women’s Forum with the aim of enhancing participation in APPNA activities by women physicians, and involvement in community activities such as clinics, helping in community soup kitchens, providing a resource/referral source for physicians in need and battered women, among other things. The Women’s forum will be organizing a Youth Forum with the inaugural meeting slated to be organized in late summer.

We hope to increase the membership of APPNA NJ to a minimum of 150 active members by the end of the year. The annual EID function committee is working extremely hard to make it a memorable event for the membership. Please mark the date on your calendars (Saturday, October 27, 2007).

I will like to thank every one for their active support of the NJ chapter and look forward to our members continued participation and commitment to making the APPNA NJ chapter a valuable resource for every one.

Nasar Qureshi
President and Member's Executive council and BOT of APPNA
New Jersey Chapter

The APPNA Southern California Chapter held its meeting on January 20, 2007 at the Hilton Hotel in Irvine. It was a pleasant surprise seeing 300 physicians and their families attend this event. The meeting began with medical education seminars dealing with topics such as hypertension, kidney disease and estate law and planning. Pharmaceutical representatives, a travel agency, clothing by Xarposh Boutique and jewelry by Ziba were at hand for everyone to take part in.

The entertainment portion of the function was kicked off by a stunning fashion show presented by Farhina Sayed of Xasrposh Boutique. The models on the runway captivated the audience with their beautiful clothes. Instead of the usual catwalk, the models told a story through their performance of how a boy meets a girl and how he introduces her to his mother. The story started from modeling casual clothes, to an evening party, an engagement and finally the wedding. The show was a colorful and unique display of fashion and was enjoyed by all.

After a brief introduction, the APPNA Southern California President, Dr. Aamir Jamal addressed the physicians, stating that there were approximately 1,700 physicians of Pakistani-descent in southern California and stressed that there was a need for more membership in the organization. He emphasized that all the physicians should come to a common platform in order for it to be stronger and more successful. Dr. Jamal also suggested that there should be an APPNA-Medical card for the Pakistani-American population who are unable to afford the rising cost of health insurance. This card would enable APPNA physicians to care for these patients in their offices with a minimal fee. Another point he made was that of a Think Tank to help lead the community in the proper direction in terms of securing a future for the next generation and the general well-being of the community.

The APPNA Southern California President Dr. Aamir Jamal with his wife in the meeting held on January 20, 2007 at the Hilton Hotel in Irvine.
RMCAANA President Report

Rawalpindi Medical College Alumni Association of North America (RMCAANA) has generated a significant momentum in the Past year. Since the beginning of our Alumni there has been a steady increase in the number of graduates joining hands. All the past Presidents have contributed to this decade of progress. The past presidents like Drs. Avais Masud, Amer Akmal, Baber Rao and Sohail Ikram have been active in different APPNA committees. Dr. Nadeem Iqbal has been the founder and constant force behind our website which is the first one to start a special residency page for the help of upcoming young Pakistani physicians. One of our past President Dr. Raza Bokhari has been active in PakPac and is the current President.

The recent renewed interest within RMCAANA and participation in APPNA is mostly because of two reasons. The APPNA winter conference held at RMC in December 2006 and the, “Rawalian Burn Center” at the Holy Family Hospital, Rawalpindi. The APPNA conference at RMC was one of the most well attended. The local host committee especially its chairman Dr. Nasir Gondal deserve our appreciation. During this conference APPNA inaugurated its Rehabilitation center at Rawalpindi General Hospital Rawalpindi. This is a great facility for the unfortunate earth quack victims and general public. The conference attendees greatly enjoyed the sightseeing tour of Islamabad. This was followed by the folk dance and music show with sumptuous dinner at the Lok Virsa museum in Islamabad. The CME at this conference was also very well attended. Everyone liked the high standard of presentations. Again CME Committee, its chairman Dr. Adeel Butt and vice chairman Dr. Baber Rao deserve appreciation for its success. This conference fulfilled the promise of APPNA to involve smaller Alumni in the mainstream. The RMCAANA Executive council thanks immediate past President Dr. Abdul Rasheed Piracha for providing this opportunity.

The Burn Center at the Holy Family Hospital in Rawalpindi is a first major welfare project undertaken by our Alumni. We are very fortunate for the good response and fundraising from Rawalians all across the globe. This project is the first free center of its kind for the northern Punjab region.

Rawalpindi Medical College Alumni Association of North America holds annual election every year. This democratic tradition has strengthened our foundation and RMCAANA has emerged as one of the most vibrant Alumni association affiliated with APPNA.

Our Alumni function attendees at APPNA summer meeting are increasing in number every year. Many more Rawalians are getting involved in APPNA committees and helping APPNA to achieve its promised goals. Along with other smaller Alumni we provide the necessary diversity and color which are the essence of any successful organization.

In the spring of the year 2007 we sent a letter to all Rawalians sharing the latest development and a renewed interest within our alumni. In this letter we invited them to become part of this momentum. As a result of this effort we have seen 175 Rawalians becoming APPNA member this year, the highest number so far. As the President of RMCAANA, my goal is to bring more rawalians into the APPNA mainstream and increase APPNA membership. I am very positive that we will emerge as the most vibrant alumni and will play a major and useful role to further the cause of APPNA. This year we have established various committees to achieve our goals in a more organized way. These committees include the young physician committee, Constitution and bylaws committee, RMCAANA election committee and membership committee. A CME committee will identify the Rawalians with academic back ground and will work with an already established group of academicians at RMC. This committee will recommend the ways and means to establish CME activities at RMC by Rawalians.

We share the vision of APPNA to serve our mother land and adopted land. We stand for the social and welfare issued both here and back home along with our focus to serve our Alma mater.
The people of Pakistan experienced the worst natural disaster on October 8th, 2005. The aftermath of such calamity witnessed a unique face of unity and generosity. This tragedy tugged at the hearts of so many people living thousands of miles away. The collective generosity and selfless service demonstrated by the members of APPNA at that time is a testimony to the highest values of human character. APPNA members raised funds, collected millions of dollars of life saving equipment all for the treatment of earthquake survivors.

This was the initial acute phase of the relief effort of APPNA. This effort was lead by Dr. Saeed Akhtar organized under the APPNA Earthquake Relief Mission. The Social Welfare and Disaster Relief Committee continued to work behind the scenes, facilitating and monitoring the relief operation.

Following the acute phase a labor intensive intermediate and long term reconstructive and rehabilitative phase ensued. This effort has been the most challenging in the given socio-political and geographical environment of Kashmir and Northern Pakistan. It is humbling to state that as June of 2007 almost 80% of the task is accomplished. By the fall of this year all projects will be completed. A special care has been shown to ensure the quality of work and the maximum output is achieved of the dollar value spent. On the completion of all projects, APPNA will have spent an estimated $1.5 million dollars directly on the infra-structure. This is in addition to over $1 million that has been spent in cash or kind during the acute and intermediate phases.

APPNA’s contribution in rehabilitation process is an incredible humanitarian work that not only dignifies the Association but offer hope to the suffering communities of Pakistan. The credit goes to APPNA’s leadership, its members, volunteers and staff.

Special thanks are owed to our partners and donors such as APPNA Chapters and Alumni, APPNA SEHAT, PIPOS, Rawalpindi General Hospital, Saba Aslam Trust, The Citizen Foundation, National Arab-American Medical Association and Pakistani Physicians of Hagerstown, Maryland.

### Rehabilitation & Reconstruction Projects: An Overview

<table>
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<th>Project Description</th>
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<tbody>
<tr>
<td>APPNA Orthopedic &amp; Rehab Center, Rawalpindi</td>
<td>Completed, in-service</td>
</tr>
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<td>APPNA Rehab Center, Mansehra</td>
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<td>APPNA Dispensary, Topa Soon, Dist. Rawlakot</td>
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<td>APPNA Police Hospital, Abbottabad</td>
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<td>TCF School – APPNA Campus, Mohri Farman Shah, Dist. Poonch</td>
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<td>Saba Trust Orphanage – APPNA Block, Rawalpindi</td>
<td>Completion due in August 2007</td>
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Title: Comparison of Antiepileptic Drug Retention rates in 413 Older Patients with Epilepsy

Hiba Arif, MD1, Richard Buchsbaum2, Joanna Ferreri1, Michael Whalen1, Jessica Sims1, Stanley R Resor, Jr, MD1, Carl W Bazil, MD, PhD1 and Lawrence J Hirsch, MD1.

1Comprehensive Epilepsy Center, Department of Neurology, Columbia University, New York, NY, United States, 10032 and
2Department of Biostatistics, Mailman School of Public Health, Columbia University, New York, NY, United States, 10032.

Conclusion: LTG was the most effective AED as measured by 12 month retention and seizure-freedom, with LEV a close second; PHT, CBZ & OXC were consistently below average. For the 3 AEDs previously studied in the prospective, randomized, double-blinded VA cooperative trial of epilepsy in older adults (LTG, GBP and CBZ), our retention results are strikingly similar.

(Abbreviations: CBZ=carbamazepine, CLB=clobazam, GBP=gabapentin, LEV=levetiracetam, LTG=lamotrigine, OXC=oxcarbazepine, PHT=phenytoin, TPM=topiramate, VPA=valproic acid, ZNS=zonisamide).

Mechanisms Responsible for Blastocyst Attachment

Sheikh Sarah J, DO1, Minassian Shahab, MD1, Marcolongo Michelle, PhD1, Hurd Stephanie, MS2, Phelan Dianne2, Jost Monica, PhD2, Roberson Noreen, PhD2

Department of Obstetrics and Gynecology, Hahnemann University Hospital of Drexel University1, Department of Materials Science and Engineering, Drexel University2, Philadelphia, Pennsylvania

Discussion and Conclusion: The outcome of the study replicated results obtained by two other research labs worldwide, showing presence of L-selectin ligands in human endometrium. Future direction of the study is to continue present study, and develop assays on blastocyst cell models for application to human trophoblastic tissue.

Yet Another Face Of A Great Imitator: Cardiac Sarcoidosis

Mahboob Alam MD*, James M. Wilson MD**

*Resident Internal Medicine, Baylor College of Medicine and ** Texas Heart Institute at St. Luke’s Episcopal Hospital, Houston, TX

Correspondence: Mahboob Alam, M.D. 7731 Cambridge Street, Houston, TX 77054
Phone: 713-449-3719

Title: Cross-sensitivity of Rash with Antiepileptic Drug use

Hiba Arif, MD1, Richard Buchsbaum2, Jennifer Cabot, BA1, Jason Sulkowski, BA1, Stanley R Resor, Jr, MD1, Steven Karceski, MD1, Carl W Bazil, MD, PhD1 and Lawrence J Hirsch, MD1.

Conclusion: Cross-sensitivity rates for rashes involving CBZ & PHT range from 42-58%, those involving CBZ & LTG range from 20-26%, and those involving LTG & PHT range from 19-39%. For most AEDs, the risk of developing rash increases at least two- to threefold if the patient has a rash to one or more other AEDs.

Reduced fluconazole susceptibility in women with recurrent vulvovaginitis receiving fluconazole therapy

Zainab Shahid, MD; Jack Sobel, MD
Department of Infectious Diseases, Wayne State University, Detroit, MI.

Conclusion: In our small study, susceptible isolates of 27% patients experienced increase in MIC with fluconazole therapy. Clinical response mostly correlated with mycological response. Clinical outcome was not different among susceptible or less susceptible groups. Both had recurrence on stopping fluconazole therapy. Change in MIC was not secondary to strain variation.
Hypertensive Disorders during Pregnancy in Karachi, Pakistan

Amna Zeb, Rahat Qureshi, Rozina Sikandar, Dileep Kumar Rohra, Iqbal Azam, Fatima Mansoorali and Ghazala Perven
The Aga Khan University Hospital.
Stadium Road, Karachi, 74800, PO Box 3500
Telephone: 92-21-4930051
Fax: 4934294 or 4932095

Introduction: Hypertensive disorders of pregnancy [HDP] are among the top three causes of maternal mortality in developing and industrialized countries. This study aimed at finding the frequency of hypertensive disorders, maternal and fetal outcomes at The Aga Khan University Hospital [AKUH], Karachi, Pakistan.

Conclusion: The frequency of HDP in a tertiary care hospital in Pakistan is very similar to the published data from developed countries whereas the perinatal mortality rate is a little lower. More studies are needed to establish this.

Title: Effect of Intra-Aortic Balloon Pump Insertion on Outcomes in Ventricular Assist Device Recipients

Tariq Naseem, MD; George Comas, MD; Hiba Arif, MD; Timothy Martens, MD; Faisal Cheema, MD; Veli Imren, MD; Susan Lee, BA; Mehmet Oz, MD; Yoshifumi Naka, MD
Columbia University, NY

Introduction: Intra-Aortic Balloon Pump (IABP) insertion can augment cardiac function in the setting of acutely decompensated heart failure. The aim of this study was to determine if pre-operative insertion of an IABP, emergently or electively, improves postoperative outcome in Ventricular Assist Device (VAD) recipients

Conclusion: Patients, receiving balloon pump prior to VAD implantation had worse clinical parameters. Similarly patients receiving an IABP in acute setting had worse ventricular function than patients receiving balloon support electively. However, post-operative outcome in both the groups was comparable, with no significant difference in short term survival.

Interplay of Nuclear Factor kappa B & RhoC GTPase in Inflammatory Breast Cancer

Saad Z. Usmani, MD1, Sofia D. Merajyer MD, PhD2
1 Department of Internal Medicine, Sinai-Grace Hospital/Detroit Medical Center, Wayne State University, Detroit, Michigan
2 University of Michigan Comprehensive Cancer Center, Ann Arbor, Michigan

Introduction: NFkB is a sequence-specific transcription factor that activates multitude of immunologic and angiogenic molecules. It has been found to have increased activity in several cancers including breast cancer. RhoC, a member of the Rho family GTPases, is implicated in the pathogenesis of inflammatory breast cancer. It has been shown that Rho family GTPases can activate and be activated by NFkB. We hypothesize that NFkB is involved with activation of RhoC GTPase.

Conclusion: Inflammatory breast cancer (IBC) is the most aggressive form of breast cancer. RhoC plays a pivotal role in IBC by promoting angiogenesis. It is known that NFkB and Rho family have multiple interlinked pathways in tumor angiogenesis. We have thus far identified multiple NFkB binding sites in the RhoC promoter region. Gene amplification using cDNA did not give an adequate DNA concentration for further experiments but employing BAC clones has provided an alternative way of amplifying the require genomic segment. The final data from our experiments may help in creating biological agents for targeted cancer therapy.

Clinical outcome of patients with Fluoroquinolone resistant Streptococcus pneumoniae

Farah Shams, Wehbeh Wehbeh, Carl Urban, James Rahal.

Background: Quinolones have been increasingly relied upon for effective therapy for Streptococcus pneumoniae infections. Several studies have identified a higher risk of levaquin resistant Streptococcus pneumoniae (LRSP) in residents of long term care facilities (LTCF), but there are limited data on the outcome of these patients should they acquire an infection with LRSP.

Discussion: This study reviewed the outcomes of all patients with LRSP between 1999-2007. Ten of 706 single patient isolates of Streptococcus pneumoniae were resistant to levofloxacin (1.41%). Our study suggests that LRSP is rare in the community, since (9/10) of LRSP were LTCF acquired. All sputum cultures yielding LRSP were polymicrobial. Therefore, their true role in infection is unclear. Nine of ten (90%) patients survived and the single death was due to gram negative infection. Our review confirms data that being a resident of LTCF increases the risks of acquiring LRSP, and indicates that acquisition of such organisms has not had serious consequences.

Abstract Title: Electromagnetic Field Radiation Induces hsp70 Synthesis and Preserves Myocardial Function after Ischemic-Reperfusion Injury

Tariq Naseem, MD; Isaac George, MD; Matthew Geddis, PhD; Darren Bialo, BS; Hana Lin, PhD; Mehmet Oz, MD; Reba Goodman, PhD
Columbia University, NY
Introduction: Non-ionizing electromagnetic field radiation (EMF) induces synthesis of stress response protein hsp70, via pathways distinct from thermal induction. Hsp70 expression has been shown to protect mitochondrial and ventricular function after ischemia-reperfusion (I-R). The purpose of this study is to evaluate the effect of EMF induced hsp70 synthesis on myocardial function after I-R in a rodent model.

Conclusion: EMF exposure correlated with high levels of hsp70, as well as MAPK and Elk1 phosphorylation. EMF induced hsp70 markedly reduces acute I-R injury leading to improved cardiac function and may represent a novel method of myocardial protection.

Title: Comparison of Antiepileptic Drug One-Year Retention rates in patients with Epilepsy and Mental Retardation

Hiba Arif MD, Richard Buchsbaum, Sabin Spencer, Jacob R Laskey, Andrea P Edwards, Kimberly Peters and Lawrence Hirsch MD, Columbia Comprehensive Epilepsy Center, New York, NY, United States.

Background: There are few data comparing effectiveness of multiple antiepileptic drugs (AEDs) in patients with epilepsy and mental retardation (MR). Our objective was to compare one-year retention (effectiveness; primary outcome), tolerability and efficacy (measured by seizure freedom) of all commonly used AEDs in adult (>16 years) and pediatric (2-16 years) patients with epilepsy and MR

Conclusion: In this retrospective, non-randomized study of patients with epilepsy and mental retardation, levetiracetam had the highest one year retention rate in adults (significant). In the pediatric group, lamotrigine had the highest one-year retention rate (trend). Psychiatric AEs, drowsiness and imbalance are the most common intolerable side effects in this group.

In vitro inhibition of platelet aggregation in response to increasing concentrations of tirofiban in patients with significant renal insufficiency

Mahboob Alam, M.D.*, Hisham Dokainish, M.D.**, Nasser Lakkis, M.D.**
* Resident Internal Medicine and **Section of Cardiology, Department of Medicine at Baylor College of Medicine, Houston, TX
Correspondence: Mahboob Alam, M.D. 7731 Cambridge Street, Houston, TX 77054
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Email: alameras@yahoo.com

Background: Patients with impaired renal function are a growing subset of patient population at higher risk of cardiovascular complications due to vasculopathic state, inducing accelerated atherosclerosis and arteriolosclerosis. These patients are at increased bleeding risk after coronary interventions and thus this at-risk population has not been well studied in major clinical trials. Of particular interest is the optimal dosing of glycoprotein IIb-IIIa inhibitors in the setting of acute myocardial infarction. We attempted to find the in vitro concentration of tirofiban required to inhibit platelet aggregation to <10% in patients with moderate to severe renal insufficiency.

Conclusions: Our data indicate that patients with moderate to severe renal dysfunction suppress their platelet aggregation to <10% with 25 ng/ml of tirofiban, a one third of the standard effective dose for patients with normal renal function. We suggest further clinical trials to define an objective means to calculate proper renal dosing of glycoprotein IIb-IIIa inhibitors in these patients.

Title: Effect of Raloxifene on mortality, cardiovascular events, breast cancer and endometrial cancer: A meta-analysis of randomized controlled trials

Jurga Adomaityte MD, Maria Farooq MBBS, Rehan Qayyum MD.

University: Johns Hopkins School of Medicine, Division of General Internal Medicine

Background: Raloxifene, a selective estrogen receptor modulator, is indicated for the prevention of osteoporosis in post-menopausal women. However, its effect on mortality, cardiovascular events and neoplastic diseases of breast and endometrial is unclear. Therefore, we conducted a meta-analysis to evaluate the effect of raloxifene on these outcomes.

Conclusion: Raloxifene decreases the risk of overall breast carcinoma as well as invasive breast carcinoma, increases the risk of pulmonary embolism, and has no effect on overall mortality, cardiovascular events, stroke, or endometrial carcinoma.

“MEDICAL RESIDENCY EDUCATION”— Ways to make it better.

Muhammad M. Ansari, MD

Albert Einstein College of Medicine at Beth Israel Medical Center
Conclusion: The paper lays emphasis on some important modalities that can help an institution in better education of their residents, and help academic medicine grow. For example in order to make sure there is good teaching, residents should get a pre-made schedule for year long lectures and teaching rounds focused
and tailored to settle in mind the common and basic approach in clinical medicine. Also evidence based medicine should be made part of regular curriculum including some important clinical rotations. The paper also lay emphasis on possibility for residents who on completion of their residency should have a major in a particular specialty which will help tailor their practice of medicine and approach towards treating diseases in communities across United States.

Title: Radiation Exposure During Pedicle Screw Placement in Adolescent Idiopathic Scoliosis: Is Fluoroscopy Safe?

Ul Haque, Maahir BA; Shuffl ebarger, Harry L. MD *
*; O’Brien, Michael MD *; Macagno, Angel MD *
+ University of Florida College of Medicine, Gainesville, Fl
* Miami Children’s Hospital, Miami, Fl

Summary of Background Data. To our knowledge, there is no established consensus regarding the safety of radiation exposure during fluoroscopically guided procedures.

Conclusions. The spinal surgeon’s intraoperative radiation exposure may be unacceptable. Spinal surgeons should be considered classified workers and monitored accordingly. Methods to lower radiation dosage seem strongly indicated.

Alcohol Septal Ablation for Hypertrophic Obstructive Cardiomyopathy: A systematic review of published studies.

Section of Cardiology*, Department of Medicine**, Baylor College of Medicine, Houston, TX.

Correspondence: Mahboob Alam, M.D. 7731 Cambridge Street, Houston, TX 77054  
Phone: 713-449-3719, Email: alameras@yahoo.com  
Objective: Alcohol Septal Ablation (ASA) for hypertrophic obstructive cardiomyopathy (HOCM) has emerged as a lesser invasive alternative to surgical myectomy over the past decade. The purpose of this study is to analyze all the published literature on outcomes and complications after ASA. Conclusions: Literature to date suggests that ASA results in acute and intermediate-term favorable clinical and echocardiographic outcomes. A randomized controlled trial is needed to compare ASA and myomectomy in order to determine which technique provides maximal benefit.

Title: Anxiety disorders in Systemic lupus Erythromatosus: the role of 5 Lipoygenase.

Asif R. Malik, MD (1), Falza F. Khan (2) and Thomas J. Santoro, MD (3)

1: Resident, Yale University School of Medicine, Department of Psychiatry, New Haven, CT  
2: Medical Student, St. Martinus University Faculty of Medicine, Curacao, Netherlands Antilles  
3: Visiting Associate Dean, University of Illinois College of Medicine, Peoria, IL.

Introduction: Systemic Lupus Erythromatosus (SLE) is a multi-organ, multi-system auto-immune disease of unknown etiologic characterized by inflammation in lungs, kidneys, joints and brain. Previously under-recognized, up to 83% of patients may have symptoms of neuro-psychiatric lupus (NPSLE). Results: Increased 5 LO and FLAP gene expression in hippocampi of aging lupus mice.

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The October 8, 2005 earthquake in northern areas of Pakistan, causing death and destruction on an unprecedented scale. Almost 100,000 people died, thousands were injured and over 3 million were rendered homeless. Thousands needed physical and psychological care. Health services in Pakistan, severely constrained in best of times were soon overwhelmed. The Pakistani nation and international community responded magnificently to requests for material and human help. Many Pakistani health professionals in West offered their help. Many had left the country years ago and had little to do with Pakistan or its health systems. But the disaster made many disrupt their comfortable lives, negotiate difficult and inhospitable terrain and tend to the injured. Most came for a short period, as this was all time they could spare. There was a genuine desire to help and ease the suffering. Many physicians worked in camps while others in hospitals where the injured were evacuated. Some mental health professionals worked with children in schools set up in tent camps.

Hard questions
Pakistani physicians in West who were moved by the earthquake need to ask themselves not only what moved them but also why now? Most of the acute surgical and medical problems of the disaster have subsided but pre-earthquake conditions remain. Who would address these? What about the suffering masses in areas not directly affected by the earthquake, where health facilities are rudimentary at best and in many places virtually absent? Do those suffering from hypertension and renal failure, hypothyroidism and depression in these places not deserve the same commitment, zeal and enthusiasm from health professionals as was shown for the earthquake survivors? Do the children of these places suffering from diarrhea and malnutrition, meningitis and mental retardation not worthy of the same high level of input from highly skilled paediatricians and other specialists who so selflessly offered their services after the earthquake?

How can Pakistani physicians in West help?
It is imperative all Pakistani health professionals in the West who gave their time, money and expertise, look beyond the trauma of the disaster. While many enrich and contribute to the health systems of their adopted countries, they also need to look at ways to support the health system of their parent country.

Understand critical factors in health in Pakistan
It is vital that Pakistani health professionals in West understand critical factors that impact health issues of the country. Many may be familiar but those who left the country at an early stage of their careers may not be. These include a high degree of social deprivation, lack of basic needs (of housing, sanitation, drinking water and education) but also lack of justice, abject poverty and severely compromised position of women. Underlying are critical factors of poor governance, corruption and mismanagement.

Mediocrity rules
Corruption is a major issue in Pakistan and one of the main factors that has undermined progress in social, education and health sectors (Kazmi, 2002). Unfortunately, efforts to tackle this problem have shown little results on the ground. Pakistani medicine fares no better.

As justifiable as their reasons for leaving the country, every time a well trained and qualified professional leaves Pakistan (or does not return after completing training in West) his/her vacuum is filled by another whose training and qualification is not of the same standard. Crucially, in many cases the essential personal attributes of professionalism and integrity are absent in these individuals as a result of being trained in a system that pays little attention to ethics and morality and where there are few effective role models. If such people end up in positions of power and authority the whole system suffers. Better trained and qualified people have difficulty finding jobs in institutions inhabited by such people. For example, in some teaching institutions in Pakistan, appointments are based more on personal contacts and political affiliations rather than qualification and merit.

In such an atmosphere mediocrity has flourished while excellence and quality has taken a back seat.

A terribly wrong equation
The state of health and indicators make sorry reading. Prevalence rates for hepatitis, rabies, malaria, tuberculosis, cholera and malnutrition are one of the highest in the developing world. Infant and child mortality rates are one of the highest in South Asia. More than 30,000 women die during childbirth. A third of the adult population is estimated to suffer from depression and anxiety which, translated in numbers amounts to almost 50 million people.

Unfortunately, little is being done to address the health issues of such magnitude. Health spending is less than 1% of GDP. Although Pakistan produces an adequate numbers of doctors, most are concentrated in cities, while more than 65% population live in rural areas, where health facilities are sparse.

It is ironical that where the need is the greatest, the fewer and less qualified the professionals. There is something terribly wrong in this equation.

Capacity building
Following the earthquake, many Pakistani physicians were able to organise themselves quickly, develop teaching manuals, undergo training, address logistical problems of traveling, boarding and lodging and set up treatment facilities in the affected areas. The same needs to be done at a slower but a more sustained pace to build capacity in training, teaching and research in the country.

Investing in health systems
While programs such as those for acute trauma and injuries set up in the days and weeks following the earthquake, may address the health issues in the short term, the need is for programs to address the health problems of the population in the long term. This requires establishing health systems with a strong primary care/public health approach.
Partnering credible institutions & individuals
It is imperative that Western Pakistani physicians interact with individuals and institutions of the highest credibility and integrity. Many well meaning health initiatives in Pakistan fail to yield desired results because professionals and agencies from abroad are not able to discern between individuals and institutions of dubious credibility and those of high integrity.

Many credible individuals working in the health system of Pakistan are trying to resist corrupt elements that only have theirs and their cronies’ interest at heart. These individual efforts must be strengthened. Some of the ways this is done is by sponsoring them for honorary memberships or awards, acting as their referees, including them as authors on articles or sponsoring them for various scholarships.

Keeping alive the ‘jazba’
The extraordinary jazba (spirit) shown by Pakistani health professionals in West needs to be kept alive, harnessed and used in the most productive way. This requires close interaction and an on-going dialogue with credible health professionals based in Pakistan.

Pakistani physicians in West: a moral obligation
Pakistani medicine, like the country itself stands at a critical juncture of its history. For both, the last 60 years since independence have been anything but exceptional. The country has been through many trials and tribulations and it has muddled along with successive ‘leaderships’ that has lacked vision and credibility. The history of Pakistani medicine is not too dissimilar. However, the October 2005 earthquake has given it an extraordinary chance to redeem and rehabilitate itself. Public and government awareness of health issues is at a high level and resources are available. Pakistani health professionals must seize this opportunity and push for a comprehensive and a meaningful national health program.

Pakistani physicians in the West are in a unique position to help foster change. Their response following the earthquake has shown their strong emotional bond to their parent country. Yet their independence from it gives them a strong voice which needs to be used to influence and inform policy and promote high standards. Their experience of working in better organised and resourced health systems is a valuable transferable skill. It needs to be utilized in building capacity in teaching, training, service provision, and research. This requires close interaction and ongoing dialogue with health professionals in Pakistan. The “jazba” shown by Pakistani physicians in West must be kept alive, harnessed and used in the most productive way. They have a moral obligation to do so.

Declaration of interest: The author, a Dow graduate of 1977 has been part of a team involved in training of primary care health professionals in mental health in earthquake affected areas of Kashmir and North West Frontier Province (NWFP).

References


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Cancer Awareness among the South Asian Population

Sophia Janjua graduated from Rawalpindi Medical College in 1988. She completed her Gastroenterology Fellowship from Rush Presbyterian St. Luke's Medical Center, Chicago in 1999. Dr. Janjua has been in private practice with a single specialty group since 1999, in Northwest Indiana.

About a year ago, I was approached by a friend to give a talk about colon cancer among the South Asian population. The topic caught my interest and I proceeded to do Medline search on it. The results were disappointing, to say the least. There was very little data available about incidence/prevalence of colon cancer among the South Asian population. Most of the literature was anecdotal and there were no review articles that discussed screening/surveillance modalities for colon cancer among South Asians. Furthermore, there was scarce data available about the incidence of colon cancer among the immigrant South Asian population in the US.

I was curious about this discrepancy, and being a physician, who counsels patients on colorectal cancer screenings on a daily basis, I was intrigued by the lack of data and literature among the South Asian Population in regards to colon cancer. Both breast and colon cancers are considered among the top five causes of cancer deaths in the U.S. However, among the South Asians, particularly among the Pakistani diaspora, there is little or no awareness of screening modalities. On a recent trip to Pakistan, I was discussing screening guidelines for both breast and colon cancers with family and friends. My discussion was met with expressions of disbelief - how could I even talk about such topics, and why should they get checked when they seem to be doing well. The reaction of the immigrant South Asian population here is no different.

As a member of APPNA, I strongly believe that APPNA can be quite instrumental in improving cancer awareness amongst the South Asian community here in US and Canada. At an organizational level, APPNA can do much to facilitate grass root awareness of cancer prevention guidelines. Our members are closely associated with hospitals and clinics and thus can facilitate provision of information to the South Asians through these institutions. But to do that, APPNA needs to bring in helpful printed material in Urdu (and perhaps Arabic) to ensure that easily understandable information is available to lay public who may not be fluent in English. Then, APPNA volunteers can also book space in gatherings like ISNA and ICNA conventions also, where a large number of Muslims turn up.

With this perspective in mind, an effort is underway to promote breast cancer awareness amongst the APPNA women (members/spouses). To this effect, APPNA volunteers would man a booth at the Orlando meeting where members would be able to pick up breast cancer awareness pink ribbons with APPNA written on them so jump start this effort. Also, T-shirts would be available for purchase (minimally priced) for both adults and kids with APPNA emblem and the pink ribbon of breast cancer effort. Also, members would be able to see the first brochure highlighting breast cancer prevention methods in Urdu and members and spouses will be able to ascertain their breast cancer risk. It is hoped that this effort would receive widespread support from APPNA members and families and that our message would be spread through them to every nook and corner of United States and Canada.

Inauguration function of APPNA NJ women’s forum

New Jersey Chapter of APPNA formally inaugurated the women’s forum. NJ Senator Barbara Buono was the chief guest, Ms. Elshazly was the keynote speaker. Over 225 women physicians, spouses and community activists attended. Subcommittee chairs shared their proposed program and the formal function was followed by a quiz show, raffle and ghazal program by a local artist.

Nasar Qureshi
President New Jersey Chapter of APPNA

Internist needed to join another internist in Waynesboro, PA

Desirable and picturesque location located 75 miles North of Washington DC and Baltimore. Competitive salary, Area qualifies for J-1 Waiver. Please contact Shams ul Haq M.D at: doctorhaq62@yahoo.com Also fax your resume to (717) 762-0702t
McCarthyism with desi touch

Dr. Zia Moiz Ahmad is a graduate of Dow Medical College, class of 1982. He completed his Internal Medicine residency training at University of Kentucky in Lexington, KY and Cardiology Fellowship at Wake Forest University in Winston Salem, North Carolina. He is an Interventional Cardiologist in private practice in Saint Louis, MO.

One of the most shameful eras in modern American History is the period of 1950s when the Junior Senator from Wisconsin, Senator Joseph McCarthy, set out on a nationwide witch hunt. Many a lives were destroyed and countless reputations smeared by his reckless and baseless accusations. After asserting in a speech that he had a list of “members of Communist Party and members of a spy ring who were employed in the State Department and the Administration of President Truman” (a list he never produced or made public), he went on to conduct public hearings under the Senate Permanent Subcommittee on Investigations which he chaired. Innocent people were dragged in front of the committee on little more than trumped up charges. They were presumed guilty without a shred of evidence being presented in support of the allegations against them. This national political drama continued without any significant challenge from otherwise decent and honorable Americans, both public leaders as well as ordinary Americans. To add insult to injury, this gross injustice was being played out in the name of patriotism and national security. It continued up until June 9th 1953 when a gross injustice was being played out in the name of patriotism and national security. This provided the public figures and political leaders the courage to hold Senator McCarthy accountable for his abuse of power and authority. The Senate censure resolution against him being the final chapter in this unfortunate saga.

Today McCarthyism has become a term used to describe demagoguery, reckless and unsubstantiated accusations, as well as public attacks on the character or patriotism of political opponents. Looking at what is going on in APPNA recently, especially on its list serve, one cannot help but draw an unflattering comparison. The lists serve and other electronic media has become a great resource recently for keeping the APPNA membership connected and informed. Although only a handful actively participates in the spirited and passionate discussions, hundreds follow the list serve on a regular basis. Recently one has seen a gradual decline in the tone and civility on the list serve. Allegations are made and accusations hurled at unsuspecting and honorable members of APPNA who have a history of service and dedication to the organization. All this is done without any consideration to facts or the truth. No evidence is ever presented to support any of these charges. This I would submit is McCarthyism with a Desi touch.

Some APPNA members have been called Israeli agents and Pakistani Zionists while others have been labeled GOP (Govt. of Pakistan) agents. Some have been accused of advancing the agenda of BJP (Bharatya Janata Party) of India while others have been charged with furthering the political ambitions of their Indian relatives. But alas no proof has ever been presented. Some unnamed characters have been called traitors to the cause and labeled Mir Jafar and Mir Sadiq creating a cloud of suspicion over anyone who disagrees with these modern day Desi McCarthys. One alumnus association has been accused of playing the party anthem of a regional political party in one of the functions. But again no supporting evidence has been presented. Some have been vilified for playing the ethnic and regional card in the electoral politics of APPNA without offering any proof. This mudslinging is done in the name of freedom of speech which is undisputedly the Holy Grail of any civilized democracy. But the civilized democracies also offer is a judicial system in which you can hold people accountable, both legally and financially, for unsubstantiated allegations and smear tactics. What does APPNA offer for the protection of the good name and reputation of its members so wronged and viciously attacked without any proof? What recourse do Drs. Omer Atiq and Saud Anwar and the others have when they are called Israeli agents or Pakistani Zionists? What can Dr. Rizwan Naem do within the framework of APPNA when he is accused of being a BJP agent? What can Dr. Syed Samad do in the midst of a campaign when he is incorrectly connected to a letter written in support of his opponent? What can anyone do or say in their defense when they are alleged to be the agents of Govt. of Pakistan and the Pakistan Army? And the list goes on and on and on.

Even though I disagree with some of these individuals on their decisions and their politics, I respect each one of them for their honor and thank them for their services and dedication to APPNA. Not only are they respectable members of our organization but occupy places of distinction in their respective communities. Interestingly all these accusations and allegations come from a very small group of individuals who have exhibited very little regard for truth and facts. They are noticeable for their vicious attacks and bullying tactics. This has given them a presence in APPNA larger than their numbers would warrant. What is surprising is not that this small coterie of APPNA members hurling bogus allegations at respectable, decent and honorable members of the organization but what is shocking is the relative silence of the general membership of APPNA. I don’t see a sense of disgust at this unprofessional behavior...
and uncalled for slander. I don’t see a sense of revulsion at the use of smear tactics as a political strategy. Unless the ordinary members of APPNA demand proof from the ones who make public accusations against our colleagues and friends in APPNA we are destined to remain a group with great potential but little consequence. Unless we hold accountable the ones who level baseless charges publicly and then hide behind apologies given privately, we will eventually drive away the best and brightest from serving the organization. To ignore this injustice is to become an accomplice in this by remaining silent. We have to remember that accusation is not proof and that a final decision about any matter depends upon evidence and due process. We have to summon the moral courage to confront this problem ourselves. It is we, the members of APPNA who hold this organization dear to our hearts and the APPNA leadership who have taken an oath to serve and protect, who will have to deal with this. And to these fellow APPNA members, who use these dangerous and unscrupulous tactics, I would say to them in the words of Joseph Welch “Have you no sense of decency, Sir? At long last, have you left no sense of decency?”

Zia Moiz Ahmad, MD, FACC.

The inaugural convention on Human Development was held over four days—Friday, May 25 to Monday, May 28, 2007—at the Donald E. Stephens Convention Center in Rosemont, Illinois.

Highlighting this year’s theme, “Dignity through Development,” a variety of unique academic speakers from around the globe gathered to discuss finance, legislative transparency and media. In its inaugural year, more than 100 registered families attended the weekend long seminar, including a caravan of 15 families who made the journey from Michigan, and agreed that this was a unique forum where so many talented people from Pakistan were present and contributed to the discussions.

The Human Development Foundation (HDF) introduced its new network chapter of the parent foundation, HDF Enable. The goal of HDF Enable is to mobilize young Pakistanis from all over the world to make a difference in the lives of many in Pakistan.

The 10th Annual HDF Chicago Network Fundraising Dinner raised more than $421,000 for the Human Development Foundation of North America, which works toward generating a positive social change in Pakistan through mass literacy, enhanced quality of education, universal healthcare and grass roots economic development.

The Signature Event Banquet awarded individuals and organizations that have given their support, through generous donations and time to HDF.

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(L-R) Dr. Shahnaz Khan (FL) Co-chair HDF presents a plaque to Dr. Nadeem Kazi at the Signature Event Banquet of HDF during the celebrations of 10th anniversary of its founding.
For the first time in the history of APPNA Winter Meeting, the CME Committee invited physicians in training in Pakistan to submit original research to be presented at the 27th Annual APPNA Winter Meeting. The response was overwhelming. The CME Committee received about 50 abstracts of high quality, which were worthy of submission to any national or international scientific meeting.

An independent subcommittee of judges from academic institutions in Pakistan and the United States was invited to review and judge those abstracts purely on their merit. If any of the judges were coauthors on any abstract, or had any other potential conflict of interest, they were excluded from judging those abstracts. The judges provided numerical scores on various scientific aspects of the abstracts which were then added. Mean scores from three judges were added to choose the top abstracts.

Due to space restrictions and logistic limitations, the Committee could unfortunately accept only 20 abstracts this year. Many high quality abstracts could not be accepted for presentation at the meeting, but are worthy of meritorious mention and are listed in this report as citations.

We hope that all future APPNA meetings will have this feature where medical students and physicians in training in Pakistan are able to present their original research and be recognized and encouraged for their hard work, original ideas and contribution to advancement of medical knowledge.

I am extremely grateful to Drs. Nayyar Iqbal, Rizwan Khalid, Rizwan Naeem, Tazeen Jafar and Faisal Cheema, without whose help this program could never have taken place. Other members of the host committee, without whose help this would not have been possible included Drs. Nasir Gondal and Muhammad Umar, and APPNA past President Dr. A. R. Piracha, who allowed the CME team complete freedom to plan and execute the CME program.

Excerpt

University of Toledo Spring Commencement May 6, 2007

S. Amjad Hussain

Perhaps it is because ours is a country of immigrants. Except for Native Americans, we all came here from somewhere else. Some of you arrived on the Mayflower and some of us a few hundreds years later by jetliners. And to this day people come, drifting on rickety boats across vast expanse of oceans or trekking the inhospitable Arizona desert, to the shining city on the hill as John Winthrop the Governor of Massachusetts described America so eloquently in 1630. We may have come with the uncertainty of today but we all had a promise of tomorrow.

According to the Declaration of Independence all of us have an unalienable right, along with life and liberty, to pursue happiness. There are many ways we could define happiness.

One could equate happiness with bulging shelves at the grocery store or seemingly unending lines of new cars at a car dealership. But to equate happiness with 19-brands of toilet paper or long isles of soft drinks in a grocery store is to demean the very concept of that pursuit and dare I say the true meaning of America?

To me happiness is the ability to think freely and express freely without the fear of a midnight knock at the door.
Letter To editor

I would like to comment on the inadequate representation of the APPNA history as related by Dr. Raana Akbar in the winter APPNA journal issue. She being the Publication chair conveniently used her position to publish her version of the accomplishments of our organization. She chose to expand on certain yrs and deliberately omitted certain time periods. As a past President of APPNA I always thought this is an organization of volunteers with team work as the only sustainable pillar of its working. I take umbrage to the fact that she chose to write about the APPNA history without any input from people who were part of the history. She chose to ignore important milestones in the yrs 1999-2002, which for the first time brought issue like Civil Rights and political participation into the APPNA folds. The APPNA story is a narrative of team work, consistency and ever evolving issues. It has its better and not so better yrs but the journey is ongoing with promise and hope for a brighter future.

Dr. Mohammad Suleman

May 13, 2007

REJOINER

A Historical Synopsis of the Association of Physicians of Pakistani-descent of North America

In the recent APPNA Journal (volume 8, number 3), the Co-chair of the publication committee, Dr. Raana Akbar, published an article, A Historical Synopsis of the Association of Physicians of Pakistani descent of North America. It claims to be based on information derived from APPNA Qissa and various issues of APPNA Journal. A review of the synopsis contradicts that assertion at many levels.

The article does not have any original research, or substantial academic or literary contribution to merit space in the Journal on its own. More importantly, it attempts to distort certain facts, omits others, and arbitrarily shifts emphasis on critical details. The essentials of laying down principles, processes, and standards to be followed in collating and writing such an informational item appear to be replaced by half-truths and innuendos, especially as it pertains to the years 2001 through 2006. Thus we have a piece that does not allow facts to tarnish what is in essence a revisionist history.

As an APPNA member, I wish to register my displeasure at the oversight on the part of those responsible for ensuring accuracy of historical facts in APPNA publications this past year. I strongly urge the current APPNA leadership to rectify this egregious misuse of space by a person in position of responsibility in the APPNA Journal: a) by clearly stating in the next Journal that the said article is based, at least in part, on personal opinions of the author b) by stating that it was published, as I am told, without formal authorization and review, and therefore, it does not reflect the official APPNA history, and c) by formulating policies, procedures, and standards to pen and publish official history of APPNA, to prevent such abuse.

Sincerely,

Omar Atiq, MD
Stephen Seeling

Stephen Seeling is the Vice President for Operations for Educational Commission for Foreign Medical Graduates (ECFMG). He was invited by Dr. Adeel Butt (Director, International Scholars Program, University of Pittsburgh) on behalf of APPNA, KEMCAANA and DOGANA to speak at various Career Counseling Seminars in Pakistan. Here he describes the memories of his maiden visit to Pakistan.

Beyond the wonderful food and the spectacular sites, it is the Pakistani people I will never forget.

I was invited by the Association of Physicians of Pakistani-descent of North America (APPNA) to participate in a series of seminars for medical students and young physicians at several medical schools in Pakistan. I left Philadelphia for Pakistan on December 14, 2006, excited but unsure of what would come. I knew that I would be speaking at medical schools in Lahore (King Edward Medical College), Karachi (Dow University of Health Sciences), and Islamabad (Rawalpindi Medical College), and had a good sense of what the audiences would want to know. I had done the obligatory research on the geography, politics, and culture of Pakistan. And, of course, I had heard the admonitions to “be safe and be careful.” But I was not prepared for the overwhelming graciousness and hospitality of the people I met during my week-long stay. And of all the people I met, it is the medical students and young physicians who will always stay with me.

Months after the trip, the scenes are still vivid: a packed house of over 300 medical students (about half women, half men) at King Edward Medical College (founded 1860) in a large, dark-wooded, balconied hall that felt like Oxford. Polite but incisive questions about ECFMG, USMLE, and graduate medical education in the United States — this was a group that required you to bring your “A” game. The memory of the medical student, who insisted on carrying my briefcase. I declined and his professor approached. In a gracious tone, he asked me to accede to the student’s request, explaining, “It will make him feel useful; it is the Asian way.”

Walking through the nearly empty medical library at Aga Khan University at 5:30 pm, only to see two students separately studying prep materials for the USMLE. At Dow University in Karachi, talking with students after the session had broken up, and getting e-mails upon my return home, thanking me for giving up some of my lunch hour to answer their questions. At Rawalpindi Medical College, students asking me for my autograph — really! In one case, giving me a rupee bill to sign. (I said I would sign only if the young man would spend it immediately.)

There were others. Seeing a Philadelphia cheese steak “with Philadelphia cheese” on the menu of the restaurant in my Lahore hotel; driving to the Pakistani-Indian border at dusk to view the choreographed lowering of the Pakistani and Indian flags; eating at a KFC in Lahore (chicken and fries both good) staffed by individuals with speaking/hearing disabilities; visiting the Faisal Mosque in Islamabad, which accommodates 100,000 worshippers; attending and being very impressed by the due process and intellectual rigor of a meeting of the Disciplinary Committee of the Pakistani Medical and Dental Council.
None of this would have been possible without APPNA. The career counseling seminars organized by APPNA were universally outstanding. The information was timely and the presenters were not reluctant to provide the kind of practical candid advice the audience needed to hear. Before attending the APPNA seminars, for example, I had never heard anyone emphasize the importance, while interviewing, of being professional in dealing with support personnel at the residency program. On a personal level, it was APPNA’s invitation to participate that gave me a set of experiences I will never forget.

But for me, it will always come back to the students and young physicians, and their hunger for information about opportunities in the United States and entry into postgraduate training here. There is a tremendous amount of information on the Internet, and it is often wrong. The students that I met in Pakistan, and many thousands throughout the world who will never meet, look to APPNA and ECFMG for accurate, objective information. They rely on us. That is something we should all pledge never to forget.

We felt very lucky that after years of break in convocation ceremonies at our college, we will have our convocation. WOW, everybody was excited. We, the Class of 1987, which somehow became the Class of 1989 early batch, were going to share our convocation, with Class of 1988, which also graduated in 1989 as late batch and with Class of 1989, which somehow managed to become Class of 1990. We got the black gowns, the capes and all those things and headed to Bagh-e-Jinnah where the convocation was supposed to be held. With us were our proud parents, sisters, brothers and after going through the metal detectors, body searches, bag searches etc. we were seated under the big Shamiana (Tent), waiting for the Prime Minister of Pakistan.

This was the usual hot and humid day of Karachi. We made rows of top 30s or 40s from each class to shake hands with the Prime Minister and receive our degrees. We sat in our seats looking great with makeup and perfume, ties, shiny shoes etc. And we waited and waited, and waited and nothing was going on. After about 5 hours or 6, we were told that there is a Bomb under the Stage and the Prime Minister is not coming to the Arena and we should gather our belongings and move to The Taj Mahal Hotel near our Alma Mater for convocation. But we can not bring our proud parents, brothers and sisters with you as the hall is small and only graduates of the three classes can be accommodated in that hall provided they share the seats.

By this time, our capes were up side down, black gowns crumpled up, dirt on shoes, skins oily and eyes watery, even the ties were wet with sweat. We decided that we are going to take our pictures on the same stage which had the bomb under it.

It was two in the afternoon with the Sun heating up the tent and there was a suspected bomb under the stage. The same stage, where Mr. Nawaz Sharif was supposed to stand and confer the degrees upon us. This could have really been a memorable picture, if that bomb had really gone off. Fortunately I am here to tell the story and later on, after a complete search, no bomb was found under the stage. We are in the 25th year of our friendships from the time we attended our first class in Sindh Medical College, Karachi. I remember it was April 24th, 1982.

Ghayas Ahmed, MD.
Class of 1989, SMC
Visit the web site for SMC Class of 1989 at: http://members.aol.com/ghayasa/smc89e.html
I’ve been told that long-distance relationships never work out, but I’ve been handling mine rather well. When calls come she never speaks, she’s just there listening. I don’t have a picture or anything, just a mental image—deep, intelligent, slightly elliptical eyes and ebony skin. Ears pierced and poised, attentively absorbing the many conversations that pass just beneath her slightly wide-set nose. A face framed in gold, rendered in thick oil paints, and positioned just above the rotary telephone and opposite the front door of my grandmother’s house. She wears her curls in a pile at the crown of her head, held in place with a wide, blue scarf. After reading Alex Haley’s Roots about a year ago, I named her after it—the women of Juffure remind me of her, and, after all, she does live with and where my own roots are—Karachi, Pakistan.

But I have to admit, I identify more with this painting of an African slave woman than I do with the place itself. Her silent strength, slight defiance, and ability to stand out even on that wine purple background inspires me. She’s not much of a talker; she’s a listener, like me. Her austere, undersized lips lend no smile, no turn of the corner of the mouth. They aren’t mean, and they aren’t angry. They’re slightly mysterious and overwhelmingly confident. She posses a surety and conviction of a sort that seeps from the paint, that stares back at you, that lends to you.

I couldn’t take her back to America with me, nor did I want to—it wasn’t where she belonged. But I did take back a tiny bit of that capturing strength she offered me. I had the chance to put it to practice quite often in that middle school world in which I lived. When a seventh grade boy, having the maturity that all seventh grade boys have, thought it clever to call me Saddam instead of Sadaf, it did not make me hate him. It did not make me cry or scream or sulk. It made me strong. And that strength made me just a little more confident, a little less awkward, and a little more secure. After that, I thought I would try to recreate the affect. I bought a thirty-one by twenty-four inch poster of John William Goddard’s “Dolce Far Niente”. She stared the way Roots stared, and the way she laid there on the ground exuded that unmistakable self-assured comfort. I hung her over the bureau in my room but her appeal was short-lived. Maybe she was too famed, and knowing it ruined things between us. What is the point of having a muse that you have to share with the rest of the world, anyway? Whatever it was, I could not force what did not naturally exist.

From then on, my mental image of Roots seemed to suffice. It seemed the more time I spent with her, the more I learned. Her coolness and composure have begun to run through me. But she and I are still working on it. Growing up, which is what she has really been helping me do, is an art, and like all arts it takes its time.

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**Hajj 2007 December 5***

Book early this year to be included !!!!

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Fax: 610-884-5530

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APPNA Spring EC Meeting, St. Louis, MO and various alumni and APPNA Chapter Spring Meetings.

(L-R) Drs. Rizwan Khalid, Asif M. Rehman, Javed Suleman, Dr. Tariq Manzoor (rear)


(L-R) Drs. Javed Suleman (NY), Mufiz Chauhan (AR), Khalid Mahmood (President elect North Texas Chapter) and Rizwan Naeem.

(L-R) Dr. Asim Khwaja (President Arizona Chapter) presents a check of $96,000 from AZ Chapter to Dr. Saima Zafar Chair Social Welfare and Disaster Relief Committee for APPNA Girls School in Kathua village NWFP which was affected by the earthquake of 2005.

Dr. Naheed Usmani (MA) presents a report on MERIT 2007.

Dr. Naheed Chaudhry (Ontario-Canada) President Fatima Jinnah Alumni Asn.

APPNA Alliance Officers (L-R) Sajida Arain (Immediate Past President), Mrs. Hamida Tariq President 2007, Rukhsana Mahmood Secretary 2007

(L-R) Drs. Abdul Qadir (NY), M. Shahid Youssuf (MI), Ashraf Sabahat (NY), Zahid Asghar (NY)

Cincinnati, OH Chapter spring meeting (L-R) Drs. Javed Suleman, Usman Siddiqui Syed Samad, Tariq Manzoor, Farooq Mirza (Photo courtesy Dr. Farooq Mirza)

Dr. and Mrs. Riaz Chaudhry (LA)

(L-R) Drs. Rizwan Khalid, Asif M. Rehman, Javed Suleman, Dr. Tariq Manzoor (rear)

(app courtesy Dr. Farooq Mirza)

New Jersey Chapter Spring Meeting (L-R) Drs. Farnul Khan, Javed Suleman, Shahid Usmani & guest (Photo Dr. Nasar Qureshi)

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غلزل
(میرزا آبادی)

تومی
(Sue Ellen)

کرداری مومیا کیا ہے یہ بہانہ جو کہ کہ بہانہ یہ بھی
کو ہوئے قیام ہے دو منہ ہے اس کو جانتے ہوئے
کہ کو ہوئے قیام ہے دو منہ ہے اس کو جانتے ہوئے

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غزل
(ترجمہ)

ہے یہ سیاح چہرے کو تنبیہ پیدا کر کے جدید بحر
کی یہاں ہے جہاں ہم معاوضہ کر ہیں،
کیونکہ اسی طرح کا کچھ نہیں ہے میں
سماج کے ساتھ لوگوں کے پچھوں کے ساتھ

غزل
(محبت)

ہے جب انسان چند تنبیہ پیدا کر کے جدید بحر
کی یہاں ہے جہاں ہم معاوضہ کر ہیں،
کیونکہ اسی طرح کا کچھ نہیں ہے میں
سماج کے ساتھ لوگوں کے پچھوں کے ساتھ

چند اشعار
(عمیر)

میں شاہید ہو جاں ہے اسنوں ان کے پاس پا گیا
کہ یہ لوگ ہم کیسے ہم کے پاس پا گیا
کہ ہمارے حضرت ہم کیسے ہم کے پاس پا گیا
کہ تھاصل ہم کیسے ہم کے پاس پا گیا

قطعہ

ہے جب انسان چند تنبیہ پیدا کر کے جدید بحر
کی یہاں ہے جہاں ہم معاوضہ کر ہیں،
کیونکہ اسی طرح کا کچھ نہیں ہے میں
سماج کے ساتھ لوگوں کے پچھوں کے ساتھ

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تاریخی کے ترتیب

(الاسلامی)

нихیں نہیں سے دوسرے سے کچھ کوئی دیکھنے کی صورت پر، کیا جو مقصد کے طور پر ایک اپنی روزگار کو ہمیشہ سے اس کی ایک ثابت ہے۔

سمت کے سامنے بھی کچھ دیکھنے کی صورت پر، کیا جو مقصد کے طور پر ایک اپنی روزگار کو ہمیشہ سے اس کی ایک ثابت ہے۔

Now reading naturally
مشورہ

(ڈاکٹر ملکا نیاز)

مشورہ کیا ہے جب یہہدے کے بانے کریں
جو یہہدے رہے ہیں ہوئے کی تنہائی کا ہے
زندگی کی ایک کرتی بھی ہے ہر کسی میں
افتحالوں سے کہارہ جاہیزیاں ہیں بہت
غل نہ ہو جیا اسے ہیں کہ کیا ہے لین نہیں
خدایا کی ورس میں یہ کیا ہے جنہوں نہیں
کہ گھروں میں ہوئے کہاں ہوئے ہے جن
ظلم داریا جیسا ہیں ہلا کی ہوئے
غزل

(رازیخان اسحاق)

غزل کی رہائی میں کریں ہے قصبات کا
خاتون ہوئے ہے کہ کہاں ہوئے ہے
چاپ ہے ہوئے ہے ہوئے ہوئے ہے
پہلی کو ہوئے پہلی کو ہوئے ہے
کیہ کہ ہوئے پہلی کو ہوئے ہے
بہت کہ ہوئے ہے ہوئے ہے ہوئے ہے

دیو کی رہائی میں قصبات کی

جو ہوئے ہے ہوئے ہے ہوئے ہے

بہت کہ ہوئے ہے ہوئے ہے ہوئے ہے

بہت کہ ہوئے ہے ہوئے ہے ہوئے ہے

بہت کہ ہوئے ہے ہوئے ہے ہوئے ہے

مہدیہ
گول

(حسین آریا)

بیش از دو شعر دیده، ولی این یک اندک است
که بتوانم با آن مرتکب شده باشم
که چندین درباره ذهن انسان که می‌خوندند، روشن
وقتی تعطیلی کنند، مشغول نشان دهند.

حسین آریا

(حسین آریا)

کی می‌خواند با کتابهای کتاب
چه انسانی با کتابهای کتاب
که می‌خواند با کتابهای کتاب
چه انسانی با کتابهای کتاب

حسین آریا

(حسین آریا)

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که می‌خواند با کتابهای کتاب
چه انسانی با کتابهای کتاب

حسین آریا

(حسین آریا)
اس سے کہنا چاہتا ہوں
(غزل)

اس کے سفر کو ہو گیا ہے
کہا جا سکتا ہے

ام ای ای بڑھا کر
- غزل
(داکو خشت)
مقدمة

(عندما يكون الاستخدام غير مناسب أو غير ممتع، يمكن أن يسبب الصداع المزمن تأثيرات سلبية على الرأس والجسد.)

无论是从物理方面还是心理方面，长期的使用不当或不愉快的使用都可能导致偏头痛的副作用。因此，采取适当措施，确保使用方式既有效又愉悦，对于预防和控制偏头痛至关重要。
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