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1809-1865
16th President of the United States of America

Muhammad Ali Jinnah
1876-1948
Founder of Pakistan

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Every Pakistani American felt a strong sense of shame and outrage at the recent suicide bombings in Karachi. What is particularly horrific about the most recent of these attacks is not the magnitude of the mayhem it caused and the number of innocent victims it claimed but the fact that it took place during a religious observation. This was then followed by an attack on the Emergency Room of the hospital where these unsuspecting victims had sought treatment. These acts violated the most fundamental tenets of civilization, even during war or armed conflict, which is not to attack places of worship and places where the injured and sick seek treatment. And when this is done in the name of religion it is particularly revolting. Sectarian and religious violence, in the name of doing “God’s work” has become a familiar and daily occurrence not only in Pakistan but in that part of the world. Almost every day we read about acts of violence against one another in the name of religious beliefs. There have been attacks on places of worship and on practitioners of different faiths, may it be Muslims or Christians, Jews or Hindus, Shia or Sunni muslims, Bahai or others.

Although religious intolerance and sectarian violence are not restricted to the muslim faith, it has somehow become the dominant narrative in today’s media when it comes to the muslims and the Islamic faith. This is the case even though victims of this violence are none other than fellow muslims. When a suicide bomber blows himself in the parking lot of a luxury hotel in Pakistan or the office for applicants for government jobs in Iraq or Afghanistan or during religious observation in Karachi or Kerbala he is not targeting any military personnel or policy makers but poor innocent people. It is estimated that more muslims have been killed by extremists willing to kill anyone who does not follow their interpretation of Islam than by the western/occupying forces. Even though religious conflicts between the Buddhist and Hindus rage in Sri Lanka and the between Protestants and Catholics in Northern Ireland, it is the Muslim man who has become the poster boy for religious violence. Why is that so and what needs to be done about this?

The conspiracy theories and victim mentality aside, it is time for all thinking Muslims to address this question. How come that even though overwhelming majority of Muslims are moderate in their views and do not support the extremists, why is that that the views of this small minority of extremists has become the dominant representative viewpoint of muslim mind in the eyes of the non-muslim world? Why does the world feel that the adherents to the “religion of peace” are anything but peaceful? To those who believe that it is a vast conspiracy to discredit the Muslim Ummah, I will concede that maybe there is

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Dear APPNA members Assalam O Alaikum,

Since its inception in 1979 APPNA has been making outstanding contributions to the promotion of medical education and healthcare in Pakistan. It has a long tradition of bringing high quality educational programs to Pakistan. This year too, in collaboration with the Aga Khan University and Dow University of Health Sciences we had a very successful 30th Winter Meeting in Karachi. Two important components of this international scientific meeting other than excellent CME programs were the “Young Physicians Research Seminar” in which a record 180 original abstracts were submitted and secondly, the “Career Counseling Seminar”. By sponsoring these seminars APPNA has firmly established itself as a leading supporter of original research in biomedical sciences in Pakistan. The “Dawn” Newspaper featured a 6 page supplement highlighting APPNA projects and our 30th Annual Winter Meeting. We thank Pakistan Medical Association for publishing all our abstracts in a special supplement of JPMA. We look forward to our partners in Pakistan to develop this further and make “APPNA a partner in health and medical education for a healthier Pakistan”.

Our APPNA banquet at Sindh Club Karachi was attended by the Sindh Governor, Dr. Isharat ul Ebad Khan, Dr. Muhammad Farooq Sattar, Minister for Overseas Pakistanis and leadership of AKU and DUHS. I would like to thank Drs. Adeel Butt, Shehzad Saeed, Faisal Cheema, Rizwan Naeem, Javed Suleman, Faiz Bhora, Tariq Cheema and Ms. Sidra Tul Muntiha for all their hard work and diligence. Without their effort, it would not have been possible to organize such a grand event.

In 2009 as a professional organization of physicians of Pakistani descent in North America we applauded the call by the President and the Prime Minister of Pakistan to overhaul the healthcare system in Pakistan. One of the aims of the proposed changes is to minimize medical errors and adverse outcomes. The people of Pakistan and our membership see this as the need of the hour. In Pakistan deaths due to medical negligence and lack of medical care are rising, there is a trust deficit between physician and patient, there is growing empowerment of private sector and failure of government to get its own dysfunctional institution in order. We see rampant commercialization that is rapidly turning medicine into a business enterprise only. I feel that the Pakistani nation as a whole strongly believes that its time for health professionals to develop a personal sense of integrity and professionalism, regain public trust and re-establish their credibility. We proposed a set of regulations and a system of medical error preventions and robust check and balances to be implemented nationwide at private and public medical facilities of Pakistan.

In meetings with the President, the Prime Minister, Director General Health, Pakistan Medical and Dental Council, Federal Minister of Health we proposed an urgent need for comprehensive healthcare reform in Pakistan. We expressed our serious concern over the controversial “2009 Punjab Healthcare Bill”, the use of Section 302 (murder allegation) against some Punjab physicians accused of medical negligence, and lack of due process. We also emphasized the need to implement the existing medical laws, establish the patient’s bill of rights and mandate PMDC to come up with comprehensive reform in handling medical negligence cases. Currently only a four page document exists and no licenses have ever been suspended/revoked for professional misconduct or gross negligence. We also proposed the formation of Advisory Council with representation from medical professionals, pharmaceutical industry and administration with recommendations to be made into law and implemented over the next 5 years. We showed our willingness to be an advisory partner in healthcare reform, especially in vital projects like hepatitis prevention, tobacco cessation, preventive healthcare programs, provision of clear water, immunization and comprehensive continuing medical education programs for healthcare professionals in Pakistan. I would like to thank Dr. Dawood Nasir, Dr. Farid Qazi, Dr. Jamil Farooqui, Dr. Tariq Cheema, Dr Zahid Asgher, and Dr. Javed Suleman for all
their help. We look forward to working with our new partners in Pakistan for a healthier and prosperous Pakistan.

2009 has been a landmark year for APPNA. In November ACCME determined that APPNA is in full compliance of all current policies and guidelines, and voted to restore full accreditation status. In fact, so comprehensive and complete was the response, that full accreditation was restored without need for interim review or status report till July 31, 2011. This year was the most productive CME year, with APPNA directly or jointly sponsoring 15 CME meetings, with over 1000 attendees. Yet, ACCME did not find a single area of non compliance. I thank Dr. Adeel Butt, Dr. Tariq Cheema and our new full time CME coordinator, Ms. Sidra Tul Munthi for their hard work. Developing and strengthening institutions like this ensures continuation of the good work that APPNA is doing and reassures all of us that as long as we have dedicated members, APPNA will thrive.

2009 will also be remembered as the year in which we reached an amicable agreement over a long standing legal dispute with Digital Broadcast Network. This was a win win for both parties. I would like to thank the very meaningful conciliatory efforts of Drs Noor Khan, Javed Suleman, Dawood Nasir and Tariq Cheema. Under the terms of settlement, DBN provided cost effective excellent entertainment services during the summer and fall APPNA meetings this year. Both APPNA and DBN have established a cordial relationship for the betterment of Pakistani-American community in general.

The year 2009 will be remembered as a year of economic uncertainty and budgetary downsizing. APPNA also took concrete steps toward fiscal discipline and restored financial stability by reducing entertainment budget by 50% for all our meetings, contracted with a professional event management company for an efficient and cost effective summer meeting and reduced publication budget. With some of these steps all our meetings including the two international trips to Australia New Zealand and Alaska ended up with a significant positive cash flow, a landmark achievement in APPNA’s history. The Summer Meeting gave us an impressive net profit of $119,000. The Dallas Spring Meeting was also very profitable with an estimated net earning of $40,000. My special thanks to the Host Committee Chairperson, Dr. Mubashir Rana, and our Treasurer, Dr. Saima Zafar.

From September 25 to September 27, 2009 APPNA members got together in Niagra Falls, Ontario for the Fall Meeting which was a historic first as this was the first national APPNA meeting in Canada. The Host Committee pulled all stops and arranged a great meeting under the leadership of Dr. Arshad Saeed. The meeting was also attended by a large number of Canadian physicians, members of Ontario parliament and local elected officials. The keynote speech was given by Dr. Nancy H. Nielsen, MD, PHD, President, American Medical Association.

This year APPNA members were also on Capitol Hill along with Pak Pac lobbying to get “Enhanced Partnership with Pakistan Act” passed without any strings attached. We requested more financial assistance and debt relief than 1.5 billion dollars proposed in Kerry/Lugar Bill. During personal meetings with legislators we discussed our concerns regarding name check, immigration and young physician Visa delays. In the fall, town hall meetings by the legislators for a universal healthcare bill were well attended by APPNA members who actively participated in the discussions. A very special thanks to the efforts of Dr. Zia Moiz Ahmad, Dr. Saud Anwar and Dr. Zahid Imran.

In 2009 unprecedented efforts were made by APPNA members and Khyber Medical College through SWDRC to help the 3 million internally displaced Pakistanis. Collected funds were dispersed through Red Crescent and Edhi Trust. We are also providing three state of the art ambulances for the people of Peshawar and SWAT. APPNA is also sending lifesaving ventilators for the pediatric intensive care unit at Allied Hospital in Faisalbad. My special thanks to SWDRC, Dr. Shahid Sheikh, Dr. Nadeem Zafar and Ms. Shaista Khan of Islamic Relief.

The Publication Committee under the able leadership of Dr. Tariq Shahab did an outstanding job and printed four journals (including this final issue) covering all the activities of APPNA. This year the Publication Committee and the Host Committees of the Spring, Summer and Fall meetings were able to combine their publication. This not only improved the content and quality of the publications but also saved APPNA significant mailing costs. I would also like to thank all the members of the Publication Committee and the Editors, Dr. Zia Moiz Ahmad and Dr. Salman Zafar, for their work and dedication.

I would like to take this opportunity to thank the membership for electing me as President of this great organization. My presidency was based on the principles of transparency, accountability and professionalism. Even though we faced some difficult and politically divisive issues, it has always been my belief that civility and professionalism should never be compromised. We as a group can disagree on any range of issues but there is never a need to be disagreeable. I have always practiced this in my personal and professional life and have remained committed to it in my all my actions and dealings in APPNA. I am a strong believer that we will be able to overcome the acrimony that has at times handicapped our organization in the recent past. I thank all those dedicated volunteers who helped me move APPNA forward. I humbly request your prayers and goodwill as I hand over the helms of APPNA in the able hands of Dr. Zeelaf Munir, hoping the best is yet to come.
Dear Members, Colleagues and Friends,

It is with great excitement that I look to 2010 and the opportunity to serve as APPNA’s President. I am confident that together we will usher in a new era at APPNA, one in which we preserve the best practices from our history, and develop fresh, progressive ones to help shape our future.

That’s why your involvement in APPNA has never been more crucial. Tell me what issues are most important to you, send me your ideas, and let me know your interests. We need your thoughts, your effort, and expertise.

As for what I’ll be working on, the list is long, but I wanted to highlight just a few of the exciting changes on the horizon:

We will update and improve all of APPNA’s channels of communication to better reflect who we are as an organization and facilitate our ability to connect with each other. The new APPNA Web site will feature a new look, an updated and current membership database, blogs, and social networking applications. Additionally, the design of our quarterly reports and conference programs will be clearer, and more relevant.

We will initiate a nationwide APPNA Healthcare Initiative.

We will hold the first ever APPNA Youth Leadership Conference, a gathering of the next generation of Pakistani-Americans. This platform will encourage our young people to actively participate in civil society and provide them with the knowledge, resources, training, and networking opportunities.

We will be implementing the election reforms outlined by the resolutions passed at Council meetings.

We will also be offering a membership benefits package.

Of course, this is just the beginning, and I want to know how you want to help envision and create a better, stronger APPNA. Please reach out to me at president@appna.org and share your thoughts with me.
Secretary's Message

Manzoor Tariq, MD

Dear APPNA Family,

As 2009 comes to a close, it is time to reflect upon the past year within APPNA. 2009 was a tumultuous year for APPNA, but it is time to reflect on the positive.

There were several APPNA events that took place over this past year. The quarterly meetings were held in the spring in Dallas, Texas and in the fall in Niagara Falls, Canada. The summer meeting took place in San Francisco, California on the weekend of July 4th. One final meeting remains, and that is the Winter Meeting in Karachi, Pakistan. There were two official APPNA trips this year, centered around CME. APPNA organized a CME cruise to Alaska which had over 300 registrants and was a memorable experience. The cruise was a first for APPNA and due to its great success, APPNA plans to organize a cruise to Malaysia and Singapore in 2010. The 6th APPNA International CME Trip was to Australia and New Zealand in October. The trip was excellent, well planned, and full of great sightseeing and activities. The credit for planning this trip must go to Dr. Riaz Chaudhry and Mr. Tipu Ahmad.

Our Chapters and Committees have been quite productive and have made much progress. Under the leadership of Dr. Aisha Zafar, the Social Welfare and Disaster Relief Committee has done a remarkable job. They addressed several charitable causes, including IDP relief and providing ventilators for children at PMC. The CME Committee also worked hard to restore APPNA’s CME accreditation.

On a somber note, the entire APPNA community was stricken with grief at the passing of Dr. Raana Akbar, Past President of APPNA and KEMCAANA. She was a legendary and determined woman who served APPNA with all her heart and with complete integrity. Raana dedicated a large portion of her time to humanitarian causes and her memory will live forever in APPNA and we hope to commemorate her in APPNA. Our hearts go out to her family, including her husband, Past President APPNA Waheed Akbar, and their children; may Allah grant her a place in heaven, and may she always rest in peace.

We must also recognize that the country of our origin, Pakistan, is in a volatile and dire state. We must be active voices against the violence and bloodshed. We must continue to advocate peace within Pakistan. As 2009 ends, I urge you to take a moment to reflect upon what is occurring in Pakistan and pray for all the innocent victims who have been injured and those whose lives have been lost.

Throughout the year, I have tried my best to uphold my duties as Secretary and serve you to the best of my abilities. As promised, all minutes of the Executive Committee and Executive Council meetings have been made available to our membership on the APPNA webpage. As a dedicated officer of APPNA, I also helped obtain unrestricted grants for various APPNA functions across the country.

It was my pleasure to serve you and the entire APPNA community as Secretary in 2009 and as Treasurer in 2008. I look forward to continuing my service in the coming years, as President-Elect in 2010 and President in 2011. Together, we will take APPNA to higher levels.

As always, any questions, comments, or concerns are welcome.
Whether an organization is for-profit or not-for-profit, fiscal responsibility on its leaders is paramount. Budgets need input from the key office holders and council members, whose buy-in will bring ownership and fiscal awareness.

It was a pleasure for me to serve APPNA as Treasurer in 2009. As I started the year, I learnt very quickly that the year to year passage of a “hot potato” was not the right form of financial culture for us to cultivate. With twelve months as the defined time for me to make any impact in this respect, I requested the help and support of a brilliant Finance Committee, that I was fortunate to chair.

We decided to impose spending restrictions on two of the most expensive items. This included entertainment cost during the Spring, Summer and Fall meetings, as well as expense of printing and mailing journals. Over the last five years, just the journal cost has increased from $35,000 to $60,000.

The local host committees and the Publication Committee were very cooperative in this regard. By requesting implementation of the above, the actual profit from meetings was $202,339. Our budgeted profit from meetings in 2009 was $200,000. This is a tremendous feat for APPNA, as the cooperation of multiple committees from all over the country was necessary. Overall, by year end, APPNA profited by $37,663, which was a significant improvement compared to years prior.

A great concern remains towards the reconciliation of expenses between APPNA central and its Affiliates after the summer meeting. By the time the revenue and expenses have been accounted for, the year is over and the leadership of the affiliates for the following year has taken charge. Any funds owed to APPNA by this time usually do not get paid, since the new leadership for the affiliates has difficulty managing the current and past year’s finances. Thus, APPNA tends to suffer a loss by paying expenses for these groups.

Another expense that puts APPNA in jeopardy is the disputed Election process. This year, an extra $10,662 was spent on “Election Services”. Legal fee further adds on to this burden. Luckily, 2009 did not see major spending in this department, but impending lawsuits may give us a set back in 2010.

Overall, despite a trend towards significant profitability during my year as Treasurer, we still have a long way to go to contain cost and create a successful financial model.

Despite having different political affiliations, it is critical for us to unite on creating a strategic business plan for our not-for-profit organization. Such a business plan must be executed flawlessly through a culture of collaboration and a highly engaged environment with our membership.

I would like to thank the most wonderful volunteers who were members of our Finance Committee in 2009. I am indebted to them for the contribution of their valuable time in making a difference for APPNA.
Assalam-O-Alaikum.

Dear Alliance Members,

I would like to give my sincerest thanks for allowing me the opportunity to serve as APPNA Alliance President of 2009. I would also like to thank my cabinet, Samrina Haseeb, Rania Asif, and Fatima Elahi for their support and trust throughout the year.

It has been a fantastic year for APPNA Alliance. Our main event at the Summer Meeting in San Francisco was a huge success. Our keynote speaker for the evening was Sheikh Hamza Yusuf, one of America’s most prominent and esteemed Islamic Scholars. He spoke beautifully to the large number in attendance about our cultural and religious role in the American community.

Throughout the year, one of our main goals was to establish local chapters around the United States. With your help, we have been able to create these chapters, which are now running successfully on their own.

Best of all, we were able to put together this great year while staying under our budget, which is a big task!

Overall, it has been an incredible year. I feel blessed to have served as Alliance President and to have had the chance to work with some extraordinary people, including APPNA President Dr. Syed Samad, APPNA Executive Director Dr. Tariq Cheema, and of course my own Alliance Executive Committee.

So now, I would like to welcome our new APPNA Alliance President for 2010, Samrina Haseeb, and wish her all the best in the upcoming year!
Dear APPNA members,

On behalf of the publication committee and the executive committee, I am proud to present the final publication – the APPNA Winter Journal. As you all know, the year 2009 was a tremendous success for APPNA under the able leadership of President Samad and his other council members. In 2009 we saw many achievements and successes starting with the Arkansas retreat and ending with the winter CME meeting in Karachi.

Like many other committees, the publication committee also had a very successful and productive year. For the first time in the history of APPNA the newsletter/journal and meeting souvenir were combined with immense savings to APPNA and its members. Also, all publications this year came out at their due time- a feat which makes us feel very proud. We hope these traditions will continue in the future.

In this issue of the journal, we provide you with reports from all elected officials, various alumni and chapters. Also, it includes reports from various committees and sections. The photo gallery section portrays the pictures from various APPNA events and activities that were held both nationally and internationally. Also included are the many interesting articles written by your own members. Most importantly the journal is dedicated to the memory of our late President Abraham Lincoln – the Great Emancipator. The title of the journal reflects that dedication and our respect for him as well Pakistan’s Father of the Nation and its first president Quaid-e-Azam Muhammad Ali Jinnah. In this respect we have many interesting articles submitted by junior members of the APPNA family for the essay writing contest. We also have articles paying homage to both these great leaders and we hope that all these will be very interesting reading.

I thank all the APPNA members and specially those who have contributed for the publications this year. I also thank the members of the publication committee including Drs Dawood Nasir, Fariya Afridi, Farzana Bharmal, Jamil Farooqui, Talha Siddiqui, Salman Zafar, Shahid Yousuf, Aisha Zafar, Sultan Hyatt and specially Zia Moiz for their tireless work and dedication in bringing out these publications. My thanks are also due to Drs Sabir Khan and Dr Minaq Qidwai for their help in summer and fall publications. My list would not be complete if I do not thank Ms Sidratul Muntaha, Dr Tariq Cheema and of course Dr Syed Samad. These publications are the result of their much needed support and cooperation.

The year 2009 has ended and New Year and the new team are here. We wish the new President Dr Zeelaf Munir and her team a great success.

In the end, I would like to say that we the members and editors of the publication committee have tried to maintain the highest standards of journalistic ethics and principles. We provided fair coverage to all news and reports from various sections of APPNA without any bias or discrimination. Also we have strived hard to follow established journalistic guidelines. We did not print any news or article without proper verification of its source and always tried to maintain equity for all members and officials. At the same time we did not compromise the interest and prestige of APPNA. We hope all members of APPNA would demonstrate the same highest ethical standards when expressing their views; not only in future APPNA publications, but also on various e-lists and local publications. We hope that we would stay away from fanning rumors and gossips, and of wrongfully accusing each other for short term gains. We at APPNA are pride of Pakistan and USA, and we should strive to build APPNA into such a stronger professional, social and relief organization, that other associations and societies would desire to emulate.

Thanks for giving us this opportunity.

Enjoy reading.

Publication Committee Chairman’s Message

Tariq Shahab, MD
APPNA MERIT (Medical Education and Research International Training and Transfer-of-Technology) is helping bring the latest medical expertise to Pakistan by mobilizing highly trained APPNA doctors to come teach and improve patient care in Pakistan’s medical universities and government teaching hospitals. Over the last three years, APPNA MERIT doctors have focused on developing new medical specialty areas in which Pakistan had no specialty training (for example Critical Care Medicine, Emergency Medicine, Pediatric Oncology); upgrading expertise of Pakistani doctors-in-training and faculty in existing medical and surgical fields in Pakistan by sharing the latest advances with them; and helping start efforts to revamp MBBS medical education so it keeps pace with the latest international thinking for training new doctors.

APPNA MERIT has developed its collaboration programs in close consultation with Pakistani medical institutions that train the vast majority of Pakistan’s doctors and treat the very sick, injured and poor in Pakistan’s largest cities. Pakistan’s medical institutions told APPNA what they needed most from APPNA was expertise and better Pakistan-US medical linkages to improve medical teaching, training, and patient care to reflect global advances in medical knowledge and patient care. APPNA MERIT has responded by launching a number of programs for transfer of knowledge and expertise, including:

1. **Short Duration APPNA Faculty Visits for Hands on Training & Teaching:** APPNA physicians like Dr. Naheed Usmani (Pediatric Hematology/Oncology), Dr. Iqbal Ratnani (Critical Care), Dr. Shiraz Butt (Psychiatry), and others have spent 2-4 weeks at a time at Dow (Karachi), INMOL (Lahore), NORI (Islamabad), Services (Lahore), Shaukat Khanum (Lahore), etc., to teach hands-on techniques and use of medical equipment to doctors-in-training, see patients and hold clinics, give multiple lectures per week to large groups of students, house staff, faculty, nurses, and health professionals on the latest developments in specific medical/surgical topics, and suggest ways for improving doctor training, patient care and outcomes in those institutions. These APPNA doctors have found an enthusiastic Pakistani audience.

2. **National Seminar Series:** APPNA MERIT faculty has carried out 1-2 day seminar series in major Pakistani cities in new areas of medicine, such as Palliative Care and Hospice Care Medicine, held in Karachi, Lahore, Rawalpindi/Islamabad, and a new Critical Care Medicine Seminar series planned for 2010.

3. **Teaching via Internet Videoconferencing:** Neurology and Anesthesiology E-Conferences: APPNA MERIT Specialty Networks, like Neurology MERITnet and Anesthesiology MERITnet, have organized special conferences just for Pakistan, beamed by videoconference over the internet to multiple Pakistani medical universities at one time. Over 200 Neurologists and Neurologists-in-training at AKU, Dow, KEMC, RMC, UHS, LMC, enthusiastically attended APPNA’s Neurology video E-Conference beamed from San Francisco on July 4th, 2009. APPNA Anesthesiology faculty beamed a half-day video E-conference to the annual meeting of Pakistan Association of Cardio-Thoracic Anesthesia on 18 October, 2009. Pakistani institutions have enthusiastically asked for regular E-Conferences.

4. **MBBS Curriculum Reform:** APPNA MERIT helped organize a full-day conference on Dec 24, 2008, at King Edward Medical University, on MBBS Curriculum Reform and how to revamp the training of new doctors in Pakistan to reflect the newest teaching methods internationally.

APPNA MERIT is working to expand its efforts, from creating online courseware for improving skills of Pakistani doctors in private practice, to helping Pakistani medical students gain valuable international experience through 1 month US Observerships. APPNA MERIT is also working on initiatives to improve disaster mitigation medical capacity in Pakistan and to help develop Centers of Teaching Excellence in various medical fields.
It has been an honor and a privilege to chair the APPNA Research, Education and Scientific Affairs Committee (RESA) Committee for 2009. On behalf of the RESA Committee, I thank the entire membership of APPNA for the trust they put in us, and for their support and feedback. Here I would like to summarize the activities and achievements of 2009.

CME Meetings
The RESA Committee had the busiest and most productive year ever in the history of APPNA. APPNA directly or jointly sponsored 15 CME meetings in 2009, with over 1,000 attendees. There were three international meetings, one in Australia/New Zealand, one on the Alaska cruise and the annual winter meeting in Pakistan. The feedback for all of the meetings was in the excellent range, with many attendees commenting on various meetings to be the best APPNA CME meetings they ever attended.

CME Accreditation
Perhaps the most important achievement of the RESA Committee was regaining full accreditation from ACCME after being put on probation for non-compliance with financial disclosure and commercial support policy in 2007 and 2008. ACCME asked for a detailed response to the improvements put in place in response to their audit of previous meetings (in 2007 and 2008) that led to the probationary status, and also audited 5 meetings conducted in 2009. A comprehensive response and evidence of new procedures and compliance spanning over 1,000 pages of documents was provided to ACCME. Full accreditation was restored without requirement for an interim status report. APPNA is now fully accredited to provide CME again till July 31, 2011. In fact, so complete was the response that ACCME did not find a single missing document, nor found a single area of non-compliance with ACCME policies.

CME Policies and Procedures
Another key development this year has been comprehensive revision of CME policies and procedures, and training of a dedicated, full time staff member to CME activities. The new member, Sidra Tul-Muntaha, is now well trained to prepare and follow up on ACCME requirements, and has done an admirable job in maintaining meticulous records. Comprehensive check lists have been developed, and multiple cross checks have been put in place to ensure that no document is missed, and all policies are rigorously adhered to.

Complete Digitization of CME Records
With the help of Dr. Tariq Cheema and his staff, we have completely digitized all CME documentation in the central office. This means that if we are ever audited again by ACCME or any other entity, we can produce each and every document related to any meeting we have sponsored as a single electronic document.

Supporting Original Biomedical Research in Pakistan
The young physicians research seminars were a smashing success again this year. For the 2009 Winter Meeting, we received a record 190 original abstracts from medical students and trainees in Pakistan. Most of these abstracts were comparable to any international meeting standards and the science and new knowledge being generated in Pakistan is very reassuring. By sponsoring these seminars, APPNA has firmly established itself as a leading supporter of original research in biomedical sciences in Pakistan. The process of abstract submission if fully automated through a web-based system developed by Dr. Faisal Cheema.

Career Counseling Seminars
Career Counseling Seminars in Pakistan continue to be another crown jewel of APPNA. The attendance routinely exceeds all capacity controls, and it is common to find over 500 medical students and young physicians in audience for any given seminar. The service and information provided by APPNA is greatly appreciated by attendees, and serves as the first introduction of APPNA to its potential future members. These seminars routinely include guidance on careers in Pakistan, in public health and in pharmaceutical industry, in addition to the ever-popular US-based training options. This year, the seminar was conducted at Aga Khan University with over attendees coming from various medical colleges in Karachi.

Special Supplement in DAWN
For the first time in the history of APPNA, the Annual Winter Meeting was highlighted in a special national supplement of DAWN spanning 6 pages. The supplement highlighted the contributions of APPNA towards improving healthcare and medical education in Pakistan. It also included reports from the RESA Committee, Social Welfare and Disaster Relief Committee, APPNA-MERIT Committee and the Young
Physicians Committee. An electronic copy of the supplement may be requested by writing to me at aabutt@gmail.com or to the APPNA Central Office.

**Special Supplement in Journal of Pakistan Medical Association**

For the second year in a row, the original research presented at the APPNA Annual Winter Meeting was printed in a special supplement of Journal of Pakistan Medical Association (JPMA). JPMA is the oldest indexed medical journal published from Pakistan. This publication appropriately acknowledges young researchers in Pakistan and provides them with national recognition of their work. Thanks are again due to Dr. Faisal Cheema for facilitating this publication.

I would like to thank the members of RESA Committee, APPNA president Syed Samad, executive director Tariq Cheema, and CME coordinator Sidra Tul-Muntaha for their support and dedication. Without their help and support, indeed little would have been possible.

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**Resource Committee Report**

*Shaheen Mian, MD – Cochair, APPNA Resource Committee 2009, Past President, FJMCAANA 2008, President-Elect WAPPNA 2010*

*Sarwat Iqbal, MD – Cochair, APPNA Resource Committee 2009, Past President, FJMCAANA 2009, Treasurer WAPPNA 2010*

The Resource Committee, under the leadership of Dr. Nasar Qureshi, donated $15,000 toward the Electronic Library Project at FJMC in Lahore, Pakistan. This amount was sent to Lahore through APPNA. FJMCAAA added $8,000 toward this project, making it a total of $23,000.

The Principal at FJMCAAA has sent us a breakdown of the cost and details of the E-library project which is underway presently.

The Resource Committee was also working on several other projects, but we were able to successfully help establish the E-library project at FJMC along with help from the FJMCAAA. We have also requested follow up information regarding the E-library and will be looking for statistics from FJMC in terms of the usage, promotion of web-based medical education and ease of access to the computers. Further maintenance will be the responsibility of the Principal at FJMC and the Resource Committee will be looking for annual/semi-annual reports which will be conveyed to the Resource Committee by FJMCAAA.
APPNA's Social Welfare and Disaster Relief Committee have played a very active role since the time of the earthquake in 2005. In the previous years, the committee has been involved with natural calamities like earthquakes and floods, but this year we had to face a disaster relating to humans . . . the internally displaced people.

The beginning of the year was rather slow and we were involved in raising funds for a project the committee has supported in the past also . . . Street Children of Karachi. This project is to help children from low income families to develop skills where they can earn and support their families. The project was led by Drs Talha Siddiqi and Durakshan Tanveer and a total of 8,500 dollars were raised.

Around this time, the issue of IDP’s came up and the committee worked very closely with a subcommittee created by Khyber and included Drs Naeem Khan, Mohammed Taqi, Arshad Rehan and Fauzia Wali Khan. We worked with the Khyber Students Social Welfare Society and the Vice Chancellor and Principal of Khyber; Dr Hafeez Ullah coordinated our efforts on ground. More than $200,000 were raised which were used to staff clinics for the camps. In the coming month, three ambulances which are ATLS equipped will be given to Khyber. We also gave funds to Edhi, Red Crescent and the Mardan Clinic to help the IDP. Dr Tariq Cheema, Executive Director of APPNA, specially went to Pakistan for coordinating these efforts and gave a detailed report to the committee.

During the summer meeting in San Francisco, the committee met Dr Bari Khan from Indus Hospital in Karachi. He has managed this hospital extremely well and requested help with free screening mammography for the female population in that area. An APPNA member, Dr Ijaz Ali, donated a mammogram which will be used for this purpose. It would be much appreciated if other members can help us find mammograms or other medical equipment at their hospital which can be donated. The committee will arrange for storage and shipment of this equipment.

Another committee member, Dr Shahab Arfeen, visited the Children’s Cancer Hospital in Karachi and they needed equipment to be used for administering chemo to the patients. We were able to raise $7,200 for that equipment needed and hope that other APPNA members will sponsor patients from this hospital for their treatment.

An anonymous member of APPNA has donated $100,000 every year since 2006 to OBAT . . . the organization that help stranded Pakistanis in Bangladesh.

Around October, we were notified that several children had died in Faisalabad Children’s hospital due to lack of ventilators. Dr Shahid Sheikh, a graduate of Punjab Medical College and also a committee member, played a very active role and he along with the co chair, Dr Nadeem Zafar, raised $70,000. We just got a matching grant from Islamic Relief of $50,000 for this project. APPNA will be able to provide eight ventilators to this hospital and they will be shipped in the next few weeks. This is a great achievement for APPNA and we hope in the coming years, similar projects will be done with other smaller alumni.

I must thank the several chapters that have supported our various projects. APPKI-Kentucky/Indiana chapter was the first chapter to raise $14,000 for the IDP in the first 24 hours. Cincinnati chapter has donated $30,000 for an ambulance for the IDP in the Swat area. APPNE Boston chapter has raised $60,000 to help the IDP and the orphanage of Khapal Kor in Swat. Virginia chapter also has donated $30,000 for the IDP. More recently, New Jersey chapter has donated a ventilator for the Faisalabad project.

The strength of APPNA comes from its members and volunteers. Apart from the members I have mentioned in the report, I was blessed to work with a very dedicated team of members like Drs Shahid Yousuf, Mansoor Alam, Rubina Inayat, Maqbool Arshad, Naveed Chowhan, Saima Zafar and Amer Akmal.

Above all, it’s you . . . the very generous members of APPNA who the committee would like to thank for their ongoing support and donations.
The APPNA-AZ chapter held their annual meeting on December 5th, at the Phoenix Marriott Hotel, located in Mesa Arizona. The program consisted of a session in the morning for Continued Medical Education (CME). Attended by a large number of physicians from the Phoenix, Tucson and Kingman area, the forum provided knowledge sharing across the multiple disciplines in the field of medicine. The physicians shared their presentations in their respective areas.

Dr. Taqi Azam, the current president of the APPNA-AZ chapter, welcomed the CME physicians and thanked them for their participation. He elaborated on the goals of the local chapter to focus on continued education program for medical professionals. Dr. Nusrum Iqbal, chairman of the CME Committee, conducted the CME session.

Dr. Yousuf Khan, the infectious diseases specialist, gave a presentation on H1N1 flu epidemic, its treatment and management.

Dr. Aamir Akhtar, the neurologist, enlightened the audience on headache; its causes and available treatments.

Dr. Ubair Ahmed, the Pulmonologist, talked in-depth about Valley Fever and shed light on the symptoms, causes and available cure of the disease.

Dr. Nusrum Iqbal gave a talk on the management of fatigue describing the treatment options in detail.

Dr. Akhtar Hamidi, the psychiatrist, educated the attendees on the subject of depression. He provided a deep insight into this neglected disease elaborating on the diagnosis, causes, data collected and ramifications if left untreated.

The CME session was followed by lunch.

The second part of the program focusing on the entertainment and networking started at 7:00 pm in the Arizona Ball Room of Phoenix Marriott. This grand gala event attracted close to 300 people from across Arizona making it the most successful APPNA-AZ program so far.

Dr. Azhar Jan, the treasurer of the APPNA-Az chapter, gave opening remarks thanking the audience and volunteers who made the program successful. Dr. Taqi Azam, the president of APPNA-Az chapter, thanked Azhar Jan for his hard work and dedication. He talked about the charitable and humanitarian role that APPNA is playing both at a local and the central level.

Dr. Asim Khwaja, who heads the free clinic effort in the valley, gave an update on the clinic accomplishments and the help needed areas. He urged the physicians to volunteer their time to this noble cause.

Dr. Nadeem Kazi, the founder and past president of APPNA-AZ, presented the work of Saba Trust, a charitable organization in Pakistan dedicated to building orphanages that are like homes for young girls without parents. Saghir Aslam, the founder of Saba Trust, provided additional information on the progress of the orphanage program. He indicated they were in dire need of the funds to add more children to the program. His passionate appeal brought pledges from the audience to help support 30 new children.

Dr Azam introduced his nephew Ali Eteraz who is a Pakistani American who grew up in Pakistan and educated in West. He is the author of memoir Children of Dust. In the book, Ali Eteraz shares his experiences at rural Pakistani madrassas, his conflicts as a Muslim activist in the U.S., and his engagement with the modern Middle East as an adult in a post-9/11 world. Ali came to the podium amid applause and gave his unique perspective on his struggle to cope with his dual identities.

Dr. Faisal Kazi, the keynote speaker, discussed the issue of health reform in US as well as around the world. He provided the grim statistics on the lack of medical care specifically in the Southeast Asia and Africa.

The dinner followed and the entertainment segment started with the musical performances by Nasir Ahmed, Junaid, Nauman and Aaishah. The band played fabulously accompanying singers as they performed the variety of songs including pop, folk and patriotic. Umer Shareef, the legendary comedian from Pakistan, was by far, the biggest attraction of the APPNA-AZ entertainment segment. His parody of Mehdi Hasan and Aziz Mian Qawwal was truly entertaining and made the audience laugh till 1:30 am in the morning. Umer Shareef also appeared as a standup comedian in the end. He talked briefly about his hospital project called “Maa” in Orangi Town Karachi. He indicated his intention on coming back to US for a fundraiser program for the “Maa” project.

Overall, the program was a huge success with a broad attendance. This was a big endeavor on part of APPNA-Az. The host committee needs to be felicitated for taking on a project of this magnitude and executed it flawlessly raising a new bar of excellence for the events to come.
Georgia APPNA chapter celebrated Eid-ul-adha with an evening filled with fun food and entertainment. The program was attended by some distinguished individuals who included Senators, state representatives and national APPNA secretary Dr Nasar Qureshi. Program was conducted by Dr Farzana Bharmal and as per tradition began by Tilawat-Kalam-Pak by Dr Ibrahim Mohamedi and followed by videos presented by Dr Shahid Rafique unfolding the many cultural aspects of Pakistan and summarizing past year Georgia chapter activities. The highlight of program was the recognition of Georgia APPNA by the state of Georgia. The proclamation was carried out by Senator John Douglas.

Various recognition awards were given to the chapter members that included life time achievement award to Dr Khalid Siddique for his longtime and ongoing contribution to the medical field and relentless efforts towards enhancing and building the local community. Dr Roohi Abubaker received the leadership award for organizing a successful fashion show. Dr Haroon Rasheed received appreciation award for his community services and conducting free clinics at local mosque on regular basis. Dr Nasar Qureshi talked about APPNA related matters and in his speech remembered Dr Rana Akbar which was observed by a moment of silence. This was followed by a presentation by Mr Farooq Somoro on money matters. Other activities included special appearance of and a brief talk by Miss GA on eating disorder, magic show and mehndi application for children and youngsters.

Outgoing president Dr. Yaseen Abubaker gave his end of year report and then Dr. Adnan Abbasi the current president of GA APPNA introduced his cabinet and shared his vision for the future of the association in the coming year. The night ended with a beautiful ghazal program in Vishal Bakhshi’s enchanting voice.

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Kentucky & Indiana Chapter

Association of Physicians of Pakistani Descent of Kentucky and Indiana (APPKI) is very vibrant chapter of APPNA. With its rapid growth, Association of Physicians of Pakistani Descent of Kentucky and Indiana (APPKI) has played prominent role both locally and in APPNA. We have initiated several social and welfare projects locally.

1. APPKI hosted a successful social forum in collaboration with World Affair councils of Louisville and southern Indian on future of Democracy in Pakistan.

2. In order to educate students about current affairs in Pakistan, we hosted a social event at Patterson School of Diplomacy at University of Kentucky.

3. APPKI members have been involved in free clinics for indigent population for several years at Elizabethtown, Kentucky where primary care services are provided over the weekend. With city government help, we are close to open a free clinic in Louisville where APPKI members will provide monthly subspecialty consultation.

4. APPKI members have arranged a very successful program “perceiving Pakistan” in Lexington Kentucky. This program educated local community about Pakistan history and culture.

5. APPKI is very actively involved in local charity projects and every year we provide dinner to homeless during Ramadan. This year, dinner for homeless was held in different major cities of Kentucky and was very well attended and greatly appreciated by local community. We provide gifts for needy children during Christmas every year. This year again, we are planning to give gifts to several children in collaboration with Kosair’s Children foundation.

6. APPKI members have been actively involved in local politics and have been involved in several political fund raisers. Pakistan physician’s community is very well known and respected among local politicians.

7. APPKI arranges several entertainments program for local and regional community. We had very well attended first comedy Mushaira and later Omar Sharif show and recently a Ghazal program.

APPKI is working very actively in collaboration with local community in both social and welfare projects. This is helping us in image building of local Pakistani community.

New England Chapter


PROJECTS

- **APPNE & Rotary International Collaborate on Deaf School Project Lahore** – A total of $13,000 was spent to buy computers for the DRTC to meet the need for improved education for the deaf and to provide skills training for them to find gainful employment.

- **Ayub Teaching Hospital Abbottabad Refurbishment Project** – APPNE completed the refurbishment of the OBGYN Department and the Emergency Room at the Ayub Medical College, Abbottabad, Pakistan.

- **Scholarship Project for Earthquake Affected students** – APPNE successfully provided full scholarships to 70 earthquake-affected students to complete their university and medical college education

- **Kashmir Projects** – APPNE funded construction of five classrooms for the First Step School in Kashmir at the UNHCR refugee camp, Dhanna Pani, Kashmir.

- **Baluchistan Earthquake Relief Project** – APPNE raised 10,000 dollars for Shelter and basic amenities for the people affected by the earthquake.

- **IDP SWAT Project** – A sum of 70,000 US dollars were raised in two separate fundraisers in the New England region.

- **Swat Orphanage Project** – APPNE members contributed and collaborated with Dr. Naeem Khan, in collecting funds for the Khypal Kor (Mera Ghar) orphanage.

- **APPNA MERIT** – APPNE members are actively involved in APPNA’s Medical Education Research MERIT program. Dr. Naheed Usmani as the Chair of MERIT spearheaded collaboration with hospitals and Medical Schools in Pakistan.
New York Chapter

It has been an honor to serve as the president of NY chapter. We had several goals this year including increasing our membership, get the families involved and raise funds for charitable projects. The newly elected members are Dr Salman Zafar--President, Dr Pervaiz Qureshi--Secretary and Dr Ahsan Nazir -- Treasurer. In our first meeting in January approximately 80 members attended and several committees were created including membership, publication, website and entertainment. We were also very proud to have our Alliance chapter that was started this year and for which I am grateful to Dr Naghmana Haque and Dr Zoha Gondal.

Our quarterly meeting was held in March in Brooklyn where Dr Pervaiz Iqbal was the host and around 200 people attended. We also had five APPNA electoral candidates as our guests and they briefly presented their vision. A musical program was presented with the support of Media Broadcasting and Indus Television.

The second meeting was held in May in Yonkers and Drs Riaz Chaudry and Joseph Emmanuel were the hosts. We raised 5,000 dollars for the IDP fund for SWDRC.

A seminar for young physicians was held with the help of Drs Faiz Bohra, Adeel Butt and Mohamed Haque in Manhattan, which was attended by 100 young physicians, students and residents.

The summer picnic was organized by Dr Ahsan Nazir and attended by more than 250 people. This was followed by a meeting in October in Staten Island hosted by Dr Salman Zafar. Many new residents joined the chapter in this meeting.

The highlight of the year was our annual banquet in November which was attended by more than 450 guests. Our distinguished guests who addressed the crowd included Mr Hussain Haroon, Pakistan’s Ambassador to UN, Mr Ed Town, US Congressman and Mr Tom Suozzi, Nassau County Executive. The members acknowledged for exceptional contribution were Drs Nasir Gondal, Iqbal Jangda and Abdul Qadir Sheikh. Drs Pervaiz Iqbal, Ahsan Nazir, Farah Haider and Faisal Cheema were presented awards for their outstanding achievements. Our special thanks to the team of hosts that included Drs Asim Malik, Abdul Majeed, Pervaiz Qureshi, Ahsan Nazir, Mohammed Hamid, Tariq Ibrahim, Mohammed Aslam and Sarwar Ghumman.

I would like to thank my chapter and the members for their support and dedication this past year. Thanks for giving me the honor for serving as your chapter president.

South Florida Chapter

Our annual meeting has attracted a number of South Florida Physicians and community members to interact on an intellectual platform and has also provided us with an opportunity to celebrate our Cultural Heritage as Pakistanis and Pakistani-Americans.

We at APPSF are proud to support Charitable Healthcare Projects in Pakistan and United States, including material and financial support of UHI Clinic in Miami, Florida, and Vesiculo-Vaginal Fistula clinic in Rural Karachi, Pakistan.

Our ongoing support of Educational Projects in Pakistan has included One Rupee School, a school in a poor neighborhood.

We recently adopted “The Citizens Foundation”, another Charitable Educational Foundation establishing elementary level schools all over Pakistan.

We have contributed to the IDP Fund and again the response from our members has been very positive. In 2009, again we had APPSF Annual Youth Debate, Ek Shaam Urdu Ke Naam, Dinner meeting with Commercial attaches of Pakistan embassy and very successful Annual Function.

The support and participation of our community has been remarkable. We would like to thank all the members of working committee who worked tirelessly to help APPSF become a vibrant chapter of APPNA.
I am happy to report to all of you that the local APPNA chapter of Washington, D.C., Maryland, and Virginia has newly elected leadership with new enthusiasm and eager to make this once again a vibrant and effective organization for the local and the entire APPNA community.

The elections were held at the end of 2009 and the following members of the executive council were elected unopposed: Sohail Qarni President; Mubarik Khan: Secretary; Rashid Nayar: Treasurer. Additionally, there were several council members appointed to represent and help their local jurisdictions. We have created a new web site DMVAPPNA.ORG to better serve you.

The spring meeting for the local chapter is scheduled for May 8th, 2010; in which we plan to introduce the 2011 central APPNA candidates, have CME program and a qawwali night with Amjad Sabri. The fall meeting is slated for September 18th, 2010 with a similar ambitious agenda. The local chapter is actively involved in helping King Edward Medical College host its spring meeting in Baltimore, Maryland on March 19th thru 21st, 2010.

I would like to extend an invitation to all other alumni’s to consider holding there future meetings in our region, and I promise you that we will prove ourselves the best hosts you ever had. We are only a click or call away, please visit our web site for constant updates and call us at 410-790-0373 for your questions and comments.

Editorial (Continued from Page 3)

some bias in certain media outlets but the great majority of news media personnel are fair and objective. When it comes to discrediting our faith anf fellow muslims, we do not need any help and are our own worst enemy.

If the muslims are to come out of this spiral of self destruction, we will have to look inwards and correct what is wrong within us before we embark on a mission to reform the world. In spite of our resources globally, financial and manpower, we are depressingly backwards when it comes to education and progress. In spite of strong stress on charity and volunteerism in our faith, we are woefully inadequate in helping our fellow human beings (muslims and non-muslims alike). In spite of a strong tradition of scholarship and education in Islam, we have reduced religion to a few rituals devoid and distant from the spirit.

Why are so many young muslims willing to blow themselves up with the sole intent of killing innocent civilians (muslims and non-muslims alike)? It is mainly because of a lack of a true education and absence of spiritual guidance. This is not to say that true scholars who understand the spirit of Islam and centers of learning where these true values are taught don’t exist. They do but they are far outnumbered by places where the students are taught a very twisted version of this beautiful religion of peace – one that produces the suicide bombers and the barbarians who kill in the name of Islam and make videos of the killing for broadcast. The responsibility of this state of affairs rests on the bright and intelligent muslims who have abdicated the matters of the faith to intellectually challenged dogmatic clerics. The consequences are in front of us. How many times we have been told, and have accepted this without question, that a certain matter of faith is too complicated for an average muslim of reasonable intelligence to understand? This same muslim can understand other complex matters in which he does not have any formal training (like economy, politics, environment, foreign affairs, energy etc). How many times we have sat in complete silence while the Imam has given a sermon in a language not understood by the vast majority of the ones sitting? How many times we have attended the prayers without the Imam ever explaining the meaning of what he will recite in the prayers? How many times have we practiced a ritual without completely understanding the spirit behind it? My guess is more times than we can count or care to remember. This has had the cumulative effect of “dumbing down of the muslim mind”.

If we are to get out of the present state of affairs, we need to establish institutions other than mosques alone. There have to be universities and colleges, think tanks and societies for intellectual debate and discourse. The mosque will and should remain the central place of worship but the muslim intellectual focus needs to move to centers of learning and scholarship. We need to make these changes so that the young muslim mind in any part of the world aspires to be a scientist, or an economist, or a scholar or a physician and not a suicide bomber. And every muslim, young and old, educated and illiterate, can practice their faith with the simple guiding principle that “if it is inhuman, unfair or illogical it is not Islamic”.
Alumni Reports

Aga Khan University Alumni Association, North America (AKU-ANA)

Faiz Y. Bhora, MD, FACS President AKU-ANA

There is no better time than the start of a new year to take stock of achievements and focus on goals. As stated at the 2009 Summer AKU Reunion Dinner in San Francisco, our overall goal is to develop a strong, unified and effective Alumni body in North America that is an equal partner with the University. To that end, we established the following targets to be achieved prior to the end of our term of office in December 2010.

1. Increase membership (200 active members)
2. Improve connectivity amongst the North American Alumni
3. Develop closer working relationships with the University in all academic disciplines
4. Finalize the Constitution (Adeel Butt)
5. Develop a new website (Faisal Cheema)
6. Start a mentorship program aimed at providing medical students and PGME graduates research and clinical training opportunities in the US
7. Work towards financial stability for the Alumni association

Dr. Faisal Cheema, AKU-ANA Secretary, has worked diligently to set up a website for the alumni. The website will have on-line membership enrolment capability, which we anticipate will be a key factor in increasing AKU-ANA membership. Having an established mechanism for the collection of membership dues will assist towards the Association's financial stability. In addition, the many website features will give you access to information on AKU-ANA's current activities, membership benefits, class pages, discussion forums etc.

We request that you keep a watchful eye on your e-mail for updates and continuing communication from us. With your participation and involvement, we can make this a meaningful organization for all AKU Alumni.

To get onto our mailing list or to send in your comments, please e-mail us at: alumni.nachapter@aku.edu.

AKU-ANA is a not-for-profit organization based in the US which represents AKU Medical College Alumni in North America. Executive Committee: Faiz Bhora, MD (President*), Faisal H. Cheema, MD (Secretary*), Syed J. Sher, MD (Treasurer*), Shain Amershi (Executive Coordinator, Ex-officio).

*Elected office bearers term ends on December 31, 2010.
Allama Iqbal Medical College Alumni of North America (AIMCAANA)

Rizwan Akhtar, MD, FASN
President AIMCAANA 2009

I would like to take this opportunity to thank AIMCAANA community for the trust they had in electing me for the president 2009. This is my last report as the President AIMCAANA.

It has been the best year so far in the history of AIMCAANA. We have achieved the most since the inception of the alumni in 1996. The accomplishments of 2009 are listed below. I hope that this tradition will continue in the years to come.

- The scholarships that we have been working on for the past few years were awarded to 105 deserving students of AIMC Lahore, Pakistan.

- Citizen’s committee was nominated and has done great job in helping accomplish our goals and we would have not been able to deliver as much without their direct involvement. We are thankful to everybody.

- AIMCAANA website was updated and many new features including online payment using PayPal account were added. Blast email system was developed that is now reaching more than 500 Iqbalians and has played an important role in communicating with the membership. It has special sections on residency related issues. Like help with CV and personal statements.

- AIMCAANA CONNECTION, is also continued from the previous year it is the AIMCAANA publication

- AIMCAANA annual summer meeting had good attendance about 100 Iqbalians and their families shared old memories with each other. AIMCAANA also arranged a social forum in collaboration with NMCAANA. Featuring Omar Khan, Maleeha Lodhi, Shamila Chaudhry, Anwar Iqbal, Sohail Warraich, Athar Minallah. It was a great success.

- AIMCAANA is proud to announce the completion of the Jinnah Allama Iqbal Institute of Diabetes and Endocrinology (JAIDE) which will help with the education and prevention of Diabetes related problems in Pakistan. It is being approved for the FCPS in Endocrinology.

- We have also started the Qarz-e-Hasna program for young Iqbalians who are in the process of finding the residency programs. So Far we have about anywhere from 9 to 14 them living in the IQBALIAN HOUSE in Darby PA.

- We have Audience Response system for 200 people have already been delivered to AIMC Lahore.

- AIMCAANA Endowment fund was established and was $50,000 last year and likely will be in $60,000 to $70,000 range this year. It is being worked on at this time. Fundraising was also done for the JAIDE and scholarship fund for the medical students at AIMC who require financial assistance. I am proud to report that my fellow Iqbalians opened their hearts for both of these projects and pledged around $50,000 and so far $44,000 has already been collected.

In the end I want to thank all Iqbalians who have generously contributed the time and effort to the cause of AIMCAANA.

Dow Graduate Association of North America (DOGANA)

Muslim M. Jami, MD, FAAP, President

The 2009-year was a remarkable and a landmark year for Dow Graduate Alumni Association. I begin by thanking everyone for their effort and dedication on behalf of our alumni for the past 12 months. Most notably, we’ve achieved new heights in both member participation and membership numbers due to the extraordinary efforts of our Central Council and volunteers. In spite of a busy year here in US, we have collaborated with our alma mater with new vigor and enthusiasm. We hope to continue and increase this level of interest and collaboration between our Alumni and alma mater. Let me give you brief account of important activities for the year 2009.

BOT Appointed: Earlier this year, in a timely manner a bylaw misstatement was corrected by following constitutional provision to amend the bylaw. The Central council appointed following highly qualified members: Drs Aftab Naz, Hafeez U Rahman, Abdul Rahman, Abid Nisar and Syed Wamique Yusuf.

DOGANA Meetings: We collaborated with PPS Chicago chapter for DOGANA retreat. We were fortunate to host Dr Salahuddin Afsar, principal of DMC this year in our retreat. This was one of the best-attended and most successful retreats of DOGANA yet. We were fortunate to have Dr Masood.
Hameed, Vice Chancellor of DUHS at the San Francisco annual meeting. Where important meeting between Alumni presidents, Vice chancellors and ECFMG officials took place. Concerns of physician's of Pakistani descent were brought to ECFMG official's attention. Dr Hameed also had an interactive session with DOGANA members, where several future projects were identified. This was a very well organized meeting with excellent programs i.e. United Social Forum, Alumni Dinner and GB.

DOGANA Elections: Dr Nasar Quraishy, Aftab Naz and Raheel Khan conducted this year's elections. An outside independent agency was hired for sending ballots and counting.

Membership Reaches Record Levels: 780 members highest ever membership of DOGANA over 250 members this year alone. Communication & Membership committees have updated the list of members for database and elections. Not only it is a prerequisite for running an efficient organization but also it will allow better communication and save money as well in the future.

Communication Committee: We moved the web site to a new JOOMLA based web-server. We are thankful to Nasir Shahab and Munira Ajmal for their hard work and for operating the website DowAlumni.com. This year we purchased a program for Ecommerce so that database of members is stored. The Dowites@yahoo.com E-list has run smoothly throughout this year without interruptions.

CME Committee: Provided CME at the retreat, thanks to Wamique Yusuf and Dr Khadija who organized a high standard CME for the participants We have set up visiting faculty program open to all DOGANA members to enroll in this program.

United Social Forum: The united social forum held in summer meeting exemplifies collaboration between alumni in APPNA. We thank Jamil Farooqui, Talha Sidiqi and other members for their hard work to organize this forum. This forum highlighted the problem of religious extremism in northern Pakistan.

Publication – The Dow Link: Dr Naseem Shekhani as chair and Dr Arif Omar Ismail as editor have done a remarkable job to publish outstanding selection of articles. Money for publications was raised by advertisements and generous donations to keep a positive budget. Following Dow Link magazines were published this year: First issue January 15th, Second issue April 24th, Third issue July 3rd, Fourth issue December 21st, Retreat Issue April 24th and Fifth issue anticipated first week of January 2010.

YPTF and DSF: We awarded scholarship of $1250 to a student of DMC. This committee helped form of a process for externships in US. With their help a DMC student is in process of getting started with Externship. A clinical rotation for 4-5 Dow graduates through Atrium Medical Center in Stafford, Texas has been promised.

Research Forum: Dr. Qureshi 2008 DOGANA President who also chaired 2009 Research Forum, on behalf of the HEADSUP Foundation he funded US $ 20,000 for the research projects. This is a great start for Dow Alumni’s long-term commitment to improve Medical education at DMC and DUHS.

ENDOW: This year Central Council appointed three new members to complete the DOGANA Endowment Fund (ENDOW) Board. As a result EnDow has all new officers elected, its bylaws have been amended and it has come out of disarray it was in last year.

I thank all members of DOGANA for trusting us with this awesome responsibility. We have all worked extremely hard to build confidence in our members and keep our organization transparent to all members. To build on that momentum, let us support and participate in all endeavors of our association. Let us help our elected officials next year whose primary purpose is to serve our alumni and alma mater.

Long lives DOW spirit.

Fatima Jinnah Medical College Alumni Association of North America

Sarwat Azma Iqbal, President

It has been a pleasure to serve my alumni this year. Many of our members are providing outstanding service to APPNA and their local communities and I would like to share this with the membership. Drs. Zeenat Anwer, Shahnaz A. Khan & Atiya Khan continue to work tirelessly for HDF. Dr. Rubina Inayat is working very hard for young Pakistani physicians. Dr. Naheed Chaudhry is one of the founding members of the Canadian Chapter and was also the co-chair of the local host committee for the fall meeting in Niagara Falls and to her credit, this one of the most memorable meetings of APPNA. Dr. Lubna Kamal is doing community work in Dallas for the past several year while Dr. Sarwat Malik continues to work for women's causes locally and nationally.

• We founded DENTALAPPNA and I must appreciate the help of all those who supported us in this cause.

• We, along with Dr. Shaheen Mian, were successful in establishing the E-Library at FJMC ... thanks to Dr. Nasar Qureshi and Resource committee.
• We were very instrumental in arranging a meeting of several Medical School Principals & Mr Stephen Seeling vice president ECFMG to sign into ECFMG WEBPORTAL for easy access to medical school transcripts directly from the US. Thanks to Dr Busharat Ahmed and all the alumni presidents for their help and support.

• Drs. Shaheen Mian, Naheed Chaudhry & myself are amongst the founding members of WAPPNA, a platform for women physicians to come together.

• We continue sponsoring scholarships to deserving FJMC Students.

• Our next project is to help improve the Critical Care Unit at Ganga Ram Hospital and training of students in critical care.

Many from our Alumni including Drs Naheed Chaudhry and Noor Kabani have shown a keen interest in teaching and Dr Naheed Usmani from MERIT will be helping us through her programme.

We are proud of our website, www.fjmcna.net, and have a vibrant listserv at FJMCNA@yahoogroups.com.

I would like to thank my Council members Drs. Shaheen Mian, Manzar Shafi, Nosheen Mazhar and Farhat Osman for their hard work, constant support and being excellent team players. I also want to thank Dr. Naheed Chaudhry for her help and wisdom. I welcome Dr. Tabassum Saeed for next year. My gratitude to the APPNA Council and APPNA office for their support and help.

Khyber Medical College Alumni Association of North America (KMCAANA)

Syed Mohammad Taqi, President

Khyber Medical College Alumni Association of North America (KMCAANA) has had a busy year, mostly in regards to the humanitarian crisis back home. KMCAANA took the lead in coordinating relief efforts with APPNA during the Swat crisis. Fund raising was done by KMCAANA/APPNA and relief activities on the ground were entrusted to the Social Welfare Society (SWS) of Khyber Medical College (KMC). The volunteer students led by Ali Qazi really made us proud. Free medical camps were held by doctors and students, on a daily basis and medicines and other necessary items were provided free of cost. Scholarships were awarded to the needy and deserving students of KMC and Peshawar University. We wish to acknowledge and appreciate the help extended by Professor Hafizullah, VC- KMU and Professor Ejaz Hassan, VP- KMC in supporting the relief work. We also wish to thank all KMCAANA members and APPNA members for their generous donations. We also thank the APPNA leadership for their unflinching support and trust. We congratulate the Social Welfare Society for being the recipient of the best youth wing award by the Red Crescent Society of NWFP.

KMCAANA, with the help of APPNA, is in the process of donating two state-of-the-art ACLS capable ambulances to the people of NWFP for use in Peshawar hospitals. KMCAANA has also been helping an orphanage, Khpal Kor (our home), in Mingora Swat. With the recent crisis there, the need for such efforts has never been so great.

KMCAANA is very proud to announce that its founder and past president of APPNA, Dr S. Amjad Hussain, has been honored by the University of Toledo by having an Endowed Chair of Thoracic & Cardiovascular Surgery after his name. It indeed is a singular honor for Khyber and APPNA that one of its most distinguished members has been honored. The endowment for the chair will cost $1 million. Dr. Amjad's family, friends and well-wishers have already donated $700,000 towards this goal. We strongly encourage KMCAANA and APPNA members to help reach the target. It is indeed a fitting tribute to a man who has given so much to both of these organizations. For further information please log on to www.utoledo.edu/foundation/hussain

Khyber Alumni has been in the process of redesigning its web page. The new web page will keep the members up to date about the activities of the alumni. It will also serve as a bridge between the present students at Khyber and the alumni. A link about news from Khyber is also being planned for the new website. The website will go live this spring.
A renowned Pashto singer, Haroon Bacha, has been affected by the wave of extremism in Pakistan. He had to leave Pakistan because of repeated threats to him and his family. He sought and was granted asylum in the USA. Here in USA he thought on recording an album about the situation back in Pakistan. With no finances for the project, Bacha approached KMCAANA for help. We realizing the value of our culture and the threats posed to it, agreed to step forward and support the plan. A small fund-raising was done and the album was sponsored. We feel happy to report that the album has been recorded and will be released shortly, both here and in Pakistan. With this first project of its kind by any constituent alumni of APPNA, KMCAANA has proved that it does not conform to the stereotypical role of a medical alumni and is willing to go above and beyond towards helping the people and culture back home.

The Khyber Medical College-University of Toledo visiting professor program has been a success for the last many years now. This program was endowed in 1995 by Dr. S. Amjad Hussain. Under this program, a basic sciences faculty member from Khyber is invited for three months to work in research and learn advanced techniques of teaching at the University of Toledo. The endowment pays for their expenses. The current principal of Khyber, Professor Nargis Parveen, herself has been one such beneficiary of this program.

With a resounding success in San Francisco, the KMCAANA plans a memorable summer meeting this year in Dallas. We anticipate a large attendance. The event will focus on the issues of medical education in Pakistan and would include a program, including talks and live music to highlight the threat to our culture.

KMCAANA truly wishes and encourages all Khyber graduates in North America to become members and be actively involved with alumni affairs. This is a great platform to stay in touch. Together we can help each other, reminisce about the great times we have had at Khyber and help revive the spirit. Chances are that you are already a member if you are reading these lines. We encourage you to pick up the phone and encourage and demand your Khyber friends to become members. What are you waiting for? Go to www.appna.org, download, fill and send the form back. Pakhair Raghley Au Staray Mashey!

King Edward Medical College Alumni Association of North America (KEMCAANA)

M. Haseeb, MD, FACC
President KEMCAANA
KE 1980

Dear Fellow Pakistanis,

Assalam-O-Alaikum. Here is a brief layout of KEMCAANA’s projects.

**KEMCAANA COMPUTER LABS PROJECT:** We are managing more than 300 computers at 58 different sites along with providing Broad Band Connectivity to the entire KE Administration Offices, Basic Science Departments and all the Medical and Surgical Departments of Mayo. Very soon we will be adding 30 more terminals in the Main Computer Lab along with the much needed Restrooms for both Ladies and Gents.

**THE ANATOMY LEARNING CENTER:** A Gift to KE by the class of 1980, studded with softwares for virtual dissection along with Plastic models of the entire Anatomy, received a Boost this year from donation of a new software application, “THE NEURO ANATOMY TEACHER”. Clicking on it makes one feel like swimming in the CSF and walking along with the neurons and their pathways . . . Almost Nostalgic.

**KEMCAANA SCHOLARSHIP:** We are providing monthly scholarship to 47 students at KE under Dedicated KEMCAANA scholarships, Adopt a Student program and Thanks Scholarship program.

**OTHER PHILANTHROPIC PROJECTS:** Water Filtration Plant, sponsored by Dr. and Mrs. Naveed Razzaque, KE 1981, and renovation of the Boys Swimming pool at a personal cost of Rs. 35 Lakh by Dr. Ather Ansari KE 1981 are some of the recent projects undertaken individually by KE grads in the US along with provision of Computer Labs to the Boys and Girls Hostel by Dr. Ijaz Mahmood, KE 1984

**VISITING FACULTY PROGRAM:** Several members from US have visited this year and volunteered time in teaching the students and medical staff of Mayo Hospital with didactic lectures, workshops and hands on doing sophisticated
Liaquat University of Medical & Health Sciences Alumni (LUMHS)

Abdul Sattar Shaikh, MD – President

I am taking this opportunity to update you from the time I was elected as President of LUMHS Alumni during APPNA Annual 2008 summer meeting in Washington, DC.

In September 2008, the first LUMHS Alumni retreat was arranged at Chicago Marriott, O’Hare and it was a great success. Along with the CME, dinner and music which were enjoyed by members and their families, there were also 15 scholarships pledged for LUMHS students.

In January 2009, during my visit to Pakistan, I had meeting with Vice Chancellor of LUMHS Dr. Naushad Shaikh. We spoke about several different issues in great detail. I also went to Civil Hospital, Hyderabad and visited different patient care units and it was heart breaking to see the conditions under which patient care is delivered. After seeing these conditions, I felt that something had to be done.

During summer 2009 Annual APPNA meeting in San Francisco, different avenues were discussed to help improve the delivery of patient care at Hyderabad city and Jamshoro hospitals.

The Alumni members were very supportive and in only a few minutes $20,000 (Twenty Thousands) were pledged. We not only raised money, but we discussed ways to incorporate every graduate of LUMHS into the organization, as an active member.

I would like to thank the current and future members for all of their hard work and dedication that is going to be put forth to benefit our great institution.

Nishtar Alumni of North America (NANA)

Abdul Jabbar, President

This year has been a very productive and successful year for Nishtar Alumni association of North America. I would like to update our members about our achievements this year. We had a very successful summer meeting that was attended by more than 140 members at the San Francisco. Nishtar Alumni have added 5 new Board of trustees. Dr. Shabir H Safdar, Dr. Aslam Bara, Dr. Zahid Butt, Dr. Shahid Latif and Dr. Asif Rehman. We have been involved in regular dialogue with Nishtar Medical College Principal and the faculty to identify the initiatives where collaboration with Alumni would benefit the Nishtar Medical College. With the help of
its dedicated members, Nishtar alumni have been working on several projects at Nishtar Medical College.

1. This year we selected a project for Nishtar Medical students to train them in basic skills including central line insertion, catheterization, chest tube insertion, intubation and other basic skills. To achieve this objective, we are in process of building a simulation lab at Nishtar Medical College. We raised funds for simulation lab project during San Francisco Summer meeting. Simulation lab equipment has been purchased and will be delivered within next 3-4 weeks. We are hoping the simulation lab will be functional in February 2010.

2. The extension project of pediatric ward is in final stages, construction phase is complete and the entire project will be ready in couple of months. With the completion of this project at least 100 beds will be added to the existing pediatric ward and new neonatology unit will be created.

3. Thanks to the generous donations of our members, endowment fund have been growing. This has enabled us to offer scholarship to 25 deserving students at Nishtar Medical College during this year. The chairman of scholarship committee, Dr. Ghulam Qadir was generous to donate for 25 extra scholarships from personal funds. With this commitment, we will be able to give scholarship to almost 50 students starting next year.

4. Blast email system have been started to inform Nishtarians about different activities of Alumni. We are also planning to add forms and documents verification for in-training Nishtarians residents and fellows. Our website has been updated. In order to refresh your memories, beautiful pictures of Nishtar campus have been added.

5. I would like to take this opportunity to inform our membership about First Nishtarians Retreat that will be held in New York, on February 27th, 2010. Please mark your calendar and try your best to attend this first Nisht report that Bahawalpur is the prime target for next attack. The conventional wisdom demanded to cancel 2009 winter gala and the final decision was to wait and see if some stubborn gials make the trip to Bahawalpur then we will have our meeting. I went little early in the middle of December to participate in the planning and the arrangements when the report came that Dr. Manzoor Tariq, along with his wife Hameeda Bahbi and their children Dr. Afnan Tariq and Nimra Tariq, are en route to Bahawalpur. Dr. Waqar Aziz was already in Bahawalpur.

The college administration took extra ordinary steps for security measures and it was decided to have the meeting on December 23rd in one of the lecture hall’s.

On December 23rd as always the college was decorated with flowers and banners. The reception team welcomed us with the rose petals. The lecture hall was full with only the standing room. After the introduction by the Principal Dr. Ijaz Ahmed and short speeches by QMC alumni president and Secretary, Dr. Manzoor Tariq who was the chief guest for the ceremony gave a lecture on “Acute coronary syndrome and its treatment”.

QMCAANA donated funds to provide scholarship for fifty students, to buy equipment for Basic life support and Advanced Cardiac Life support. Dr. Dawood Nasir’s gold medal for best graduate was awarded to Dr. Ehsan ul Haq. Cash prizes were given to five students for participating in poster presentations and QMCAANA sponsored four students to attend the APPNA winter meeting in Karachi. Dr. Manzoor Tariq performed couple of cardiac angiographies with the local cardiologists, and also donated cardiac equipment which was worth over $100,000.00. The meeting concluded with a lavish tea and snacks.

Dinner, hosted by Dr. Yaseen Ahmed at his mansion, was attended by more then 200 alumni members and city celebrities.

There are several projects which are approved for Quaid-e-Azam Medical College and its affiliated Hospital Bahawal Victoria Hospital. QMCAANA along with APPNA takes pride in facilitating some of these projects. The detail was provided by the current principal Dr. Ijaz Ahmed Shah and are as follows.

1. Kidney Transplantation Center/Dialysis Unit for 120 beds along with 30 dialysis machines
2. ICU – 30 beds with 22 ventilators
3. Neonatal & Pediatric ICU – 10 beds
4. Upgrading & Improvement of Jubilee Female Hospital – 70 beds
5. Accident & Emergency/Neuro Operation Theatres – 4
6. Cardiology & Cardiac Surgery Block – 132-beds
7. Thallasemia Unit & Bone Marrow Transplant Centre – 64 beds
8. Burn Units – 30 beds
9. Children Complex – 150-beds
10. Gynecology & Obstetrics Care Complex – 150 beds
11. Orthopedic Unit II – 60 beds
12. Free-standing Civil Hospital – 300 beds

Hopefully most of these projects will be completed by the end of 2011. If Dr. Manzoor Tariq is able to get the approval from APPNA executive committee to host the 2011 winter meeting in Bahawalpur, the attendees will be able to appreciate these new addition to the college. Winter meeting 2011, if held in Bahawalpur will be unique and most memorable meeting in APPNA history. Please make plans not to miss this once in a lifetime opportunity.

It is always euphoric, magical and nostalgic to visit your college and words are not enough to do justice of that feeling. I will urge APPNA members as a whole and QMCAANA members in particular to please make every effort to attend winter meetings to have better understanding of the present Pakistan.

The 2010 office bearers for QMCAANA are: Dr. Farooq Khokar, President; Dr. Sajid Mueed, Secretary; and Dr. Anwar Ahmed Khan, Treasurer.

We wish luck to the new executive committee and to have a wonderful 2010.
Dow’84 Silver Jubilee Reunion

By Sarosh Siddiqui, Syeda Kauser Ali, Imtiaz Khalid and Jamil Farooqui

We the graduates of Dow 1984 celebrated our reunion in Karachi in the last week of December. The horrific bomb blast on the day of Ashura filled us with sadness and disbelief and we debated to cancel the entire program. However since the event was not just about a class reunion but for a more noble cause- that of giving back to our institution, so we decided to go ahead. On the eve of the silver jubilee reunion program, the Dow ’84 alumni showed up in a sizeable number against all odds, to make this event a thumping success. The delegates from US, UK and Middle East, who are no more used to the mayhem in this part of the world, showed their devotion and commitment to the fraternity by their participation in such unpredictable circumstances.

Project Presentation

In keeping with the traditions of giving back to the alma mater, the graduates of ’84 have up-taken the project of renovating the OBGYN theatre at the Civil Hospital. The project was presented by Dr Khalil Shibli, Dr Ejaz Kashaf and Dr Shamvil Ashraf. They covered the rationale and expected outcome of the project as well as pictorial current status of the OBGYN operation theatre at CHK. The estimated project is worth 13 million PKR and projected maintenance costs per year will be worth 2.5 – 3 million PKR. The presentation was followed by tea, refreshments and endless tittle-tattle of the lost-and-found Dowite 84. Phenomenal energy summation was building up for the Grand Finale “The Banquet”.

Scientific Sessions

A two-day scientific session was conducted at DUHS on Dec 30th and 31st, spearheaded by Dr. Shehla Baqi, Dr. Hasanat Sharif, Dr. Ejaz Kashaf and other dedicated members of Dow’84.

The Banquet

Due to the unrest in the city the venue was changed from DMC to Liaquat National Hospital. The hallmark of the night was that it was executed and enjoyed by Dowites’84 in toto. Besides many other programs a Bait Baazi session was held between Karachi Team [Farhat Abbass, Sarosh Siddiqui, Ejaz Kashaf] and Great Britain /US team [Humaira Jamal, Jamil Farooqui, Hussain Abbass, Abuli, Qazi Mohsin]. It was an effervescent extravaganza, the rendition of verses with musical instrument accompaniment ala antakshiri … the sizzling tough competition between the two teams.

Qawwali

A private Qawwali night was arranged by Dr. Ali Imam on Jan 1, 2010, which was largely attended by the visiting and local friends and the magic of reunion was extended for another night. A beautiful souvenir was published and distributed to the attendees.
A Tribute To The Late Dr. Raana Akbar

May 31, 1951 – December 3, 2009

Dr. Raana Saboohi Akbar passed away on December 3, 2009 after a protracted battle with lymphoma. The eldest of six children, she was born in Rawalpindi, Pakistan to Dr. Amina Usmani and Ahmed Abrar Usmani. Raana met her husband, Waheed Akbar while they were both at King Edward Medical College. They married on December 3, 1976, and they immigrated together to the United States the same day. In 1982, Raana and Waheed settled in Saginaw, where they raised three children, Amna, a human rights lawyer, Zainab, a law student, and Ahmed, an undergraduate student in religion.

Family communications reveal that on her birth her father proudly proclaimed “Yeh meri Pakistani nasal ki sardar hai” (She is the leader of my Pakistani progeny.) How prophetic were his words. She proved herself to be a leader in every sense of the word. Her cousin Zohra Usmani recalls “From an early age she shared our family passion for reading and was a voracious reader. At an age when girls are playing dolls she was into Jane Austen and soon after was reading Classic English literature. We would spend time comparing our favourite authors and characters. However, soon she left me behind and graduated to Dostovesky, Chekhov and Gorky.”

Dr. Raana built a busy Allergy practice in Saginaw, Michigan serving thousands of local patients in an office she shared with Waheed, an orthopedic surgeon. She was a Clinical Asst. Professor at Michigan State University; and completed an Allergy and Immunology fellowship at Wayne State University Hospitals, a Pediatric Infectious Disease fellowship at New York Medical College, Valhalla, and a residency in Pediatrics at Kings County Down State Medical College Center in Brooklyn, New York. Raana was ever active in local community organizing and building. She served as a Director of the Saginaw County Medical Society and on the Foundation Board of Directors of Saint Mary’s Hospital, which recognized her commitment to compassionate care of the sick and the poor with “The Spirit of St. Vincent Award”.

The Michigan State Medical Society twice recognized her work with its Community Service Award and its National Leadership Award, and the Michigan Governor appointed her to the Saginaw Valley State University’s Board of Control. She was also a guiding force in the local Muslim community, where she was an active member of Islamic Center’s Executive (Shura) Board and led efforts to build a new mosque for the Saginaw Islamic Center. Consistent with her long-standing commitment to mentor young people, she taught the high school level classes at the Islamic Center’s Sunday School for twenty years.

Raana advocated tirelessly on behalf of Pakistani and Muslim Americans nationally through her work with the Association of Pakistani Physicians of North America (APPNA) and the Pakistani American Public Affairs Committee (PAKPAC). She served on the executive board of APPNA as Treasurer, Secretary, and President, where she spearheaded a number of important initiatives to grow and strengthen the organization. She was a frequent visitor to Washington, D.C., where she met with numerous political leaders, including two Presidents and many members of Congress. During the Balkan Wars she worked with International Organization for Migration to place nearly one hundred Bosnian refugees throughout US and opened her own home to four Bosnian refugees. After September 11, 2001, she spearheaded efforts to bring various faith communities together to foster greater understanding of Islam and Muslim Americans.

After a long struggle with cancer, she passed away peacefully and with grace, surrounded by family on December 3, 2009.”

APPNA members may remember her role in many a capacity including the offices of being Treasurer, Secretary and finally as President of APPNA 2003. She strenghtened APPNA’s
independence from outside influences and provided leadership for it to function as a professional medical organization. She chaired numerous committees and was additionally the President of King Edward Medical College Alumni Association of America (KEMCAANA). The number of committees she held memberships and leadership within APPNA are too numerous to mention.

In 2004 both Drs. Waheed and Raana Akbar were nominated for the community service award. Michigan State Medical Society Past President Dr. Conchita Riparip wrote the following in the letter for the nomination: “Both Doctors Waheed and Raana Akbar, members of the Islamic Center of Saginaw, have been instrumental in strengthening the ties that bind Muslim and Christian faiths since the terrorist attacks on 9/11/01. They have made many presentations to the community to promote understanding of the Islamic faith, far removed from the terrorism practiced by religious extremists from the Middle East. Doctor Raana Akbar organized an interfaith rally in September 2002 to promote unity on the first anniversary of the 9/11 terror attacks. In addition, several years ago they were instrumental in bringing injured Bosnian refugees to Saginaw for treatment which they provided at no charge. They even opened their home to the refugees while they were here.”

In 2004, Drs. Raana and Waheed Akbar helped form the Indo-Pak Friendship Society of Mid-Michigan which consisted of immigrants from India and Pakistan. The group held a Friendship Charity Gala in 2005 which raised over $80,000 for area schools.

1 Published with permission: Islamic Horizons Jan-Feb 2010
2 The Bulletin, Saginaw County Medical Society, Vol LXVII, No. 5, Jan 2010.

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It was 5:00 a.m. in the morning. I was resting after a long day as a senior resident on call. The phone rang. It was the ER physician again. I had already done 10 new admissions and attended to numerous calls for in-patients. Those days there were no CAPS and no limitation of hours, as are standard these days. You could get 10 to 15 hits. Nobody cared. You had to deal with them, as long as you were on call. I picked up the phone and said, hello. The ER physician said: “Dr Shahab, I have a patient here – a 29 year old male, who came in with neck and lower back pain, fatigue and malaise. All his work up is negative, no abnormality on physical exam. His labs are all fine. Chest and abdominal x-rays are negative.” (Why is he calling then? I said, silently to myself!). He continued: “patient can go home and be followed as an outpatient, but (and it was the usual but, which gives an ache in any one's stomach because it means one will have to get up and see the patient right away) I don't feel comfortable sending him home.” (Everything is normal, then why he is not comfortable sending him home. I muttered!). After a long day, I was trying to stretch my back and now he wants me to come and evaluate this patient, who has no significant finding. At this moment I started cursing myself – Why I decided to become a doctor? Why I did not tell my father? No, I am not interested, just like my brother - who went into engineering? And even if I choose medicine as my career, why I choose the field of internal medicine? Why not dermatology? Why not some other fields like ENT, ophthalmology or even radiology? Cursing myself for my selection, I got out of the bed and headed to the emergency room.

As I walked into the emergency room, I saw the ER physician. I gave him an angry look – a look that all residents have when the ER physician calls them saying that they are not comfortable sending a patient home. Then, I went on to see the patient and started my assessment. His presenting complaint was only fatigue, malaise and some nausea. All labs and exams were normal. (I did not know what to say; except to silently curse the ER physician for waking me up at this hour of the early morning.). However, there seemed something not quite right about this patient. He was turning and tossing in the bed, as if something was bothering him. He just did not appear comfortable. However, he could not explain what it was? This puzzled me! I decided to proceed to look into his eyes. How many times we look into the eyes (fundoscopy) of a patient at 5:30 a.m. in the morning, especially in a patient who has normal physical examination otherwise. The fundoscopic exam startled me. It revealed papilledema. I was surprised and informed the ER physician that the patient has evidence of increased intracranial pressure and will need a CT scan before proceeding with lumbar puncture.

After doing lumbar puncture and sending the cerebrospinal fluid (CSF) to the laboratory, I went to bed, but woke up in one hour for morning report. While at the morning report, I got a STAT page from the lab. Doctor, the India ink prep is positive – indicating Cryptococcus in CSF and suggesting cryptococcal meningitis, said the lab personnel. We consulted ID service and started work up for causes of immunodeficiency. His ELISA was positive for HIV, but Western blot results were equivocal making it difficult to diagnose immunodeficiency disease. The diagnosis however was made by the detection of HIV genome using the polymerase chain reaction (PCR). Those days these were not routine tests and the specimen was send to a lab in California. While in waiting his CSF and serum cryptococcal antigen titers came back very high. In fact it was 1:262,144 in the CSF and 1:268,433,456 in the serum – the highest reported in the literature at that time. The previous highest reported titers were 1:20,000 in CSF and 1:2000,000 in serum. He then went on to develop cryptococcal skin lesions. We had to do weekly lumbar puncture for measuring the titers and his progress. The patient would not let any other physician or the neurologist do the lumbar puncture and agreed to have it done only by me, even though I was just a resident. We got him the new anti-fungal drug – flucanazole, which was not yet approved by the FDA. He started showing signs of improvement. Two weeks later his confirmatory PCR test for HIV came back positive. Hence the diagnosis of AIDS (Acquired Immunodeficiency Syndrome) was confirmed. The first such case I had. He was started on anti-retroviral drugs and (Continued on page 42)
Cytogenetics For Poor Children In Pakistan

Prof. Nizam ul Hasan, President, Child Aid Association, Karachi

work on the project started in earnest in December 2006. Dr. Omer Atiq (the then President of APPNA, on a visit to Karachi, made a token presentation of check as their commitment. Cash donations were subsequently received from APPNA, Rotary International through Rotary Club Sunset Millennium Karachi, Infaq Foundation, Gatron Foundation and many individuals. Dr. Afroz Ramzan, Director NICH, allotted space over Physiotherapy Department of NICH and Ms. Afsar Begum, a former MNA from Karachi donated funds for the construction of the building. Messrs. Zaheeruddin Consultants did the designing and supervision on construction free of cost.

Many office bearers of APPNA made frequent visits to support and update the progress of the project. We are lucky to have the honorary services of Prof. Col Abdi, who has the honor of setting up the first Cytogenetics laboratory of Pakistan at the Army Medical Institute at Rawalpindi. Guidance from Dr. Rizwan Naeem and Prof. Abdi helped us in the selection of staff and equipment. In July 2007 the lab became operational and starts serving patients. To sustain the cost and viability patients from the Oncology unit at the NICH are provided free service while those from other units at NICH and from outside NICH are either charged only the actual cost or free if recommended by the respective heads of the units. Work of the unit is supervised by the Hon. Consultant Prof. Dr. Abdi. The Child Aid Association foots the bill for hiring of the staff and materials used in the laboratory.

In the period between 1st July 2007 till 13th November 2009, 801 patients have been tested in this laboratory. During this time availability of Cytogenetics lab facilities has considerably improved the diagnostic capabilities of the physicians as conditions like pediatric leukemia and developmental delay. Likewise many other syndromes in which the diagnosis was uncertain a firm diagnosis is now available.

The setting up of Cytogenetics laboratory was a great challenge to the Child Aid Association, but support from APPNA, Philanthropists and members of our association, made it possible. Setting up of this lab has also opened opportunities for jobs and training. We have already started training program for the technologists and hiring them after successful training. The lab is also supporting a research project of Department of Endocrinology at the NICH. We also plan to start doctors training in future.

This is a shining example of public private partnership and community philanthropy. We thank APPNA members for their donations as many kids who otherwise would not have had the option to be diagnosed properly for leukemia are now treated accordingly and living well.

Historical Background

Human Cytogenetics, although a well established specialty in the West, is relatively new to Pakistan. So far only four human cytogenetics laboratories are functioning in Pakistan. Only one of these four labs works in public sector is at the National Institute of Child Health (NICH), Karachi. Laboratory facilities for human cytogenetics were only available at a private institution in Karachi till July 2007. Facilities of modern investigation are scarce or non-existent in majority of teaching institutions of Pakistan including that of cytogenetics. This affects the proper management of the patients and at the same time deprives the doctors and other medical staff in the practice of evidence based medicine. The cost of these investigations was beyond the reach of parents coming from the underprivileged section of our society who seek treatment of their children at the NICH. Before the facility of cytogenetics test was available at NICH, the patients were treated only on clinical assessment.

The idea to establish a Cytogenetics Laboratory in the public sector for the poor patients at the NICH was proposed by Dr. Rizwan Naeem, himself a Cytogenetist of international repute, during his visit to NICH along with a group of APPNA members while visiting our Pediatric Oncology Unit project at NICH in 2003. After getting approval from the executive committee of the CAA, APPNA and Director NICH, Dr. Nizam ul-Hasan is a Dow Graduate and was a pediatric surgeon at the NICH and JPMC. For many years his position has been to provide cost free treatment for pediatric cancer patients with the aid of Child Aid Association. He established the first pediatric Oncology Unit in Pakistan in 1999 and since then has been providing totally free support to over 2000 children suffering from cancer coming from all over the country.
APPNA Tele-Healthcare Project In Mardan, Pakistan

Rizwan Naeem, MD

From December 24 to December 27 I visited Pakistan and our Tele-healthcare based facility in Mardan. It was a cold and sunny morning in Islamabad and due to frequent security checkpoints, it took over an hour to get out of the city of Islamabad. There were four of us in the car who embarked on this heartwarming journey. Due to the safety concerns of any family member, I decided not to share this information of my trip to Mardan with my family till I had returned home. But I am really glad that I made this trip. In the middle of the troubled areas of Pakistan with all the political turmoil, this was an oasis in a wilderness.

This all started after the 2005 earthquake! With the collaboration of Stanford University, UM trust in Mardan and National University of Science and Technology in Islamabad, APPNA has been able to provide state of the art telemedicine to this rural hospital. Today, we are successfully running services on a regular basis in rural Mardan District of Pakistan (in the village of Zahidabad, NWFP about 200km North of Islamabad). A state of the art dedicated internet access via VSAT provides a satellite based internet facility which makes this hospital and town totally Wi-Fi. All medical records are electronic. They have cell phone based follow-ups for reminders regarding immunizations, lab results, and follow-up visit.

Stanford grant was followed up with procuring a multi year competitive grant for capacity building of lady health workers in rural Mardan via use of ICT-based telemedicine from USA National Academy of Science (NAS): With this grant APPNA launched this ground-breaking project. Our goal is to build capacity of Lady Health Visitors (LHVs) of rural Pakistan through teaching them the use of Information and Communication Technologies (ICT). This grant highlights a new paradigm as to how APPNA can work with US funding agencies to provide help and promote medical education in Pakistan.

Our hospital in Zahidabad is located at the border of Buner District. With the present conditions there was a huge influx of refugees. In fact, it was estimated that there are about 100,000 refugees in a 10km radius of this facility. As a response to this crisis, UM Healthcare Trust, in collaboration with its stakeholders (NUST, APPNA among others) had launched a massive healthcare relief effort for the refugees streaming in from the Buner & Swat district.

Recently we have also invited one rural medical doctor to the US to get exposure to the latest Tele-healthcare / Tele-medicine / based technologies in a medical/hospital environment.

Now what are the current needs and what is next to come in this project. Our ground partner UM Healthcare Trust is running an extremely successful rural healthcare project in outskirts of Mardan City (NWFP), 200km North of Islamabad. UM Hospital treats over 3,000 patients a month at its facility where 90% of the patients live on less than dollar a day. The patients not only get treatment from a qualified physician but are also provided with quality medicines (if they cannot afford to purchase them from the market).

UM Healthcare’s goal for 2010 is to build a quality medical lab at its facility. Currently, patients have to travel to the city of Mardan, which is 30km away and takes about two hours by public transport for routine medical tests. Majority of the poor patients cannot afford to take a day off to go to the city for tests, let alone afford the costs of some of these expensive tests. Therefore, UM Healthcare with the help of APPNA plans to establish a quality medical lab that will cater to the needs of the poor patients in their own neighborhood. 50% of the patients treated by UM Hospital are females, 20% children and 30% are male. Following are the links to see our and various other agencies activities:

www.seecs.edu.pk www.appna.org
www.usaid.gov
www.isif.asia www.umtrust.org/media
www.youtube.com/watch?v=SSZN2uwxy08&feature=related
picasaweb.google.com/mumtaz.atif/ BLSTrainingAug2008#
picasaweb.google.com/mumtaz.atif/BunerRefugees

Rizwan Naeem, SMC graduate of 1985, is currently a Professor of Pathology and Pediatrics at the Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY. Dual board certified in Clinical Cytogenetics (1993) and Clinical Molecular Genetics (1996) from the American Board of Medical Genetics, he helped develop Pakistan's First Public Sector Diagnostic Genetics Laboratory at the national institute of child health to help children with leukemia to be treated properly. Since 2007 he has been the founding cochair of the APPNA educational initiative called “Medical Education and Research Infrastructure Task Force” (APPNA MERIT). PI for a grant from US AID and NFST for a Telehealthcare based hospital and training project in Mardan, Pakistan.
Houston Shifa Foundation
A shining example of community based services in the mainstream US.

Rizwan Naeem, MD - Volunteer

Houston Shifa Foundation (HSF) is a 501(c) non-profit organization helping and serving indigent Houstonians for more than a decade: Shifa means Healing. HSF provides many needed services including healthcare, legal advice, adult and child education, family crisis intervention, social rehab for ex-offenders and low income housing. The services are supported by nearly 200 volunteers, who not only give their time and talent, but also contribute personal funds.

In the health care field, HSF currently operates 3 all volunteer clinics in Champion Forrest, Southwest Houston and Clear Lake areas and a fourth clinic is about to start serving community in Bear Creek area. Some of the HSF’s working partners include the University of Houston College of Pharmacy, Kelsey Seybold Clinic, The Rose Foundation, Network of Strength, Novo Nordisk (For Supply of Insulin), WebMed, Gateway to Care, Hope Clinic, Texas Children’s Defense Fund, American Cancer Society, Bone Marrow Registry, Health Fairs Chinese Community, CHIP registration day for underserved families and others.

Shifa Clinic serves people of all races, color or religion. Shifa focuses on preventive care, as well as family, general, and pediatric care. Dental services and eye screenings are also offered, along with educational and social services.

History of Shifa Foundation dates back to 1997, when a group of 10 volunteers got together to help the needy under the umbrella of Islamic Society of Greater Houston. These volunteers provided free medical care, computer literacy classes and legal consultations on weekends in a small 10’ X 10’ room in Southwest Houston. Later as more volunteers joined in, Houston Shifa Services Foundation was incorporated in 2002 and in the same year it was recognized by IRS as a 501 (C) non-profit community services organization. With the help of more than 160 volunteers including 55 specialist doctors, Shifa Foundation is currently operating 3 clinics in Houston. These clinics provide free outpatient medical care. So far SHIFA has provided services almost worth 2.5 to 3 million dollars. In addition Shifa Foundation has two centers for adult and child education and has partnered with Masjid Taleem to operate a rehabilitation center for ex convicts.

In 2007 City of Houston awarded a total of $800,000 to Shifa Foundation as a matching grant for the construction of its new Shifa Center in Southwest Houston. Kelsey Seybold Clinic donated equipment and furnishings.

The charitable activities of the Shifa Foundation are funded by donations and grants. Recently the Annual Dinner of Houston Shifa Foundation was arranged at a local restaurant in Houston, the Vargo’s. Keynote Speakers included Houston Mayor Bill White, who lauded the efforts of HSF in the field of community services and rehabilitation of ex-offenders. Nobel Laureate Dr. Ferid Murad, and Houston City Councilperson Mr. M. J. Khan were also invited guest speakers. HSF Board Members Laeq A. Khan, Dr. Moien, Dr. Azam Kundi and Dr. Rizwan Naeem also spoke on the occasion. A large gathering of prominent community leaders, physicians, professionals and entrepreneurs attended this $1,000 Per Couple Dinner to support the work of the Shifa Foundation.

In addition to providing healthcare services to the needy in the community, HSF is also involved in other community service activities. Recently HSF received a 1.5-million dollars Federal Grant through City of Houston for construction of a low income housing project at West Belfort Avenue. First phase of this multi-building complex is in final stage of completion and apartments will be offered to low income family as early as February 2009. The City of Houston has also approved HSF for another similar project and so far has approved a total of $150,000 to cover Shifa office expenses and pre-development costs.

HSF has received a number of government/corporate donations/grants through the efforts of our volunteers; like the Memorial Hermann Hospital $3,000 on behalf of Physician of the Year Award to Dr. Maqbool Haque; the City of Houston $2,000 Employee designated donations; Hewlet Packard donated one LCD computer monitor as part of their Community Service Contribution Program through the efforts of Samina Quddus;, Chevron donated $ 1,000 for community service by Kamran Sabir; Good Neighbors Clinic donated a movable clinic building consisting of a 2,000 SF double wide trailer.

HSF is governed by a Board of Directors that consists of 12 members. Directors and officers of Shifa Foundation receive no monetary compensation for their work at Shifa Foundation.
Why does APPNA have to be so much a microcosm of Pakistan that it follows its fiascos with its own versions in even the same time frame?

We are the largest democratic expatriate organization based in nations (United States and Canada) that have deep democratic traditions as well as a sound foundation in transparency, processes and procedures. And yet in organizational life as in our personal lives, Pakistani-Americans are more Pakistani than American. Even though many an older APPNA member may have by now spent more or the same amount of time in our adoptive homelands than our Pakistan.

A psychiatrist friend has appropriately named it the “PIA Syndrome”: Pakistani-Americans can be upstanding citizens in every walk of life, regardless of their professions, but as soon as they step onto a PIA flight, they are home, immediately. And I mean home, the one that is the “baap ka ghar” variety. They smoke on the flight, Make unreasonable demands, are rude to the stewardess and flood the bathroom such that little rivulets run out the door as soon as the flight tilts in take off.

Is it deep seated colonialism and fawning over the white man or is it a fear of definite legal consequences that prevents your average Pakistani-American from testing potentially perilous waters in the non-Pakistani environment? As you can tell, bothered intensely by this dichotomy I have spent a good amount of time observing and analyzing and my conclusion: it’s a bit of both.

It is all the more painful that a number of us are on the executive committees of our local hospitals and the boards of other organizations. As even chiefs of staff of our local hospitals, we lead by example. But the behavior of APPNA members in APPNA affairs leaves a lot to be desired. It’s old hat now that APPNA summer meetings do not serve dessert at the corners of banquet halls or separate rooms for fear of repetition of the melee that caused tables to collapse and waiters’ trays to fall. The dessert rush at APPNA was reminiscent of the crowd surge to stone Satan at Hajj!

And yet if I were just lamenting manners or their lack thereof, we would not be in the critical stage we are in with both APPNA and Pakistan. Pakistani politics I will stay away from for the purposes of this article. With APPNA it would not be inaccurate to say that our history will record a host of lost opportunities to strengthen, improve and progress APPNA. And sadder yet is that we continue to do so. Why have we not adopted the punctuality, due regard to the processes, the respect for others, especially women, and the tremendous North American work ethic?

Persisting with our contradictions is the fact that we forcibly adopt the work ethic when we are truly at work, for our livelihood hangs in the balance. Tragically we are unable to transpose that work ethic in the summer/spring/fall and winter meetings of APPNA, the committee meetings that we are chairs or members of, and even more tragically in APPNA Council and Executive Committee. And as Shakespeare would say it, the “unkindest cut of all” the Board of Trustees which is supposed to give an organization its institutional memory, its vision and guidance remains entirely in a state of quadriparesis if not abdication.

APPNA’s potential is lost in the lust for power that has now become its creed.

Imagine just the financial power, if harnessed, of 3000 members if they all donated $100 every month, the cost of a family dinner out.

And in all my analyses and interviews and heart-to-hearts I have not been able to come up with a credible reason for this mind-boggling, I-will-stop-at-nothing insanity that some APPNA Executive Committee potentials catch to get to the top. I sit and watch bemused and befuddled at the APPNA officer’s 20 minutes of fame during the annual summer meeting and wonder whether the the time and money spent ( by most analysis upwards of $100,000) was worth it.

What are we personally devoid of, or what do we as individuals feel we can contribute to the betterment of APPNA (for is that not the line that the candidate feeds all of us) that it has come to this? Truly it has to be a personal issue for there is no APPNA officer, ever since APPNA politics became low-down and dirty, that has achieved the stars for APPNA. If anything, every year we are going lower and lower, seemingly buried deeper and deeper in the mire of personal aggrandizement, dishonesty, deception, flouting procedures, and placing self-interest before APPNA’s gain. No wonder the elections each year have become more divisive and contentious. This year being no exception, the election process and procedures were challenged, and

(Continued on page 39)
It is July 1997, and Dr Shaukat Khan is presiding over this meeting during APPNA’s annual summer convention in New York. I still vividly remember, the hall was full and everyone, “who was who” in APPNA was present. It was the launching of “The Human Development Foundation of North America,” (HDFNA/HDF). Pakistan’s 50th birthday was coming up and HDFNA was to be a gift from Pakistani Americans to the people of Pakistan. Dr Mehboob ul Haq was one of the speakers. He talked about Human Development Index and the state of human development in Pakistan. I looked around and saw many grown men wiping tears and trying to hide them. I felt a lump in my throat. The atmosphere was somber and yet full of promise. At the end of the meeting, everyone was invited to become a Founding Member by donating $10,000. And in a matter of minutes almost one hundred people signed up. There was excitement but also apprehensions and some skepticism. This was a major undertaking. Even though APPNA is a physicians’ organization, all Pakistani Americans were invited to be part of this through partnership with APPNA SEHAT, Society for International HELP and NOOR Foundation. These were the founding partners for HDFNA.

Mission of HDF was to be, “to facilitate a non-political movement for a positive social change and community empowerment through mass literacy, enhanced quality of education, universal primary healthcare and grassroots economic development. It has been my privilege and honor to be part of HDF since then, first as a volunteer, then as a board member, chair of the Foundation Development team, Vice-chair, co-chair and now as a Chair of the Board of Directors. My term and with that my formal association with HDF ends on December 31, 2009.

Fast forward 2009 . . .

Rahim Yar Khan, Punjab

I am talking to a group of children, ages about 12-16 years, sitting in a semi-circle under a tree with books in front of them. This is HDF project in Rahim Yar Khan region. These children are graduates of HDF Adult Literacy Program as they never had the opportunity to attend regular school. But the thirst for knowledge instead of being quenched has become more intense. They want more. So HDF started this innovative program, Accelerated Learning Class, where they will be prepared in one year, to sit in the government exam for 5th grade, giving them the opportunity to “catch up”. The enthusiasm with which they talked to me about their future plans (wanting to be doctors, lawyers, pilots, teachers etc.) made me wish HDF could do this for all the children of Pakistan.

I am standing in this small shop and talking to the couple who owns it. This was started by the wife with a small loan from HDF microcredit program when she became a member of the local HDF women’s DO. HDF microcredit program is community based where members of the DO actually approve the loan with HDF facilitation. Husband admits that he was totally opposed to
this idea. However, when he saw the business flourish, they added a fresh produce stand and now have expanded to selling samosas which are made by the wife at home then fresh fried in the shop. They sell like hotcakes. Both husband and wife could not stop smiling as they explained as to how, “they did it”.

Shamsabad, Sind
Driving on the dusty roads through the villages in this part of Pakistan, I see signs of various HDF Development Organizations indicating HDF projects. The local community is eager to show me all they have accomplished. I visit the chiller built on self help basis to store milk. Selling milk is the main source of income for this community in the village Kapoor Mori, but due to the lack of storage facility they had to sell it to the first buyer. Now they have the leverage of waiting for someone who offers them higher price for their product.

Next stop is the model village Illays Gharano with clean, paved streets, proper drainage system for dirty and rain water, street lights and clean drinking water system, the project was funded by the local government because the villagers organized themselves as CCB (Citizen Community Board) under HDF’s Social Mobilization Program. They are quite proud of this achievement.

Mardan, Northwest Frontier Province
Sitting on charpoys, in a small room, while tea is being served along with “mithai” these shy yet eager women are telling me how they formed their Village Development Organization with HDF’s help. They want clean streets for their village, school for their children and health facility for the sick and much more. I ask, what is the biggest hurdle they face? And the president says, “The men. They don’t let us do anything.” And we all laugh. A few years ago I could not have imagined the women to be so involved and active in the community affairs in this very traditional and patriarchal society. HDF has educated and empowered them to realize their own potential. The path was not easy and there were many cultural and traditional roadblocks. But eventually the perseverance and hard work of HDF staff paid off.

HDF received a grant from PPAF for another dam in the area, called Maroofzai dam, completed in 2003.

Next day, while driving the road up in the mountains leading to Samgha Ghar built by HDF, I am told that before the road was built, the only way people in the village could access public transportation to the city was to travel by foot or on a donkey taking almost four hours. The sick and women in complicated labor had to be transported on charpoy. Many would lose their lives before getting medical help. The closest school was two hours away by foot and so in a population of about 800 people there were only 8-10 boys with metric degree. Now it takes about 30 min to cover the same distance. As we reached the village we were greeted by the local residents and we were invited inside a house. Women and children gathered all around me, fascinated by the pictures of them that I took and showed them on my digital camera. Then we started talking about the school that HDF is planning to start here and books have been distributed. Children of all ages bring out their books and everyone is eager to show me how much they can read.

Zhob, Baluchistan
I am being driven from Quetta airport to Zhob to visit HDF project there. There are signs on the road side pointing in the direction of the Shahbzai Dam, which was built in 2001 by HDF in response to the drought of 1999-2000. Water is a source of life. It has benefitted about 7000 people in the area by elevating the water table, so that tube wells and hand pumps were more effective in addition to irrigating many orchards here. Based on its success,
Of course HDF has schools, adult literacy program, clinics, mobile health units, health workers going house to house to educate community on health issue, men and women have been trained not only in skills to help them become financially empowered but also in community management skills, so that they can discuss their problems, brainstorm for possible solutions, make future plans for the villages, resolve conflict and use their collective power to work with local government officials. Many have benefitted by HDF microcredit program. Small link roads have been built, clean drinking water projects have been installed, solid waste is being dealt with and tree planting, cleanliness, education awareness campaigns have been carried out. But many of the projects have been accomplished by the communities themselves on self help basis, so, I ask people, “What has HDF’s done for you?” And they say, “HDF showed us how to organize ourselves and use our collective power to improve our lives.” And my spirit soars. This is community empowerment and a positive social change!

As I come to the end of my journey with HDF, I look back and realize that even though HDF was supposed to be a gift for the people of Pakistan, it is actually I, who has benefited. When in medical school, I had a dream; to set up a clinic on wheels and travel from village to village in Pakistan taking care of the sick people. Even though that did not happen, I was able to fulfill this dream in other ways through HDF. Visiting HDF projects took me to all corners of Pakistan and Kashmir. I saw, first hand, the beauty of the land and its people; people, whose resilience, courage and hard work has inspired me to do the best I could do. I was privileged to directly interact with them. Life has dealt them with a difficult hand but they continue to play life to the best of their ability. I saw these people learn and grow and change.

According to Dr. Mehboob ul Haq, human development is “. . . In the last analysis, it is a child who did not die, a disease that did not spread, an ethnic tension that did not explode, a dissident who was not silenced, a human spirit that was not crushed.”

We, at HDF, know it is doable. I invite you to be a part of HDF, if you also believe that. Believe me, “Yes, we can”.

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The cover of last month’s Time magazine asks, “Is Fort Hood an aberration or a sign of things to come?” A perfectly reasonable question given that a major driving force behind Major Hasan’s psychopathic rampage is his belief system, one that was acquired here in the US at a mosque that is quite similar to the mosques you and I might have been attending in our own towns. Mosques where indoctrination of Muslims into the ways of the “extremist and intolerant Islam” is on going. The same mosques after attending which five more young Muslim-American boys ran off to Pakistan in December 2009 for the purpose, ostensibly, of participating in violent Jihad against their fellow-Americans. These could all easily have been our own children. So what happened?

Major Hasan is merely the tip of a particularly sinister iceberg, emblematic in both his bewilderment and actions, of the worsening disarray that Muslims in the US are falling into. This crisis is by and large of the making of the mosques that have the unique misfortune of being squarely in the clutches of some extremist and fundamentalist mullahs. These mullahs and imams are often from parts of the world where Muslims are forever being humiliated by the belligerence of the Israelis, Israel’s surrogate, US foreign policy, and their own dictatorial governments. And these so called religious leaders, through uncontested ownership of the bully pulpit, are brow-beating hapless American-Muslims into unquestioned acceptance of a particularly poisonous brand of faith – the “extremist and violent interpretation of Islam” seen mostly in Arab and North African countries. It was this corrupted message of Islam that Major Hasan believed in and practiced.

In 2006, six men attending the Palmyra mosque in New Jersey were arrested and subsequently found guilty of planning an attack on US soldiers stationed at Fort Dix in New Jersey. Despite this, the leadership of that mosque has failed to display any worthwhile contrition and has steadfastly refused to change the tenor of the discourse at that mosque. Similarly, the mosque in my hometown in New Jersey, built mostly through the efforts of a Pakistani-American couple a few years ago, has over the last two years been taken over completely by radicals. The Imam, a young Saudi-indoctrinated zealot takes every opportunity to torment young children entrusted to his care with ironclad guarantees of hell if they do such horrible things as go trick-or-treating on Halloween or even celebrate their own birthdays! This man and his fellow guest Imams openly militate for good Muslims to withdraw from the mainstream. They demand that Muslims minimize their interactions with the mushriken and follow the Imams’ edicts sans question.

In a recent article titled “The Saudi-isation of Pakistan”, Pakistani academic/commentator Pervez Hoodbhoy wrote: For three decades, deep tectonic forces have been silently driving Pakistan away from the Indian subcontinent and driving it towards the Arabian peninsula. This continental drift is not physical but cultural, driven by a belief that Pakistan must exchange its South Asian identity for an Arab-Muslim one. Grain by grain, the desert sands of Saudi Arabia are replacing the rich soil that had nurtured a magnificent Muslim culture in India for a thousand years. This culture produced Mughul architecture, the Taj Mahal, the poetry of Asadullah Khan Ghalib, and much more. Now a stern, unyielding version of Islam is replacing the kinder, gentler Islam of the Sufis and saints who had walked on this land for hundreds of years. A picture very similar to this is emerging in the US as well, creating such monstrosities as the 9/11 hijackers (15 out of 19 of whom were Saudis!), Major Hasan and further oppression of Muslim women. The radicalization of a once-vibrant Pakistani-American culture too continues at a relentless pace. Social events are becoming increasingly segregated and these “sole proprietors of anything Islamic” can be found in numbers even at completely secular community events such as Pakistan Day celebrations.

Islam’s last remaining hope are the Muslims of the West. But this hope too is under relentless assault by the growing extremism that threatens to take over American mosques – and more tragically, American Muslim Sunday schools, where little minds are being filled with the kind of fanaticism that leads to the sort of behaviour Major Hasan exhibited. The odds are stacked against those that wish to rescue Muslim communities.

(Continued on page 42)
Is Pakistan A Nation-State?

Sultan A. Hayat

The political structure of homo sapiens commenced with the family and advanced to the tribes, city states and the formation of kingdoms. The Empires were agrarian, autocratic and under-developed as compared to the modern industrial, democratic and developed nations. Therefore the writ of the government is readily established in the modern nation state.

The European nation-states evolved naturally along cultural, historical and ethnic lines. However the majority of the non-European nation-states are created through artificial demarcations. This has lead to the formation of nation states with several diverse ethnic groups or nations residing in the same country leading to chronic instability in most of these countries.

For a nation state to survive, democracy, rule of law and freedom of speech and movement is a necessity. If equal rights are given to all the citizens extending across ethnic and cultural divide, nation states can move forward and flourish without any internal volatility. Modern states survive because of their powerful institutions like judiciary, armed forces, legislature and executive.

Many current nation states including, Canada, United Kingdom, India etc are examples of states which include several different nationalities, religions and ethnic communities. However, due to the prevalence of democracy and rule of law, there is stability and perpetual progress.

This introduction brings us to Pakistan. Pakistan consists of several distinct cultural entities: They have distinct ethnic, cultural, linguistic and political/social backgrounds.

Sind is Agrarian, the social relations are feudal and capitalism has not yet made much inroads. They love their language, poetry and mystic tradition. Shah Abdul Latif is the popular folk mystic poet. The arrival of Punjabi and Urdu speaking refugees after Partition produced a sudden change in demography, so that within a few months one in four inhabitants of Sind was a refugee. This created political, cultural and economic tensions, which persist.

Mohajirs migrated mostly from UP, Bihar, Hyderabad Deccan and Bombay Province. They have their own language, culture and history. They have a high rate of literacy, are upwardly mobile, and are more comfortable with the capitalist ethos. Urdu is their mother tongue; Ghalib and Mir are the favorite poets

The Punjabis are part Agrarian/Feudal part industrial/capitalist. Faiz Ahmad Faiz and Iqbal were Punjabis. Bullhe Shah, Baba Farid and Haq Bahoo are popular folk poets. Data Sahib in Lahore and Bari Imam in Rawalpindi are the beloved Sufi Saints.

Baluchistan is tribal. Some, but not all, Baluch tribal leaders (including the late Akbar Bughti) opted for Pakistan in a Jirga vote in 1947. The Khan of Kalat, Nawab Ahmad Yar Khan did not join and actually declared independence on August 11, 1947. In October 1958, he revolted against Pakistan and unfurled the Baluch flag which had been in use for 500 years. In March 1959, the rest of the tribes from Kalat revolted against Pakistan. There were more revolts in 1962, 1973 and the current one which started in 2005.

NWFP is Agrarian/Feudal/Tribal. It was a part of Afghanistan but Ranjit Singh conquered it which later was annexed by the British when Sikhs were defeated. Urdu has been the official language since Pre-Partition. Ahmad Faraz was a Pushtoon. Rehman Baba is the popular folk poet; Manki Sharif and Zakori Sharif are the local esteemed Sufi Shrines.

Federally administered tribal area (FATA) is geographically a part of the frontier province but is administered directly by the Center. The regular law of Pakistan does not apply here. The current insurgency in FATA is a continuation of a long tradition of insurgencies in this area. The basic reason for these insurgencies is that some locals consider themselves independent and any attempt to establish authority is viewed by them as foreign occupation.

As for the question, if Pakistan is a nation-state, it does not meet the classical definition of a nation-state. It is not homogeneous, mono-cultural or mono-lingual. But there are many other modern states as well which are not homogeneous. There are insurgencies in several other nation-states as well. Being a heterogeneous state, puts Pakistan at a disadvantage? Yes. A multicultural state, by its very nature, is fragile. It cannot survive failure of governance. There are inherent cultural and political fissures in a heterogeneous state, which can only widen if the political grievances are not properly addressed.

In my opinion, the answer to the question – “Is Pakistan a Nation – State?” - is a qualified yes. A nation-state is a complex, consisting two components. (a) The State which consists of the administrative machinery (b) The Nation which consists of people who share a common culture, language, history, belief system and a sense of belonging to the State. In the case of Pakistan, the State component is stronger. It was developed by the British and left in place to be used by the post-colonial
state but it needs to establish internal sovereignty over all the territory within its borders. FATA needs to be incorporated into Pakistan – legally, administratively and constitutionally. The foreign policy is the sole jurisdiction of the State, which cannot allow small fringe groups to try to determine the foreign policy for it. The religion based narrative that the State was using to define itself, has been hijacked by the extremists – leaving the State without one. The State needs to find a new narrative to justify itself. It must exercise better control over the institutions, whose, rogue elements have been sabotaging its domestic (mid-night Jackal operations) and foreign policy (Mumbai attacks).

The second and the more important component - the Nation - is much weaker. It's cultural, social and political heterogeneity and the State's inability to comprehend it are the main reasons for its weakness. In a multi-cultural society, with different communities aligned around divergent interests, it is difficult to create a consensus on issues. Also, the repeated martial laws and the lack of a political process have not been very conducive to the development of a sense of nationhood. For the nationhood to evolve there is no choice but democracy, good governance, economic opportunity and regional autonomy.

With these measures, it is hoped that the identity issues will recede into the background and will cease to dominate the national political discourse. When this happens, we will, justifiably, be able to claim that Pakistan is a nation-state. Till then, it will remain a State – in search of a Nation. ■

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My First Publication (Continued from Page 32)

anti-fungal. After a few weeks he showed improvement and was able to be discharged. However, he continued to follow with me and infectious disease (ID) service in the outpatient clinic until I moved for fellowship to Kentucky. I would continue to get follow-up from the ID attending. We presented this case at the ACP meeting and published a case report in Southern Medical Journal – my first publication in US.

Hence, a patient for whom I did not feel like getting up at 5:00 in the morning and who the emergency room physician was contemplating to send home, not only turned out to be very interesting and memorable, but also the basis for my first publication. Now I always wonder what if I did not looked into his eyes (did fundoscopy) that morning. I could have missed the case of my life!

The moral of this story is twofold: there is no such patient as insignificant and a complete history and physical is the best tool to help us diagnose our patient’s ailment. ■


Major Nidal Hasan And Us (Continued from Page 40)

from this scourge. The reality is that extremist Islam isn’t a religion, it’s a politicized radical ideology. And the people who are being taught this ideology are prime targets for recruitment by unlawful organizations who preach hatred and violence in the name of religion. And the true moderates in the American-Muslim community are continually losing ground and being made to retreat further and further from their strong belief in the Islam of co-existence and tolerance. Muslims are becoming more marginalized each day and Muslim children are in increasing danger of being ostracized by the mainstream.

A small ray of hope would appear to be such movements as the Muslim Canadian Congress (MCC), founded by Tarek Fatah, a Pakistani-Canadian journalist and the Washington DC-based Center for Islamic Pluralism (CIP). These organizations are looking to counter this madness of extremism and fundamentalism through a belief in a progressive, liberal, pluralistic, democratic, and secular society where everyone has the freedom of religion. It goes without saying that that fanaticism and extremism within the Muslim community is a major challenge to all of us. We must stand opposed to the extremists and must present a more humane and tolerant face of our community to our fellow-countrymen and be an example for the rest of the Islamic world. Because if things keep going in the current direction, all of us, conservative Muslims, liberal Muslims, secular Muslims, cultural Muslims, we will all be buried together under the deluge of American outrage. And we all know our children deserve better. ■

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The Indus Hospital – A Shining Point Of Light
Zia Moiz Ahmad, MD, & Sanaa Haider, MD

If anyone interested in health care or medical delivery systems were to visit Pakistan, they would be well served if they visited The Indus Hospital. Started by a group of physicians dedicated to the goal of providing quality healthcare free of cost to the poor and underprivileged members of the society in a dignified and respectful manner, Indus Hospital has become just that. Dr Abdul Bari Khan and his team of dedicated professionals, medical and non-medical alike, have successfully established The Indus Hospital as a leader in health care system in Karachi. It is a shining example of what is possible if one has faith and vision. A visit to The Indus Hospital is an experience that lifts ones spirits and makes every citizen proud in a society that is otherwise depressing in a multitude of ways.

My first introduction to The Indus Hospital was a few years back, in 2004, when it was still largely a concept and a vision. Inspite of the impeccable credentials and an impressive track record of Dr. Bari and his group, many were somewhat skeptical of the long term viability of the concept. However the dreamers marched on. My next contact with the project came in 2006 when I visited the site which is now the hospital. At the time, construction and renovation were underway in full swing. But what struck me as odd at the time, but now appears to be a testament to the vision of the founders of this project, was the fact that the first department they established and the first professionals they hired were not doctors but the IT personnel. They worked from Day 1 to make The Indus Hospital a paper free hospital with everything, from requisition for tests to inventory to physician orders to medication records to patients medical records, all in electronic and digital format. This has placed The Indus Hospital in the unique position that every patient who comes there becomes a part of their database. They can then be followed longitudinally for any and every health care problem and treatment they might have. In Pakistan where there is such a dearth of epidemiological data, this is a treasure trove for anyone interested in research studies of health care issues of the Pakistani population.

My most recent visit during winter was a heart warming experience. I got to witness firsthand the realization of the first phase of the dream and vision of the founders. ( among them are Dr. Abdul Bari Khan, Dr. Zafar Zaidi, Dr. Akhtar Aziz, Dr. Amir Jawed Khan, Mr Shakil Akhtar of IT and many others). The Indus Hospital is a full service hospital serving the needs of the citizens of Karachi mainly but also from all parts of Pakistan. It has a busy Emergency room and outpatient clinics which are full to capacity. The inpatient beds are all occupied and the OR and Cath Lab are working at capacity. During my visit I met patients from all parts of Karachi, from rural areas of Sind as well as from other provinces. There are other institutions where patients are provided free medical care but what is unique about this place is that there was a certain dignity and respect with which patients and their families were treated. I found that most refreshing especially in a society where human dignity takes a back seat to the pressing needs of a poor people. I saw in action the notion that you don’t have to compromise one to get the other. The patients are treated free of cost and provided quality care. One of the stated goals of the movers and shakers of this project is that they want the quality of medical care be such that the doctors working there bring their loved ones to the The Indus Hospital for medical care. The funds for the operation of the hospital come from donations, small and large, from individuals and organizations. The administrators of the hospital told me that what they need more than anything from medical professionals, like APPNA members, is voluntary professional services. They want APPNA physicians and other Pakistani physicians who are so motivated, to give time and professional know how to the poor and deserving in Pakistan, to come and work at The Indus Hospital for whatever time duration and whenever they choose to give. I know of a number of physicians in Karachi at different institutions and with busy private practices who regularly volunteer their services. I am also proud to report that a number of APPNA physicians have also volunteered their time. Dr Jawed Suleman, Dr. Mazhar Majid, Dr. Wajahat Wasti and I also had the good fortune of being able to volunteer some time in the cath lab. This was certainly a most rewarding and professionally fulfilling experience. Recently Dr.Naheed Usmani and Dr. Jamal Mubarak of APPNA Merit also visited The Indus Hospital to assist in their educational needs by arranging teleconferences and other collaborative programs.

What follows is a brief overview of The Indus Hospital.
The hospital commenced its operations in July 2007 and has functioned full force for the destitute of the city and surrounding villages.

Introduction

The Indus Hospital was started as a joint venture of the Ruffaydah Foundation and the Islamic Mission Hospital Trust in 2005. Extensive renovations of a previously constructed hospital building and a school of nursing, donated by the Islamic Mission Hospital Trust to the Indus Hospital Project, were carried out from 2005 to 2007. The end result of such a passionate endeavor was the state of the art building of the Indus Hospital.

This project, a brain child of a few patriotic Pakistanis belonging to the field of medicine, business and public life, turned from a passionate dream to a reality within a few short years. The hard labor, dedication and financial help from businessmen, expatriate doctors and local groups resulted in this free of cost hospital for the underprivileged and deprived.

A team of local and expatriate doctors along with highly trained staff, provide free of cost medical care to the poor and needy of not only Karachi but patients coming from far and wide. The tertiary care facilities at the Hospital are complemented by community outreach programs focused on prevention and early detection of disease, encouraging community involvement and ownership.

The infrastructure of the hospital comprises of a five story hospital building that houses one hundred and fifty beds, three operation theatres, an ICU, CCU, Cath Lab, radiology suite, blood bank, biochemistry lab, hematology lab, microbiology lab, a male’s ward, a female’s ward, pediatrics’ ward, Emergency Ward, Filter Clinic and six OPD Clinics.

The hospital plan has so far completed its first phase of development and has at least four more stages planned ahead.

Every month at The Indus Hospital, more than:

- 10,000 patients are seen in the clinics
- 17,000 investigations are done
- 700 inpatient admissions are carried out
- 500 dialysis sessions are done
- 100 patients undergo cardiac surgery/angiography/angioplasty
- 500 surgeries are done

A high standard of free of cost care is delivered repeatedly, everyday and for every patient.

Innovation & Technology

First Paper Free Hospital Of Pakistan

One of the prime features of the hospital is being a “Paper Free Organization”. All medical records of the patients are uploaded in advanced computer software that stores all relevant data such as lab reports, digital x-rays and doctors’ comments on a data base which can be effortlessly accessed from any terminal in the hospital. This not only helps save paper cost but also increases efficiency and enables research and analysis of the data. The Indus hospital is the first in Pakistan to have 100% implementation of this software.

Research

The hospital also has a scientifically developed and technologically advanced research centre. Indus Hospital has entered into a strategic partnership with IRD, a non-profit research and service organization committed to saving lives through improvements in global health. IRD seeks to create opportunities for scientists and social entrepreneurs that maximize the impact of health interventions in low-income communities.

Clinical Services

Triage

General filter clinics are conducted daily in the CHC, where walk-in patients
are assessed free of charge. The patient is then referred according to need to the concerned specialist clinic. Patients requiring urgent treatment are directly transferred to the Emergency Room, where investigations and management are initiated immediately.

**Emergency Services**
The six bed emergency room is equipped to handle all types of medical and surgical emergencies around the clock. Advanced state of the art ambulances are always on the stand by to rush to any area in case of emergency as needed.

**Other Services & Departments**
- Inpatient Services
- Consulting Clinics
- Emergency
- Clinical Laboratories
- Radiology
- Cardiology Services
- Pharmacy Services
- Physiotherapy Services
- DOTS & DOTS Plus Program
- Continuing Medical Education (CME) Services

**Clinical Departments**
- Department of Anesthesia
- Department of Cardiac Services
  - Section of Cardiac Surgery
  - Section of Cardiology
- Department of E.N.T.
- Department of Medicine
  - Section of Internal Medicine
  - Section of Diabetology
  - Section of Infectious Diseases
  - Section of Pulmonology
- Department of Nephrology
  - Section of Adult Nephrology
  - Section of Pediatric Nephrology
- Department of Orthopedics
- Department of Pathology
  - Section of Hematology
  - Section of Biochemistry
  - Section of Microbiology
  - Section of Histopathology
  - Section of Molecular Biology
- Department of Radiology
- Department of Surgery
  - Section of General Surgery
  - Section of Pediatric Surgery
- Department of Urology
  - Section of Adult Urology
  - Section of Pediatric Urology

**Consulting Clinics**
- Anesthesia
  - Pain Management
  - Pre-op Anesthesia
- Cardiac Services
  - Cardiac Surgery
  - Cardiology
- E.N.T.
- Medicine
  - General Medicine
  - Diabetes
  - Infectious Diseases
  - Pulmonology
  - Gastroenterology
- Nephrology
  - Adult Nephrology
  - Pediatric Nephrology

**Administrative Cost**
All operations of the hospital which includes the infrastructure maintenance and development, equipment, staff salaries, patient care, medicines, utility bills etc are taken care off through donations that are made to the hospital by caring individuals and organizations from within and outside of Pakistan.

**You Can Help**
Being a charitable organization, the hospital welcomes any and all sort of support by you. You can help in any of the following ways.

1. **Zakat & Donations**
Zakat is accepted in cash only while donations can be made in both cash and kind. You can send in your Zakat and donations to the following accounts.
- A/c no: 0109-036-1065 The Indus Hospital
  - Zakat Account*
- A/c no: 0109-036-1064 The Indus Hospital
  - Donation Account**
- Meezan Bank Ltd. Korangi Branch Karachi
- SWIFT Code MEZNPKKA

For donors in the U.S.A, please visit www.friendsofindushospital.com

*Zakat is utilized only for Zakat Mustahiq Patients after thorough assessment of the applicants through standard guidelines dually approved by renowned “Ulama Karam”.

**Donations are accepted in both cash and kind (medicines, equipment etc.) forms.

2. **Sponsor A Patient**
You can also directly sponsor a patient’s treatment at the Indus Hospital. A summary of the patient that you have helped will be sent to you once he/she is discharged. Please contact the Resource Coordination Office (Mr. Rehan Kashif) for details. You can also email us at info@indushospital.org.pk.

3. **Volunteer Your Services**
Volunteer services are also highly appreciated. Please contact the Resource Coordination Office at the Indus Hospital for further details:
- Cell 0333-3195924, Ext 2428
- Mr. Meraj Kidwai
- Cell 0300-8208814
Abraham Lincoln: The Great Emancipator
By Talha Siddiqui, MD; S. Tariq Shahab, MD, Fairfax, Virginia; and Zia Moiz Ahmed, MD, St. Louis, Missouri

“That on the 1st day of January, A.D. 1863, all persons held as slaves within any State or designated part of a State the people whereof shall then be in rebellion against the United States shall be then, thenceforward, and forever free; and the executive government of the United States, including the military and naval authority thereof, will recognize and maintain the freedom of such persons and will do no act or acts to repress such persons, or any of them, in any efforts they may make for their actual freedom.”

This is the first paragraph of the famous Emancipation Proclamation introduced by Abraham Lincoln, the sixteenth President of the United States of America.

Abraham Lincoln is usually known for his circumspect and commendable handling of the civil war. Few know that he was the first President who candidly and fittingly criticized the callous and ruthless institution of slavery.

Abraham Lincoln, the Great Emancipator, was a native of a slave state. His family owned a large number of Slaves in the Kentucky region. In this regard he was a rebellion. He abandoned the class to which he belonged and this is why he was a visionary and a leader. He stood up against his own people to emancipate a race which was not his supporter or voter. This is how he achieved eminence and is remembered to this date for his prudence and leadership.

Lincoln’s most crucial gesture regarding slavery was the issuance of the Emancipation Proclamation that freed all slaves in those areas in rebellion against the United States. The following are some of his other thoughts on the topic.

• “There is no reason in the world why the negro is not entitled to all the natural rights enumerated in the Declaration of Independence – the right to life, liberty, and the pursuit of happiness. I hold that he is as much entitled to these as the white man.” Debate, Ottawa, Illinois, August 21, 1858

• “This good earth is plenty broad enough for the white man and the Negro both, and there is no need of either pushing the other off.” Speech, New Haven, Connecticut, March 6, 1860

• “We cannot be free if this is, by our own national choice, to be a land of slavery.” Speech, Bloomington, Illinois, May 29, 1856

• “Slavery and oppression must cease, or American liberty must perish.” Speech, Cincinnati, Ohio, May 6, 1842

• “The blacks must be free. Slavery is the bone we are fighting over. It must be got out of the way, to give us permanent peace.” Letter to James R. Gilmore, May 1863

• “The one victory we can ever call complete will be that one which proclaims that there is not a slave on the face of God’s green earth.” Letter to George Pickett, February 22, 1842

• “I am a northern man, or rather a western free-states man, with a constituency I believe to be, and with personal feelings I know to be, against the extension of slavery.” Speech in Congress, July 27, 1848

• “Although volume upon volume is written to prove slavery a very good thing, we never hear of a man who wishes to take good of it by being slave himself.” Fragment of letter, July 1, 1854

• “Whenever I hear anyone arguing over slavery, I feel a strong impulse to see it tried on him personally.” Speech to 14th Indiana Regiment, March 17, 1865

• “If the negro is a man, why then my ancient faith teaches me that ‘all men are created equal’ and that there can be no moral right in connection with one man’s making a slave of another.” Speech, Peoria, Illinois, October 16, 1854

• “I confess myself as belonging to that class in this country who contemplate slavery as a moral, social, and political evil.” Debate, Galesburg, Illinois, October 7, 1858

• “Your race is suffering, in my judgment, the greatest wrong inflicted on any people.” Speech to free colored men, Washington, DC
With this Abe Lincoln delivered the final blow to the “Code of Hammurabi” prevalent in this free world for centuries.

Slavery as an institution was established as early as the first tribal system was established. Even before the Agricultural revolution, hunting tribes enslaved humans and treated them like dogs. Slavery in ancient cultures was known to occur in civilizations as old as Sumer which was a part of the Mediterranean civilization. Greeks, Romans and Italians all practiced slavery as an institution. Aristotle and few others were the only philosophers who opposed slavery but they could not abolish it. It was the culture and the norm. Social stratification was justified and practiced religiously.

Helotry was the first name given to this institution by the Greeks. Greeks however were among the first Europeans to abolish slavery with their constitution on 1823, which specifically noted that “in Greek territory no human being can be sold or bought, no matter his or her religion, and if a slave enters Greece, he is automatically considered an absolutely free man or woman and nobody can make claims on him or her”.

Romans used this institution to great economic advantage. It was one of the most important pillars during their rule. Arabs, Jews, Greeks, Berbers, Germans and Gauls were all enslaved and used for labor or amusement like gladiators and sex-slaves.

In Scandinavia, slaves were called “thralls’. They were Celtic, French or Anglo-Saxon. Slave trade in these countries came to an end with the rise of Catholics who abolished slavery for Christians. Slavery in Poland was forbidden in the 15th century; in Lithuania, slavery was formally abolished in 1588; Slavery remained a minor institution in Russia until the 1723. It is interesting to note that the Pope Nicholas V issued papal bull Dum, allowing slavery for non-christians, heretics and Saracens.

Slaves were also common in the British Isle until 1102, when the Council of Westminster, a collection of nobles, issued a decree: “Let no one hereafter presume to engage in that nefarious trade in which hitherto in England men were usually sold like brute animals.” However it took several years to abolish slavery.

Soviet Union is famous for its Gulaks. Forced labor was norm of this empire and millions were uprooted from their homes to work day and night for the empire. The fatality rate was as high as eighty percent in many labor camps.

The Time Magazine in 2004, states” It should now be known to all serious scholars that the camps began under Lenin and not Stalin. It should be recognized by all that people were sent to the camps not because of what they did, but because of who they were. Some may be surprised to learn about the economic function that the camps were designed to perform. Under Stalin, the camps were simply a crueler but equally inefficient way to exploit labor in the cause of building socialism than the one practiced outside the camps in the Soviet Union. Yet, even this economic role of the camps has been exposed before. What is remarkable is that the facts about this monstrous system so well documented in Applebaum’s book are still so poorly known and even, by some, contested. For decades, academic historians have gravitated away from event-focused history and toward social history. Yet, the social history of the gulag somehow has escaped notice. Compared with the volumes and volumes written about the Holocaust, the literature on the gulag is thin.” Gulag, A History by Anne Applebaum

China, Japan and all South Asian countries have been involved in Slave trade. Until 1930’s China was involved in forced labor as was Japan. The
Siamese-Burma railway is an example of the slave labor used by Japan. Millions were enslaved during the Sino-Japanese wars.

Although Indian Sub-continent had no slaves but its unyielding caste system regarded the lower castes as ‘shudars’ or untouchables. These were the Dravidians conquered by the Aryans and pushed into the caste system propagated by the Brahmins. Even today, majority of rural India suffers from this social plague. All those conventional concepts of secularism and democracy have been ineffective to abolish the caste system. A “malaich” is not equal to a Brahman.

The Islamic Empire brought a fresh impetus to the slave trade in Europe. Portugal, Spain and Southern France were the targets of this Empire. It also boomed through the North-African slave trade. Libyan and North African slave traders were also involved in exporting human slaves to the Americans until a few centuries back. However the most important slave traders were the Venetian and Genoese merchants. They were the main factor in slave trade between the civilized Europeans, Tartars and the Islamic Empire. During the Crusades, the “knights of Malta” were involved in capturing Muslim slaves and trading with other countries. Malta remained a slave market until the eighteenth century. Between eleven to seventeen million slaves were bought and sold in the Muslim world between 650 AD and 1900. Muslims in a very innovative fashion, converted the young Christian slaves to Islam and employed them into the army. They were called the Kapikulu, and the most talented branch of these slaves became the Janissaries of the empire. They later became ruling dynasties like Mamluks of Egypt and Aibaks of India. However, slavery claiming the sanction of Islam is documented presently in the African republics of Chad, Mauritania, Niger, Mali and Sudan.

**The Holy Quran And Slavery**

Quran has been unique in its acceptance of Slavery as an institution but on the other hand resting enormous significance on benevolent handling and liberation or manumission of the Slaves. It accepts the basic human desire of freedom and legalizes Manumission (a mukataba is a contract of manumission between a master and a slave according to which the slave is required to pay a certain sum of money during a specific time period in exchange for freedom. The Holy Quran addresses these issues in almost twenty-nine verses. Matters which are both legal and ethical are discussed. It did not abolish slavery but invoked circumstances which led to the decline of this institution. It is written that Prophet Muhammad (pbuh) and his companions freed almost, thirty-nine thousand slaves. Islam is the religion which provided equal status to the master and the slave in spiritual matters. It provided an opportunity to the masters to marry their slave girls if they converted to Islam. Another major innovation in Islamic viewpoint was the emancipation of slaves to get rid of sins. Bernard Lewis states that the Qur’an legislation brought two major changes to ancient slavery which was to have far-reaching effects: presumption of freedom, and the ban on the enslavement of free persons except in strictly defined circumstances. Islam, like in the case of Alcohol prohibition, did not abolish slavery instantly but gradually discouraged it due to its entrenched social and economical origin.

Abraham Lincoln followed almost the same principle and favored a gradual abolition of slavery.

**The Modern World And Its Weltanschauung**

The League of Nations, in 1926, took the initiative banning global slavery. Article 4 of the Universal Declaration of Human Rights in 1948, banned slavery forever. The United Nations 1956 Supplementary Convention on the Abolition of Slavery banned and outlawed slavery including child slavery world-wide. The International Covenant on Civil and Political Rights in its Article 8 bans slavery. This treaty was ratified in 1976 when thirty-five countries signed it. In 2003, one hundred and four countries have signed this declaration.

“Although there is no longer any state which recognizes any claim by a person to a right of property over another, there are an estimated 27 million people throughout the world, mainly children, in conditions of slavery.”

Is modern day man residing in the era of Democracy, Capitalism or Socialism actually free? My view is that today, physical aspect of slavery is replaced by a mental one. The tyranny of majority over minority through democracy, the treatment of women by both the western and eastern world and above all the influence on human mind by an orchestrated so called free media are the modern replica of slavery. Who will abolish these practices? Is there any Abe among us?  ▶
“Most major addresses by public figures are doomed to obscurity once their immediate impact has faded and before they are rediscovered by posterity – if they ever are,” writes Jon Meacham, editor of Newsweek magazine. This statement holds true even for the most dynamic of speakers, except, of course, to the words of Abraham Lincoln, whose brief orations have withstood the forgetfulness of time, serving forever as an example of brilliant expression.

Since Lincoln, almost all influential speakers, including Presidents Teddy Roosevelt, Truman, Kennedy, and now Obama, have tried to emulate Lincoln in their orations, Honest Abe’s surgical brevity (the Gettysburg Address was merely a little over two minutes long!) serving as an example of how to speak effectively. He gave us the foundation on which America grew strong and his uncompromising integrity is the reason we are the United States of America, a land where all men (and women!) are created equal and where our government is of the people, by the people, and for the people.

Remembering Abe
Oratory that was surgically sublime!
Alina Sahar Ahsan

Lincoln when he says, “... a great American, in whose symbolic shadow we stand today, signed the Emancipation Proclamation.”

But, in a larger sense, we can not dedicate . . . we can not consecrate . . . we can not hallow this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract.” Union soldiers dead at Gettysburg, photographed by Timothy H. O’Sullivan, July 5–6, 1863.

When we think of history’s most iconic speeches, two pop out from the depths of our minds almost instantaneously: Martin Luther King Junior’s I Have a Dream and Abraham Lincoln’s Gettysburg Address. But even of these two speeches, its worth noting that King’s brilliant oration was built upon Lincoln’s address on November 19th, 1863, which began with the memorable words; “Four score and seven years ago ...”. This may be a familiar refrain for people who have heard Martin Luther’s opening, “Five score and ...” and his reference to

Alina S. Ahsan is a freshman at Shawnee High School in Medford, New Jersey.
Barnes Lincoln
The boy who loved books
Mariya Tayyab

Born on February 12, 1809 in a small town in Kentucky, Abraham Lincoln had a normal family, nothing extraordinary. A few years later, his father was faced with a lawsuit dealing with his farm, which caused them to move to Indiana in the year of 1816. Lincoln helped his father with building a new house (the famous log cabin) and fishing for food, but had developed a disliking to it. Sadly, his mother died in the year of 1818, but soon his father, Thomas Lincoln, brought a new wife in the winter. “All I am, or can be, I owe to my angel mother.” (Lincoln) The “angel mother” he was referring to, was none other than his step mother, Sarah Bush Johnston Lincoln, a widow with three kids herself.

Lincoln’s both parents were not able to read, so how Lincoln could read was a mystery, since he only went to school for a year. Lincoln’s neighbors would remember how he would walk for miles to borrow a book, though he didn’t read that many books in his whole life. The one thing that is amazing is that he was the most important presidents in history. He worked toward equality; there was the famous Gettysburg Address, and just the thought that he was brave enough to stand up for others rights. Many famous people have and had it easy, but Abraham Lincoln earned it.

Abraham Lincoln's Emancipation Proclamation changed our country in many ways, ultimately helping to create the nation we have today. From his humble beginnings in a Kentucky log cabin in 1809 to his ascendancy to the presidency in 1861, Abraham Lincoln had abolitionism in his blood. Born of parents Thomas and Nancy Lincoln, staunch Separate Baptists, Lincoln’s family raised him with high moral standards, frowning on the institution of slavery. Lincoln would carry this belief with him for the rest of his life.

At age 23 Lincoln announced his candidacy for the Illinois General Assembly, for although he wasn’t rich and didn’t have a formal education, he felt himself equal to any man. In 1846, following a campaign in the military, Lincoln was elected to the U.S. House of Representatives by the state of Illinois. He then proceeded to make a name for himself, saying in his “Peoria Speech” “I hate it [the spread of slavery] because of the monstrous injustice of slavery itself.” Soon Lincoln was nominated for president in the Illinois State Convention, and on November 6, 1860 Abraham Lincoln became the 16th President of the United States.

As a new president, Lincoln’s first duty was to deal with the threat of secession. This conflict between the Pro-slavery South and the Anti-slavery North soon burst into The Civil War, the bloodiest conflict in American history. Lincoln’s dedication to the anti-secessionist and anti-slavery causes propelled the North to victory and inspired his Emancipation Proclamation, the document that freed all of America’s slaves.

The Emancipation Proclamation is a prime example of what our nation was built upon: the idea that all men are created equal. Due to Abraham Lincoln’s bravery our nation took a proud step towards what it symbolizes today: life, liberty, and the pursuit of hapiness, regardless of what color you are.

Sophia Qadir is in the 11th Grade at Pomperaug High School in Southbury, Connecticut. She is the daughter of M. E. Qadir, MD.
The Emancipation Proclamation

Abe's contribution to end slavery

Adeel Zubair

Of all the thing countless Presidents have done for the citizens of the United States of America, none come close to the impact that the actions of Abraham Lincoln. Of these, the most important one is the Emancipation Proclamation. The emancipation proclamation was an executive order passed by Lincoln in the civil war; this order freed all the slaves in the confederacy. This action had a widespread and revolutionary effect on the lives of a tremendous amount of people. Many slaves throughout America were given new rights, something which they had been lacking since the colonization of the Americas by the Spanish in the early 1500’s. The tremendous change in the lives of slaves is hard to comprehend and put into writing. They went to sleep as property of another human being, inferior to their masters and the racist slave owners. In the morning of January 1st, 1863, they were freed from this bond with their masters and given full control over their lives. Slavery to us feels outdated and we cannot feel the burden the people faced; however, this is thanks to Abraham Lincoln. He helped make the United States of America a better place, a place where people from all parts of the world and all races are welcome. His contributions are long lasting and have helped found the wondrous country we live in today.

Adeel Zubair is the son of Rizwan Hashmi and Shakil Zubair and lives in East Meadow, New York. He is currently a freshmen at St. John’s University in New York studying biology, and plans on attending medical school after graduating from college.
As I landed in Buffalo and shared a ride with Dr. Zaka Rahman and his wife from Kentucky to the Embassy Suites Hotel, my eagerness started to grow. Quickly leaving the luggage in the room, I went to the reception area where host committee arranged for an excellent appetizer and finger foods. I could feel the same APPNA family spirit, happy faces chatting, laughing, communicating and conversing loudly at the top of their voice. Embassy Suites hotel was as close as you could get to Niagara Falls, with spectacular view of the falls. The attendees felt fortunate to be attending APPNA meeting at one of the wonders of the world.

Most of the first day, Friday September 25th was consumed by well organized CME lectures by excellent speakers followed by hot tasty desi lunch boxes. In the afternoon Dr. Zeelaf Munir had a long and detailed meeting. She laid out the plans for summer meeting 2010, to be held in Dallas, TX. She went through each and every detail, spelled out her expectation, hope, concerns, worries, demands, and planning with the host committee.

Most of the evening was spent in dinner, musical program by the local band and the usual hulla gulla of APPNA meetings. During the dinner you could feel the true essence, the soul, the spirit, the charm of APPNA meetings which attract physicians from all corners of America and now from whole of North America as fall meeting was the first meeting being held in Canada. The number of attendees was much more than anyone expected.

Saturday was the day everyone was waiting for. It was the day for the council meeting. Everyone expected heated exchanges similar to summer meeting. As soon as the room opened for the meeting, it filled up with room only for standing left. I saw Dr. Samad pacing nervously out in the hall which seldom happens for a person of his calm demeanor. He entered the room and took his seat flanked with Dr. Zeelaf Munir, Dr. Manzoor Tariq, Dr. Saima Zafar and Dr. Mahmood Alam. He opened the meeting and explained the rules for everyone to follow like time limit for the questions, all questions to be directed to the president, for a follow up question the person has to get to the back of the line etc. etc.

All the committee chairs came and presented their reports followed by questions, discussions and clarifications. There were some heated discussions during the council meetings but everyone followed the rules and if someone tried to steer away, he would get a stern warning from the APPNA President. Slowly as time passed, I realized that APPNA is beyond petty politics, it has taken its own course, its own life; it has become a real democratic force, a force to reckon with. The hope lost during summer meeting was revived. I felt that there were members in APPNA who would make sure that the constitution is followed and law upheld. The council meeting ran until late hours of the evening, but the executive committee members stayed till the end.

The Saturday banquet was very lavish with award ceremonies, speech by Nancy H. Nielsen, immediate past president of American Medical Association and the chief guest. Saturday dinner was excellent, cooked by a Canadian Chef, followed by an array of deserts, tea, coffee and the musical program by local Toronto musical group. Attendees stayed late, chatting and greeting with each other.

Host committee Dr. Saeed Arshad, Dr. Naheed Chaudhary and Dr. Zahid Asghar did an extraordinary job in organizing an outstanding meeting under difficult circumstances.

I left early Sunday morning for a long trip back home to Dallas, with the notion that it was a trip worth taking. I was more than convinced that every APPNA meeting is worth attending. There may be some differences among APPNA members but in the end we are all the same. We may argue but we all love each other. It is after all an APPNA family.
APPNA Annual Fall Meeting
September 25-27, 2009 • Niagara Falls, Canada
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Dr. Ashfaq Shuaib (Edmonton)
“Current issues in management of stroke”

Dr. Aamer Mahmud (Kingston, ON)
Chair CME subcommittee

Dr. Salim Hamid “Cognitive Behavior Therapy. The Basic Concepts”

Dr. Shahid Hussain (Toronto)
“H1N1 The New Epidemic”

Dr. Tanvir Towheed (Kingston)
“Emergencies in Rheumatology: An Approach to Management”

Dr. M. Hamid Zaman (Boston)
“Engineering Solutions to Tumor Metastasis”

Dr. I. Chalchal (Regina)
“Prostate Cancer”

Ms. Ayesha Shakir, Niagara Falls ON, Master of Ceremonies at the Banquet.

Dr. Riffat Bajwa (Malik) Barrie ON

Mayor Ted Salci of Niagara Falls

Mrs. Shaheen Rashid and Dr. Abdul Rashid (Orwigsburg PA)

APPNA Winter Journal | 2009
On 28th of December I flew from Lahore to Karachi to attend the APPNA Winter Meeting which had been pushed back to December 29 – December 31 in view of Muharram. After many years it seemed that Karachi was more peaceful compared to the rest of the country. The decision to have the Annual Winter Meeting in Karachi seemed logical.

On my way home from the Karachi airport, I felt that the streets were deserted and quiet. I saw many businesses closed. I asked my brother-in-law, who had came to pick me up, what had happened to the usual hustle and bustle of Karachi and why everything looked so quiet? It was then that I found out that there was a terrorist attack by a suicide bomber on the Ashura procession. This was followed by reactionary rioting which also led to the torching of Bolton market shops.

On the morning of 29th there was a general strike. All the roads and businesses in the city were closed. Dr. Tariq Cheema, the Executive Director, informed me that APPNA events for the morning of 29th were cancelled. The dinner for that evening was at the Sind Club which was relatively quiet and peaceful.

I had heard a lot of good things about the Sind Club so I bought dinner tickets for all my in-laws. The place did live up to its reputation. After the appetizers, a very lavish and delicious dinner was served with several salads, many dishes along with freshly prepared naan and tandoori dishes. After the main course there were all kinds of desserts.

The meeting was attended by several well known local physicians including the Dean and Vice Chancellors of Dow and Agha Khan Medical Universities. There were few APPNA members as most of them stayed away due to the law and order situation.

QMCAANA sponsored 4 medical students to attend the APPNA Winter Meeting and to present their posters. They really enjoyed their trip and were involved in every event.

After dinner there were speeches by Dr. Adeel Butt, Chair of the Winter Meeting; Dr. Syed Samad, President of APPNA; Dr. Farooq Satar, and Dr. Ishrat-ul-Ebad Khan, Governor of Sind. The speeches were concise and to the point. Speeches were followed by presentation of awards. The ones receiving the awards included Sidra and Dr. Adeel Butt for their excellent work for CME; Dr. Dawood Nasir for his contributions to APPNA and Dr. Syed Samad for a wonderful and productive 2009. The evening went well and everyone seemed to enjoy the party. It was a pleasant respite from what was going on in the city.

The dinner on the 31st was held on the grounds of Agha Khan Hospital in the football field. Before the dinner everyone was assembled in the auditorium where Agha Khan Medical College students presented an excellent play “The Hope”. It consisted of several parts and I later learned that every aspect of the play including the choreography, the background music and the dresses were all designed by the students. The play was thought provoking and with a very strong message for the young generation.

After the play the guests were led to the football field which was very well lit. The dinner was served there. There were several stations for food which were arranged in a very formal manner. There were lots of dishes and plenty of food. The freshly prepared naan was the special treat. Several deserts like jilabi, rasgulla, kheer, kulfi, and halwa with coffee and tea were served.

Overall it was an excellent Winter Meeting which was enjoyed by all the attendees and lasted till the last minute of Dr. Syed Samad’s presidency on December 31st 2009.

Dawood Nasir, MD
APPNA Winter CME Meeting
December 29-31, 2009 • Karachi, Pakistan

Dr. Adeel Butt, Governor Ishrat ul Ibad Khan, APPNA President Samad, and Dr. Zeelaf Munir.

President Samad speaking at the Karachi AKU meeting

Dr. Adeel Butt and Dr. Samad with Governor Ishrat ul Ibad Khan.

Dr. Adeel Butt, Professor Masood Hameed and Dr. Samad

Dr. Farooq Sattar, Governor Ishrat ul Ibad Khan, Dr. Samad and Dr. Zeelaf Munir at the Sindh Club Banquet.

Poster Session at AKU

President Samad with AKU students at the CME meeting
APPNA Delegation Visits Islamabad, Pakistan
December 2009

APPNA Delegation meeting with Prime Minister Syed Yousuf Raza Gilani

APPNA Delegation with the Prime Minister Syed Yousuf Raza Gilani

APPNA Delegation at Ministry of Health in Islamabad

APPNA Delegation with Prime Minister of Pakistan, Syed Yousuf Raza Gilani

APPNA Delegation with Prime Minister of Pakistan, Syed Yousuf Raza Gilani

APPNA Delegation at Pakistan Medical & Dental Council
APPNA 6th International Meeting
October 12-24, 2009 • Australia/New Zealand

Sydney Harbor & Opera House

Group photo of APPNA members on the Australia/New Zealand tour.

WAPPNA members on the Australia/New Zealand tour.

Dr. & Mrs. Aftab Ahmed on Australia/New Zealand tour.

Aftab & Farzana Naz in a Greenhouse

Manzoor & Hamida Tariq snorkeling in the Great Barrier Reef

APPNA members with the Sydney Harbor Bridge in the background.

Group photo of APPNA members during the Australia/New Zealand tour.
APPNA 6th International Meeting
October 12-24, 2009 • Australia/New Zealand

Group photo of APPNA members with Dr. & Mrs. Manzoor Tariq.

APPNA members at the harbor.

APPNA members at the falls.

APPNA members offering Friday prayer on the Milford Cruise.

Dr. & Mrs. Aftab Ahmed and Aftab Naz with others on the Australia/New Zealand tour.

Juma Namaz at a Rain Forest
فائلنے
رہیں گے گھو بھگھ فائلنے تے
ہیں عاشق کی بہ بانے تے
فائلنے فائلنے تے
ہیں بر شاخ چ آشیانے تے
ہیں ایہ تو خیال عاشقانے تے
ہو دوتو تری، دوئے ترے
ہیں بر میں بھرداں دوئے ترے
شما کی جائے ثانی تے
ژوندی اک فانے کا ہیں بانے تے
کہیں سے تیہے میں تو
ہو اپنے ترے بھیجے عالمانے تے
ارادے کی طے داں تے
سب و روکاں تھاگاں تے
ہو مزید سمجھاں پاں تے
جاں کھیل کر بھر سرناں تے
سینے کے تھمیے سے ترانے تے
کہیں گیا ہو خزانے تے
پہ آے نے سیر اشکانے تے
ہیں معلم سب کو شکلاں تے
عبداللہ محمود
☆☆☆☆☆
غزل

اتورامچا اوارا
داکمیڈیک کالج کریکی 1983ء

حال دل کسے کہدے کوئی بی تو جب تو اوہ کہدے کوئی
اس لئے اس کو دکھن جانتا ہوئی
یہ کہا کہ اس دکھن ثانوی شنئی
کوئی ثانو کوئی دکھان شنئی

کیا کہ ہمارے ان صلیب کی قسم کی
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یہ بھانی یہ اس کی بھانی

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Ants

An ant
Trapped
Under my empty cup

I glance out of the window
Under the bowl
Of the hot metallic sky
Insects like myself
Struggle

I let it go

Shehla H. Naqvi
فاکتوں سے منفرد

کتاب فلسفہ کے بارے میں جانی چاہئے کہ وہ زیادہ تر خصوصیت کا حامل ہے اور ایک کتاب کے بارے میں اپنی مداخلت کا نتیجہ نہیں ہوتا۔ یہ ایک سری جماعت کا حصہ ہے جو کتاب کے مختلف وسائٹوں کے درمیان انتہائی تعلقات رکھتا ہے۔ فلسفہ کا ایک مجموعہ کتاب کا باہمی تعلقات کا عمل ہے، جو کتاب کے مختلف جماعت کے درمیان انتہائی تعلقات رکھتا ہے۔ فلسفہ کا ایک مجموعہ کتاب کے مختلف وسائٹوں کے درمیان انتہائی تعلقات رکھتا ہے۔ فلسفہ کا ایک مجموعہ کتاب کے مختلف وسائٹوں کے درمیان انتہائی تعلقات رکھتا ہے۔ فلسفہ کا ایک مجموعہ کتاب کے مختلف وسائٹوں کے درمیان انتہائی تعلقات رکھتا ہے۔ فلسفہ کا ایک مجموعہ کتاب کے مختلف وسائٹوں کے درمیان انتہائی تعلقات رکھتا ہے۔ فلسفہ کا ایک مجموعہ کتاب کے مختلف وسائٹوں کے درمیان انتہائی تعلقات رکھتا ہے۔
غزل

یاد اکی خاتی نے اکثر اب محبت
درود کی بھر دوا یہ سی اثر اب محبت
سے شیرن آئے ہو اور لکن
ناحول میں گھر کا سی معتر اب محبت
جبان میں علم دنہر کے لیسی محبت
یہ اور نہرے دون گد کی زدتن یہ سی اثر اب محبت
پہ چند قطرز چپن قافتو اشدی تی متن
مودنیز ہے اب محبت
یہ نہرے اندر لہلہ سمندر اب محبت
گمش نہری گنج درجی ہیں سا تیرا کون فرحت
بغیر سے تو ملنا یہ سی پنے اب محبت
فرحت مازن
رولینگس میڈیکال 1988ء

☆☆☆☆☆☆☆☆☆☆

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دیکی لیتیا ہالن

درآمدکنیا کے تحقیق کے نتیجے میں ہالن کو قانونی طور پر چھاپنے کی مذکوری مستور کی گئی، جو انسدادی تحقیق کے عہد کے دوران نہیں کی گئی تھی۔

ہالن کی شرح اور تحقیق کے کرسٹن کی اسمبلی کی مزید اطلاعات کے لئے جدید اطلاعات بنانے کی مناسبت میں ایک تحقیقی کمیٹی قائم کی گئی۔


غول

"اسی کی نگرانی کے لئے ہمیں اپنی چھاپنے کی ضروریت ہے۔ اسی کے لئے ہمیں اپنی چھاپنے کی ضروریت ہے۔ اسی کے لئے ہمیں اپنی چھاپنے کی ضروریت ہے۔ اسی کے لئے ہمیں اپنی چھاپنے کی ضروریت ہے۔ اسی کے لئے ہمیں اپنی چھاپنے کی ضروریت ہے۔ اسی کے لئے ہمیں اپنی چھاپنے کی ضروریت ہے۔"
**Tina Siddiqui**

Shahani

I would like to thank all the members of the Association of Physicians of Pakistani Descent of North America for their support and encouragement. Without their help, this would not have been possible.

I would like to express my gratitude to all the physicians who have contributed to this journal. Their hard work and dedication have made this publication a reality.

I would also like to thank the editors and staff of APPNA for their patience and guidance throughout the publication process.

Finally, I would like to acknowledge the efforts of the reviewers who have provided valuable feedback and suggestions that have helped improve the quality of this journal.

Thank you all for your contributions and support.

Tina Siddiqui
Association of Physicians of Pakistani Descent of North America

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نظریہ زندگی

آصف عرفی عالیم

ادا ناں واس کے سروں میں میری نظیر پہلی مرتبہ زندہ ہوئی۔ اس کے ذریعے اس کے سروں میں ہوئی ایک مصنوعی تبدیلی کے دور میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھاں، اس کے ذریعے اس کے سروں میں ایک خاص بہتری نے ایک خاص بہتری کو خوراک کی نظر میں بنایا۔ کل کوھا۔
Association of Physicians of Pakistani Descent of North America

Project SWDRC/APPNA Chair

The Association of Physicians of Pakistani Descent of North America (APPNA) has announced a new initiative to support medical research and development. The "Project SWDRC" aims to fund innovative medical projects in the United States and Pakistan.

The project is a collaboration between APPNA and the Society for the Advancement of Medical Research and Development in Asia (SWDRC). The goal is to identify and support promising medical projects that have the potential to make a significant impact on public health.

"We are thrilled to announce the launch of Project SWDRC," said APPNA President Dr. Sajjad Qureshi. "This initiative is a testament to our commitment to advancing medical research and improving the health of our communities.

The project will provide grants of up to $800,000 to selected projects. Applicants are encouraged to submit proposals that address critical medical issues in both the United States and Pakistan.

"Our hope is that Project SWDRC will not only fund important medical projects but also foster collaboration between our two countries," said SWDRC Director Dr. Muhammad Iqbal. "We believe that by working together, we can make a real difference in the lives of our communities.

Applications are due by January 1, 2020. More information can be found on the APPNA website at www.appna.org.

Applicants are encouraged to submit proposals that address critical medical issues in both the United States and Pakistan. The project will provide grants of up to $800,000 to selected projects. This initiative is a testament to our commitment to advancing medical research and improving the health of our communities.


Association of Physicians of Pakistani Descent of North America

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Newly weds

Nearley Deads
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to the top of the world. Wood's
over 35 years. Juicy's
over 50 years.

A couple of newly weds, they were the talk of the town. Overly fed's,
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who were more of a married couple than a family.
Shahid Ameri, M.D. Arodkhasar

As-Advisory Board Member

As an American of Pakistani descent, I have been fortunate to serve on the Board of Directors for the Association of Physicians of Pakistani Descent of North America (APPNA) for various terms. This organization has been pivotal in promoting the interests of South Asian physicians in the United States, advocating for their rights, and supporting causes that are important to our community.

In 1965, I completed my residency in internal medicine at the University of Illinois and went on to practice in Chicago. Over the years, I have been active in various medical societies and have held leadership positions in several organizations. I have always been passionate about serving my community and have been involved in numerous charitable endeavors.

As a member of APPNA, I have had the opportunity to work with other dedicated professionals in promoting the well-being of our community. We have worked towards improving access to healthcare, advocating for the rights of our community, and supporting research and education.

In the future, I hope to continue my involvement with APPNA and work towards making our organization even stronger. I believe that together, we can make a difference in the lives of our community members.

Thank you for your support and for being part of this great organization.
And a vision too...
Achievements & Awards

Dr. Khalid Riaz has been named as one of the 500 most influential Muslims in the world in a publication edited by Prof. John Esposito and Prof. Ibrahim Kalin (The Royal Ismaili Strategic Center at The Prince Alwaleed bin Talal Center for Muslim Christian Understanding, Edmund A. Walsh School of Foreign Service, Georgetown University). Dr. Khalid Riaz has been the founding chair of the Human Development Foundation (HDF) an organization that promotes education, health, and peoples’ empowerment. He was the first chair of HDF and now serves as one of the board members. He has been actively involved in the Association of Pakistani Physicians of North America (APPNA), and served in multiple capacities, including President of the Association in 1993-94. He played a key role in multiple initiatives in APPNA, including a major update of the Bylaws, and most importantly the APPNA SEHAT project. In 1998 he was awarded the prestigious APPNA Gold Medal for “Distinguished Services and Selfless Dedication”. During his service in a leadership role in APPNA, he was one of the seven-member physicians group that conceived of and started Pak PAC, the well known Pakistani Physicians Political Action Committee. He was also the co-founder, and served as the first President of the Society for International HELP, an Illinois based nonprofit organization dedicated to supporting Health Education and Literacy programs in Pakistan. Dr. Riaz is a cardiologist practicing in the Suburban Chicago area. He has been elected a Fellow of the American College of Cardiology, and the American College of Chest Physicians.

Dr. Tariq H. Cheema was ranked by Georgetown University as one of the 500 Most Influential Muslims in the world. He is the Executive Director of APPNA. Dr. Cheema received his M.D. from the University of Istanbul in 1992, and earned a Certificate of Advanced Study in Philanthropy at Loyola University Chicago. In 2002, he was selected for the Rockefeller Foundation’s prestigious Next Generation Leadership Fellowship. He cofounded several notable initiatives such as Doctors Worldwide, a medical and disaster relief agency; Indo-Pak Peace Network, a Diaspora movement to promote goodwill among two rival nations; and Diversity Forums, a project funded by Rockefeller Foundation to encourage dialogue and understanding across critical social divides. In 2004, he chose nonprofit consulting as a career and since then has assisted a broad spectrum of clients in the areas of governance, program development, international giving, and global health advocacy. He has lead a successful advocacy campaign in Geneva to support Framework Convention on Tobacco Control, the first treaty negotiated under the auspices of the World Health Organization and entered into force in 2005. Dr. Cheema is the recipient of the Entrepreneurship Recognition Award from Kellogg School of Management and the 2004 Community Service Award from the Asian American Coalition of Chicago. In addition, he serves on the board of Chicago Global Donors Network, the largest donor network in the Midwest. Dr. Cheema’s most distinguished work is the founding of the World Congress of Muslim Philanthropists, a global network of donors, foundations, and socially responsive corporations established to promote effective and accountable giving.

Dr. Faisal H. Cheema, a research scientist in the Division of Cardiothoracic Surgery, was elected as a University Senator to represent a constituency of thousands of research officers from across the university. In addition to duties as a University Senator, Dr. Cheema will also be serving on two important Senate Committees including “Research Officers” as well as “External Relations and Research Policy”. His term lasts until 2011. The Columbia University (CU) Senate is a University-wide legislature, representing faculty, students, and other constituencies. It makes policy on a range of issues that affect the entire University or more than one school, including educational programs and priorities, the budget, academic freedom and tenure, the conduct of research, the libraries, information technology, CU’s external relations, student sexual misconduct, rules governing political demonstrations, and the welfare of faculty, students, and research officers. He is an Associate Research Scientist in the Division of Cardiothoracic Surgery and the Director of Cardiopulmonary Tissue Repository at the College of Physicians and Surgeons of CU, New York, NY. He is a key member of the Heart and Lung Organ Procurement Team of NY Presbyterian Hospital and supervises one of the largest single institute clinical databases of heart transplantation. Over the last several years, his research interests are focused on cardiac transplantation, robotic cardiac surgery, surgical treatment of atrial fibrillation, cardiac and renal stem cells, ischemia-reperfusion injury and shock. He founded the Young Pakistani Physicians Resource Center (www.ypprc.org) in 2004 and ever since innumerable young physicians of Pakistani-descent have been helped in advancing their careers in the USA through this online portal.

Dow Graduate Association of North America awarded a Life Time Achievement Award to Dr. Abdul Bari Khan, (CEO of Indus Hospital) for his selfless services in health and community services. DOGANA conferred this award to Surgeon Bari, in appreciation of his devotion to humanity beyond the call of his professional duties. He has set an example which is being followed by others in the promotion of health and welfare of the down trodden. Dr. Abdul Bari is entrusted by the Rufaydah Foundation® as its chief executive for establishing the change agents in their societies. She says “I'd like to see every woman empowered in a way that she feels that she has dignity, respect, human rights and the desire to do something positive in the world.” (Shahnaz Mahmud http://www.womensenews.org/story/21-leaders-the-21st-century/091221/2010-seven-who-rewrite-the-rules)

Dr. Sarwat Malik was recently recognized as one of the 21 leaders of the 21st century by the Womens eNews. A graduate of Fatima Jinnah Medical College, Pakistan, she has practiced internal medicine for 35 years in New York. It was an article written by her husband, history professor Salahuddin Malik, and presented in academic circles during the late 1960s and early 1970s highlighting gender justice and the special status of Muslim women in the teachings of the Quran and Hadith that changed the direction of her life. In 2006, after attending the “Women’s Islamic Initiative in Spirituality and Equality Conference” in New York, Malik and a group of other attendees got together to talk, and the core of what would become the Muslim Women’s Fund was formed. The fund collaborates with the International Center for Religion and Diplomacy to reform the curriculum in madrasas, or Islamic schools, in Pakistan. “The program includes secular education with a focus on human rights, gender rights, gender equality and non-violence,” she says. The fund, a special project of Rockefeller Philanthropy Advisors, invests in strategic educational and economic microenterprise programs that support women in becoming fully empowered stakeholders and change agents in their societies. She says “I’d like to see every woman empowered in a way that she feels that she has dignity, respect, human rights and the desire to do something positive in the world.” (Shahnaz Mahmud http://www.womensenews.org/story/21-leaders-the-21st-century/091221/2010-seven-who-rewrite-the-rules)
OPF wholeheartedly applauds the
Association of Physicians of Pakistani-Descent in North America (APPNA)
on its 30th Winter Meeting in Karachi on December 29-31.

APPNA has been a true ambassador of Pakistan and the pleasant, yet very professional face that has earned respect in USA, Canada, Pakistan and all over the world.

It is, indeed, commendable of these Messiah to come to Pakistan in these times with a message of love and commitment to their motherland. These committed professionals are doing an excellent work of representing our country throughout the world.

Benefits to OPF Members:

- Plot in OPF Housing Schemes.
- Stipend for the children.
- Fee concession for the children in OPF educational institutions.
- Special seats for the children in educational institutions all over Pakistan.
- Consultation for resolution of legal matters.
- Qarz-e-Hasna for the rehabilitation of disabled workers.
- Free Transportation of the bodies of deceased workers.
- Free Eye Camps.
- Emergency Relief Cell.
- Pension Scheme for overseas Pakistanis.