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Association of Physicians of Pakistani-Descent
of North America





APPNA NEWSLETTER PUBLISHER

The Association of Physicians of Pakistani
Descent of North America

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Article Submission

We encourage all APPNA members to submit articles for the next publication that may be of interest to our readers. Articles can be submitted electronically at APPNA@APPNA.com. The editors reserve the right to edit all submitted material and may accept or reject any submission.

Disclaimer

The views expressed in this magazine are those of the authors and do not necessarily represent the official position of APPNA. Nothing in this publication shall constitute an endorsement by APPNA. APPNA disclaims any liability with respect to the use of or reliance upon any such information.

About The Cover

The pictures on the title is one example of extraordinary talent APPNA membership possess that goes way beyond being an excellent Physician. These paintings are the inspiration of Dr. Abdul Wahhab who is practicing surgery at Good Samaritan Regional Medical Center Pottsville, PA for over 30 years. He created 107 paintings in just 7 months and donated all for auction benefiting the hospital. All proceeds (\$60,000) were used to renovate The Abdul Wahhab MD Lobby, Good Samaritan Regional Medical Center Pottsville, PA. This is a true testament of Dr. Wahhab's talent and impact he had on health care delivery in that region.

Building Institutional Memory, One Project at a Time

Dr. Tahir Latif



Although it is a distinct personal pleasure to present annual APPNA Journal for 2015 to our membership I often grapple with the question of why we do need to do this extensive endeavor every year. There can be several answers to this why, like it shows the literary talent of our membership and provide them with the avenue to express themselves, or it highlights the APPNA activities that is helpful in securing volunteers and funding for next projects. Other answer could be that it provide the platform to document loads of good that APPNA, alumni associations, component societies and its chapters

are doing not only in Pakistan but also in their adopted communities.

For me the most important reason to go through this exercise every year is to help build "institutional memory" for our organization. According to Wikipedia institutional memory is a collective set of facts, concepts, experiences, and know how held by a group of people. As it transcends the individual, it requires the ongoing transmission of these memories between members of this group. Elements of institutional memory may be found in professional group and by extension in entire cultures. Institutional memory may have influence on organizational identity, choice of individuals, and actions of the individuals interacting with the institution.

In the past humans served as the most important way of transmitting knowledge and know how from one individual to other keeping the important skills alive however in this era of technology, websites, database of membership, donors, contacts, newsletter and journals sever as important tools to preserve institutional memory. Not only preserving but disseminating this important knowledge through electronic and print media can result into more motivated human resource getting interested in the cause of APPNA making the world a better place to live one project at a time.

The theme for this year publication is "inclusion and diversity", exactly what we see as APPNA's core philosophy with formation of several new chapters, alumni associations and component societies. We are very confident that this will reflect in every article you will see and we have something to entertain every member of APPNA with his or her diverse interests. Philanthropist among us will find the section APPNA impact a great motivation to give more, Philosophers and literary lovers among us will enjoy our section reflections, members interested in APPNA day to day functioning will enjoy committee reports, alumni loyalist will be proud to see their alumni making difference on daily basis, and Urdu section will fulfill the appetite of our language lovers.

I like to thank Dr. Mubshar Rana for his guidance and trust on publication committee and am very thankful for committee member's efforts, especially Dr. Javid Akbar's hard work to put together an excellent Urdu section. Please do not hesitate to contact us with your feedback, as this is the only way to improve ourselves.



President's Message

Dr. Mubasher Rana



“The true leader serves. Serves people. Serves their best interests, and in doing so will not always be popular, may not always impress. But because true leaders are motivated by loving concern than a desire for personal glory, they are willing to pay the price.”

– Eugene B. Habecker

It has been an incredible and extremely rewarding experience to serve APPNA as its 36th President this year. The President

is frequently called upon to make difficult decisions. I have tried to serve and base all my decisions with a single focus of keeping the best interest of APPNA foremost in my mind.

Whatever we have achieved this year is due to incredible efforts and commitment of APPNA members. I estimate that every day over 200 physicians are volunteering their time in one way or the other to the success of APPNA. They do so, not for glory or recognition, but because they truly believe in the mission of this organization. It is not about positions, accolades or photo ops. It is all about service and giving back. The theme of this year; “APPNA First” is based on the firm believe that as long as we put APPNA before our personal interests, we can achieve whatever we strive for.

APPNA is and will be what we want it to be. Over the last 38 years, our predecessors have laid a very strong foundation. Now it is up to us how we carry it forward.

This year there are over 25 different projects going on in APPNA and even more in Alumni and chapters. I will highlight a few of them.

1. Helping Young Physicians:

a. APPNA is extremely active in helping young physicians in visa processing through its Young Physician’s committee.

Recently APPNA has added increased housing, mentorship and Loan program to its portfolio of services.

b. APPNA is also helping young physicians obtain Electives and Observerships with a recently launched centralized online program.

2. APPNA Charities: APPNA members are very generous whenever a need arises. During the recent Heat Wave crisis in Karachi, APPNA physicians worked on the ground and equipment including wheelchairs, gurneys, oxygen tanks, intravenous fluids, medications and water was donated to different hospitals in Karachi. APPNA is also holding free eye camps in various cities in Pakistan. Over \$100,000 are invested in clean water project in Thar. This year, APPNA is opening free clinics in 3 more cities in United States. APPNA National Health Care Day will be held on October 24 where we plan to provide free medical screening and flu vaccines in close to 35 locations across the country.

3. APPNA Telemedicine: APPNA Telemedicine program has been launched where APPNA members will be able to securely interact with physicians in Pakistan and around the world, discuss cases and provide advice as needed.

4. APPNA Medical Corps: A group of volunteer physicians have been organized who are ready to serve during disaster and peace time in underserved areas. APPNA has developed relationships in different hospitals in Pakistan where these services can be rendered. A few months ago, when an earthquake hit Nepal, APPNA members were on the ground helping the victims.

5. Specialty Networks: 6 new Specialty Networks: Nephrology, Radiology, Pediatrics, Heme/Onc and Pathology have been formed or in process this year. This will enable them to network and do specialty specific projects. Prime examples of already existing networks is APCNA and their pacemaker project and Chest physicians and their smoking cessation awareness project.

6. Advocacy: On April 30th, over 30 APPNA members gathered on Capitol Hill and met with over 20 congressman to raise support and awareness for the GRAD Act. APPNA has helped introduce this legislation which would direct the State Department to speed up the visa approval process for international physicians who are slated to start their residencies in United States.

7. APPNA Scholarships: APPNA Scholarship endowment is now over 2 million dollars and if we include the individual Alumni scholarship programs, it is well over 3.5 million dollars. This is again due to your incredible generosity, the APPNA members.

8. Membership Benefits: Membership benefits program has been relaunched and we are working on adding more benefits to the members such as Group purchasing option and expanded Insurance coverage.

9. Election Reform and Electronic balloting: New APPNA election reform was introduced this year and Electronic balloting has been implemented.

I have only mentioned some of the work going in APPNA committees every day. The work in other committees is equally important and mentioned elsewhere in this journal. The committees, chapters, alumni and networks are all an integral part of APPNA and part of our team. I am extremely proud of them.

People say that APPNA has not realized its full potential and I agree. There is so much more that can be done, however we need to put the right processes in place. APPNA has grown big enough that we need professionals to run the organization. Therefore, we are presently working on a marketing deal. We have also formed a search committee to find a Project and Development Director for APPNA. We have reenergized the Long Range Planning Committee which is analyzing how we can bring more North American graduates and Academic physicians into the folds of APPNA. We are also evaluating the present officers and committee structure of APPNA and make recommendations to make it more effective and accountable. We also need to take full advantage of APPNA Foundation and its role in promoting our charitable projects.

APPNA is a house we have built together over the last 38 years with lots of love and care. Every year we add a brick or two to the house and it keeps growing. I am extremely confident that in future this house of ours will become even bigger and stronger so we can all share in its warmth and protection.

So, let us Stand up for APPNA. Let us all be proud, strong and resolute and let us work together to Make Lives Better.

God Bless APPNA, Pakistan and United States of America.



President-Elect Message

Dr. M. Nasar Qureshi



Dear APPNA Family,

It is amazing how time flies, I am not sure where 2015 went! However, despite that, a lot has been achieved. Most importantly, this year there has been a focus on defining and implementing long term goals, actively looking at means and road to financial stability of the organization, and starting the process of evaluating the governance and management structures of the organization. All of these are goals which are difficult to achieve and implement in a calendar year. Therefore, at the beginning of the year we were committed to try and define some combined goals for 2015 and '16, begin the process early, such that we could have meaningful planning, and implementation in the next year or two. With the support of the current EC and a lot of members I think we are on track with achieving the goal.

It is also important that worthy initiatives of this year's Executive Committee find permanence in the organization. The organizational goals and plans should be independent of the President for the year. The role of the President is to ensure that the organization stays on path to achieving its long term goals, and add their own vision and unique ideas, to ongoing organization building. With the honor you have bestowed me with, I remain totally committed to this philosophy, and building the organization, and, not my portfolio of photographs.

While continuing on the dynamic path, APPNA has been on, in 2015, we hope to:

- Finalize and implement the • Group Purchasing Plan for APPNA members, first proposed in 2010, which has the potential of significant savings for our members. A lot of work has been done this year, in achieving the goal.
- Launch a disease prevention and education program in 2016, which can hopefully become a flagship program of APPNA over years.
- Ensure involvement in our communities in USA. I am exploring mechanisms to possibly providing scholarships to college freshmen of Pakistani Origin on the basis of need.
- Continue to expand our network of free clinics across the country.
- Continue to strengthen the externship matching program for visiting Medical Student and Physicians seeking residencies, from Pakistan. A lot of work has been done this year on the web portal and the matching program.
- Redefine APPNAs advocacy program and build it up from the Chapter level, such that we have an effective advocacy program whose strength is at the local level, and works on defined short term and long term goals.

As we get closer to 2016, I will be reaching out to you for help in further defining these goals and adding to them. It is difficult to list here everything we hope to achieve in 2016, however, I have no doubt, with your continued support, we can make a significant difference next year, and in years to come.



Executive Committee Report

Secretary Message

Dr. Shahid Rashid



Dear APPNA Family,

APPNA is in its 39th year of existence and growing in its stature with exemplary social projects. We are close to the end of 2015 and elections have been accomplished via e-ballot for the first time. APPNA's Nominations and Election Committee will analyze this process and give recommendations to EC for improvements and and conflict(s) that may come up, as it is the first election ballot.

Dr. Hassan Imam Bukhari, one of the pioneering members and past presidents of APPNA passed away in Dallas. He was a mentor for two generations of physician leadership of our organization and activist, who was always engaged in social work. We owe a salute and gratitude from EC and general membership for his dedication and lifelong commitment to APPNA.

Hajj project organized by APPNA was successful and all pilgrims have returned safely. We have our APPNA Winter meeting in Lahore followed by Umrah and CME program, a unique opportunity, with well planned logistics to visit Pakistan and to Umrah, as well.

Specialty Networks of APPNA is progressing well; we have formally initiated 3 additional sub-specialty committees, namely, Anesthesia and Pain Management, Gastroenterology, and Pediatrics. We hope to make and impact and draw support for healthcare improvement projects through work with National Societies and their respective Colleges.

On National Health Care Day, Flu Vaccination and screening health services are planned by APPNA on October 24, 2015 at 34 clinic locations across the country. We encourage you to make more clinics, we greatly appreciate and welcome 3 new clinics to APPNA's family of free clinics.

Much needed membership benefits programs have been launched and we are working to enhance the package for members and facilitate group purchasing, insurance coverage, and financing.

Our volunteers in SWDRC, APPNA Medical Corps and Women and Children Affairs Committee have done outstanding work throughout this year and earlier. Like other Executive Committee members, I also recognize and salute our donors, who have made their brilliant work possible. APPNA has been able to project its image as a body of talented physicians, making a difference at home in the United States through grass root work, as well as outstanding and prompt disaster relief efforts across the globe.

We are looking forward to a more progressive APPNA accomplishing much more including: Grad Act expansion and implementation, more transparency, and accountability throughout the organization including its officers. Let us have more appetite for activism for worthy social causes here at home, work together to increase APPNA membership, and support young physicians more effectively. Again, it's a privilege to serve you.



Executive Committee Report

Treasurer's Report

Dr. Iqbal Zafar Hamid



Achieving a goal is never an individual task. It takes the cooperation and support of everyone involved to reach a milestone. When I took over as Treasurer, APPNA's financial outlook was not very promising. I have conveyed my concerns to the Executive Committee as well as the general membership throughout the year so we could work together to improve our organization. The President, committee chairs, office staff and our professional consultants have all collaborated to cut down expenses as our revenues declined. We have worked closely with our service providers

as well as our committees to decrease costs in several areas, such as:

- Negotiating a lower fee on investment service charges.
- Negotiating a lower fee for credit card services.
- Streamlining legal costs for the Advocacy committee.
- Cost shifting rent expenses for the APPNA House.
- Online election balloting to reduce costs.

	YTD Expenses Based on 2015 Draft Budget @ 9/30/15	YTD Actual Expenses @ 9/30/15
Wages	\$142,500	\$139,549
APPNA House Rent	\$47,700	\$27,850
Legal & Professional Fees	\$45,000	\$20,000
Office Space	\$6,722	\$6,723
Telephone & Internet	\$6,937	\$5,850
Storage Unit	\$5,174	\$3,901
IT Expenses	\$4,351	\$6,284
Utilities	\$4,478	\$3,551
Office Supplies & Expense	\$3,567	\$2,490
Repairs & Maintenance	\$3,150	\$2,925
Insurance	\$3,053	\$3,105
Website Expenses	\$917	\$1,255
	\$273,549	\$223,484

This does not include all general expenses paid through the year, but rather gives an idea of our recurring costs.

PROFIT & LOSS AT 9/30/15 (unaudited)	
Restricted Funds	
Lifetime Dues Revenue	\$111,998.28
Lifetime Dues Expense	-\$15,058.38
Lifetime Dues Net	\$96,939.90
Scholarship Revenue	\$585,634.26
Scholarship Expense	-\$11,332.20
Scholarship Net	\$574,302.06
SWDR Revenue	\$375,430.48
SWDR Expense	-\$184,496.59
SWDR Net	\$190,933.89
CME Revenue	\$201,055.76
CME Expense	-\$47,320.23
CME Net	\$153,735.53
Total Restricted Funds Net	\$1,015,911.38
Unrestricted Funds	
Meetings Revenue	\$3,047,404.72
Meetings Expense	-\$2,779,995.18
Meetings Net	\$267,409.54
General Revenue	\$180,492.84
General Expense	-\$301,626.29
General Net	-\$121,133.45
Total Unrestricted Funds Net	\$146,276.09
TOTAL GAIN YTD AT 9/30/15	\$1,162,187.47

In addition, we have made changes to APPNA financial policies that will improve our cash flows and transparency. These changes include:

- Creation of a contingency bank account where 1% of all unrestricted cash funds are deposited on a monthly basis, this would be used for administrative costs if needed. We will save 25,000.00 dollars for Contingency account this year.
- Lifetime Dues received are deposited in investment account on a monthly basis
- APPNA Policy now allows for 50% of interest earned on Lifetime Dues investment to be available for administrative use.
- Quarterly financial and investment information is posted on the APPNA website.
- Alumni events at APPNA meetings were prepaid with any balance to be paid within 3 months in order to reduce outstanding receivables. We have also collected 40% of receivables from the 2014 meeting events.
- Financial policies revised and approved by the Executive Council.

Although this year has been financially challenging, I believe that these changes will not only improve APNNA's financial situation for this year, but will continue to benefit us for years to come. It has been a true team effort in making these improvements and this process has made APPNA a stronger, more stable organization going forward. I am truly thankful to APPNA membership for allowing me to serve as Treasurer and giving me the opportunity to help make us more solid and secure for the future.



An Inspiring story from APPNA Munirabad School

Dr. Ayesha Najib



Meet Zubair. It was the devastating floods of 2010 that opened school doors for 12 year old Zubair. His family lost their house and all their possessions. Then came APPNA, which built his one room house and established a primary school in his village that transformed his life.

Zubair's father is a "Tandoorchi". He expected his son to follow the same path, but his son had dreams. He wanted to attend school and make his own path. When APPNA School opened in Munirabad, this dream became a reality for Zubair. Our volunteers saw his drive and convinced his father to send him to school. He excelled in school and covered five grades in three years. He recently stood first in his district for fifth grade exams. This was all made possible by your generosity and now we need your help to further Zubair's dream of getting secondary education.



Munirabad Primary School in Muzzafargarh opened its doors in 2011. In four short years, it has become a Model School. It was declared the best among thirty local schools by National Commission of Human Development. Currently, we have 125 students enrolled, who otherwise would not have attended school. Four dedicated teachers provide quality education to sixty five girls and sixty boys every day up to fifth grade. Since last year, Tameer- Millat Foundation is managing this school along with our dedicated volunteer Babar Mughal.

This year, we have raised funds to expand. They will be used to buy adjacent land, build two more rooms, hire additional teachers, install solar panels, and buy furniture and supplies.

If you wish to support Zubair's school, please donate online or mail your tax-exempt donation to:

APPNA Office
Attn: Jennifer Wozniak
6414 South Cass Avenue
Westmont, Illinois 60559

Please be sure to note "Munirabad School" with your donation. We will keep you apprised of the progress of this school and Zubair. Thank you to "you" our members, for your support and generosity in making a difference in the lives of the children of Munirabad.



APPNA & HDF together changing the face of Pakistan, one life, one family, one village at a time...

Dr. Atiya Khan



I want to start with thanking Dr. Mubasher Rana, who was one of the first individuals to recognize the great work Human Development Foundation (HDF) is doing. During his time as the president of KEMCAANA, in 2008, he gave HDF an award recognizing its humanitarian efforts in Pakistan. Since then, HDF has come a long way and I wanted to share one of the many lives that HDF has impacted.

In 2001, I went to visit a new HDF elementary school to support the Karachi Kachi Aabadi project in Village Adam Hingro. In front of the class was a beautiful four year old child, Tassawar, in a white dress and pigtails. I asked her to sit on my lap and while speaking with her I noticed disturbing signs of heart disease on her nail beds (clubbing).

As the class filed away for the day I rushed to the teacher to tell her of my suspicions and to my surprise found her teacher to be her mother. It was heart breaking to find out that she had known of her daughter's disease since birth, it was actually why she had taken this job, saving every penny of her monthly salary of Rs. 1,000 to get her daughter a life-saving surgery.

After learning the cost of the surgery would be Rs. 1.5 Lacs, I knew Tassawar's mother would never be able to save that much in time. I reached out to the Cardiac Institute in Pakistan to get her seen. They agreed, but after 6 weeks of intense evaluation of her heart condition, we were told that her case was now too complicated to perform surgery in Pakistan, and our hopes were completely shattered.

The HDF Board discussed the matter in detail and Dr. Khalid Riaz came to our rescue. He was able to find a US doctor, who reviewed Tassawar's case and agreed to do the surgery. Tassawar and her mother quickly applied for their passports and visas, but bad luck struck again and the visas were denied. In desperation Tassawar's mother called and told me that her daughter's sickness was getting worse and her funds had been too depleted to afford the medicines. I was devastated, and wondered if all our hard work had been for nothing. Determined, I started thinking of any other ways we could help Tassawar, when suddenly fate stepped in and we learned of an American doctor, who was able to do the surgery and was moving to Pakistan to work at Agha Khan Hospital in Karachi.

I immediately reached out to the hospital and made them aware of the emergency. With help from HDF donors and volunteers, we

raised the funds needed, and by April, 2002 Tassawar was given the necessary surgery to save her life.

On my last visit to Pakistan in April 2015, I visited our Karachi village to see the schools start their admissions process. The excitement around me was palpable as the school admitted new students, but the best experience of my day was learning about that young girl I first met in 2001.

As Tassawar learnt about my visit to the school, she came to see me and was very excited to tell me that she is on her way to becoming a lawyer. Hearing those words, made my last 18 years of hardwork with HDF absolutely worth it! The story doesn't end here, Tassawar's mother has also come a long way, she took teachers training (CT) and is now the principal of the elementary school. He is currently earning about Rs. 8500 a month and is now training other teachers in the school.

Tasawaar's story is a real life example of how perseverance never fails, even when faced with unbelievable odds we must never give up, continue our efforts and change will happen.



I want to thank my APPNA community, without whom HDF would not be where it is today. APPNA members have supported HDF through their donations, fundraisers and partnering with HDF in various projects. I want to thank you for your support and commend you for all the wonderful work you have helped us achieve.

“Out of the darkest moments come the brightest lights “



APPNA: A financial powerhouse with a mission

Dr. Mahjabeen Islam



APPNA was founded as a professional organization but has morphed into more than that, most of it unintended, reminiscent somewhat of a rudderless ship.

Along the way, and in some areas, we have achieved a great deal. From a few hundred members we now are in the thousands. But our potential is huge and largely untapped.

At the risk of dating myself I will report that time was that when you rounded at a hospital, you were pretty much the only Pakistani/Muslim on at least five floors of the hospital. Now, rounding on even one patient has you run into at least four Muslim doctors, half of them Pakistani.

Many mornings I awaken to National Public Radio talking about a particular medical subject and many a time the physicians interviewed are Pakistani-American. How do I know? Some names are unequivocally Pakistani, even if some accents are second-generation.

Many Pakistani-American physicians are not APPNA members. While it is great fun to see friends at the summer meeting and enjoy the mushaira, the banquet and lately Pakistan Day celebrations, we need to change the culture of APPNA and make it relevant and attractive to more physicians. It is estimated that there are more than 15,000 physicians of Pakistani descent practicing in the United States; APPNA's membership usually stays at around 3000. So less than a third of Pakistani-American physicians are APPNA members.

There may be efforts within APPNA to increase its membership, I just don't know of them nor see the same old figure of 3000 members increasing. APPNA has a reputation of being the bhangra-Bentley-boasting club and while that holds appeal to a certain segment of Pakistani-American physicians, it has gotten old very quickly to very many.

Perhaps if we change APPNA's course just a bit, we can achieve much at many levels. If APPNA can become a professional organization concentrating on medical issues and charitable projects here in the United States we can get our Pakistani-American colleagues to jump on our bandwagon. And celebrate the fraternity and commonality of purpose.

APPNA clinics all across the nation, catering to the poor and uninsured, would create a legacy that numerous physicians would want to be a part of. Some free clinics in the United States, run

by Pakistani-American physicians are superbly organized and with creation of a business plan, these clinics can be templated and exported to many US cities. With the broad spectrum of physician specialties among Pakistani-American physicians, staffing these clinics should not be a problem. A core of primary care with specialty representation and small pharmacies within the clinics is a totally viable model.

APPNA homeless shelters dotting the nation are another project we can create, sponsor and run. APPNA women's shelters for victims of violence can be easily planned as well. With retiring Pakistani-American physicians, APPNA senior living communities should be actively worked on.

I am a first-generation Pakistani-American and one of those whose hearts are stuck in Pakistan, and who cry and bleed in sync with it. However I believe we are not as effective in Pakistan as we are here.

I have proposed the Qatra Fund before, based on the saying qatra qatra dary ban jaata hai: drops coalesce to form a river. If all 3000 APPNA members contributed \$100 per month to APPNA we would have \$3.6 million every year. Dinner at a fancy restaurant for a family of four easily costs \$100. And the wonderful foodies that we are, we eat out more than once a month. So the \$100 is entirely affordable. If not all the membership and just half contributed \$100 to the Qatra Fund, we would have \$1.8 million every year. And the millions are cumulative through the years. And with our American projects we would attract more physician members as well.

I have talked to many presidential candidates over the years about this. Some don't get it. Others want to but while you can see the wheels turning, you hear "it's really difficult, people don't even want to pay annual membership". Which may well be true, we are, after all, a people that have fought over mithai at annual banquets.

We need to vote in executive committee members that want to eliminate the status quo and then help them start and sustain the arduous, but achievable, process of making APPNA a financial powerhouse a remarkable and relevant organization.

Dr. Mahjabeen Islam is a graduate of Dow Medical College and is certified by the American Board of Family Medicine and the American Board of Addiction Medicine. She practices addiction and family medicine in Toledo Ohio.



PPS APPNA House

Dr. Sohail Khan



M. Sohail Khan, MD
Founding member and Chair PPS APPNA House and Externship Program Chicago

Hasina Javed, MD
President PPS

Mubasher E. Rana, MD
President APPNA

Dear APPNA Family,

What a pleasure to share with you some of the successes and strides PPS APPNA House in Chicago is making - Last year in mid December PPS - APPNA Illinois (2014 Council and BOT) with the help of Central APPNA (much appreciation for EC and BOT APPNA 2014) was able to buy a 4 Apartments building in Chicago - Forest Park 2 blocks from Blue and Green line, Metra train, a block from bus station right across from Oak Park Hospital - 15-20 minutes via subway from downtown and Medical district IL. PPS was able to acquire this building for \$387000 plus closing cost and furnished it for additional \$20000. APPNA Financed the project with a loan amount of \$250000 at 6% interest and rest were raised by the APPNA Local Chapter within last year. This is a true asset other than the APPNA office in Westmont IL. This is a true depiction of the slogan BUILD INSTITUTIONS! The House and The self-scheduling Externship program has already served hundreds- in less than 5 months we have served more than 86 residents in house and in our externship program more than 612 young student doctors are registered and growing by the day.

We want to deliver the best possible living, a nurturing educational environment and nothing less! This place is not a sarai or a motel - Students who are going thru pledge to serve APPNA and fellow physicians once they get established in return they are mentored and provided with the clinical experience at a very subsidized rate. We have established a reading room / library at the facility and weekly lectures are arranged with faculty being Loyola University Residents (All being American Graduates from MSA) and APPNA Illinois Members and Preceptors from our Observer ship Program. Out of 22 who we served till mid Feb. Eight matched and are starting residency this July! So far our CS training and mentoring after hours Classes every week - is something we are very proud of with a passing success rate of 100%. The residents who have stayed at other facilities call this place a haven - it has regular professional cleaning services, pest control, we provide from bed sheets to pillows, kitchen utensils etc.

Don't you think it's worth supporting this effort and this Institution of yours

To donate visit: www.pdpsil.com



More importantly all transactions are done through the website www.pdpsil.com. No cash transactions, everyone goes thru the same registration process and is first come first serve basis, whether it be housing or externships, with clear and transparent accounting. Cost to run this facility is high but we feel, we need to do it right otherwise not at all! We feel this model can be replicated and we will assist in whatever way needed. We need your help and donations to pay off the debt of \$290000 including interest and help with the subsidized living for our young struggling physicians - need additional \$28000 for repairs and improvements - can donate at www.pdpsil.com Tax deductible or to APPNA for Chicago house.

PPS APPNA house and Externship program performance

- Out Of 22 Eight Matched In 2015 Residency Match
- We Have Already Served 78 Residents
- Library And Reading Room Added
- 612 Plus Are Registered In Our Observership Program
- Weekly Cs Training And Mentoring Classes
- All Payments Done Thru Pps On Website
- Prefect And Transparent Accounting
- 100% And More Of Donors Money Spent On Projects
- (Zero Administrative Cost)
- We Need 100 Individuals To Donate \$100 A Month For 2 Years to Pay Off the Debt
- Please Sign up for Monthly Donation



Nepal Earthquake Relief

Dr. Babar Rao



Soon after a 7.8 magnitude earthquake hit Nepal on April 25th and the news of major human travesty and devastation had come our way, we as health care providers and APPNA members thought about how to best provide relief. Dr. Afzal Arain and I were appointed by APPNA to form and deploy a team to Nepal to provide this relief. The president of APPNA, Mubbashar Arna, as well as Dr. Asaf Qadeer, Dr. Jalil Khan, Dr. Aisha Zafar and Dr. Nasar Quereshi guided us through this process. Our objective was to help in whichever way we could, while keeping the safety of our team in mind. We initially tried to team up with already established organizations, including WHO. This, however, was not possible because of protocols and other bureaucratic difficulties. We, therefore, decided to travel as a small independent group of healthcare providers.

Our team consisted of Dr. Arain (a surgeon), Dr. Zaman (a pediatrician), Dr. Ali (a pediatrician), Dr. Rao (a dermatologist), Mr. Wasim Momin (an ICU nurse), Dr. S Sherpa (a orthopedic surgeon from Nepal), Dr. N Sherpa (a internist), Ms. Shrestha (a nurse from Nepal) and Lhemi Sherpa (our coordinator).

We decided to travel via Etihad airlines, because they were kind enough to give us the flights we needed and upgrade us to business class. Lhemi had previously arranged for our stay at a safe place in Kathmandu and also organized transportation and locations for health clinics in needy areas. She was able to get us medical supplies from a local pharmacy at a discounted rate, so we did not have to carry supplies from America and deal with customs entering Nepal. This also helped the local economy and we were able to return unused supplies. Our mission would have not been as successful had we not had the help of two local doctors and a nurse: Dr. S Sherpa, Dr. N Sherpa, and Ms. Shrestha.

As a team, we were able to visit three different villages, all within a two hour drive from Kathmandu; Bungamati, Pahadaya Thapa



Lele and Jaharshing Pauwa. We provided medical care for around 1,000 patients across these three villages and in tent city. Most of the patients needed acute care for fevers, pain, wounds and anxiety. There were children lining up for healthcare without parents, as well as elderly who walked long distances to get to these clinics. We were also able to visit Patan hospital in Kathmandu, where we saw the status of medical care that was available in Kathmandu, and spent time with various specialists. One of our team members, Mr. Wasim Momin, stayed for an extra week and was able to help at tent city. During this week, he raised funds through his facebook page and used said funds to buy medical supplies and help with building restrooms for the city.

We also met with the local rotary club, in particular Sita, who is the president elect for the club. In the meeting, they explained what they are doing for the current crisis in Nepal and they asked if we could help them in building temporary/permanent houses in a nearby village (Lele). Our team, after considering their proposal, agreed to collaborate with them in this project, which has been approved by APPNA executives.

We thank APPNA for providing leadership and financial help. We also thank our coordinators and the rotary club. Our effort might've been miniscule in reference to what Nepal needs, but it was humbling to be there and to help in whichever way we could.



Presentation of International Medical Graduates issues to New York State Board for Medicine

Dr. Mushtaq Sheikh



On May 8, Dr. Sumir Sahgal and Dr. Charles Odom were invited to New York State Board for Medicine (NYSBFM) to present International Medical Graduates (IMG) issues and implications. I had extended the invitation to them on behalf of the Board. Professor (Dr.) Rizwan Naem and Dr. Ebrahim Tariq of New York Chapter of APPNA couldn't attend the meeting due to an auto accident. Dr. Sahgal is Assistant

Clinical Professor of Medicine at Albert Einstein Medical School, Chair of IMG Committee of MSSNY, Governing Council Member, IMG Section of AMA and Medical Director of Essen in Bronx, NY.

Dr. Sahgal outlined to the Board IMG issues and their bleak future with increased competition for residency slots. He was accompanied by one of his employed IMG, Charles Odom. Charles shared his story of a military family, undergraduate degree in US, medical School in Mexico and his continuing search for psychiatry residency despite being unmatched for past two year. The board was touched by Charles' story of personal debt and working odd jobs like painting, waiting on tables in restaurants before joining Essen. They distributed the brochure of financial expenditure made by IMGs to obtain ECFMG certification and apply for match. For example, an American citizen from Caribbean medical school invests close to \$500,000 to reach the point of ECFMG certification. It is unfortunate that instead of nurturing talents and investment, these students are reduced to menial job with little guidance from medical community and organizations.

Dr. Sahgal shared my thoughts on innovative models of limited permits by NYS and other limited alternatives of IMG integration with the board. He shared his initiatives in the Bronx to help IMGs including voluntary externship before applying for residency and research opportunities in local institutions. His medical group, Essen has collaborated with Lehman College and started three year Nurse Practitioner program for IMGs unable to secure residency spots. Under this program, the IMG continue to work during the day but go to school evening. They first obtain RN degree in one year and then will join Nurse Practitioner program for two years. The first batch of IMGs graduated this year.

The Board found the presentation to be very informative. The response was enthusiastic, caring and mostly positive with one of the Board members sharing story of his son from Caribbean medical school still looking for residency for past three years. I requested the Board to come up with a solution to help IMGs while waiting for a residency match and who are US citizens or permanent residents with roots from New York State and have

passed USMLE Parts 1 & 2, if they could work with a limited permit as assistant PA/NP or any other designation under the direct supervision of a licensed NYS physician at a clinic or a hospital where they could get exposure to American Medicine and at the same time could make their both ends meet rather than deteriorating their medical skills at unrelated menial jobs. This would require a move by the New York State Legislature (assemblymen & senators). APPNA physicians practicing in New York could make it happen if they start an organized move and ask their representatives to make this change with passage of appropriate bills. MSSNY would be very helpful in this regards but you need to be a member if you want their strong support and backing. The Advocacy Committee of APPNA with APPNA physician members from New York State could make an appointment with the select group of assemblymen & senators for such an action or the Advocacy Committee could push for such a change at Federal level the way they are trying to ease the visa issuance restrictions and delays. I have pushed my best at NYSBFM for this discussion, brain storm and possible changes to help IMGs, especially Young Physicians of Pakistani/Indian descent. I am hoping something good should come out with Dr. Sahgal's strong presentation. The board pointed out that AMA opposed Missouri law permitting IMGs to work as Assistant physicians. For your information, I am pasting the link to that Missouri Law which is as below but you could find more on this topic thru Google:

Missouri Law Creates New 'Assistant Physician' Designation
www.medscape.com/viewarticle/828255

Medscape
Healing Arts - Missouri Division of Professional Registration
www.pr.mo.gov/healingarts.asp

I have just been appointed to the Education Committee of Federation of State Medical Boards where I intend to bring up this topic and others concerning physicians of New York, other States as well as IMGs.

Board for Medicine is responsible for accrediting Caribbean and other foreign medical schools so students can do medical rotation in NY hospitals. I have been to Ben Gurion Medical School and Technion Medical School in Israel with our team to review standard of their medical education & curriculum in February 2013. I led the site visit team in October 2014 to Weil Cornell Medical School, Doha, Qatar and Ras Al Khaima Medical School, Ras Al Khaima (UAE). With my efforts thru MSSNY IMG Section where Dr. Sahgal has been Chair since 2011, and other colleagues, the Board for Medicine has recommended to the Board of Regents of New York State Education Department to equalize licensure requirement of post graduate education for both American and International Medical Graduates to two years, which is currently 3 for IMGs and 2 for US medical graduates. That change should happen in near future.



APPNA Scholarship Endowment

Dr. Masood Akbar



Monsoon season was in full swing in a small village in Pakistan. In pouring rain, a sick old man was brought to consult my grandfather. He was so ill that he couldn't walk and thus had to be carried on a cot by his family. My grandfather, who was the village healer (Hakeem) led them in and inquired about the visit. He listened to his patient's complaint of high fever and chills with full attention, nodding his

head, asking appropriate questions where needed for clarification. After examining his patient, he pulled yellow powder packages from his medicine chest and dispensed them along with instructions on taking them. The family thanked him profusely and left. A few days later, the same patient came back to see my grandfather; his fever and night sweats had resolved, and he was back on his feet. He was so grateful to my grandfather that he gave him credit for saving his life. This was my first exposure to malaria and medicine, and I was hooked!!

From there, it was a long and arduous journey for me to get to Allama Iqbal Medical College. My dream of becoming a physician was kept alive by the generosity of an APPNA member. When I graduated from high school at the top of my class, I heard about a scholarship started by this member. It was in honor of his late father to encourage young boys like me, to continue their studies in college. I joined college and stood first in Sargodha board. I was however, unable to enroll in Medical College because of financial constraints. My father had a small convenience store in our village and a large family to support. As a last resort, my family sought help from the same APPNA member, who readily agreed to financially support me through medical school. In essence, he became my big brother; he guided and mentored me through out my stay in medical College.

I worked hard and did well in all my professional medical school exams, securing distinctions in three subjects. My success was a source of encouragement not only to my family but also to my community. The young ones saw what was possible with hard work, commitment and perseverance. This gave them hope, and my younger siblings also excelled academically.

After graduating from AIMC, I was inspired by my big brother to pursue post-graduate training in the United States. He again paid my USMLE Exam fees, where I scored 99 percentiles in both steps Step 1 and 2.

I saved all my money during house job to pay for my travel to US, where I took Step 3 and CSA. I stayed at APPNA and KEMCAANA house in Detroit and Philadelphia. I am currently doing research

work at a Medical University in Philadelphia. I am hoping to match for a residency position this year and in future join and serve APPNA.

Above is a testimonial from Dr. Ahmed Ali, a 2012 graduate of Allama Medical College, who was able to realize his dream with the help of a Scholarship he received from an APPNA member.

APPNA Scholarship Program was started two years ago, for students like Ali who face financial hardships. It allows bright, young students to continue their studies and pursue their dreams. APPNA Scholarship Program is set up for respective Alumni Associations to select candidates, ensuring that these awards are granted to deserving students. I will request all APPNA members to participate in this worthy cause.

I invite you to become a mentor, Big Brother/Big Sister to at least one student. You will not only change their lives but their families as well. You will help them realize their dreams in your lifetime.

"We make a living by what we get. We make a life by what we give."
– Winston S. Churchill





APCNA Saving Lives with Pacemaker

Dr. Atique A. Mirza



Healthcare for many people in Pakistan is a quite limited privilege. There are never enough resources available for the general population, especially those who are in need of the healthcare the most. Government intuitions are stretched to their limits. Many charitable hospitals and clinics are doing a remarkable effort trying to meet the shortfall, which is still not enough to fulfill the rising demand

of the Pakistani society. There are hundreds of patients who need permanent pacemakers but cannot get them. They will most likely die because they cannot afford a Pacemaker even if they earn an average income.

The physician community and healthcare workers in Pakistan who are able to provide care for these millions of patients with the limited resources available deserve credit for the tireless effort they put in. Caring for cardiac patients is even more difficult and most often not affordable for the poor. There are hundreds of patients who need permanent pacemakers and defibrillators but cannot afford them. The patients who are in need of permanent pacemaker get transvenous temporary pacemakers. These patients stay in hospitals for weeks and months developing infections and eventually do not receive permanent pacemakers in the majority of cases. These patients usually have a high mortality rate. It is admirable that there are many cardiologists who are trying to provide free services and obtain pacemakers from various philanthropic sources and device companies who make these devices available to patients for minimal to no cost if possible. We all realize that there is a dire need to provide these patients professional and financial assistance to make pacemakers and automatic internal defibrillators (AICDs) available for them.

Association of Pakistani Descent Cardiologists of North America (APCNA) initiated the Pakistan Pacemaker Bank project in December 2007 in collaboration with Heartbeat International (HBI) and Rotary Club of Pakistan. Since then APCNA has funded five Pacemaker Banks in Pakistan. They are located at Tabba Institute of Cardiology, NICVD, Indus Hospital Karachi, Lady Reading Hospital Peshawar and Sheikh Zayed Hospital Lahore. Imagine a hardworking and deserving patient in Pakistan who could have died because he was not able to afford a pacemaker is now able to get a Permanent Pacemaker and Implantable Defibrillator at no cost to the patient, no charge to the patient from the physician, no

charge for the device and no charge for the follow up.

As you all know, it is no longer possible to get free devices as we used to due to changes in healthcare environment. APCNA is now required to raise the funds to support our APCNA Pacemaker Banks in Pakistan. APCNA accepts Zakat donations for this project, as almost all of our patients in Pakistan who are screened for Pacemakers are Zakat eligible. APCNA has transparent and strict criterion in place for providing these devices to our implanting sites and Pacemaker Banks. Since the inception of this project, 285 devices have been implanted so far and of these, 30-40 were AICD's.

This project is truly lifesaving for these patients and their families as most of these patients are the only source of income for their entire family. These patients are very modest and the most underprivileged, poor members of the society. We can do this easily with help of our members and all of your support. There is no doubt that your partnership with APCNA by donating money to our organization for Pacemaker Banks project will not save a life of an individual but give chance to a family to survive. This is a Sadq-e Jarriya, which will help you not only in this world but will also pay you the rewards hereafter. We have made arrangements in Pakistan to purchase dual chamber pacemakers for under \$1000 each. This means that you can save a life with less than \$1000. We are working with device manufacturers to negotiate even better deals. Please help us raise funds to give these deserving patients and their families a fighting chance for a their lives.

We are planning not only to continue to support our current Pacemaker Banks as our signature pacemaker project, but also will try to add more pacemaker banks as deemed necessary and feasible. We have plans to expand our Pacemaker project to Multan, Rawalpindi, and Baluchistan province as soon possible to save more lives. We have developed a close relationship with Medtronic, a giant in the cardiac device industry and will work with them to explore mutually beneficial opportunities to partner in providing educational opportunities and meeting the cardiovascular health care needs of deserving patients across the globe, especially in Pakistan. I am confident that our collaboration with Medtronic will open new avenues of cooperation for broadening our horizons of educational and philanthropic work.



Why 38 Cases Matter In the Race to End Polio: The APPNA & Rotary Partnership:

Dr. Ariba Khan



Today, we stand at the threshold of a polio-free world with only TWO countries remaining endemic to this disease: Pakistan and Afghanistan. In our daily lives, as physicians practicing in USA, we do not encounter polio cases. USA was declared polio free in 1979. Most recently Nigeria and India were declared polio-free.

Polio is an acute viral infectious disease spread from person to person via the fecal-oral route usually affecting children less than 5 years of age. A large number of cases maybe asymptomatic but continue to transmit the disease. The most devastating consequence of polio infection is the acute flaccid paralysis. It is known that for one case of flaccid paralysis there maybe 200-300 asymptomatic cases. Unfortunately there is no cure for polio. Prevention and eradication of polio is possible due to the vaccines discovered in 1952 by Jonas Salk (injectable inactivated polio vaccine) and 1957 by Albert Salk (Live attenuated oral vaccine).

Features of poliovirus that make it an ideal candidate for eradication include: lack of an animal reservoir, a safe and effective vaccine, lack of a long-term carrier and a short survival in the environment. We are very close to eradicating polio with the total number cases in 2015 being drastically decreased (table 1). Strategies such as social mobilization, political advocacy and Using a public health approach, our members have an opportunity to participate in the eradication of polio under the leadership of Dr. Mubasher Rana. Both APNNA and Rotary have large networks that have the direct access to grassroots rural people in Pakistan. APPNA members are invited to attend future programs hosted at the APPNA meetings.

Table 1: Wild Polio Virus cases in Pakistan by Province:

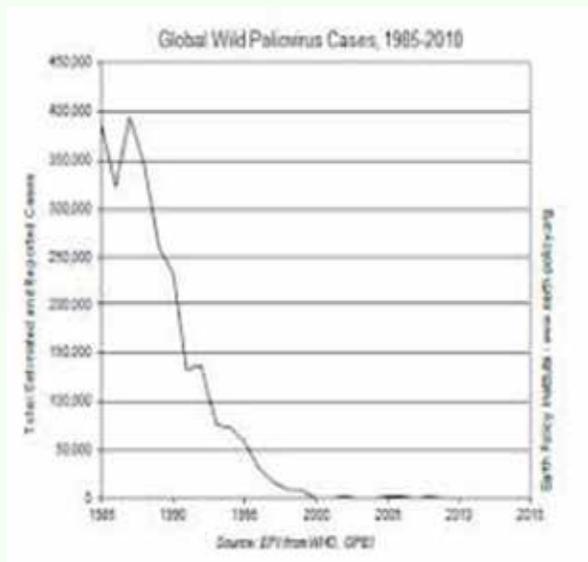
Province	2013	2014	2015
FATA, n	65	179	11
Khyber Pakhtunkhwa, n	11	68	15
Sindh, n	10	50	5
Balochistan, n	0	25	6
Punjab, n	7	4	1
Azad Jammu and Kashmir, n	0	0	0
Gilgit Baltistan, n	0	0	0
Pakistan total, n	93	306	38
Afghanistan total, n	14	28	12

Table 2: Ten Facts on Polio Eradication

1. Polio continues to paralyze children
2. We are 99% of the way to eradicating polio globally
3. There are just 2 countries that have never stopped transmission of polio
4. Unlike most diseases polio can be completely eradicated
5. Cheap and effective vaccines are available to prevent polio
6. The global effort to eradicate polio is the largest public-private partnership for public health
7. Large-scale vaccination rounds help rapidly boost immunity
8. Every child must be vaccinated to eradicate polio
9. Polio-funded staff, strategies and resources are also used to advance other health initiatives
10. We can eradicate polio

Adapted from <http://www.who.int/features/factfiles/polio/en/>

Figure 1: Decline in Global Wild Poliovirus Cases 1985-2010



References:

- www.endpolio.com.pk (Last accessed 10/14/15)
- http://www.polioeradication.org/content/publications/advocacy_guide.pdf



My Friend - Dr. Hassan Imam Bukhari

Dr. Arif Toor



It was early in the morning on September 16 when I answered my cell phone, it was Arif Muslim calling, “he is gone, Nigy just called me” he said. We were silent for a moment then exchanged a few words and hung up the Phones. The last time I met Hassan was on August 3, 2015 when after hearing about his sudden and acute illness I flew to Dallas to see him. He was propped up in the hospital bed, he

had an Oxygen Mask and multiple tubes and IVs were hanging around him. Hassni looked at me I said, “Ki Hal ay Shah ji” he closed and opened his eyes but he was too exhausted to talk. I spent some time on his bedside and few hours with Bhabi Talat, Nighat and Rizwan before I flew back. Then on August 25th we exchanged a text message after Rizwan texted me earlier that, “Dad is little better” following is a transcript of the messages we exchanged. My Message - Hi: How are you now? A couple of days ago Riz said you were on the mend. All of us are hoping for your full recovery. Hassan’s reply – Feeling a little better. O2 seems to be improving. I am now on immunosuppressive agents. We could never communicate again. In my mind he is still there thinking contemplating and planning as usual. I want to keep the same memories, I have not gone to attend his last journey to bid him farewell. In these lines also I am not going to mourn our loss but would celebrate the life of a wonderful friend a loving Husband and affectionate father, an outstanding philanthropist and a truly kind hearted person who was a perpetual presence at all the APPNA/KEMCAANA functions.

My first vision of Hassan is from 1949, when I saw a very smartly dressed 11 years old kid standing with his father, Dr. Mohammad Shah Bukhari’s Dispensary in Gujranwala helping the compounder prepare drug mixtures and I heard his dad call him “Hassani”. We then did not see each other till 1957 when I was in the second year at KE and Hassan Joined the college. I saw a good looking and very smartly dressed young man who bore a very thin well-trimmed moustache we met just to re-introduce our selves, but that was it, our circle of friendships were different and we hardly ever saw each other. Over the next few years sometimes I would see him walking with a classmate; a very shy young lady who wore golden rimmed glasses, she later became Mrs. Talat Bukhari.

Let us fast forward in time, having worked in Pakistan for 13 years after graduating in 1961, I brought my family to US in June 1974, completed my residency and cleared the Boards in Internal Medicine. I started my Practice in August 1977. After the first

three very hectic years I heard about an organization of the King Edward Alumni and found out that they were meeting at the Hyatt hotel in Down Town Chicago in the summer of 1981. This is where besides many long lost friends and class mates I met Hassan for the first time in US and the rest is history. Since Hassan, Arif Muslim & I followed each other as presidents of KEMCAANA (1982- Arif Muslim, 1983 – Myself, 1984 - Hassan I. Bukhari) we came very close to each other. (In those days the Past Presidents, President Elects and Presidents of the organizations worked very closely together as one unit, communicated all the time and a project started by one was as much a project and responsibility of the individual who followed him.)

In 1984 I visited Dallas for the first time; Hassan was waiting for me at the airport in his Sports Model Mercedes. I have never been in a more meticulously clean car ever since. We drove home listening to Urdu Ghazals and songs on arriving at his home one look at the garage confirmed to me the meticulously organized and hardworking personality of “Hassani” It had neatly organized cupboards and shining implements in them. I am going in to some detail of the house to show those of my readers who do not know as much of his character and habits as I do. One look at Hassan’s home office showed the cleanest desk, all the personal, professional and association files were perfectly arranged in uniform and beautiful covers, neatly marked. One only had to ask for a document and it was there in an instant. This was the first time I learned that he was an avid stamp collector; rare stamps of various countries including Pakistan were arranged in well displayed albums. He showed me his front yard that had a swimming pool around which were patches of vegetables looking neat like a Disney display. The Boxwood hedges were trimmed so that these looked geometrically straight as well. I never witnessed his surgery but knowing his meticulous habits and natural neatness I can imagine how neat and clean his surgical incisions and operations must have been and how lucky were his patients

Talat and Hassan were made for each other since she is as meticulous in her kitchen and the parts of the house that she controlled in the Hassan Family. Both of them together were the most hospitable and generous hosts. This was one of innumerable visits to Hassan’s house sometimes with my wife some times by myself I always found them to be the most gracious and perfect hosts.

All members of APPNA & KEMCAANA who worked closely with him know his generous nature through his donations of time and cash to the organizations including the \$100,000.00 for the Anatomy Hall reconstruction at KE. I would like to share an incident that shows how kind hearted he was. I was visiting



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the office of Kabot Systems at Lahore an EMR company where I served as its CEO. One morning the office car driver was absent and later on I found out that his house hold been robbed. He told me that the family had lost everything. I asked him how much did he think was his loss; he said, "it is around Rs. 60,000.00 sir jee". An immense sum for his family. Later the same day Hassan came in and I happened to relate this incident to him. His immediate response was to write a check for Rs. 80,000.00 and asked me to

cash it and give it to the driver (you just have to imagine the incredulity and gratefulness of the poor fellow). That was the nature of this generous and kind hearted human being. Due to limited space I have been asked to limit my thoughts to one page. I feel that to do justice to Hassani I should write much more. I will try my best to continue this memoire somewhere at a later date.

Farewell to Hassan Imam Bukhari

From east and west a swell, a tide;
People came, from far and wide,
To express emotions and grief.
An illustrious life had turned a leaf.

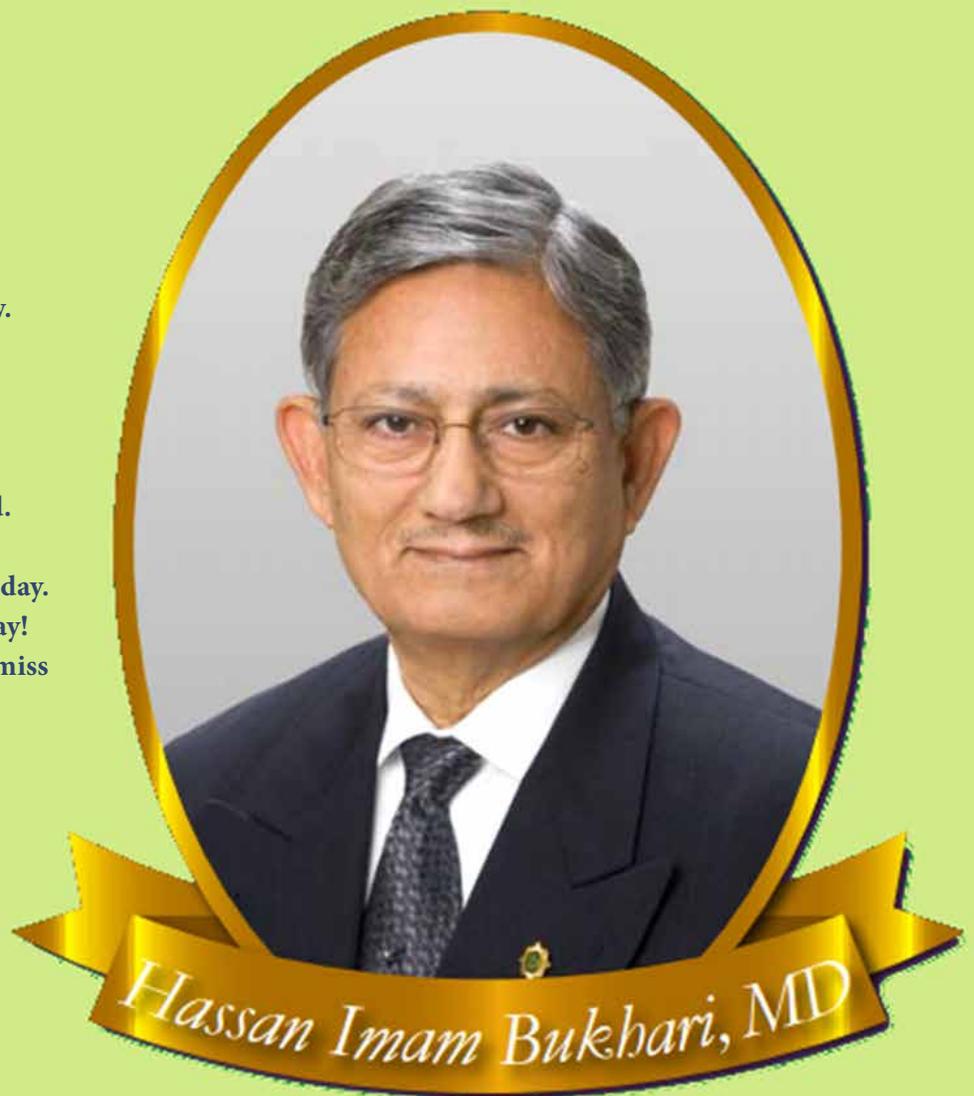
Curtains rise and curtains fall.
That is not all, not at all.
It's the lives you change, the seeds you sow
That keeps your legend to continue to grow.

I was happy to bring you here (to Dallas).
Never imagined, it'll end in a tear.
Story of life has the same end.
What makes the difference, how you spend.

For Rizwan, Talat and Nighat it's a dreary day.
May Almighty give them the courage, I pray!
Appna, Kemcaana and Family physicians miss
you too,
But the years of memories will pull them
through.

We all leave, as we must,
But you lived it to the fullest.
No choice but to accept, life's caprice.
Farewell my friend. Rest in peace!

Amanullah Khan, MD PhD
K E Class of 1963
President,
Mockingbird Poetry Society, Texas.



1938 - 2015



The Philosophy and Science of Holism in Healing A Precious Gift Received on My 75th Birthday

Dr. Majid Ali



On June 20, 2015, a week before my 75th birthday, I received a precious and humbling gift. It was an e-mail from the editors of the journal *Nature* about the concurrent publication¹ of my two sets of Krebs cycle data shown in the Table, one collected before 2004 and the other between 2004 and 2015. In my 2004 report I presented evidence for respiratory-to-fermentation shift as the molecular basis of energy deficits in immune-inflammatory disorders.² I recognized succinate as the principle metabolite of concern in mitochondrial dysfunction. Validity of these observations

was established in a seminal paper published in *Nature* in 2014 in which succinate retention was shown to be the primal event in revascularization injury.³

Simply stated, the core clinical significance of my 2004 data was this: Restoration of mitochondrial function by effectively addressing all relevant nutritional, environmental, and spiritual elements must be considered as the primary therapeutic goal in treating inflammatory-immune disorders. I devoted the 10th, 11th, and 12th volumes of *The Principles and Practice of Integrative Medicine* to a comprehensive treatment of these subjects in the context of various organ-systems of the body between 2004 and 2009.⁴⁻⁶

My *Nature* report¹ marked the apex of a journey that started 41 years earlier with a simple question: what might be the boundary between the state of health and states of absence of health? I recognized that for the answer to the question, I needed to reach beyond microscopes and laboratory technology at my disposal as the Director of the Department of Pathology and Laboratories at Holy Name Medical Center, Teaneck, New Jersey, as well as a faculty member at Columbia University, New York.

In 1968, I received the diploma of the Fellow of Royal College of Surgeons, England. By then, the events surrounding my mother's death twelve years earlier had receded. She was a Hafiz-e-Quran and suffered from pulmonary tuberculosis. She regularly asked me to listen to her recitations, looking for errors. Her cough often sprayed bloody sputum on my face. I was infected but never became sick. During years of surgical training, nothing was further from my mind than the questions of what might have primacy in a desert, the seed or the soil? Or in the human body, the microbe or the host? Or what might the states of bowel, blood, and liver ecosystems of my mother have had to do with her immunity and death from tuberculosis? Or the states of my ecosystems with my resistance to the bacillus?

In 1983, I published a monograph entitled *Spontaneity of Oxidation in Nature and Aging*,⁷ in which I proposed my oxidative theory of aging. This spontaneity seemed to initiate and drive the redox dynamics in the body – the human equivalent of the Second Law of Thermodynamics, so to speak – and appeared to be a highly plausible primal mechanism for disease initiation and progression. Within this evolutionary context, in 1987 I summarized my observations and reflections concerning the gating functions of biomembranes in a monograph entitled *Oxidative Leaky Cell Membrane Disorder*.⁸

Human evolution occurred as trillions of energetic experiments – steps, mis-steps, and counter-step, inevitably constituting the pathways of molecular complementarity and contrariety. A study of the history of oxygen on planet Earth led to my recognition of oxygen as the king of human biology

Table 1. The Frequency of Increased* Urinary Excretion of Krebs Cycle Metabolites In Chronic Inflammatory Disorders

Krebs Metabolites	2004 n=236	2015 n=315
Citric acid	194	315
Succinic acid	40	55
Aconitic acid	24	45
Fumaric acid	2	2
2-oxo-glutaric acid	1	2

* Levels of acids measured in mmol/mol creatinine.

(recognition of insulin as its minister of energy and metabolism would come fifteen years later). In 1998, that work led to the publication of *Nature's Preoccupation With Complementarity and Contrariety*, the first volume of my 14-volume textbook, *The Principles and Practice of Integrative Medicine*.⁹

During the early 1980s, I recognized the crucial need for ecologic thinking in clinical medicine and published a monograph entitled *Altered States of Bowel Ecology*⁸ to focus on the centrality of the bowel in all deliberations of health/dis-ease/disease continuum. In this volume, I described my seed-feed-and-weed guidelines for restoring bowel ecology disrupted by heavy sugar intake, frequent use of antibiotic abuse, neglect of mold and food allergy, and chronic stress.

In the early 1990s, I had my “oxygen eureka moment,” in which I saw two things clearly: (1) all chronic diseases were rooted in dysfunctional oxygen signaling; and (2) restoration of oxygen homeostasis was the true nature of healing from chronic disease. To date, I have not found scientific evidence to the contrary. Continued clinical, microscopic, and biochemical studies in this direction led to the development of my oxygen models of inflammation, autoimmunity, obesity, diabetes, cardiac myocytic disease, coronary artery disease, chronic renal failure, polycystic ovarian syndrome, and many other diseases. Full descriptions of these models and lines of evidence to support them are posted at www.aliscience.org.

The oxygen models of diseases are unifying models that explain all aspects of the health/dis-ease/disease continuum—causes, clinical course, consequences, and control—on the basis of disturbed oxygen functions. The most important among them are: (1) impaired or blocked oxygen signaling; (2) interrupted oxygen's ATP energy generation; (3) diminished oxygen's detergent functions; (4) interrupted oxygen's cellular detox functions; (5) impeded oxygen-governed cellular repair mechanisms; and (6) oxygen-regulated cell membrane and matrix functions. These abnormalities usually begin in the early years of life but may develop at any time.

In the early 1990s, I began to define disease in two ways: (1) a negative energetic-metabolic (respiratory-to-fermentative) shift;



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and (2) a spiritual shift to a state of separation from one's nature. Therapeutic approach to the first disease dimension required detection and management of all relevant threats to oxygen homeostasis with nutritional and environmental measures, while the second dimension required healing along one's own pathways to one's soul. In this broader context of "oxygen-based holism," the prevailing focus on disease classifications based on microscopic patterns of chronic tissue injury then becomes of secondary importance.

In closing, I point out that 23 years after I published *Altered States of Bowel Ecology*, the journal *Nature* fully endorsed that position in a 2010 article with the following words: "By 2020, personalized health care could involve doctors monitoring the metabolic activities of a patient's gut microbes and, possibly, modulating them therapeutically" (*Nature* 2010;463:32). Next, consider the following words, again from journal *Nature*: "World Health Organization warns that world may be heading into a 'post-antibiotics era'" (*Nature* (2014;516:302).

One day, let us hope, the science and philosophy of holism in healing traditions will rise to yet a higher level – of the whole-body ecology – which looks at the body microbes as an integral part of the whole, which also needs to heal.

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Reflections

THINKING OUTSIDE THE MOUTH – THE SYSTEMIC CONNECTION

Dr. Nadeem Ahmad



The mouth in many ways is the gateway to the rest of the body. Unfortunately, this connection is often overlooked. In light of the growing evidence pointing to links between oral and whole body health, this separation of concepts is slowly beginning to breakdown.

Over the past few years, the media has either greatly exaggerated or oversimplified this connection. Dental professionals should never lose sight of the fact that they are addressing a disease that significantly contributes to disability and a lack of well-being in the population. As dental professionals, we must diagnose a condition, present the proper treatment to manage the condition, and then set in motion the means of completing the necessary treatment.

There must also be dialogue on the systemic aspects of the condition both short and long-term. Patients generally are aware that any infectious disease can lead to systemic conditions. The important factor in a discussion with patients is the added significance of a systemic component knowing that a potential systemic complication appears to be a long-term negative side-effect of an oral disease

process. Therefore, it is up to us to help educate our patients to look at any condition in the mouth as part of the overall body system, and not an isolated entity.

Patients have changed over the years as a result of how they manage their health. A large number of patients have opted to use alternative medicines. As dental practitioners, we need to understand how this therapeutic approach may influence the treatment and management of their oral-systemic condition. As our patient population ages, this can greatly affect them both mentally and physically. Geriatric care is on the rise and dental disease has been found to be the most prevalent chronic condition. Therefore, it is important that we take into consideration the biological, psychological, physical, social and economic status of the patient.

Unfortunately, oral-systemic considerations don't just affect the older population; they have an impact on all age groups. While the oral-systemic link has become a matter of public health, it is imperative as dental health professionals that we understand how to the screen, manage, treat and educate our patients, caregivers, and fellow medical professionals to "Think Outside the Mouth."



The Beggar of Córdoba

Dr. Ali Hammad



The fast train to Córdoba crawled before making its final stop. The tourist awoke from a deep sleep. Things appeared blurry, but he took it to be the haze of sleep. He grabbed his camera bag from the luggage rack, stepped on to the platform, and walked out to the front of the station where there was a long line of taxis, far outnumbering their potential clients.

“Cathedral,” said the tourist as he got into a taxi.

“Mezquita?” inquired the cab driver.

The tourist nodded, having read that mezquita, or “mosque,” was a more popular word for the cathedral of Córdoba that once was a mosque.

At the mosque-cathedral he had expected a throng of visitors but there were hardly any—just a few foreigners and two groups of local kindergarteners. The tourist traps of little shops around the perimeter waited for unwary buyers of overpriced mementos, and a few beggars with empty bowls hovered about. At the main entrance, one beggar hobbled over to the tourist. Under his right arm he held a crutch to support his bad leg and in his left hand he held a beggar’s bowl. More than his crutch, he stood out for the turban that he wore on the head.

“Welcome to Córdoba, although you’re a thousand years late,” he said, extending his bowl to the tourist.

The tourist smiled. He thought the beggar was referring to the intellectual and cultural dominance of the Córdoba of the medieval times and perhaps to its position as the capital of what some have called *La Convivencia*, i.e., when different religions and races are said to have lived in harmony in Spain.

“Can you spare a Euro for Averroës?” asked the beggar.

“So your name is Averroës,” said the tourist. “Do you take much after your namesake, the Muslim philosopher of the Middle Ages?”

“I’m unimpressed with names, even my own. I’m a beggar—first, last, and through and through.”

The tourist didn’t understand the response, yet he flicked a Euro coin to the beggar. It landed in the beggar’s bowl and settled with a soft, initial rattle of metal against plastic. Then the tourist walked on.

“Go round it once before you enter it,” called out the beggar, referring to the mosque-cathedral.

So did the tourist, and when he had completed the circumambulation the beggar was still there, though he seemed to have changed his headgear. A skullcap had replaced the turban. He stuck out his bowl again. In it was only the Euro from the tourist, indicating either a paucity of other tourists or the beggar’s lack of success with them. He said to the tourist, “Can you spare a coin for Maimonides?”

“So, now you’re Maimonides, the Jewish philosopher and theologian who apprenticed with Averroës.”

“I’m a beggar—first, last, and through and through,” said the mysterious Averroës-Maimonides.

The tourist nodded a noncommittal nod.

“Are you ready to enter the chimera?” asked Averroës-Maimonides.

“Chimera?” said the nescient tourist.

“This,” said the beggar, pointing to the mosque-cathedral complex. “The body of one and the head of another. Grotesque but beautiful. Warring but one. Mythic but real.” Here the beggar paused for effect and then continued, “Once you enter, there are only two choices: convert or run.” He paused again, for more effect. Then he started to say the words “convert or run” in different intonations. First he made it sound like a hissing mob, perhaps like one of the Cordovan mobs of the late 15th century that were out to get the Marranos: Jews forced to convert to Christianity but still suspected to be true to their old religion. Then he was an Inquisitor handing down a judgment, then a monarch issuing the edict of expulsion.

Though the tourist wasn’t impressed with the beggar’s theatrics he felt compelled to pay for the performance. He parted with another Euro.

Now the tourist was ready to enter the mosque-cathedral. He entered behind a group of visitors, yet found himself alone once inside. The great hall, with its innumerable arches and pillars, was cold, but within the tourist a heat. A roiling heat in which churned religions, centuries, minbars, mats, altars, minarets, cupolas, flags, bells, pews and also rage, vendetta, triumph, shame, power, validation, and much. Too much. Phew! He wiped off the sweat breaking on his forehead with the squeegee of a hooked forefinger and shivered despite the heat.



A Stranger in the World

Dr. Asaf Dar



Then the tourist noted a low noise, a constant humming sound that was directionless, enveloping him from all sides. It was indecipherable yet familiar, even intimate. Hymns perhaps? Calls of faraway muezzins? Chants of the Sufis? At first the effect was soothing, but soon the tourist felt rise within him an anxiety. He thought he had begun to hear in the same sound something sinister. Spells of witches? Falling of bricks? Crackling of fires? Wails of the burnt? Dragging of deported feet?

When the heat and the noise became unbearable for the tourist, he hurried out. At the exit, he ran into the beggar again. The beggar's headgear had changed yet again. He now had on a tall cap with stiff front and back pieces each of which curved to a point.

"Can you spare a coin for Góngora?" said the beggar.

The tourist knew Góngora was the famous 16th century Cordovan poet who was also a prebendary of the Córdoba cathedral and for whom the word was that he adopted his mother's surname to show purity of Christian lineage so necessary for official appointments at that time. The tourist also knew it was useless to ask the beggar why he was now calling himself Góngora. Perhaps, thought the tourist, the beggar was what he had accused the mosque-cathedral of being: a chimera, a chimera of religions and races. The tourist pulled out another Euro coin from his pocket and added it to the two Euro coins resting in beggar's bowl.

"So, I see that you have decided to run," said the beggar without any emotion.

The tourist did not respond.

"If you are to run, run in that direction," continued the beggar as he pointed east where flowed the Cordovan river with the Hispanicized Arabic name of Guadalquivir. "Take the river to the ocean grand and be one with it."

As the tourist puzzled over beggar's words, the beggar set his bowl, its three shiny coins and all, down on the ground and placed his crutch next to that. Beside these he put his pointy hat in which the tourist could see stuffed a skullcap and a turban.

Then the beggar turned to the tourist and said, "No one needs these." With this parting sentence and without even a hint of a limp the beggar walked away and melted into the mosque-cathedral.

The leafless trees are sad
For birds are just a few
The chill of autumn nights
Descends on grass as dew.

The morning breeze is brisk,
The shimmering sun unkind.
Some events of the past
Are slogging through the mind.

The poet in me awakes
To see the day unfurled,
To set out and go as
A stranger in the world.



Reflections on Malala's UN speech and its aftermath

Dr. Lara Zuberi



Dear Malala,

When you took a bullet to your head, I prayed for you all night-that you live a long life-for who you are, and for the voice of girls' education that you have become- not only for Pakistan, but for the world. You were flown to England, where you had life-saving brain surgery, and after the Almighty, I thanked in my heart all the dedicated physicians who cared for you then. Despite experiencing trauma of such magnitude, your courageous steps did not falter, and you continued to fight for education and peace. Last week, your speech at the United Nations on your sixteenth birthday was articulate, moving and a shining example of utmost resilience. You showed the world a much needed positive side of Pakistan, specially when you said that you do not even hate the person who tried to kill you.

For all that you said, I am proud.

A lot of speculation has emerged following the speech: "Why didn't she mention the drones?", "It's all a political stunt," "She is a CIA agent," "It was a rubber bullet," "She is receiving 5 star treatment of a royal princess while others in Pakistan suffer," "She is being called a hero while our real heroes like Edhi are not valued," to mention a few.

For all that they said, I am appalled.

Keep your head high, and tell them that no one would agree to be shot in the head to pull a political stunt; no one would choose a facial droop in exchange for fame or a british education. Tell them that you love Pakistan so much more than they do, for you are the one who has given the ultimate sacrifice. Ask them not to compare you with Sattar Edhi-he is a hero in all of our eyes, but they forget that you are sixteen. You hope to live long, so you can become Sattar Edhi, if only they will let you.

I am sorry that your own countrymen malign you while the world celebrates you;
I am sorry that we have lost the ability to recognize a gem when it is among us;
I am sorry that this bullet of negativity has been so wrongly directed towards you;
I am sorry that you though you survived a gunshot, we have managed to kill you with our words.

A Glass Bottle

I remember it so well, the day you were born. I remember how soft your skin felt against my cheek, and how your tiny pink fingers wrapped around mine. I remember your first cry, your first smile, your first step, your very first word. My memory is good, but I wish it waere better. I wish I could remember every minute detail-not just the cry but the sound that preceded it; not just the smile, but every laugh that accompanied it; not just the step, but every stumble before it; not just the word, but every sentence that followed it.

I wished at times, that I had a glass bottle, so I could pack all the moments within it, where I could see them, stacking them neatly one on top of another, and I wished I had a cork so I could lock them inside.

I have come to realize that there is a glass bottle, but there is no cork. Some of the old memories have to go to make room for the new ones. There is something remarkable about these moments that escape, though. They do leave traces behind, so that even if the moments are forgotten, the joy that accompanied them remains as the residue, and colors the glass bottle, beautifying it for years to come.



Different But Equal

Dr. Saleem A. Khan

It is one God,
Who created us all.
He chose our skin colors
Black, white, yellow or brown.
He decided what color should be
Our eyes or hair,
Black, brown, or something else.

He made us tall or short
He gave us different facial features too.
It is because of his will,
Some of us have one style of personality
And others have another kind.
He wants some of us to be laid back
And others to be energetic or restless.

Sometimes we start believing,
We are better than others
How wrong is that thinking?
We need to realize,
we are just different.
In the eyes of the Lord,
We are certainly all equal.

How Wrong We Are?

Dr. Saleem A. Khan

We think we have all the answers
And everyone else knows less than us
How wrong we are?

We give advice to others
But we do not listen to anyone
How wrong we are?

We do not respect others
But expect others to show respect
How wrong we are?

When everything points to our faults,
We adamantly deny any wrong doing
How wrong we are?

How nice it would be,
If we did some soul searching
And realized how wrong we are.



Making a Case to Choose APPNA's Future Leaders

Dr. Raheel R. Khan



On behalf of APPNA's 2015 Nomination & Election Committee

Since its inception in 1977, APPNA has benefitted from a cadre of phenomenal talent and leaders, transforming it into a true representative organization of Pakistan in North America. The organization has seen tremendous growth in the past four decades and its members have contributed enormously in the fields of research, education, social justice, philanthropy and politics. However, the depth of APPNA's talent pool and its true potential is yet to be realized.

As part of the natural process of growth, APPNA has also suffered from inside politics and groupings based on regional, ethnic and alumni affiliations. This environment has alienated a sizeable group of potential APPNA members with exceptional talent pool. Our current process of selecting and electing APPNA leaders heavily favors members from larger alumni or chapters based on their large voting bloc, and marginalizes those from smaller alumni, irrespective of their personal qualities. Year-after-year, the same five or six larger alumni negotiate among themselves to trade support for their candidates. As a result, arguably, members with great leadership qualities belonging to smaller alumni increasingly feel disenfranchised by APPNA for the perceived lack of opportunities to rise to the highest level of leadership. They refrain from seeking and playing a leadership role in the Association and consequently, deprive the Association from achieving its potential glory. Also, the prevailing nomination process of allowing multiple candidates to seek election to the same office results in division of membership votes, increasing the possibility of having an officer elected without the support of the membership majority.

Currently, the function of APPNA's Nomination and Election Committee (NEC) is mostly limited to conducting a fair and balanced election without any role in selecting the best possible candidates for each office of the Executive Committee. As members of APPNA's NEC, we propose to revise the current process of electing Executive Committee members by adopting the following process:

1. Nomination and Election Committee should invite nominations from the general membership and identify a number of desirable candidates for each office of the Executive Committee.
2. NEC to create a "Leadership Selection Council (LSC)", comprising of one representative from each component alumni (not chapters). Each alumni shall select their own representative to LSC on annual basis.
3. Members for Pakistani medical schools without an established alumni shall join together to select a unified representative to LSC.
4. Members from the U.S., Canada and Caribbean medical schools (NAMA) shall select a unified representative to LSC.
5. All nominated candidates shall present themselves and articulate their vision to LSC in a specially organized meeting.
6. After completing the interview process, selection committee shall go through voting cycles, eliminating the lowest ranked candidate in each cycle (e.g., after interviewing 6 candidates, each selection committee member shall assign them a rank from 1 through 6 from the most to the least desirable candidate, on a secret ballot sheet. Candidate getting the highest total shall get eliminated and the selection committee shall start a new voting cycle with the remaining 5 candidates. Voting cycles to be repeated until only TWO final candidates are left).
7. The slate of final two candidates for each office shall be presented to the membership with the opportunity to introduce themselves and interact with the membership-at-large.
8. NEC defines the code of conduct and conducts fair and transparent elections.

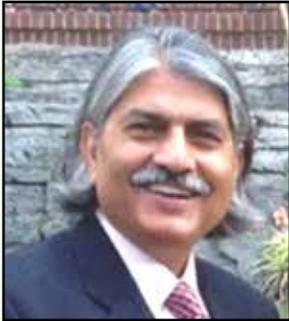
Adopting this process should help level the playing field and encourage good, talented members to seek leadership role in the Association, irrespective of the voting strength of their alumni. With only two candidates contesting, the elected officer will likely be elected by the solid majority of the voting membership.

The value of a candidate should be measured not based on his or her affiliation but based on his or her talent and leadership qualities. Time has come to make APPNA a truly representative body of ALL the physicians of Pakistani descent, instead of serving the interests of handful alumni. Time has come to bring back ALL the physicians of Pakistani descent into the folds of APPNA to help it achieve its yet to be realized glory. APPNA's Nomination and Election Committee welcomes suggestions from APPNA members to help us improve this process.



From King Edward to United States 25 years of Medicine

Dr. Furrukh Sayyer Malik



Heart and Art

The atmosphere was electric. The traditional Mississippi Bowl, so called the Egg bowl, this year was at Rebel stadium in Oxford. I was invited by Charlotte, a gorgeous tall African American lady from Pascagoula MS, with a big heart. Her son was playing as running back in a game of historical importance. At game's

end Charlotte with her large imploring olivesque eyes hugged me and planted a kiss on my cheek. I could feel her heart running with excitement and gratitude. If there was a purpose in Life and Medicine, it was there. A marvelous football game, a powerful running back and a heart full of love and hurt.

Summer 1990

The flight was late. The gigantic Heathrow airport was buzzing with people in a rush to get somewhere. I was in line to get my boarding pass, en-route to the New York to start my residency training. My enthusiasm trumped only by desire to start a journey to become a heart doctor. The flight was the longest two hours of my life. The New York skyline was nothing but awesome. The walk to immigration was forgettable, till asked rudely about the purpose of my trip to United States. I still remember telling him, with that youthful conviction, of my desire to be a good doctor. I did not shared with him my hope to be a heart physician or the motivation that led me to it. That motivation had its roots at my introduction to Cardiovascular medicine in Final year medical school at King Edward. One of our Cardiology consultants mentioned techniques of Balloon pumps and coronary angioplasties in treatment of heart attacks. His dismissive refrain that most of us need not know about it, for we would never see one or let alone perform one. It lit a fire and it is still burning.

Fall 1997, Southern United States

Charlotte was a young mother of three from a small idyllic ship building town on the gulf coast. A tall thirty year old with Olive black eyes. Her youngest son was few months old but her heart was literally broken. She was listed for heart transplantation. Her heart had suffered damage post-partum and her breathlessness was debilitating. Her lungs soaked with blood that otherwise should have been energizing her muscles. She could not take care of the new baby. She was on multiple medications, oxygen and blood thinners. She was waiting for a new heart.

I found her crying many a times for not been able to hold and feed her baby. Her undergarments soaked with her milk. She begged so many times that I forgot to count. She could not understand that there was no safety record of the powerful medications that could be in her milk and may hurt her infant. She wanted her son to grow up and play football for the Ole Miss Rebels. Many a times she would ask the nurses about chances of getting a heart. Her weight and blood type were holding her dreams captive. Our team finally offered her a mechanical device. Her Olive black eyes swelled up with water and she just looked at me. She knew that she will not be able to see her son grow up. She refused against our better judgment.

In that winter she came close to losing all hope. She wanted to go home to be with her family. Her large frame had lost a lot of weight but she kept her desires. She was among a few candidates that we delisted for transplant. Her treatment plan was modified and against all guidelines we asked the team to restart heart failure medications at one tenth the doses. A trial with few precedents. To our surprise she made a good clinical response. She came off the intravenous medications and the dose of her other medications were reduced drastically. However the benefits were short lived as she began to deteriorate slowly. Just like her recovery we could not fathom her decline.

A week later the nursing supervisor reached out to me. She mentioned that nurses had made a grave error and Charlotte had received the full doses of the medicines all along and the error was found last week and she was given the lower doses, coinciding with her clinical decline. I looked at the supervisor with incredulous disbelief and elation. A grave medical error actually made Charlotte well.

We changed the medication for Charlotte again.

Fall 2014, Oxford Mississippi

The atmosphere was electric at the Egg bowl. Among the screams and claps I could hear Charlotte laughing with joy. Her pride and joy was the running back for the Ole Miss rebels.

The Art of medicine has many colors and origins. A King Edwards Medical graduate from Pakistan on a southern football field rooting for a running back and a mother with heartfull of love and hurt.



No Health without Mental Health

Dr. Farha Abbasi



According to Global burden of disease study 2010 Lancet, Mental Health and Substance Use disorders are 2nd leading cause of Disability Adjusted Life Years worldwide. Depressive Disorders account for 40% of mental health issue.

The economic burdens associated with mental disorders exceed those associated with each of four other major categories of non-

communicable disease: Diabetes, cardiovascular diseases, chronic respiratory diseases and cancer.

We see a general disparity in treatment between physical illnesses and mental health disorders, with limited resources and insurance coverage. The reality is very stark when it comes to stigma and silence shrouding this grave issue in our Muslim Communities. Never acknowledged and hardly treated. Mental health breakdown can easily become crises of faith and spirituality. The “faith blind” approach of western trained clinician can further discourage and alienate this vulnerable population.

There are approximately 1.57 billion Muslims constitute 23% of the world’s population and serve as a majority in approximately 50 countries around the world. The Muslims constitute an ethnically diverse and multicultural population with uniformity of religious beliefs. Muslims living in west are currently struggling with their identity, fighting isolation and acculturation. Biculturalism



issues are leading to intergenerational conflict and domestic violence. The Immigrants and refugees are suffering from trauma and displacement. The mental health stressors have been augmented by Islamophobia and negative image being perpetrated by media.

According to Gallup Center for Muslim Studies 2009-“Muslim Americans: A National Portrait”, Interviews with 300,000 US households anger, stresses, and worry are more likely to be reported by some groups of Muslim Americans than by their racial counterparts and other faiths. Muslim Americans were the least likely religious group to be thriving, especially when compared with Jewish Americans and Mormons. Muslim youth age 18 to 28 were the least happy and most angry compared to youth of other faith groups.

The population relies heavily on local Islamic centers for support



and resources. To a population where religion and spirituality are big resource of resilience and survival it is inevitable to turn to your local Imam/chaplain in moment of crises. The disproportionate burden of growing needs of the community and scarce resources has further burdened the local Islamic centers and Imams. It is vital to strengthen this community structure by training Imams in Mental health awareness. These Imams should also be assessed for compassionate fatigue and screened for their mental health needs.

I was awarded an American Psychiatric Association/Substance Abuse and Mental Health Administration minority grant in 2007. I used the funds from the award to develop and present a conference devoted to issues in Arabic/Muslim Mental Health- MUSLIM MENTAL HEALTH CONFERENCE.

A unique aspect of the conference is presentations for both academics and lay members of the public who are interested in issues around Muslim Mental Health. Through these conferences a great emphasis has been placed on Mental Health training for Imams and chaplains. Muslim religious leaders traditionally do not have any training in counseling skills or in understanding mental health issues with which their congregants might present. This includes knowing how to respond to suicidal ideation or violent ideation. Imams are trained to identify basic pathophysiology of mental illness and to be able to refer in acute situations. They were recently introduced to ACES-Acute Childhood experiences and trauma responsive congregations training through Faith based and neighborhood partnerships through Human and Health Services.

The Muslim Mental Health conference over the last seven years has become a central point for providers, researchers and those seeking care.

There is a dire need to strengthen the inner structure of our communities by breaking silence, challenging stigma, creating more awareness and acceptance in the families and communities. It is imperative that we as physicians and health advocates become more active stake holders and lead these mental health initiatives as there can be no health without mental health. Only healthy minds can create healthy societies and resilient communities.



Yaddasht: A Book Review

Dr. Roohi Abubaker



(Yaddasht is an autobiography of Dr. Muhammad Uzair one of the earliest and most eminent economist of Pakistan, currently living in Karachi, Pakistan. Author of 12 other book which are on his subject Economics and finance, first person to write a book on “ Interest free banking in 1954 and is still considered a pioneer on this subject)

Ever since I was a child , I would be fascinated by biographies, the few that I still remember reading are Irving Stones’ biographical novel “ Agony and Ecstasy ‘ which encompasses the life of Michelangelo, the famous sculptor, painter , Golda Meir’s’ “ My life”, Zulfiqar Ahmad Bukhari’s “ Sarguzasht” or Qudratullah Shahab’s “ Shahabnama “ so when I learnt in 1992 that my father, Dr. Muhammad Uzair is writing his biography , I was very happy and thought that very soon I will be reading it. I got my married in 1992, years started passing by, now and then I kept asking Ammi “ is the book finished ? “ she said no he is still working on it , my father will be dictating it to a student from karachi University who will come two days a week and will pen down whatever my father (whom we call Abbi) would narrate. In the next 5-6 years I think he completed the work but kept on adding whatever he felt like adding. On every visit to Pakistan I will urge him to have it published , in 2014 my dearest mother passed away and at that time he decided that he cannot write anymore and gave the manuscript to a publisher and finally in January 2015 , the book was published.

My father Dr. Muhammed Uzair had a very enigmatic life, he lost his mother when he was only 4 years old, he was the only surviving child of his parents, his father remarried and he was adopted by his maternal aunt and uncle who had no children of their own and raised him with utmost affection and love. In the earlier sections of the book the author describes his early life, he describes how Lucknow and Allahabad were in the early twentieth century, there is a very interesting section in the book about Allahabad University from which he graduated and had the opportunity to meet teachers like Firaq Gorakhpuri and Dr. Harivansh Rai Bachchan , who is the father of legendary Indian Film star Amitabh Bachchan and at that time he taught in the English Department at the Allahabad University. Famous Urdu Poet Mustafa Zaidi was one year junior to him and in the book he describes that when he was doing BA, as a requirement he had to write reviews on 6 English novel, a devout reader as my father

was, he wrote reviews on 40 English novels which was a record at Allahabad University at that time and a year later Mustafa Zaidi wrote review on 41 book to beat his record.

The book has a section about his days in USA when he was sent on a scholarship to Wharton School of Finance , University of Pennsylvania and from where he did his MBA and PHD in 1963, it’s an interesting account of America at that time and he witnessed the racial segregation prevalent at that time, he attended a speech by Malcom X and Elijah Mohammed as well. He travelled widely and gives a very interesting account of all the countries that he visited, since he was an Economist he was sent by the newly born nation of Pakistan to study the Economic structure of other countries. He also gives impressions of the famous personalities that he met, he describes his encounters with Zulfiqar Ali Bhutto and General Zia ul Haq. He analyzes the political situation leading to emergence of Bangladesh and he often analyzes other international and national events that happened and impacted the world today.

The book has such a flow that once you start reading it , you keep reading it, I think there cannot be a more befitting name for this book than Yaddasht because you cannot help but marvel at the memory of the author. I am sure that it will be a good addition to any library.





Child Soldiers, Pain, Misunderstandings, and Lives Undeserved

Salaar Akbar



As we all know countries around the world are massively underprivileged and suffer from disastrous consequences such as poverty, internal affairs and conflict and even a great shortage of simple commodities that they rarely have anyway. These shortcomings eventually turn one to another against each other and ultimately causes chaos and collapse in the balance of a stable society. Time and time again once an agrarian

place fails and has no order and equity in it's system, it is immensely difficult for a place to restore that order and create a place of a solid structure and an everlasting procedure that doesn't fail and that can save that provincial place. My point being that everyone only has themselves to fall back on and no one to turn to for aid or help. This in turn causes unease and creates a motive to attack and try to take power by force. We've all seen it before in history, with opposing sides with opposing ideas, so why wouldn't this happen again? History has showed us that no one lets their side lose when they are told to by an outsider. This means they take offense and act irrationally usually in a violent manner, and this in turn is true almost every single time. Even in these times of war and conflict, there are laws that prevent certain action and prohibit things that can happen in conflict. This meaning that any crimes against humanity during war times is admissible to prosecution.

However what if the one committing the crimes is no older than one of your younger siblings? What if the one accused is at the age when they should be attending high school? In countries known as Uganda, Sierra Leone, Afghanistan, and even in the United States all of them have used child soldiers and recruited them. And this does beg the question, should these child soldiers be given a pardon? Should these young kids (some as young as eight years) be given amnesty? Keeping in mind all of the hardships that have affected them with no shortage of forthcoming brutality and an everlasting effect of pain and misery on their minds and bodies. Child soldiers who are fighting on the battlefield, they definitely deserve amnesty and immunity from any prosecution and or war crimes against them. Greatly because they are manipulated by their superiors in a manner that shames the whole role of being a good leader and draws a line between loyalty and a perfect example of blatant and terrible abuse. They are purchased, kidnapped and terrorized, this having a terrible effect on a body and mind still in development. And even because they are taken advantage of (without almost any consequences) and used for terrible and horrific things even without fair trade.

Immediately we have to recognize that we are dealing with children that have already had to grow up in countries cascading with poverty. So they have little access to schools and no access to a standard education system. This means that they have no basic knowledge of the rights and wrongs in this world. When you really think about what these kids have and how they act based on their unkindled knowledge, it truly is remarkable. But the sad thing is

that it takes one person to use excessive amounts of force to cause these kids unimaginable pain and suffering. Bottom line, these child soldiers are manipulated in ways that should be put onto no one. Just stop and think about the "who" we are actually prosecuting here. They are boys and girls, with families who had been terrorized. The leaders of these organizations threaten to harm and or kill the children's families. They are children who all they care about are the ones they love and they are the ones who would do anything to protect them. Now you may say that some of these kids choose to do these tremendously terrible things against humanity but just ask them before they joined whatever party they were previously in. I don't see anyone asking these children how they feel and how they were before all of this conflict.

Before wars in these countries started, crime was far lower, education was at a far higher rate of success (even with a bleeding education system) and a considerably low amount of child soldiers were drafted into being manipulated into doing these crimes. I guarantee that the majority either wanted to protect what they believe in without violence and just wanted to defend what was dear to their hearts. All countries have patriotism that way and that gives us fault as well in pushing these conflicts too far injured many more with a grenade attack against U.S troops but what he said in his case was that he was vastly manipulated by these chemicals and mind erasers, issued by all of his leaders. Now we don't know if he was under the influence during his attack, but we can say that if he was 15 during these times just think of how many more his age that were manipulated horribly this way. And finally these child soldiers are "branded". Like animals. It is cruelty beyond belief and it is the commander's way of showing that they have control and intend to do whatever it takes- whatever the price.

Now secondly every country has their share of internal conflict and the fact that these children are caught in the middle of it is not surprising. In Uganda for more than a decade, LRA leader Joseph Kony has been terrorizing, kidnapping, and even purchasing child soldiers. And keep in mind this is in almost all countries with unstable environments and societies without balance as well. He uses them as untrained combatants, this meaning they have no experience how to aim, shoot, etc. Just think about the first time doing or trying something. Nobody is perfect or more importantly nobody is skilled. So in reality these kids and adolescents are just more bloodshed and aren't even put to tasks in which they could actually help. Furthermore these LRA leaders kidnap these children, they feel the need to actually tear off their limbs, cut of their ears and mouths and actually attack their frail, bony, thin limbed bodies. In addition these child soldiers are stripped away from family without the slightest chance of seeing them again. Just try to comprehend the pain of never seeing your loved ones again. It is a pain that can have a massive toll on someone's mind and the way they behave. But by far the worst thing that they are trapped into being terrorized by is the way these leaders and older men are sexually attacking these boys and girls. They are victims of rape violently with no aid and no escape so they are basically stuck with this terrible fate without change. They have to obey for survival time and time again, and of course this can even lead to other consequences with their bodies internally. Either way they are victims



Reflections

each and every other day probably for a good majority of their lives and then the almost guaranteed inevitable fate will happen.

Lastly, we find it hard to think of what else could be added to the long list of things these victims have to go through. Sadly we aren't over, child soldiers all over are taken advantage of and not given fair trade by their government and used for terrible and horrible things. We have now learned that they will do what is necessary to survive and protect their prized ones. The government offers money for enlisting into the ranks of their forces. But time and time again they aren't paid on time or at all. And the worst part is that they can't leave even if they have received what they came there in the first place for. Next, the child soldiers are used as suicide bombers often reflecting religion because they are manipulated into thinking they are aiding whatever they believe in, but it is noble. Nonetheless the leaders are too scared themselves to give up their lives- so they make the young kids and teens do it. And finally we have the last reason, the reason that ties everything else altogether. They are lied to all of their lives being child soldiers, they just don't know it. They are lied to even for just the dirty work that these so called leaders can't be bothered to do. They are promised safety or protection and promise to return to their families or freedom and a paycheck for their hard work... and it's

all lies.

I know that these kids known as child soldiers may have hurt any loved ones and that may be the biggest reason for hating them but just stop and listen here. They are manipulated into doing these terrible things by being drugged and given alcohol and other stimulants. They are purchased, kidnapped, and terrorized just like that without any consequences to the ones taking these children. And they are taken advantage of to no end of extent. Look at how these so called "child soldiers" (who really aren't even trained soldiers) are treated especially during the outcome of their environment already. If anyone is to be prosecuted it should be the leaders (who don't even deserve that title) who are treating the world and the people around it like their own. I ask that all who understand now truly know that these child soldiers should definitely be given a pardon and full amnesty from any war crimes committed. And more importantly these child soldiers who have been suffering for too long, they should be given a new life and new opportunities because honestly they have deserved it all of their lives.

Salaar is freshman in high school. Passionate about literature. Loves to express himself through his writings. Social injustice is his favourite topic.

Reflections

Life is Hard! Really?????

Hiba Tahir



Understand life is crazy and can throw you off balance. Visualize a rope over the water that you are trying to balance on, and then something triggers the rope. What happens next is life. Life is extremely interesting but what should we do about life taking us down sometimes or maybe more often than we like? Life can be hard, but you control your own life. I am thankful that I am the only one that can control my life.

I wouldn't want to change. Being your self is the best thing you can do.

No one can change you, and no one can ever use you unless you want be used or change. You are a remarkable person just being yourself. You shouldn't change because of someone else. You are unique in your own way. Being different isn't bad at all. Listen, being different is what makes you yourself. You are an important person in this world and no one can change that if you have the confidence in you to fight back. Never ever change for anyone else unless it is a positive reason.

Sometimes thinking about life can make you cry. It could be that someone is making fun of you, or making you feel like you have to change to fit in. You can act like nothing happened in front of other people but you know inside of your heart that you have changed somehow from before. You are used to being yourself not anyone else. But believe that you are a good person, and never change. Never let anyone tell you any thing that is against that.

Life can be hard but think about the people with no homes. They have to deal with harder lives than us. We all deal with rough lives in this world, we need to help the people with harder lives than us because they are dealing with severe conditions. If our newest generation is up to do it, and believe it is possible than their heart and mind play a big role in this. Never underestimate the power of love, trust, and belief, because it can do amazing things.

Follow your own path through life being yourself. I know life will be hard sometimes, but everyone has to deal with that roughness throughout his or her life. We all follow different paths through life, and that gives us different routes to go through. Life can change a lot, but can never change you.

Hiba Tahir is 6th grade student at Elsewedy International Academy Cincinnati Ohio and loves to express herself through writing.



Film Screenings: Help Show Americans What Pakistan Is All About

Ethan Casey



Many APPNA members know me as the author of the book *Alive and Well in Pakistan*, which was first published in 2004. Last year I published a 10th-anniversary edition, with 40 pages of added material including articles and speeches I've written and delivered around the United States in recent years. The book's purpose is to introduce my fellow Americans to the interesting and very human Pakistan that I know and love, as distinct from the frightening and unrepresentative caricature of Pakistan that Americans are shown in most of this country's media.

I'm proud and happy to report to you that, thanks partly to financial and other practical and moral support from APPNA members and other Pakistani-Americans, I've been able to distribute more than 10,000 copies of the updated edition of *Alive and Well in Pakistan* free or charge to Americans, including several thousand copies to students at major universities. Texas Christian University in Fort Worth has

been especially supportive.

Now, in partnership with friends at TCU and in Pakistani communities in the Dallas-Fort Worth area and elsewhere, I'm working on a new project to expose even more Americans to the Pakistan I know and love: an ongoing series of film screenings in cities and on university campuses around the United States. The intention is not to show only positive things about Pakistan, but to portray real stories from and about the real Pakistan, warts and all, but with affection and sympathy, just as I've tried to do in my book and speaking engagements.

We began with a modest pilot film festival this past March on the TCU campus in Fort Worth, where we screened the feature films *Khamosh Paani* and *Josh* and the documentaries *These Birds Fly* and *Without Shepherds* and brought in Josh director Iram Parveen Bilal to interact in person with audience members. We also invited Pakistani community activists Syed Fayyaz Hasan and Aftab Siddiqui to discuss Pakistani history and the Pakistani-American immigrant experience, in a wonderful panel discussion that I moderated.

We plan to hold another film festival at TCU in early 2016, but we also want to "take it on the road" – to screen Pakistani films all around North America, wherever we can find an interested audience, a venue, and a local Pakistani community willing to work with us in partnership. The main reason I'll be attending this year's APPNA convention in Orlando in mid-August is to meet and network with any APPNA members who might be interested in working with me and my friends to screen Pakistani films for American audiences in their cities.

If you're interested, please seek me out at the convention. I'll be saying a few words at the flag-raising ceremony on Friday, August 14, and to at least one of the alumni dinners on Friday evening, and I plan to be around all day Saturday, August 15 as well. The cost of screening most films is not high; the main things we need are enthusiasm, several months of lead time, and a Pakistani community in your city that's willing both to show up and – even more important – to spread the word and especially to invite their non-Pakistani friends.

Please do seek me out at the APPNA convention in Orlando. If you're not going to be in Orlando, or if you want to be in touch with me before then, by all means email me directly at

ethan@ethancasey.com
206-226-0509

Pakistan Zindabad!



We Have all had that Moment, A tribute to my colleagues

Dr. D. Yunus



The grainy photograph of an ER physician hunched over in grief after losing a 19 year old patient went viral a few months ago.

Although some may argue that it is voyeurism of a very private moment of grief, I feel a sense of relief about this opened window. I am a doctor. I understand this precise moment. I know the exact feeling of loss, when the heart rate of the patient starts to drop and despite heroic efforts, life starts to slip out of your sterile, gloved hands. As the beeping monitor

records the decline, your own heart sinks gradually with it. Your mind knows but the heart makes you push once more. But it's futile and you know what is to follow. You have seen it before, it's your occupational hazard--- dealing with death and accompanying grief.

One would think that being repeatedly exposed to death would make a person more resilient or habituated to such an outcome but it stabs the heart every time. No death is identical, each patient has an individual connection with us, humans, dressed up in our white coats. Death is never business as usual.

Yes, we, doctors have feelings too.

We try hard to deny it, mask it, shelf it and hide it. But they reside abundantly within us, lurking underneath the cover of "I have everything under control", "Trust me, I know how to do this", "I will be there for you", "I wish to help you heal".

We fall in love with the new born babies we deliver, we admire the feisty 75 year old widow who is vigilant about her health, we celebrate our patient's remission from cancer and we feel pride in our patients' improved cholesterol. We do it all. Just privately, on our own, most of the time secretly.

We grieve too, We grieve it all. Loss of lives, limbs, functionality, mental sharpness, independence with our patients.

We feel emotionally exhausted at the end of a busy clinic. For we put our needs aside, block our affect and open ourselves to our patient and give them a piece of ourselves.

We go beyond protocols to add the human touch, we stay a little longer than needed, we hear more than the time allows, we call the pharmacy after hours if needed, we may show up our day off because we it feels right, we eat the dry meatloaf from the hospital cafe on Christmas, take a phone call on vacation and sometimes, check our emails when away because we feel... we feel for you and we truly care for you.

Sometimes, our ride home is our catharsis where we cry as we leave the hospital, having tucked away all the patients for the day.

We agonize over reports that show worsening of disease, we hate to deliver bad news, we do it, but it punches a hole in our own soul every time.

We try not to panic, we are expected to be calm, we are expected to have nerves of steel in crisis, to run the code, to do the emergency tracheostomy, to do that urgent operation. But nervousness and anxiety aren't unknown to us.

We may not say to you how sad we are when you miscarried, we may not disclose how shaken up we were when you slit your wrist in depression, we may never tell you how afraid we were, when your blood pressure

dropped precipitously in the ICU, but we went through those feeling. We felt those jolts of emotions, rising and receding.

But we keep moving swiftly, from one room to another, from one loss to another victory seamlessly while we try and make sense of our feelings. Our training teaches us to modulate our feeling, gradually learning how to deny fatigue and sleep the acknowledgement they deserve, to hide our tears and to tone down our laughter. The bedside manners are considerate combination of empathy, compassion and subdued feelings. Medical training comes with the process of keeping emotions out of the exam room. The notion that we should not let our feeling effect our work comes early. Feelings cause conflict and ambivalence, feelings may make medical care precarious. We are asked to be strong.

We prefer not to know what they did, when treating prisoners, for we don't want negative feelings burrowing in our hearts. We avoid getting too attached to the terminally ill, but fail at it miserably. We try and justify our attachment to patients as if it was illegal, "But she is so sweet". We suffer for every patient, it just isn't visible.

You may never know how a small thank you note that you sent made our day after seeing two very young families who have kids with cancer, you may never know how we teared up when you left a handmade afghan for our newborn baby. You may never hear about us saving these notes in our drawers to offer us solace when we confront death or saying a quick prayer for our patients.

Many of you characterize us as angels, while we struggle to even be human. Perhaps being an angel gives us freedom to not feel. May be, we are your angels. We try and comfort you. We try to heal you. But inside we are humans, very inadequate, very vulnerable, very much like you.

We beat ourselves up when we make a mistake. We go over it again and again. We stay up at night. Sometimes, in the middle of the night when we wake up, a patient may pop into our heads, someone gravely ill or immensely kind. We write prescription for a sleep aid for you as we chug down coffee to offset the lack of sleep caused from being on call.

We learn how to separate our life and intrapsychic world from the care of the patient. We, however, aren't never successful. Put a few doctors in a social setting and the conversation will inevitably transition to patient care. Just ask the spouse or partner of a doctor, how many times they have seen their partner sob for a patient?, how many times they have heard "I can't sleep because Mrs. Brown is in the ICU"?, how many times they have had dinner with us with us preoccupied with a patient issue, how many Friday nights we came later for the party?

The pain and worry that we go through is as real as the compassion for our profession.

We aren't provided counseling for grief for losing patients, way may on occasion wander in the office of the hospital chaplain or find a colleague in the hallway to share this agony but most of the time, the clock keeps ticking and the rooms kept getting filled with the next patient.

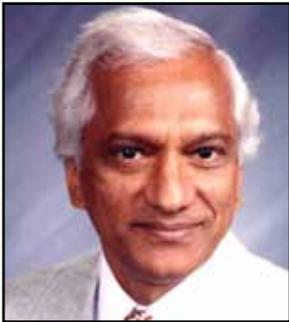
We transition from disclosing grim prognosis to revealing a positive pregnancy test. It's a bipolar range of affect that we navigate every day and day after day. But then, every so often there is a death, that is more gut wrenching than the others, that feels like a punch in the stomach and we double over, we may cry loudly just to get it out, because if we keep it in, the patient in the next room won't get what they need, a whole compassionate nurturing doctor. And we owe it to them.

So we, like my colleague grieving outside the ER, find that moment to let it go, be human for a little while, embrace being vulnerable, and take a deep breath before opening another chart, another life, another kind of emotion.



Obesity: The Health Scourge We Can Defeat

Dr. Ayaz Samadani



The most common lament I've heard from patients over more than three decades in family practice is, "I can't lose weight." During that time, the evidence shows that they are right! We, as a global society, are growing and growing, and it is indeed negatively affecting our health, as well as our wallets. Literally, billions of dollars are spent treating illness caused by obesity.

The scope of this crisis is truly frightening, as we're seeing obesity develop at alarming rates in children, as well as adults. We are now seeing a form of diabetes develop in children that we had previously only seen in adults.

This scourge has become so widespread that two out of three of us are either overweight or obese! This portends grave consequences. When our bodies are so heavy, we are at greater risk for developing diabetes mellitus and high blood pressure, which significantly reduce our chances of living a long, healthy life. In older patients, loss of vision and limbs, as well as the development of blood vessel disease, strokes and heart attacks are all directly linked to obesity. Obese patients suffer a whole range of health challenges-which include difficulty healing and recovering from surgery-so we do indeed have a tremendous problem on our hands.

But unlike a number of health conditions, there is something we can do about this pervasive one. One of the easiest ways to control obesity and prevent its complications is to eat wisely. Choosing healthier foods and knowing what we are eating will get us back on the road to a trim figure and a healthier outlook.

Besides carefully watching what and how much we are eating, we must also get back to building exercise into our lifestyle. Automation and easy access to food wherever we go have made it far too easy to gain weight, so it's especially necessary to walk regularly, engage in sporting activities and generally spend more time outdoors than on the couch. When kids see their parents are active, they will model that good example and maintain it throughout their lives.

Ironically, the technological advances that have led to a sedentary lifestyle for many of us also may hold the key to better tracking how much and what we are eating. Internet-based computer programs are available now and can help people better reach their weight loss goals. We each have the power to create a better body and a better life for ourselves and our families.

Doctor Ayaz Samadani practices family medicine in Beaver Dam, Wisconsin, where he has lived for more than 35 years. He is also medical director for EatRite.net, a website tool he developed to help patients maintain a healthy weight by analyzing their food choices and preparing healthy, individualized menus based on their particular health conditions.



Who are you and what are you made of

Dr. Arif Ahmad

Yes you have been wronged
For one reason or the other
Over and over

A brave few took it on, spoke about it
The rest of us, the politically correct, kept our
quiet
And that is alright
For therein lies your chance
To rise above the hate, the indifference

Who are you and what are you made of

What else are you going to do about it
Stay sorry for yourself, blame everyone under the
sun and buy into the conspiracy theory
Or

Back yourself up, wear your best attitude, bring
your A game and up the ante

Are you going to get better and then some more
Do you have what it takes to enlighten and excel
Can you learn to compete even when you cannot
win

Can you show the world what that means

For at the end of the day what really matters is not
what comes your way but how you respond to it
And that is what separates
The also ran from the greats



APPNA MEDICAL CORPS- (DRC) COMMITTEE

Dr. Asaf Riyaz Qadeer



This year one of the key projects identified by our APPNA president Dr. Mubasher Rana in his agenda for 2015 is to go global with its charity work. This noble task has been assigned to the APPNA Medical Corps Committee with myself as the chair and Dr. Shahid Rashid as co-chair to make it functional. Even though the name of this committee sounds like the well known French organization Medecins Sans Frontieres (MSF), known internationally in English as “Doctors Without Borders”, (which has a huge organization exclusively dedicated to one mission with worldwide presence and a large number of permanent staff), the scope of our organization and mission will be much more limited in view of our infancy, limited resources and many of the charity work already been undertaken by different other committees.

APPNA Medical Corps Committee will confine in Pre-deployment training and APPNA Volunteers Participating Physicians to respond to providing the emergency medical relief to the victims of natural and man made disasters. And peace time send team of APPNA Medical Corps volunteers to Pakistan.

Our Mission Statement is that; “APPNA Medical Corps will provide global assistance to victims of man-made and natural disasters irrespective of race, religion, creed and political conviction, guided by the principles of medical ethics.”

Our goal is to build a strong organizational structure with elaborate standing operating procedures and creation of required resources. The task is, however, not as simple as it appears. Just building the resources itself is a huge undertaking and will require a lot of funding followed by preparation for the logistical challenges that has to be confronted with speed, focus and flexibility to reach the most needy in a disaster affected area.

We need a large corps of dedicated volunteers ready to be launched at a call and sustain the operations till the need is there.

- To get the ball rolling this year we have started to sign MOU’s of support with government/medical/other relief organizations in various countries, especially Pakistan.
- Manual for the training of the APPNA Medical Corps in disaster response has been set up. It includes crisis response and management, emergency medical response, use of specialized medical kits and equipment, disaster (field) surgery, triage medicine, public health, survival in field conditions, logistical challenges, maintenance of supply chain, international traveling/documentation, etc. etc.
- Successfully responded to the tornado in Ogle County, Rochelle Illinois (suburb of Chicago).
- APPNA Medical Corps, nine members team under the leadership of Dr. Baber Roa and Dr. Afzal Arain successfully responded to earthquake in Nepal.
- APPNA Medical Corps team, under the leadership of APPNA President Dr. Mubasher Rana visited the Frontier Medical and Dental College Mansehra, Abbottabad on 6th October, 2015.
- Preparations are going on to send APPNA Medical Corp team during APPNA winter meeting in December 2015.

At this point I would like to request all APPNA members especially all chapters and alumni’s to help recruit volunteers for APPNA Medical Corps. Contact Dr. Jaleel Khan through APPNA website.

APPNA Medical Corps Committee have laid the foundation and started building on it but this is a huge undertaking requiring colossal resources so it will need a greater participation by all of you and all the help we can get from within or outside APPNA to make it a success. I would like to thank all the APPNA Medical Corps Committee members for their support and hard work without which this couldn’t have been possible.





APPNA Committee on Institutions of Higher Learning and Medical Education (CIHLME) Report: Dr. M. Sohail Khan



In a brainstorming session at the APPNA Convention on Sat Aug 15, 2015

The following points came out as most important:

- 1) Committee structure that may stay for a few yrs
- 2) Not have a Top Down approach rather start small and build up block by block
- 3) Have formal Business plans and consultants in varying areas who can create feasibilities
- 4) Formal process of fund collection that we can safe keep for this particular plan and expand on it
- 5) Creation of sub committees, which may work on varying projects simultaneously

To accomplish this a 4 prong approach is being suggested:

We start with Creation of:

- 1) School of Allied Health with focus on Echo and Ultrasound training
- 2) School of Health Sciences with focus on
 - a) Public Health
 - b) Hospital Administration
 - c) Infectious Disease
 - d) Neurosciences
- 3) Hospital with Residency training
- 4) Medical School

Objectives:

1. To establish world class institutions of excellence related to MEDICINE and promote Medical Education
2. To establish relationships and partnerships with credible educational institutions that can further APPNA's mission and are not in conflict with our mission

Goals:

1. Establish institutes for parallel pathways for Physicians of Pakistani Descent
2. Establish School of Health Sciences
3. Establish Institute of Higher Learning with Clinical care (Hospital) and Residency Training for Physicians
4. Establishment of a Medical School
5. Establish CIHLME Philanthropy

Attendees of meeting 8/15/2015: M. Sohail Khan, Qamar Zaman, Asfar Malik, Yaqoob Shaikh, Shazia Malik, Aniq Shaikh, Shahzad Kazi, Amber Kazi, Tariq Butt, Habib Khan, Razi Sayeed, Abdul Rahman, Ahmed Malik, Asif Rehman, Mujeeb Shad, Raheel Khan, Aftab Khan, Riaz Adil, Aliniazi, Naheed Aliniazi

Others with interest : Saeed Zafar, Adnan Nadir, M.Raza Khan, Sajid Mehmood, Talha Siddiqui, Naseem Shekhani, Tariq Ibrahim, Zahid Arfeen, Danish Saeed, Samina Hijab, Sajjad Savul, Arif Azam, Khalid Riaz, Mubasher Rana, M. Nasar Qureshi MD, Iqbal Zafar Hamid, Dawood Nasir, Shahid Rashid



APPNA Compliance and Implementation Group Report

Dr. Nadeem Kazi



The subcommittee “Compliance and Implementation Group” is formed to assess the shortcomings and reasons of poor governance of APPNA and to propose the process of implementation of the rules and regulation of APPNA.

Outcome and Findings:

The group agrees that disappointing governance in APPNA is the failure to implement its own rules and regulation. Causes of this failure may be direct or

indirect result of the following:

- Handover process of the leadership
- Leadership training/process of the Executive Committee (EC)
- Lack of the accessibility to the policy and procedure (rules and regulation) of APPNA
- Engagement of the Office Management Committee APPNA office staff training

1. Handover Process

- a. There is no proper signoff process for the outgoing to incoming related officers.
- b. President elect, President and Past President are the key link with three years of collective memory of the organization. In the last few years members notice animosity among this group leading to breakdown of this process.
- c. There is no proper treasurer to treasurer signoff as the treasurer leaving the office has no complete control of the accounts or the information.
- d. The Secretary's role is very important in keeping minutes and updating the changes in rules and regulations of the organization which appears to be lacking.
- e. The executive decision per APPNA rules and regulation requires majority of the EC to approve which some time is lacking.

2. Leadership training/process of the Executive Committee

- a. Lack of knowledge regarding APPNA policies and procedures, lack of formal training and of institutional memory, resulting in changing and bending rules without due process.

3. Lack of the accessibility to the policy and procedure of APPNA: None available to staff.

4. Engagement of the Office Management Committee OMC members are unaware of the policies and procedure of the organization. There is lack of direct oversight of the office personal and finances in the office.

There are no processes to evaluate the office employees.

The OMC is supposed to present the budget of the office earlier in the year to be passed by the Council which is not done for few years.

5. APPNA office staff training

There is no formal training of the office personal

There is a lack of institutional memory in the office as all of them were hired within last 3-4 years.

The office personal is unaware who to approach in case of inappropriate actions

by OMC or EC member. The group felt they are scared to question EC or OMC members regarding transgression from the rules of the organization.

Observations:

- a. According to the constitution and bylaws of APPNA the BOT has no power to implement any rules. APPNA E&G can only give their recommendation to BOT, EC or council which can be accepted, amended or rejected and has no power to implement.
- b. According to the constitution and bylaws of APPNA, OMC has no power to run the office independently. The President is the one who runs the office.
- c. There is lack of cooperation or communication between OMC and finance committee.
- d. Until recently the OMC used to give the budget for the office to the council for approval which is lacking.

Recommendations:

After reviewing all the issues facing the organization. The committee recommends step wise approach before changing the structure of the organization. The committee believes any structure will fail if the rules and regulations are not implemented.

a. The OMC will gather all the records from the storage by October 20th 2015 including Policy and Procedure of the APPNA approved in 2007. Only two of them were available in the office for E and G committee and financial policy and procedure.

b. Compilation of the rules and regulation: Once the records are available the OMC and the task force will go over the document to compile the data regarding the rules and regulation of APPNA. Time frame 3-4 weeks. (Finished by November 20th 2015)

c. External evaluation: APPNA need professional expert in the nonprofit organization to recommend the process to implement the policy and procedures Dr Amjad Ahmad recommends Richard Paul, executive director of nonprofit organization and management involve with American Academy of Ophthalmology. He will approach him once data is compiled. This process may require 2-4 weeks. (Finished by December 20th, 2015)

d. Training of the Office personal: This process will be ongoing. The current office personal have no institutional memory or aware of the rules and regulation. The committee recommends spending 3-6 months to train the office personal after the recommendations from the external evaluation.

e. Oversight committee:

The committee recommends Dr Nasar Qureshi to form the adhoc committee for a year to implement the rule and regulation of the organization with power to execute necessary course of action including debarring candidates from election if they are not following the rules. This committee should work closely with BOT and the E and G committee.



APPNA CABL AMENDMENT 2015

Dr. M. Haseeb



SECTION: 12.COMPOSITION

12.1.2. Graduates of North American Medical Schools/Dental schools may either collectively organize to form an Alumni organization or more than one Alumni organization. Additionally graduates of medical schools/Dental schools other than North America may join to form one or more Alumni organizations.

Comments: An Increasing number of North American Medical Graduates have shown interest in establishing Alumni of their respective colleges. It provides them a platform to organize in more than one Alumni organization. Moreover, several Medical graduates of Pakistani descent who have graduated from medical schools other than Pakistan and North America want to be part of APPNA. However, due to the lack of a platform Alumni organization, are unable to become active members. The above proposal will open the doors for hundreds of new members.

SECTION 16: BOARD OF TRUSTEES

16.7.5 The BOT shall oversee the assets of the organization. It shall appoint the Asset Management Committee, which will report to the BOT.

Comments: The organization continues to grow with assets now in millions of Dollars. The BOT has more continuity over years as a team, has institutional memory and are responsible for overseeing the organization's assets. Hence, the Committee believes that the BOT is in the best position to select the Asset Management Committee.

SECTION 19: COMMITTEES OF THE ASSOCIATION

19.0 Standing Committees of the association shall be appointed by the President with the advice of the Executive committee (to be in concordance with 18.2.4) and ADD...except for the Asset Management Committee and Ethics and Grievance Committee which shall be appointed by the BOT.

(See Appendix C for the composition and functions of the Committees).

We are proposing to change the names of certain Committees, however, we would also like to suggest adding the following:

If the scope of a particular Committee changes with time, the name of the respective committee may be changed with approval of the Council.

Comments: By creating such a provision, we will prevent going back and forth every few years to change the Bylaws for renaming a Committee

19. F. Social Welfare Disaster Relief Committee/ SWDR Committee)

Comments: The recommendation to change the name is based on diversity of the functions performed by this committee

19.L Asset Management Committee

Comments: Asset Management committee has been handling all investments including Lifetime Dues

19.R. Project evaluation

Comments: This committee is non functional. Inquiry into this Committee's role was made from Central APPNA. Please see the response from the Administrator Jennifer addressed to the Chair on 3/30/15:

Dr. Haseeb,

I do not have a file on this committee. They have not turned in any meeting minutes in the five years that I have worked for APPNA. Their chair has not given a committee list for this year. I do not know of any projects that they have been working on. The committee did have a teleconference in January of 2014, but there were never any minutes sent. I do not know of any current projects that they would need to work on.

Regards,
Jennifer

For the purposes of changing the Adhoc committees to standing committees we are proposing to add the following:

Any adhoc Committee in good standing and performance for three consecutive years may be changed to become a standing committee with the approval of the Council. Two such Committees to consider include: APPNA Health Care Initiative Committee
Scholarship Committee

SECTION 27: AMENDMENTS

27.1 An amendment may be proposed by (i) Majority of the Council or BOT or (ii) by 5% of the active members or 100 members of the association, whichever is greater, by submitting a proposal to the Constitution and Bylaws Committee. Additionally, (iii) the CABL Committee itself, may initiate proposal for amendments.

Comments: The Committee's task is to review the Constitution and Bylaws in details. Because of the Committee's involvement, it is in good position to identify areas of improvement and clarity and therefore, should be authorized to propose amendments in addition to the other bodies.

APPENDIX C:

Section F: Social Welfare and Disaster Relief Committee

Section G: Disaster response/ APPNA Medical Peace Corps Committee)

Comments: This committee does not provide relief right away but responds to the situation by a plan

2. The Committee will develop mechanisms for APPNA to provide health care volunteers and expertise to other committees. These services are to be provided on request only.

3. The Committee will provide guidance and experts in the field of health education, patient education, and medical education.

SECTION H. ETHICS AND GRIEVANCE COMMITTEE

H.5. Should a grievance/issue come to the committee and the matter is not resolved by the end of the year, the complaint /issue should go to the BOT either for analysis and decision or for forwarding to the new Ethics and Grievance Committee.

SECTION J: HOTEL SELECTION AND NEGOTIATIONS COMMITTEE.

J.1 This committee shall review and evaluate sites for future summer meetings of the Association and shall present the negotiated terms before the Council for approval.

SECTION L: Asset Management Committee



APPNA FOUNDATION

Association of Physicians of Pakistani Descent of North America, Westmont, Illinois.

WHY APPNA FOUNDATION ?

- * Establishing an endowment fund is great way of investing in future of our organization.
- * Giving back to community for helping the needy.
- * Recognition of our philanthropic efforts in healthcare.
- * Keep the tradition of giving back alive in new and future members.
- * APPNA FOUNDATION like APPNA will be a non-religious and non-political organization.

FOUNDATION'S MISSION:

-APPNA FOUNDATION will help create social responsibility in the Pakistani American physician community encouraging them to participate in Health Education and Health care related projects.

-APPNA FOUNDATION is committed to enhance expertise of medical students and physicians of Pakistani origin.

-APPNA Foundation will keep Pakistani American Physician community abreast about changing healthcare policies in the USA.

SUPPORT APPNA FOUNDATION & CONTRIBUTE GENEROUSLY

Mubasher Rana, MD

President APPNA
Chairman, APPNA Foundation BOT

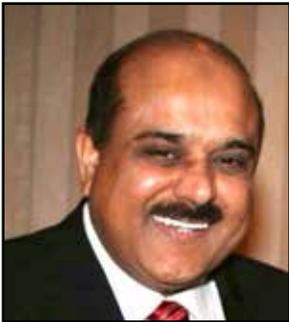
Muhammad Yaqoob Shaikh, MD

Executive Director APPNA Foundation



APPNA Presidents – Are we Bache Saqqaws of APPNA?

Dr. Mahmood Alam



Most APPNA Presidents I have known served the organization with utmost dedication and sincerity. I have alluded to the above historical reference as a parable to describe one year of APPNA Presidency. Being a past president myself, I, by no means, want to use the example in derogatory terms. Instead, I want to address an important issue that has been a source of significant inertia in the progress of APPNA's work. Over the past two decades, we have observed increasingly fierce election campaigns for APPNA presidency. Aspiring candidates vow to serve the organization with their inspirational vision for APPNA and gigantic plans to serve the community. I find nothing wrong with this campaigning as far as candidates follow the rules, however, problem starts after they are elected.

Let me explain. The year passes by very quickly and most of the plans cited in the election campaign either remain on paper or result in hastily approved projects usually in the fall council meetings. It is perceived that

Habibullah Kalakani was born in 1891 in the village of Kalakan, north of Kabul. Kalakani was a Tajik, whose father Aminullah delivered water to people's houses, and as such Kalakani became known as "Bache Saqqaw" or Son of a Water Carrier. Kalakani was the Emir of Afghanistan from January to October 1929 after deposing Amanullah Khan with the help of various Afghan tribes who opposed the westernization of Afghanistan. When he came to power, he took over the Arg or presidential palace in Kabul, where he discovered 750,000 British pounds from which he used to pay the salaries of his soldiers. Within his short reign, Kalakani prohibited western attire, closed all western education centers and married a royal woman to help learn the ways of royalty. Soon, with the help of the British, General Nadir Khan was furnished with thousands of troops from various parts of the Pashtoon dominated region to get rid of Kalakani. These troops quickly approached Kabul, began defeating the forces of Kalakani, and by late October 1929, Kabul was surrounded by Nadir Khan's army. Kalakani was executed by a firing squad on November 1, 1929 along with his brother and ten other rebel leaders.^{1, 2,3,4,5}

BACHA-e-SAQQAW Habibullah Kalakani

17 JANUARY 1929

1 NOVEMBER 1929 (AGE 39)



1 JANUARY

31 DECEMBER

APPNA PRESIDENT

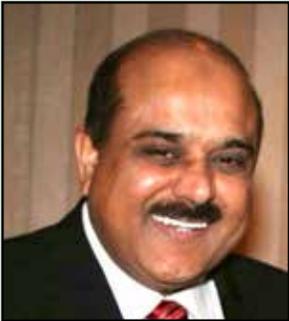


Committee Reports

the sitting President maneuvers the council to have approval of his/her legacy projects. Some of the presidents have even gone beyond the fall council meeting and either executed decisions at a special council meeting called for approval on the future projects or took decisions by the “executive order” during their winter trip to Pakistan. Those promised projects in the US or in Pakistan by the outgoing President are invariably shut down by the incoming President in January citing lack of due process and funds available for such projects. This practice of so called “assassination” of past presidents aspirations for the organization has led to a great deal of animosity and mistrust among APPNA circles. This atmosphere is seriously hurting the organization we all love to serve. The APPNA president should not sound like Bache Saqqwa who battled to reign for less than a year and was assassinated out of his kingdom. Let’s pause for a moment and think about the time from these fierce election campaigns through the one-year Presidency that brings in a lot of goodness for the community but lacks long range impact.

This year by launching the Long Range Planning Committee (LRPC), the issue of APPNA governance was given a top priority. We believe putting APPNA on a path towards long-range strategic planning along with bringing a cultural change of implementing our own rules and improvements in governance will lead to lasting success. APPNA President Dr. Mubasher Rana paid heed to this call and President Elect Dr. Nasar Qureshi came right along to set the stage for broader cooperation amongst the leadership of APPNA. We believe the adopted structure of LRPC will generate trust and radiate enthusiasm. A maximum of seven members sit on this committee. The President Elect, President, and Immediate past-President are permanent members of this committee. The President Elect nominates one member who may continue to serve another year as the nominee of the President. The President nominates the Chair and one member. The Board of Trustees (BOT) nominates one member amongst themselves who serves for three years. The senior-most nominees retire every year and the total number of committee members remains seven. The President Elect will have the opportunity to conceive long term projects of his/her interest and have them approved by this committee after due diligence. This exercise will have projects up and running even before his/her Presidency starts and then a year more as immediate past President to follow through with them. This committee structure with all the stake holders represented is paramount to the development of successful long-range planning. A much needed culture of harmony among APPNA officers is anticipated. A detailed report on the progress of LRPC this year is published below.

Long Range Planning Committee Report (LRPC)



This year by launching the Long Range Planning Committee (LRPC), the issue of APPNA governance was given a top priority. We believe putting APPNA on a path towards long-range strategic planning along with bringing a cultural change of implementing our own rules and improvements in governance will lead to lasting success. APPNA President Dr. Mubasher Rana paid heed to this call and President Elect Dr. Nasar Qureshi came right along to set the stage for broader cooperation amongst the leadership of APPNA.

LRPC had its first meeting via a Tele-Conference on April 5, 2015. The following members were present. Mahmood Alam, MD (Chair), Imtiaz Arain, MD, Wajid Baig, MD, Nasar Qureshi, MD, PhD, Mubasher Rana, MD, Asif Rehman, MD, and Mohammad Suleman, MD

The Policy and Procedures of this committee and the work to be started in 2015 was drafted. The following framework was presented and approved in the spring APPNA Council Meeting.

Policies and Procedures

The Committee Structure

In terms of structure, a maximum of seven members sit on this committee. The President Elect, President, and Immediate past-President are permanent members of this committee. The President Elect nominates one member who may continue to serve another year as the nominee of the President. The President nominates the Chair and one member. The Board of Trustees (BOT) nominates one member amongst themselves who serves for three years. The senior-most nominees retire every year and the total number of committee members remains seven. This committee structure with all the stake holders represented is paramount to the development of successful long-range planning.

The Scope and Work of the Committee

1. Performs a critical appraisal of current APPNA Projects with long-range implications; proposes changes and a 5 year plan to achieve tangible goals.
2. Has longitudinal oversight of APPNA long-range projects to ensure implementation on the proposed plan of action and to evaluate outcomes
3. Encourages APPNA EC, especially the President Elect, to share their long-range project(s) with LRPC for evaluation by the committee



Committee Reports

before projects are presented to APPNA Council for approval.

4. LRPC works for the APPNA Council to evaluate any long-range project for the Association. LRPC may create a Task Force that focuses on any issue. The Task Force gives its recommendations to the committee for final assessment before its presentation to the Council for approval.
5. LRPC evaluates projects using SWOT analysis (alternatively SWOT matrix) that is a structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project.
6. No long-range project approved by APPNA Council after gone through the due process of evaluation by the LRPC shall be disapproved by future APPNA Council, until it is referred back to the LRPC for reconsideration before it is discontinued or modified.
7. LRPC sends the minutes of its meetings and shares its long range project evaluations with the BOT. The LRPC created several task forces this year. The work of task force on improve governance of APPNA is the major focus of this report.

Task Force on improved governance of APPNA

Team Leader: Nasar Qureshi, MD

This task force actually started to work under an ad hoc Committee on Improved Governance of APPNA (CIGA) before LRPC was created. The members were Wajid Baig, Avais Masud, Faisal Qureshi, Nasar Qureshi (Chair), Ahsan Rashid, Suhail Siddiqui, Saima Zafar, and Adnan Zaidi. This committee subsequently became a task force of LRPC. This task force had two meetings before its recommendations were presented by Dr. Nasar Qureshi at an LRPC brainstorming meeting during the summer convention and later in the summer APPNA council meeting. During the discussions it became evident that APPNA's governance structure and function need to be revisited as a whole. The constitutional amendments done over the past decade have improved the governance and transparency to some extent. However, it was felt that a major overhaul is needed. The task force arguably suggested to increasing the term of officers from 1 to 2 years to ensure continuing of work. It was also felt that present structure and function of the Council needs to be changed and may be renamed as House of Delegates that does only legislative work. A broad based (Governing Council) with 12-14 members and a 2 year staggered term appointment may serve the organization better. The work of APPNA is ever-expanding, and so are the numbers of committees. It is becoming impossible for a president to keep track of them let alone having effective communication with each committee. Is it time to create "Commissions" on 4-5 major programs of APPNA? The commission may have authority to make committees as deemed necessary. The cultural change to bring accountability and transparency requires implementation of our own policy and procedures and Bylaws. After presentation and discussions for several hours, LRPC recommended that more discussions and consensus building is desirable on the issue of governance before it is presented for approval by APPNA Council. Dr. Nadeem Kazi, the past President and current Chair board of Trustees (BOT), suggested holding a dedicated brainstorming retreat on governance. The proposed meeting was held on October 10, 2015 at APPNA headquarters in Chicago. Please see the separate report on the special meeting in this Journal.

The following task forces were also created earlier this year by the Long Range Planning Committee (LRPC). I have outlined the scope of their work.

Young Physicians / North American Medical Association (NAMA) and Second Generation Pakistani-decent physicians graduated from International medical institutions / North American Medical Students

Task Force Team Leaders: Mahmood Alam, MD, Wajid Baig, MD

The current inactivity of the North American Medical Association (NAMA) is unacceptable and is a pressing issue for our organization. We must come up with a viable way to have the constructive participation of our second generation Pakistani-decent physicians, - regardless if they graduated from North American schools or from international medical institutions. We can provide them an organizational platform; however, the plan of action has to come from NAMA itself. We have to be good listeners and let them give a chance to speak up. Along the same lines, we feel that APPNA has no infrastructure to accommodate North American medical students despite the strong desire of some leaders in the past. Earlier this summer, we conducted a survey about NAMA to obtain the general membership's opinion on the rise and fall of NAMA. We have received a great deal of feedback that will be presented to the membership in a separate article. As far as Young Physicians from Pakistan are concerned, APPNA has been making a great deal of progress. The committee on Young Physicians and Advocacy Committee have been doing phenomenal work on their issues.

Academic APPNA, MERIT, Tele-Medicine, Student Electives, Scholarship Project

Task Force Team Leader(s):

Academic APPNA: Mahmood Alam, Other Projects: Mubasher Rana

Academic APPNA shall represent Pakistani-descent Physician Scientists and physicians in academics. The first step is to establish database of such individuals. The second is to identify those persons who may express an interest in developing networking for such a group. Their role can be streamlined in an organized manner to generate support for academic ventures in both Pakistan and the US. We also need to find a support system for Pakistani medical graduates for Elective rotations and research opportunities. Similarly, long-term planning for the work under MERIT, Tele-Medicine, and Scholarship projects need to be assessed for tangible goals.

Charitable projects and APPNA Medical Corps

LRPC Team Leader: Dr. Muhammad Suleman

APPNA Medical Peace Corps and Disaster Relief, has been mentioned as a separate Standing Committee in the Bylaws since 1994. Dr. Mubasher Rana has revitalized this committee this year. Separate roles needs to be assigned for APPNA Charitable Projects which fall under



Committee Reports

the Social Welfare Committee and the Medical Peace Corps (APPNA's Doctors without Borders). The recommendations of this task force are expected to be completed by the end of the year.

APPNA Clinics / APPNA Health Day

Task Force Team Leader: Imtiaz Arain, MD

An APPNA Health Day has been passionately organized under the leadership of both Dr. Rana and Dr. Qureshi. However, APPNA clinics, both in terms of their initiation and sustainability, are a major undertaking not beyond our capacity. We have many role model clinics not to mention the central APPNA/PPS Chicago Chapter clinic, which was established in 2008. We need a separate task force to address issues at hand and to develop 5-10 year plan. The recommendations of this task force are expected to be completed and presented at the fall Council Meeting.

APPNA Foundation

Team Leader: Asif Rehman, MD

LRPC believes that the APPNA Foundation needs no further evaluation by the committee since it was created after due diligence and was approved by the APPNA Council in 2014. This is a long-term project that comes within the purview of this committee. Dr. Rehman, whose leadership was instrumental in the formation of this Foundation, will be LRPC Team Leader for 2015. His role will be to ensure that the APPNA Foundation has a solid structure and that it achieves its goals for this year.

APPNA Vision & Mission Statements

Team Leader: Mubasher Rana, MD, Members, Mahmood Alam, MD and Manzoor Tariq, MD

This team is working on writing APPNA Vision and Mission statements based on the very fundamental objective for which this organization was created. This work will be presented in the fall council meeting.

Committee Reports

Nomination & Election Committee (NEC) Report

Dr. Sajjad Savul



NEC is excited to announce launching APPNA's first ever electronic election on September 15, 2015. The committee worked for over six months to bring APPNA voters a smooth, fair and prompt election. NEC is highly encouraged by voters' response to this historical change. The electronic election is both efficient and economical to the Association.

Our election agency, Survey & Ballot Systems (SBS), was approved by APPNA Council. SBS has been conducting elections for multiple large organizations for over 25 years with a very high customer satisfaction record. A mock election conducted in June received a very positive feedback from voters with 97% being satisfied to very satisfied with the process.

This year, NEC restructured our debate-moderator selection process. We made two pools of potential moderators: a pool of APPNA past presidents and a pool of current council members. Twenty names from each pool were randomly picked by manual draw by Ms. Jennifer Wozniak NEC co-chair, Dr. M. Sohail Khan, was present in person at the APPNA central office while NEC chair, Dr. Sajjad Savul, witnessed the draw via video-call. Four moderators were then picked according to a process defined by NEC. Our summer candidate debate was considered very productive and unbiased.

Since its inception in 2008, the Election Code of Conduct has been modified several times. The intent of the Code is for candidates and voters to maintain a dignified and courteous conduct, appropriate to the image of APPNA, our profession and oneself. Even though there was no direct violation of the Code (at the time of this report), the spirit of the Code was violated many times. Loopholes were found and used as campaign tools. Since the Code had no specific restrictions on social media and internet campaigning, some candidates used these modes. NEC received a significant number of complaints, primarily presidential candidates complaining against each other. Interestingly, there was one presidential candidate who did not complain against his opponents and there was one against whom no complaints were made.

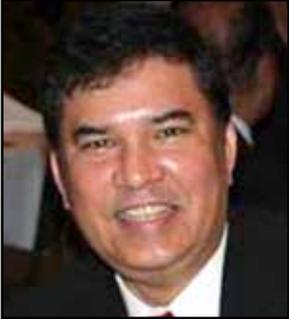
NEC will be presenting amendments to our current Code as an action item in the Fall council meeting. NEC would like to thank APPNA members in supporting APPNA's first electronic election. As the chair, I would like to thank NEC members for their dedication and hard work throughout the year.



Committee Reports

BOT Report

Dr. Nadeem Kazi



The organization can not run with out the rule and regulation. Just changing the rules and regulation of the APPNA will not work to improve the governance of the organization until the rules are implemented. I am very thankful to Dr Rana Mubasher, Dr Nasal Qureshi and Dr Mahmood Alam who took the initiative to improve the governance of APPNA. On October 10th 2015 a subcommittee “Compliance and Implementation Group” is formed to assess the shortcomings, reasons of not executing rules, and propose the process of implementation of the rules and regulation of APPNA. The members of the committee includes Nadeem Kazi (Lead), Zaheer Ahmad (first APPNA president), Mohammad Suleman (past president), Aftab Khan (member office management committee), Amjad Ahmad (US graduate), and Murtaza Arain (past president)

The committee recommends step wise approach before changing the structure of the organization. The committee believes any structure will fail if the rules and regulations are not implemented.

a. The OMC will gather all the records from the storage by October 20th 2015 including Policy and Procedure of the APPNA approved in 2007. Only two of them were available in the office for E and G committee and financial policy and procedure.

b. Compilation of the rules and regulation: Once the records are available the OMC and the task force will go over the document to compile the data regarding the rules and regulation of APPNA. Time frame 3-4 weeks. (finished by November 20th 2015)

c. External evaluation: APPNA need professional expert in the nonprofit organization to recommend the process to implement the policy and procedures Dr Amjad Ahmad recommends Richard Paul, executive director of nonprofit organization and management involve with American Academy of Ophthalmology. He will approach him once data is compiled. This process may require 2-4 weeks. (Finished by December 20th, 2015)

d. Training of the Office personal: This process will be ongoing. The current office personal have no institutional memory or aware of the rules and regulation. The committee recommends spending 3-6 months to train the office personal after the recommendations from the external evaluation.

e. Oversight committee: The committee recommends Dr Nasar Qureshi (president elect) to form the adhoc committee for a year to implement the rule and regulation of the organization with power to execute necessary course of action including debarring candidates from election if they are not following the rules. This committee should work closely with BOT and the E and G committee.

Committee Reports

Hotel Committee Report

Dr. Taqi Azam



Hello APPNA Family,

Hope you all had a great summer. Finding an exceptional venue for our summer convention can be challenging. As we know, with the Grace of Allah our membership is growing faster than we thought. Committee has been exploring a venue for 2022.

We need a venue where it can accommodate our families and friends with comfort and style. Hotel negotiation and selection committee work very hard, after considering multiple great cities in USA, committee has finalized, HARRA'S WATERFRONT CONFERENCE CENTER in ATLANTIC CITY, NJ.

Atlantic City Attractions, includes but not limited:
Atlantic City Aquarium, Gardener's Basin
Famous Steel Pier with New Observation Wheel (Coming -2016)
Beach Concerts, Festivals, Events & Firework

I would like to thank my committee members, Drs. Tariq Jamil, Sabir Ali Khan, Omar Naseeb and Azhar Jan, for their dedication. Also like to thank APPNA President, Dr.Mubashir Rana and EC for their support and participation.



Committee Reports

APPNA MERIT Program Report

Dr. Babar Rao



APPNA MERIT Program continues to educate and train doctors and medical students in Pakistan. The routine lectures are delivered on Sunday nights, from USA, which is Monday morning in Pakistan. The lectures and discussions are edited by sub specialty chairs. Most of the specialties are covered and we will continue to add more lecturers from USA and Canada.

APPNA Merit, so far has over 30 medical schools in Pakistan who are attending these lectures. . Some of the medical schools and hospitals which have participated include: King Edward Medical University (KEMU) Lahore, Dow Medical College and Dow University of Health Sciences (DUHS) Karachi, Dow International Medical College/ Dow University of Health Sciences Karachi, Agha Khan University Karachi, Allama Iqbal Medical College Lahore, Punjab Medical College Faisalabad, Rawalpindi Medical College Rawalpindi, Fatima Jinnah Medical College and Ganga Ram Hospital Lahore, Children's Hospital Multan, PUMHS Nawabshah, Shaukat Khanum Hospital Lahore, Sheikh Zaid Hospital Lahore, Continental Medical College Lahore, Fatima Memorial Hospital Lahore, Quaid I Azam Medical College Bhawalpur, Rawal Institute of Health Sciences Rawalpindi.

All of these lectures are recorded and are available on APPNA's website. During the year, APPNA Merit also telecasts various CME lectures from North America to Pakistan and some important lectures from Institutions in Pakistan back to USA. Most recently we have extended our Merit program to hospitals in the Middle East.

Also, The College of Physicians and Surgeons Pakistan (CPSP) have approved the Child Psychiatry Fellowship (FCPS) in Pakistan recently. Some of the APPNA MERIT team members along with their colleagues in Pakistan, USA and UK have played a key role in developing this fellowship. APPNA MERIT is also collaborating with Pakistan Psychiatric Society (PPS) on various education and training issues

A special thanks to our team, the Chairs and Co-Chairs of different specialties: Dr.Bilal Hameed (Gastroenterology / Hepatology), Dr. Imran Khwaja (Sleep Medicine), Dr. Najeeb Rehman and Dr. Khusrow Niazi (Cardiology), Dr. Amer Akmal (Pathology), Dr. Iqbal Ahmed (Anesthesia), Dr. Asif Masood (Oncology), Dr. Aamer Nawaz (Family Medicine), Dr. Avais Masood (Nephrology), Dr. Ehasn Hadi and Dr. Shahid Rafiq (Neurology), Dr. Khalil Khatri and Dr. Babar Rao (Dermatology), Dr. Muhammad Waqar Azeem, Dr. Shehzad Khan Niazi and Dr. Imran Khawaja (Psychiatry / Child Psychiatry), Dr. Zahid Bajwa (Advisor). Also big thanks to our IT support, Danyal Rao.

Committee Reports

Membership Benefit Committee Report

Dr. Manzoor Tariq



It is a great honor and my pleasure to present to you this report on the APPNA Membership Benefits Program. I must thank my committee members for their brilliant input and advice. Currently, APPNA has signed contracts with several programs and more are in the works. We are working to serve you, our membership, and try to get you the best discounts of anywhere from 20%-50% with businesses we all use on a regular basis, from car rental companies to malpractice insurance to MedAsset.

We have included some of the current companies who honor an APPNA member discount and I look forward to sending you a more comprehensive list in the near future.

APPNA's group purchase plan will provide great savings to our membership that include from telephone company to capital investment like CT Scan & most medically related equipment.

Please review the membership benefit package & try to get the best savings for your office, practice. If you have any questions, suggestions, or feedback for this program or the committee, feel free to contact me or the APPNA Office.



THE AGA KHAN UNIVERSITY



COME FOR THE CHALLENGE ... INSPIRE CHANGE

The Aga Khan University is searching for dynamic and forward-looking faculty, whose passion for teaching is matched by a commitment to make a difference.

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- Chair, Biological and Biomedical Sciences • Chair, Family Medicine

SPECIALTY FACULTY

- Cardiology • Neurology • Transplant Urology and Nephrology • Anatomy
- Physiology • Rheumatology • Radiology



Membership Committee Report APPNA Summer Meeting

Dr. Jamil Mohsin



Oct 30th – Nov 1st 2015
Fairmont, San Francisco, CA

I am honored to serve as Chair, APPNA Membership Committee 2015. I am thankful for the assistance of my Co Chairs, Dr. Ghazala Farooqui and Dr. Sohail Rana and the rest of the committee members for facilitating the functioning of membership committee.

APPNA is heavily dependent on its membership for its vibrant presence in the Pakistani American diaspora. Our Lifetime Membership has now exceeded 2000. As of 10/1/2015, we have 2013 Lifetime Members, 953 Annual, 51 Resident in Training voting, 37 Resident in Training non-voting, 120 Alliance Lifetime, 25 Alliance Annual, 30 Associate, 6 Affiliate, 37 Emeritus and 21 Student Members. The total membership for 2015 as of 10/1/2015 is 3293.

We are hopeful that we will be able reach or exceed our 2014 membership which was around 3400 by the end of the current year. The most significant decrease in membership to date is noted in our annual membership which stands at 953 compared to 1110 last year and for our residents which are 88 compared to 192 last year. This decrease in our membership is also reflected in our voting pool for 2015 which stands at 2674 compared to 3054 last year.

Traditionally our two biggest drivers for the membership are the summer meeting and the elections which energize the membership. The annual meetings in northeast corridor tend to attract a higher number of attendees which may partly account for our annual membership decline this year. Additionally as per the new bylaws amendment, the voting privilege is subjected to a two year membership requirement. This may also have contributed to our membership decline despite having a robust election slate for 2015. 205 annual members were deemed ineligible to vote in 2015 elections as per the new bylaws amendment since they were not members in 2013 or 2014. The decreased membership translates into decreased revenue for APPNA. It is thus imperative to keep a close eye on these numbers. However this is only a one year data. This trend will have to be closely monitored to determine the pattern so as to institute appropriate corrective measures if necessary.

The membership committee has been assisting the Elections and Nominations Committee in the electoral process. All the election related deadlines were adhered to as per previously released schedule. The voting is currently underway. The electronic voting has been well received and represents a major step forward for APPNA. The membership committee congratulates NEC chair, Dr Savul and his committee for this initiative.

As the current year is winding down and in two months it will be time for the new committee members to take over, I am reminded of the importance of the continuity of this process. Article 19.0 of the Bylaws mandates staggered terms for the committee members. I think it will be even better to formalize this process by assigning a Chair, Chair elect, Immediate Past Chair to the committees to ensure continuity of the committee work from one year to the next. This structure will be partly similar to the APPNA executive committee with President Elect, President and Immediate Past President which ensures effective functioning of the executive committee. The rest of the committee members can have staggered terms as mandated by the bylaws. These steps will result in a seamless transition for APPNA committees and improve the functioning of the committees.

Unfortunately I'll be out of the country at the time of the fall meeting and won't be able to attend. Please feel free to contact me if there are any questions regarding the membership committee report.



APPNA Scholarship Committee Report

Dr. M. Masood Akbar



APPNA Alumni Scholarship Project has made great strides since its inception in 2013. Contributions have exceeded TWO MILLION DOLLARS, including the matching grant. These funds are being invested in the dedicated APPNA Scholarship Endowment Account, according to the APPNA Finance Committee Guidelines. The investment is being managed by Stephens Inc., a member of

New York Stock Exchange, under the close supervision of Hank Bashore who has been diligently managing APPNA Accounts for over 25 years. The total value of funds in the APPNA Scholarship Endowment Accounts with Stephens is \$2,039,181.21 as of October 6, 2015.

The salient features of APPNA Scholarship Endowment Program are briefly listed:

- The Scholarship Committee will maintain sub-accounts for each component Alumni Association, i.e. an account for each Pakistani Medical College represented at APPNA.
- The number of scholarships for each medical college is dependent on the contributions of that institution's alumni.
- All monies collected will be deposited and subsequently invested in a newly established and specific APPNA Scholarship Endowment Account. The Scholarship will be paid out of the income and appreciation of the fund, allowing it to remain perpetual.
- A minimum of \$10,000.00 is required in the sub-account to receive one scholarship.

As you will notice all the contributions have been matched as promised by the donor.

The following is a breakdown of total funds as of October 6, 2015:

Nishtar Medical College:	\$ 972,698.94
King Edward Medical University:	\$ 484,531.25
Jinnah Sindh Medical University:	\$ 194,713.14
Quaid-I-Azam Medical College:	\$ 137,474.66
Rawalpindi Medical College:	\$ 119,542.14
Fatima Jinnah Medical College:	\$ 81,256.16
Khyber Medical College:	\$ 30,719.17
Bolan Medical College:	\$ 18,245.75

Total contributions: \$2,039,181.21

In December 2015, we will be transferring funds to the respective Alumni to award the scholarships to the deserving students at participating medical colleges.

The Scholarship Program is ongoing and you can still donate to your favorite alumni by visiting the website at www.appna.org or print the pledge form to make your payment by check or credit card.

SUMMER MEETING MOMENTS





Committee Reports

Social Welfare and Disaster Relief Committee

Dr. Aisha Zafar



APPNA SWDRC collaborated with LRBT this year and so far, 10 eye camps have been held and few more will be held before the end of the year. For the three eye camps held in Karachi, APPNA also held free medical camps and around 1,000 patients were seen in each camp.

We are also working with Rotary Pakistan and eye surgeries will be funded through them and held at local district hospitals. This is being supported by Pakistan Association of Memphis.

The Karachi heat wave funds raised were 121,000 and have been given to several hospitals including Civil, Jinnah, Qatar, Children’s cancer hospital, Patient Welfare Association, SIUT and Cytogenetics Lab, which is an APPNA project. These funds are being used for medical supplies, medicines and treatment of indigent patients as well as provision of food and water in some areas.

The committee raised 111, 676 dollars for water wells in Tharr thanks to Drs Abdul Majored and Khalid Memon. Dr. Majeed made a special trip to Tharr and evaluated the ground situation and water wells will be installed in the

coming months.

For Nepal earthquake, 16,275 dollars were raised and through Dr. Afzal Arain who had volunteered there, these have been given to Rotary for construction of temporary shelters for the victims of this earthquake. APPNA has a primary school in APPNA village of Munirabad and 26,000 dollars were raised in Ramzan for maintenance of this school. This school is being supervised by Tameer- e- Millat.

A few chapters have requested funding for their APPNA clinics including Alabama and Virginia chapter and SWDRC will be helping with funding of some of these clinics. APPNA has held several meetings with Rotary Pakistan regarding eradication of polio in Pakistan and awareness campaign will be held in the fall meeting.

Committee Reports

APPNA Young Physician’s Committee (YPC) Fall Meeting Report

Dr. Shahzad Iqbal



YPC 2015 has twenty five members in total. Six goals were set-up in the beginning of the year to help the young physicians in multiple ways: assistance during the residency match and SOAP, assistance with visa issues, streamline APPNA houses, organize different YPC seminars during the year, provide mentorship-in-person (US clinical experience) as well as mentorship on-line (educational material at the YPC website), and a loan program for the deserving young physicians. So far, YPC has held a total of twelve teleconferences: six major (all members) and six sub-committee.

As our first task, a subcommittee was assigned under its co-Chair Dr. Faheem and assisted around 90 young physicians during the post-match SOAP week from March 16-21, 2015. As our long-term goals, lists of current Pakistani Descent program directors and Pakistani Descent residents/fellows were compiled to assist next year match applicants. Our advisor (Dr. S. Chaudhary) was requested to assist with the visa-related issues. Dr. Chaudhary along with the Advocacy and Legislative Affairs Committee met the US States Department during Day on the Hill on April 30th, 2015. This year over 180 young physicians who got matched in different residency programs contacted YPC for visa-related issues. All of them got their visas cleared.

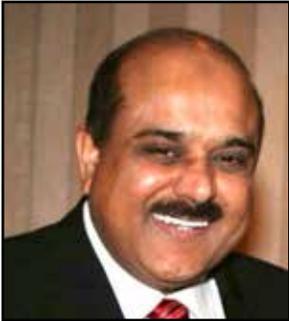
The financial burden (over \$60,000 per year) of New York and Detroit Houses maintenance on central APPNA was completely cut. Both houses were placed on a self-sustaining model. The New York House application and payments were made online. An YPC coaching seminar organized by Dr. Khalid was successfully held during the APPNA Spring meeting on May 2nd, 2015 in Crystal City, VA. Dr. Khalid later organized a Research Seminar during the APPNA summer meeting on August 15th, 2015 in Orlando, FL. Thirteen (3 oral and 10 poster) research papers were presented. Best presenters were selected by on-site judges. Honoraria and certificates were later distributed among the presenters. Now, YPC is collaborating with the South California APPNA Chapter to hold a Residency Interview Coaching Seminar during the APPNA Fall meeting on October 31st, 2015 in San Francisco, CA

With the help of Dr. T. Khan, YPC website has been updated (cyponline.net). Many features (services) including residency match (lists of Pak-Descent Residents and Program Directors), US clinical experience (list of YPC mentors), and Educational material have been included. Adhoc Committee for Electives has developed an online application system. YPC is utilizing it to help the young physicians gain US clinical experience. A loan program (Qarz-e-Hasana) for the deserving young physicians was started under its co-chair Dr. Aized. A total of \$17,000 funds were donated. YPC joined AIMCAANA to match-up the loan funds. So far, YPC has distributed \$14,000 (\$2,000 match-up with AIMCAANA) to five young physicians.



Report on Special APPNA Meeting on Governance

Dr. Mahmood Alam



A dedicated brainstorming retreat on governance was held at APPNA office in Chicago on October 10, 2015. About 25 APPNA members including 12 past presidents were in attendance in this daylong session.

In the welcome address by President Mubasher Rana, he made the case that time has come to change the way we run the organization due to increase in association's work and to enhance its potential. Dr. Mahmood Alam endorsed

Dr. Rana's plea for changes in governance and presented a summary of discussions on the issue by Long Range Planning Committee (LRPC). Dr. Nasar Qureshi presented his task force's recommendations. The following 7 point argument for change is not only based on the recommendations by the task force on governance but also incorporates the suggestions made during the summer meeting of LRPC where detailed discussions took place.

- An increase in the term limit of APPNA's officers to 2 years, especially for the president
- A broad based (Governing Council) with 12-14 members and a 2 year staggered term appointment may serve the organization better.
- Taking away the responsibility of governance from the future council (House of Delegates) may improve the working of this body.
- The General Body Meetings are ineffective due to lack of quorum required for decision making. The use of electronic media may circumvent the requirement of physical presence.
- Is it time to create "Commissions" on 4-5 major programs of APPNA? The commission may have authority to make committees as deemed necessary and commissions report back to the "Governing Council".
- The enhanced role of the executive director to attend all the meetings of EC/Council/General Body as a non-voting member is desirable.
- The cultural change and transparency requires implementation of our own policy and procedures and Bylaws.
- The above mentioned arguments were the starting point for brainstorming. Dr. Khalid Riaz talked in general about governance. He also mentioned about "an inflection point"; the point most organizations face at some time in their working. Dr. Riaz argued that the successful organizations are the ones whose visionary leadership uses it as a game changer and in his opinion inflection point for APPNA had arrived.
- After 2 hours long initial session on governance that brought alignment in most participants' thought process, we were ready for concurrent working group discussions. The 4 groups were made and members of the group were chosen according to the expressed interest of the participant. The summary of the group discussions is given below.

Group I: Executive Committee (EC)

- The group suggested the following;
- One year term is preferred over 2 year term for officers
- The present 5 officers may continue serving the organization
- More members to EC may be added to make it more representative of

the general body if size and role of present APPNA Council needs to be changed

Group II: Governing Board

The group first identified the scope of its discussion. The following 3 areas were identified for discussion. (1) Organizational structure, (2) Strategic level, and (3) Operational level
Due to lack of time, the group could only focus on organizational structure. This was divided into 3 branches.

- Legislative body: The group felt that Council may keep the same structure and size with only legislative and policy making responsibilities. The President and other officers may stay in the council as ex-officio members. However, Council should be chaired by a "Speaker" with a deputy speaker / secretary responsible for taking the minutes. The executive function and governance should be taken away from the council and be performed by a smaller sized body.
- Executive body: The 5 officers should oversee the execution and implementation of the decisions made by the Council (legislative body). The executive body should also have executive director (ED) and chief finance officer (CFO) as non-voting members. The ED imparts the institutional memory and ensures that the decisions of the legislative body are carried out. The executive body also oversees the work of commissions and committees of APPNA.
- Governing Body: The governing body may have all the functions of present board of trustees. The body that ensures compliance and promotes transparency. This body should have the teeth to hold anyone accountable for breaking the rules. The ethics and grievance committee is also appointed by the governing body that oversees its impartial functioning. This body evaluates the executives, both elected officers and salaried professionals. The governing body ensures financial stability and growth. The finance committee reports to both the governing body and general body of the association.

Group III: Committees and Commissions: The number of committees needs to be reduced for proper management and oversight. The essential committees like Long Range Planning, constitution and Bylaws, and Nomination & Election committee continue to work as stand-alone committees. Whereas, formation of 4-5 commissions on key APPNA initiatives could be established. For example commission on Education and scientific affairs and Commission on Young Physicians. Each commission may establish committees and task forces to carry out their work and to achieve tangible goals.

Group IV: Compliance and implementations: The group's report is separately outlined in this journal. The team on governance will continue to work with weekly meetings until the end of the year to come up with final recommendations. The team will also engage an outside consultant for advice before the recommendations are finalized. Those recommendations will be circulated to APPNA Council for review early in 2016. We strongly believe that a cultural change in APPNA's governance will not take place by only changing the rules. The implementation of those rules is the key to success.



APPNA Gold Medal Task Force

Dr. Arif Toor



2015 Task force members were:

Hassan I. Bukhari, MD

Chairman

Arif Toor, MD

Aslam Malik, MD

Mufiz Chauhan, MD

Omar T. Atiq, MD

Due to the unfortunate severe illness of Dr. Hassan I Bukhari, the President of APPNA appointed Dr. Arif Toor as the Co-chair and Interim Chairman of the committee. The committee met through a teleconference on 8/5/2014. The nominating documents for all the nominees had been sent earlier to each committee member. During the deliberations record of each nominee was individually reviewed.

After a frank, open, earnest and lively but amicable discussion, that lasted almost two hours, the committee made a unanimous decision and awarded the 2015 APPNA Gold Medal to Dr. Mohammad Shahid Yousuf, a member of APPNA for the last thirty five years who had served selflessly on APPNA committees wherever and whenever asked to do so. The committee was also unanimous in the decision to bestow the 2015 APPNA Humanitarian Services award to Dr. Atiya Khan. Dr. Khan a life member of APPNA has been intimately involved in Humanitarian endeavors for over two decades under the umbrella of Human Development Foundation an APPNA child in serving Pakistan. HDF projects include micro loans, schools, preventive health care that have affected and improved the lives and the quality of life for over a million human beings in Pakistan.

This committee also discussed the process of Award nomination and whetting of information regarding nominees prior to the APPNA Gold Medal Task Force committee meetings in the future. The recommendations were sent to the APPNA executive committee for its consideration and follow through, if recommendations are agreed to.

SUMMER MEETING MOMENTS





APPNA Women and Children Affair Committee Report

Dr. Lubna Naeem



APPNA Women and Children Affair Committee is a platform to exclusively highlight enormous, neglected and concerning issues of Women and kids such as Women's health, children health such as Childhood Obesity, domestic violence, battered women's shelter, child abuse and substance abuse.

Consistent with our mission statement and to ensure success we partnered with communities,

Health care professionals, APPNA members, and Government Officials, Judges, mayors, Congressmen, teachers, Principals, Faith based organizations to provide education and resources to bring awareness through our program. During the phase one of awareness campaigns we have successfully launched two campaigns:

A: Childhood Obesity Awareness Campaign (Ongoing endeavor)

B: Breast cancer awareness Campaign

Following is the brief summary and highlights of APPNA WOMEN AND CHILDREN AFFAIR COMMITTEE conducted programs:

1. APPNA Strategic Meeting Retreat January 24th, 2015 Presentation of Objectives and Goals
2. Mayoral Candidate Forum Feb 7th, 2015: In collaboration with Asian American Alliance of San Antonio
3. De Zavala Elementary: Feb, 27 2015 conducted obesity awareness event teaching children importance of healthy eating and exercise APPNA 5-2-1-0 T-Shirts My Plates were distributed
4. APPNA BREAST CANCER AWARENESS EXHIBITION

5. BOOTH AT ROSHNIC's Fashion Show: Feb 28th 2015 Inspiring and heartwarming stories of Breast cancer survivors
5. Association of Convenient Store retailers March 26th 2015 In partnership with communities promoting and distributing education resources to hundreds of participants
6. CONDUCTED BREAST CANCER AWARENESS SCREENING WORKSHOP FOR faith based organization AGHA KHAN FOUNDATION JAMAT KHANA: March 29th 2015
7. APRIL 11, 2015 WALKATHON BREAST CANCER AWARENESS WITH SUSAN G. KOMEN RACE FOR CURE
8. APRIL 20th 2015 HEALTH FARE MCECC: SHOW AND TELL ON GOOD FOOD AND BAD FOOD
9. May 17, 2015 Rawaj Fashion show! Heartwarming story from a Breast Cancer Survivor
10. June 13, 2015. Women's survivorship summit. Dr. Umber Sulman on Breast cancer awareness special emphasis on cultural taboos associated with diagnosis of breast cancer
11. July 3, 2015 APPNA-OHIO. Annual meeting 2015. Dr. Naghma Malik distributing education material on breast cancer awareness
12. June 16, 2015. Media awareness. Childhood obesity awareness on PTV Global, London
13. August 1, 2015, Baptist Breast Network.: Jessica and Michael provided education material
14. August 15, 2015, CONDUCTED SUCCESSFUL APPNA 38th annual summer meeting walkathon, ORLANDO, FL.
15. Muslim Cultural Society EID Festival: October 4th 2015, conducted exciting kid's relay race
16. Baptist Breast Cancer Awareness Event. October 8, 2015. "Girls night out" cancer survivors were appreciated.
17. Agha Khan Foundation- End Global poverty walkathon, October 11, 2015.
18. Upcoming Events: November 24th 2015. Launch of Battered women and Domestic violence awareness campaign.

December 2015. Participation of up in a woman and children affair committee in winter meeting, Lahore Pakistan

SUMMER MEETING MOMENTS





Office Management Committee (OMC) Report

Dr. Mansoor Alam



The OMC 2015 is comprised of Dr. Mansoor Alam, chair, Dr. Aftab Khan, co-chair; Dr. Imtiaz Arain, Advisor, and members Dr. Irfan Mirza, Dr. Hasina Javed and Dr. Ahmad Hafeez Bhurgri. The OMC meets during the calendar year at the central office or via teleconference with APPNA Administrator / Executive Director Jennifer Wozniak, JD, to review office matters and develop strategies to make the central office

run as smoothly as possible and meet the needs of the membership, committees, component societies, EC and BOT.

Meetings:

APPNA office has worked on the completed Strategic Planning Retreat held at the Gaylord Palms in Kissimmee, Florida on January 24 and the International meeting to Australia / New Zealand held February 10-22, the Spring meeting, held May 1-3 in Baltimore, Maryland, the Summer Convention held August 12-16 in Kissimmee, Florida, the International Meeting / Baltic Cruise held September 4-15 and the Hajj Pilgrimage held from September 13-26. At press time, office is working on the fall meeting, being held October 30- November 1 in San Francisco, California, and both the winter meeting, in Lahore, Pakistan, being held December 17-19 and the Umrah trip being held in Madinah and Makkah, December 28, 2015- January 2, 2016. Office is also working on next year's Spain, Spring, Summer and Fall meetings currently. The APPNA office facilitates payments, contract reviews, meeting set-up and registration and answers all questions from the membership and meeting-committees related to the meetings. Office staff also attends the domestic meetings to work on-site.

Membership / Elections:

APPNA office processed membership renewals for 2015 as well as new memberships in all categories. Office worked to create and send the voting list to the candidates and ultimately to SBS the company being used this year. This year marks the first time that the elections are being held electronically.

Financials:

APPNA office continues to work with accounting firm of Scanlan and Leo. Accountant Michael Kelsey; works with APPNA Treasurer and APPNA staff to complete the financial obligations of the state and federal government. Office has again engaged with the Firm BDK-formerly Wolf and Company; who we used last year, to complete the 2014 tax filing and required audit which will be due this year. The audit is being worked on at press time. APPNA continues to facilitate the reporting and transfer of funds received for the donated projects of 2015 and works with the social welfare and disaster relief committee (SWDRC) to ensure the funds are sent properly as designated by the donors. APPNA also works with Hank Bashore of Stephens, Inc. to invest the lifetime, scholarship and Continuing Medical Education (CME) funds.

CME:

APPNA is accredited through the ACCME- the Accreditation Council for Continuing Medical Education. The current certification will expire this year. APPNA staff is working very closely with ACCME and APPNA Resa chair to facilitate the renewal process. The main deadline; including the renewal-review teleconference have already occurred and APPNA is on-track to have its CME accreditation renewed for another five years. Renewal results will be sent to office in December, 2015.

SUMMER MEETING MOMENTS





Alumni Reports

Annual Report on AIMCAANA 2015

Dr. Raza Khan



I am extremely thankful for the opportunity to respectfully submit the annual report to APPNA membership on AIMCAANA 2015 happenings. We have kept our tradition of being a small but vibrant association, leaving our marks along the way. Starting 2015, IRS has approved AIMCAANA as a tax-exempt organization; this will greatly facilitate and expedite our efforts to meet our ever-increasing philanthropic goals at the same time enabling us to keep more elaborate records of our activities.

Our Flagship projects continue to include Iqbalian house in Philadelphia (total rent support since July 2009), Loan program for residency search, residency search assistance, chemotherapy infusion suite at Jinnah hospital, Jinnah institute of Endocrinology and Diabetes (JAIDE, now work on JAIDE 2 with more services is underway). We continue to support needy and poor patients at Jinnah hospital by providing free medications from Zakat fund established in 2013. Funds have been transferred to Pakistan to renovate and upgrade equipment at the Dental Department in Jinnah Hospital Lahore (see representative picture below). With continued support of the alumni and members the total dollars spent on these projects over the last 5 years have exceeded \$ 300000 mark, and current financial health of our alumni remains stronger than ever.

With our continued encouragement, we have seen a very enthusiastic response from our younger members who are actively participating and bringing new members to the organization. A number of new committees have been put together to help the young Iqbalians navigate the process of attaining residencies, conducting research and mentoring to help start their carriers. Merit scholarship has been offered to the AIMC students attaining top three positions in the professional examination.

I would like to thank all AIMCAANA members for the ongoing support they have provided since the inception of this organization.

Alumni Reports

Aga Khan University Alumni Association of North America

Dr. Faisal G. Qureshi



It has been another excellent year for AKUAANA, the Aga Khan University Alumni Association of North America. Our website, akuaana.org and Facebook page (<https://www.facebook.com/AKUAlumniNA>) have both become excellent resources for our alumni members. We have featured many prominent alumni on our website and this been a runaway success.

Our membership continues to grow and lifetime membership has increased five fold. The number of recent graduates who are now actively participating in AKUAANA has also increased. There are currently over 1700 AKU graduates in North America and our goal is to bring as many of these graduates into the AKUAANA family and harness their incredible potential. We continue to grow and mold our association to tackle the most pressing issues of our times.

Successful local meetings were held in Maryland and Virginia over the last year and this has been directly tied to the incredible efforts of the local alumni. Alumni travelled from West Virginia and Pennsylvania to attend the meetings.

We had a banner meeting last year in Washington DC and hope to replicate that success in Orlando. Our successes as an alumni association have been tempered by the untimely loss of some of our graduates. The terrible tragedy in Chicago and other unfortunate incidents keep us grounded in our belief that there is much work to be done and very little time to do it.

As we look to the future, our hope is to leverage our individual successes and use AKUAANA as a platform to launch larger philanthropic endeavors. We hope to see everyone in Orlando and look forward to the celebrations.



Alumni Reports

AACMS Report

Dr. Naveed Chowhan



In the 5th year of our existence, we continue to grow in membership and strength. Our members have been actively involved in social and charitable work, and hold positions in leadership roles professionally and within APPNA infrastructure. We are the fastest growing chapter of APPNA because our graduates usually do not have the visa issues our colleagues from Pakistan encounter when entering the U.S. training programs. We have devised an electronic mailing list for communication, and are in process of developing a directory of Caribbean Schools with added comments from alumni guide prospective students in making decisions regarding a Caribbean Medical School. Eventually, as our membership continues to grow, our goal is to develop a network to assist new graduates secure residency positions of their choice.

On a personal note, my own son is attending a Caribbean Medical School and is ready to enter his 3rd year this summer. To a second generation Caribbean graduate, I am hoping the transition into the U.S. Residency Training will be less cumbersome than it was for me. He is a young man not yet marred by the concerning changes of American Healthcare, and is looking forward to his joining our Alumni Association in couple years!

Alumni Reports

FJMC Alumni Association Report

Dr. Samina Hijab



I am pleased to report that the FJMC Alumni Association has been following the aims and objectives as set forth by the association. As in previous years, an effort has been made this year to strengthen FJMC Alumni by recruiting new members and increasing our endowment funds. This in turn enables us to fulfill our commitment to provide scholarship funds for needy students at Fatima Jinnah Medical College and support AFJOG, in addition to various other endeavors. Our activities this year included:

- We held teleconferences, with the objective of achieving goals and planning for the future.
- Letters were e-mailed through our Yahoo group for donations and requesting membership.
- Our Alumni was represented by Dr. Samina Hijab at the APPNA Spring Meeting 2015.
- We are also part of the Scholarship Committee and have donated as much funds as are available.
- Our website is currently functioning very well and has the added feature of PayPal
- We are in touch with our Principal FJMC and every event at FJMC is updated
- We are (501) c3 status for FJMC Alumni Association
- An e-Library established at FJMC in 2009 by FJMC Alumni with the help of SWRDC to fulfill our goal of extending education and knowledge to undergraduate students, post graduates and faculty members is functional. Funds collected from last year have been sent to FJMC to continue to support this project.
- Recently FJMC Alumni, Fatima Jinnah Medical College has been upgraded to a University status after the Supreme Court approval. We are excited and honored to be alumni of this great institution and are looking forward to strengthen our bond further with our Alma Mater.
- We have started working to support for SWRDC this year and have started the donations for projects under our capacity.
- We are also working to start the externship project for foreign graduates from FJMC at affiliated US hospitals.
- We are donating for the Karachi Heat Wave Relief Project.



DOGANA - Leading from the Front

Dr. Asif Mohiuddin



Dear Colleagues,

I would like to welcome all Dowites and members of APPNA to my hometown Orlando, Florida. Dr. Irfan Aslam and Dr. Yousuf Bhaghani, co-chairs of the Host Committee, and their team have done an excellent job in putting together an exciting DOGANA Summer Program.

It has been my honor to serve as President of DOGANA 2015. My goal has been to take DOGANA from its status as the elite alumni organization to even further heights, and continue lead from the front. We have had an exciting and busy year so far. Immediately upon taking office, I realized the importance of digital and social media in the new millennium. My first task was to develop a new state of the art interactive website for our alumni. This has provided us the platform to launch different programs.

DOGANA has launched a Self Scheduling Externship Program for students of DUHS. This program allows the students to be able to complete externships with participating preceptors in the United States. We want to provide opportunities to young Dowites to get experience and exposure to United States health care system. So far we have had many students sign up for this program. Dr. Mamoon Shaikh, Chair of YPC Committee, has been working diligently to make this program a success.

Dow Graduate Association of North America has received several requests for financial assistance from Dow graduates. They have included requests for help for Dow graduates who are applying for residency in the US, financial assistance to help for travel expenses and examination fees. Under the leadership of the Loan Committee, headed by Dr. Salman Ahmed, Dr. Faisal Jafri and Dr. Mashood Qadri, DOGANA has launched a Loan Program for deserving students of DUHS. This year alone, we have provided interest-free loans to several students with the highest scores who have faced financial challenges.

DOGANA is the largest alumni organization in APPNA. We have worked hard to increase membership and are 900 members strong this year. The Membership Committee is working to reach the 1000 member mark by the end of this year. In order to facilitate this, we are working with the Constitution and Bylaw Committee, headed by Dr. Shazia Malik and Dr. Wajid Baig, to incorporate all of Dow University Health Science graduates. We hope this will continue to increase our membership in the future.

The host committee of San Antonio, headed by Dr. Shahnaila Latif, organized a very successful Spring Retreat this year in San Antonio, Texas. We had an excellent CME program, arranged by Dr. Lubna Naeem. Dr. Saud Anwar, first Muslim mayor of South Windsor, Connecticut, was one of the chief guests. He stressed the importance of Muslim physicians playing a vital role in American politics.

The Spring Retreat Publication was published with the help of Dr. Danish Saeed, who did a wonderful job in bringing out a very colorful and entertaining DOGANA magazine.

This year DOGANA will be arranging a vibrant social forum in APPNA. This will be addressing the relevant issues facing our society and our youth.

DOGANA has been in the forefront of helping the victims of the devastating heat wave responsible for many tragic deaths in Karachi, Pakistan. Dr. Shagufta Naqvi and Dr. Mashood Qadri have worked arduously to collect funds for the victims. We have thus far collected over \$10,000 in a short amount of time. These funds will be directed to patients and their families suffering from the heat wave in Civil Hospital Karachi.

My job is only half done, and with the help of a Central Committee consisting of diligent and dedicated individuals such as our Executive Director, Dr. Talha Siddiqui, past President Dr. Azim Qureshi, General Secretary, Dr. Razi Saeed, and Dr. Amir Jamal, I am certain that we will have a very successful and resounding year.

Long Live DOGANA and Dowites!



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Alumni Reports

JSMU Alumni Report

Dr. Sabir A. Khan



Dear JSMU Alumni and members of APPNA,

Here is an update on the new development and recent progress that we have made.

For those of you who have not heard the news yet, we are very proud to announce that our Alumni have been granted 501-C3 status by the IRS. Thanks to Dr. Azam for a milestone accomplishment.

Great news from our Alma mater that Jinnah Hospital has been handed over to Government of Sind and JSMU has its own hospital.

As you all know from our prior communication we celebrated our 5th annual retreat on April 17-18, 2015 held in Hyatt Regency, San Francisco Airport. This retreat was hosted in collaboration with local APPNA chapter and proved to be another successful and profitable event.

This year we celebrated Independence Day of Pakistan in Orlando, Florida along with APPNA summer convention. A large number of SMCIANs came from across North America but also from Europe and Middle East to celebrate class of 1990 silver Jubilee along with annual alumni dinner meeting. This meeting was very well received and enjoyed by all attendees. For the first time after gaining status as 501C-3 organization we raised 50K USD in pledges for water filtration project at JSMU.

We also accomplished another mile stone in our General body by approving and signing our new constitution and bylaws on August 14, 2015. This landmark ceremony was attended by most senior members and past presidents of our alumni.

In addition to recognizing many of our Alumni for their dedication and service to JSMUAANA in 2015 retreat, during Alumni dinner Dr. Javed Suleman was awarded life time achievement award for his services to our Alumni and alma mater. Dr. Rizwan Naeem was awarded Academic excellence and achievement award for his excellent work in teaching and research. First such award was given to Dr. Mujeeb Shad graduate of 1981 in our retreat in San Francisco.

This year we have provided \$26000 from the APPNA IPH funds to Institute of Public health to purchase books for their library.

SUMMER MEETING MOMENTS





KEMCAANA Alumni Report

Dr. Ahmed Mehdi Malik



In 2015, KEMCAANA continues to pursue her mission of helping its alma mater, needy students and poor indigent patients. It does so in the spirit of giving back.

It is a captivating organization that continues to attract new members. Her lifetime membership has grown from 300 in 2012 to almost 476 lifetime members in 2015. Our goal is 1000 by 2017.

Why is KEMCAANA so successful? Why so many projects continue to flourish under her umbrella? It is a question I have been asking myself for quite some time now. The reasons are many. First, there is this immense sense of fraternity despite all individual differences. Secondly, there is a deep rooted philosophy of giving back. Thirdly, there is this natural generosity of her members. And lastly there is that sense of pride, dedication and ownership to do voluntary work, and to go beyond the call of duty.

At midnight when emails and text messages start getting exchanged, it seems as if KEMCAANA is breathing alive on the cyberspace. It is just an amazing phenomenon to watch.

This year, as we do almost every year, we came out of the cyberspace and met each other in June in Milwaukee, on the shores of Lake Michigan. A new INDIGENT PATIENT ENDOWMENT FUND was created at the retreat, to help patients at Mayo Hospital, Lahore. The response from the membership was outstanding. We hope and pray that the fund will continue to grow and become a beacon of hope for many in future.

Personally, over the years I have served in many organizations and in many places, from the rugged mountains of Karak to the impoverished neighborhoods of Milwaukee. But, even for me, as it is for many other kemcolians who live here, KEMCAANA is the country road that takes you home.

And as I look back at the history of KEMCAANA, and how it created APPNA, and how it evolved over the years I feel like saluting all those involved in this endeavor over the years. These have been, and are amazing men and women. And to them, KEMCAANA remains forever indebted.

Well done KEMCANA.

Very well done indeed!





Alumni Reports

KMCAANA Alumni Report

Dr. Sajjad Savul



During the second quarter of 2015, several Alumni members visited our alma mater and its affiliated hospitals. In early June, Drs. Naeem Khan, Arshad Rehan and Sajjad Savul met with Principal Professor Ejaz Hassan Khan at Khyber Medical College. Several other faculty members were present. During the two hour meeting, many items were discussed with the main focus being on KMCAANA supported scholarships and the Clinical Skills Lab. It was heartening to know that several Khyber faculty and community members are involved in offering scholarships to KMC students. The visiting alumni then toured the onsite Clinical Skills Lab. The lab is functioning efficiently. In addition to BLS certification, medical students are trained on multiple minor procedures. In addition to physicians and medical students, BLS training is being provided to police officers. The group had a productive discussion on upgrading the Lab to provide ACLS certification.

Earlier some of our alumni psychiatrists conducted training workshops for local psychologists and teachers in Peshawar, after the December 2014 school tragedy. Psychiatrists including Drs. Hasina Javed, Asad Khan, M. Waqar Mohmand and Lubna Bukhari visited Peshawar and coordinated mental health care with Lady Reading Hospital and CMH.

Our recertification requirements with Central APPNA were met in a timely fashion. Like previous years, many Khyberians are involved in several APPNA committees and chapters. We have created a “Young Khyberians Committee” led by Dr. Taimoor Khan. This committee will help streamline our efforts to assist our young doctors with observerships and residency placements. Currently, with Dr. S. Amjad Hussain’s efforts, a student elective program is underway at the University of Toledo.

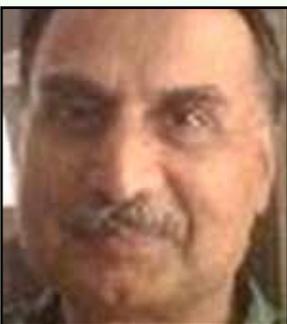
KMCAANA would like to thank all APPNA members who support our projects.

Respectfully Submitted.

Alumni Reports

QAMC Alumni Report

Dr. Mohammad Khalid Iqbal



Spring meeting was wonderful. Dr. Manzoor Tariq, Dr. Dawood Nasir, Dr. M. Khawar Ismail and Dr. Mohammad Khalid Iqbal were in attendance. Dr Manzoor Tariq was there to present a special report as a chair of membership benefits committee. Dr. M. Khawar Ismail was representing chapter from Pennsylvania and Dr. Dawood Nasir was also representing his chapter from Texas.

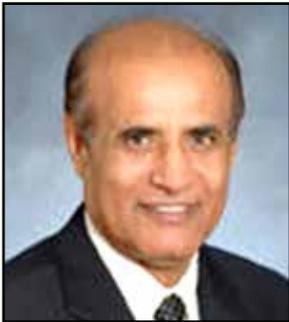
Meeting was very good and quite informative for the inner working of central Appna. Candidate’s speeches were very good and held under strict code of ethics. All the Quaidians met on the sidelines but no formal meeting took place.

Cordially.



Nishtar Alumni Report

Dr. Ghulam Qadir



Dear fellow Nishtarians,

I am a Nishtar graduate with meager background. My medical education has changed mine, my family, and my relatives' lives. I have become a role model for my village. This is not unique to me. I am pretty sure many of you have the same story; maybe you have an even better story.

When I was a student at Nishtar in late sixties and early seventies, Nishtar was the best medical college of Punjab University, maybe even in all of Pakistan. Unfortunately, it has fallen to the bottom now. Who is going to look after Nishtar and Multan? I think it is you and me.

Nishtar Alumni of North America started Rehmat Khan Memorial Scholarship in 2004 for the needy students who had no other means of completing their medical education. Since then, 33 students have graduated and every year ten more will graduate until 2019, after which the number is going to increase to 16 per year. This program has been funded by a number of very generous Nishtarians/ Non-Nishtarians. It was matched, dollar for dollar by one of our extremely generous, anonymous Nishtar. The total donations, with the match, are over 1 Million dollars. It is professionally managed and its earnings can be used for the scholarship. It has become a perpetual program. When we presented this program, in Multan, local philanthropists got excited and promised to support the program. Rehmat Khan Memorial NANA Scholarship was supporting 50 students/year ten in each class. With the support of local donors we have added 6 new students every year and will continue to do so until the total number will become 80. We pay for tuition and hostel rent.

The students are selected locally by our representatives who comprise of Dr. Riaz Bhutta, Dr. Altaf Hussein Qureshi, Dr. Abrar Ahmad, Mr. Ayub Shah, retired Brigadier Masood Qureshi, and one representative from Nishtar. They look at every aspect of the student's means and even make home visits to ensure that these are really needy students.

The Scholarship committee, whose task is to collect the funds, consists of Drs Ghulam Qadir, Javaid Iqbal, Ahmad Saeed Khan and Aslam Barra.

NANA is doing a number of other worthy projects in Nishtar to improve the medical care and education.

1. Qarze-e-Hasna program is for young doctors who are in the process of doing steps for ECFMG, are in need of funds and have no means to pay for the expenses. The goal for the fund is \$50,000. So far, we have collected \$20,000 and another \$20,000 is pledged.
2. Starting a gold medal program for outstanding students
3. Finding a pool of donors who are willing to donate \$5,000 annually on perpetual basis and asking donor from Multan to match so that we can start a new project annually worth \$100,000 to improve the medical education and patient care at Nishtar.

All of us have unique talents and resources. If we can pool these talents and resources together and contribute whatever we can, whether it be talent, money etc, we can change the face of Nishtar and Multan. I believe we owe it to our medical school and people of Multan. Let us not forget those who helped get us to where we are now. Remember if we do not do anything in this regard one day we will be forgotten, too.

Please join NANA



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RMCAANA Alumni Report

Dr. Sohail Minhas



There is even more exciting news and update to share with our peers through this APPNA journal

This has been a very exciting time for our alumni association. We have opened a whole new chapter in the history of RMCAANA. We have had our first ever election for all offices of the organization in 2014. It has brought a new focus and meaning to the organization. Our newly elected panel started working with full enthusiasm and vigor from day one.

We have already accomplished many important objectives. We have made several new committees including the membership, mentorship, publications, election and many other committees. The idea was not only to start new initiatives but also to raise awareness of the alumni association and increase the involvement of our members. We have already increased our membership through a vigorous membership drive and most of our members are now lifetime members. We had cut down our membership dues so to engage both the senior alumni and inspire interest and passion for junior alumni who are in the early stages of their career. We have tried to help with placement of the new graduates of Rawalpindi Medical College who were looking for clinical attachments in the United States. We are in the process of extending financial help to the students in need of Rawalpindi Medical College by actively participating in the Scholarship fund.

We collected around 60,000 dollars for the matching scholarship fund and will name it in the honor of our dedicated teacher and mentor as Professor Mohammed Nasimullah Scholarship fund. Our constitution committee has worked diligently on drafting a new constitution. We have participated in most if not all APPNA meeting events and phone conferences throughout the year, and have tried to be a productive partner of our parent organization. Recently, we were one of the first organizations to donate 5000\$ for the Karachi Heat wave fund through our sister organization RMCOF which is our charity wing.



We have had a very special alumni summer meeting this year in Orlando. We were the only alumni to put up a very special dinner program with a fashion show with supermodels from Pakistan participating. We had Maria Wasti as the host and had Raga Boyz perform. We honored our notable alumni who had done academic or social welfare work from all over the world. Several of all alumni came from all over the world to join us. We also especially honored Pakistan day as it was on 14th of August.

We have not only tried to reach out to our alumni in the U.S. and Canada, but also have reached out to our accomplished alumni across the globe. We have invited them to attend our summer meeting and will be honoring the ones who do join us and have done any notable work in their careers.

We will continue to maintain and grow our organization. We will continue to look for new initiatives, new members and new commitment. We will continue to look for ways to engage and leverage the talent of our alumni through new programs and activities.

With the strength of our members, we will continue the pursuit to build and foster a community which will benefit not only the existing alumni, but the future graduates of our college.

We have made great strides, but will continue to work hard for future growth and strength of our alumni.

We are already set on a path of growth and increased participation of our alumni in the future, and hope to continue this journey.

SUMMER MEETING MOMENTS





APPNA Peds

Dr. Khalid Kamal



There are three projects by APPNA Peds as of now:

- 1) Neonatology - headed by Dr. Mohammad Riaz, neonatologist, Pennsylvania
- 2) Academic - led by myself (Khalid Kamal, pediatrician, Michigan), in which \$1000 will be distributed to Pakistani Pediatricians for comprehensive case report, with prizes ranging from \$25 to \$100.
- 3) Cardiac - led by Dr. Danyal Khan, pediatric cardiologist, Florida who will oversee transfer and distribution of cardiac instruments, pacemakers and catheters for Pakistani children with congenital cardiac conditions

THE NEONATOLOGY PROJECT

What can Pediatricians and pediatric specialists, especially neonatologists living in North America do about the very high infant mortality rate in Pakistan? And, which direction do we need to move the larger lever of the APPNA, and improve and augment efforts and movements already in place?

BACKGROUND:

Pakistan is at the third place in infant mortality rate and the first place in infant mortality rate under one month in the world. While the infant mortality rate in general has gone down in Pakistan, there has been no change in infant mortality rate under one month age during past ten year. There are two main levels of care that need to be addressed: one is the introduction of the helping babies breathe (HBB) program at community level, and the other is improvement of the neonatal ICUs (NICUs) in the country.

NRP, HBB and ECEB:

The major causes of infant mortality are asphyxia, infections, prematurity, hypothermia and feeding problems. In USA, the Neonatal Resuscitation Program (NRP) is taught to all who care for mothers and infants. In 2010 the American Academy of Pediatrics (AAP), in collaboration with other organizations, developed a special training program for underdeveloped countries to address asphyxia at birth. This program is suitable in countries with limited resources and providers with limited education. The equipment provided is also reusable and can be used for multiple times after cleaning/boiling for sterilization. This program is called "Helping Babies Breathe" (HBB) and can be taught in a period of 1-2 days. This program was validated in many countries including Pakistan and in one study in Tanzania reduced infant mortality rate by 47%. While teaching this program, it was felt that this program only addresses asphyxia and leaves out other major causes of infant mortality out like hypothermia and infection. The same collaboration group developed another program "Helping Babies Survive essential care for every baby" (ECEB) to cover first 24 hours of infant life. This program is also taught in 1-2 days. Details of both these program and dates for master training courses can found at their web site at www.helpingbabiesbreathe.org

Helping Babies Breathe Program in Pakistan:

Helping Babies Program (HBB) was taught in 10 districts in Sindh first and then later to other provinces. 4-5 people in each district became trainers for HBB and equipment was provided to them by the UNICEF to train other people. 30% of funding was to be provided by the UNICEF and rest by the Government of Pakistan. However the government of Pakistan could not come up with budget to provide equipment for resuscitation to the lady health workers.

Pilot Project

The politicians, public and various donor agencies can be mobilized to plan a pilot project in Pakistan. We can show this program (HBB) works. One district in Pakistan (Sialkot/Daska) has been chosen for the pilot project. All training/certification/equipment distribution would be computerized and closely monitored.

NICUs in Pakistan:

1. They are still behind in evidence based medicine and need a lot of education
2. There is an acute shortage of nursing staff. Patient to nurse ratio is close to 1:15
3. There is overcrowding and many babies with different needs have to be placed under one warmer
4. There is lack of central oxygen supply at District Headquarter level.
5. There is minimal nasal CPAP use. Most places use only ventilator CPAP.

What we can do?

We will be working with "One NICU at a time" and help with education of both nurses and physicians. CPAP is much cheaper and low maintenance technology and most especially smaller/premature infants can be saved by CPAP alone. There is need to have a biomedical department in each hospital for regular maintenance of the expensive equipment.

Website- AppnaPeds.org





Component Society Reports

Association of Pakistani Descent Cardiologists of North America

Dr. Attique A. Mirza



The Association of Pakistani-descent Cardiologists of North America (APCNA) was born on March 7, 2004 when a group of forty five Cardiologists of Pakistani descent conducted the inaugural meeting of APCNA in conjunction with the ACC Annual session in New Orleans, Louisiana. This group consisted of distinguished Pakistani American Cardiologists such as, Prof. Shahabuddin Rahimtoola,

Prof. A. Jamil Tajik and Prof. S. Sultan Shaikh.

APCNA celebrated its 10th Anniversary with one of the most memorable and well attended meetings on March 29th, 2014 in Washington DC at the ACC 2014. We were honored to have, as our special guest of the evening, Dr. Eugene Braunwald. He delivered the lecture "The Ten Advances that Defined the Modern Cardiology" at the occasion highlighting the 10 most important and notable milestones shaping the modern cardiology. APCNA honored him with the gift of a traditional robe from Peshawar, Pakistan as a token of appreciation. After this event all the cardiologists present at the occasion savored the moments with Dr. Braunwald.

APCNA has been running a very successful Pacemaker Bank in Pakistan. We now have implanting sites at Tabba Heart Institute (THI), The National Institute of Cardiovascular Diseases (NICVD), and Indus Hospital in Karachi. In Lahore, the implants are being done at Sheikh Zayed Hospital (SZH) and in Peshawar at Lady Reading Hospital (LRH). Our hope is to add several more hospitals in the near future. We will be seeking help from our colleagues, friends and community to continue our signature project. When we started the project, Heartbeat International (HBI) in Tampa was our only source of devices. As you have probably seen in your own hospitals, the device companies are not as generous as they used to be. They are manufacturing just enough devices to meet consumer demand. This is known as a concept called JIT (Just in time manufacturing). As a consequence, these companies are not able to donate as much as they did in the past.

APCNA is working hard to continue our signature pacemaker program in Pakistan as well as medical educational programs for the growing and ever-changing challenges of medical practitioners, hospital personnel and hospital management. APCNA mission is to foster scientific development and education in the field of cardiovascular medicine in order to assist physicians, nurses and technologists in enriching their professional development. We support charity & philanthropic work to improve cardiovascular health in communities across the globe. Furthermore, we are committed to our educational and scientific commitments to the institutes of Pakistan.

We are planning not only to continue our previous projects such as our signature pacemaker project, but will also try to add more pacemaker banks as deemed necessary and feasible. We are working closely with Indus Hospital and are planning to establish a long-term close-working relationship to launch cardiac care institutes in different cities in Pakistan. We are in the planning phase for a cardiac supply bank in order to streamline supplies to Pakistani hospitals in need.

We have developed a close relationship with Medtronic, a leading company in the cardiac device industry, and will work with them to explore mutually beneficial opportunities to partner in providing educational opportunities and meeting the cardiovascular health care needs of deserving patients across the globe. I am confident that our collaboration with Medtronic will open new avenues of cooperation for broadening our horizons of educational and philanthropic work.

We have established a great relationship with the current American College of Cardiology and its current President and will continue to strengthen it. In our annual meeting at the ACC 2015 scientific session in San Diego, we had a very successful and focused meeting with ACC president Dr. Kim Williams. He is very supportive of our organization and is willing to help us grow. We will be working with him to include the APCNA annual meeting at the ACC scientific session as an official part of the ACC meeting as well as in many other projects.

We have initiated the following programs this year; if you would like to participate, contribute or advise in any way please do not hesitate to reach us.

- APCNA Chapters initiative in North America to provide an effective platform to APCNA members to socialize and exchange of mutually beneficial professional ideas locally. The New England Chapter will be the pilot project in this regard. Each chapter will nominate its local Governor as in the infrastructure of American College of Cardiology.
- As we expect increased financial demand for our growing pacemaker project, we will search for more fundraising sites nationally to meet our future financial needs.
- Junior Pakistani Medical College Faculty Observership Program
- Young Doctors' Mentorship Program
- Collaboration with Pakistani-descent Cardiothoracic Surgeons in North America to develop a strong working relationship for philanthropic & charity programs in Pakistan
- Annual Fellows' Scientific posters presentation & awards at APCNA meeting at ACC.

The APCNA team and executive committee is committed to rise above the challenges with your participation in nurturing, building and empowering the next generation of new leaders amongst our community, as this is the key to the overall success of our organization.

Email: atique@yahoo.com



Component Society Reports

APPNA - HemeOnc

Dr. Sairah Ahmed



In response to the continued encouragement for the inception of subspecialty organizations by APPNA leadership over the last couple of years APPNA- HemeOnc was formally inaugurated and announced in August 2015. APPNA-HemeOnc will encompass and represent hematologist, medical oncologist, surgical oncologist, radiation oncologist, cancer researchers as well as other physicians involved in cancer care. Initial by laws were developed, officers and BOT members were selected over the course of several teleconferences, email discussions and Facebook polls. The inaugural meeting was held at the annual APPNA summer meeting attended by large number of hematologist/oncologists from all around the country willing to devote their time to this project. The mission of APPNA- HemeOnc is to facilitate treatment and prevention of cancer and blood disorders through research, education, professional development, training and advocacy in the field of hematology and oncology with a goal to deliver high quality care for patients

Following Officers were unanimously selected to serve first term expiring 12/31/2016, President: Dr. Aamer Farooq, Secretary: Dr. Sairah Ahmed, Treasurer: Dr. Farrukh Awan, and President-Elect: Dr. Mehdi Hamadani. Initial appointments on Board of Trustee include Dr. Raza Khan, Dr. Omar Atiq, Dr. Muzaffar H. Qazilbash, Dr. Farid Qazi, and Dr. Mohammad Jahanzeb.

Several standing committee chairs were also announced and work is underway to ensure smooth and transparent functioning of this new component society of APPNA. We have already started discussions on projects to improve care delivery in oncology not only in Pakistan but also facilitate young interested physicians entry to the field of oncology here. Further information will be available through our website which is in the process of being developed. We would need continued support from all APPNA members to make this successful venture. Please do not hesitate to contact with any suggestions and feedback.

Component Society Reports

WAPPNA Report

Dr. Sarwat Iqbal



As one of the founding members of WAPPNA, It is my great honor and pleasure to serve you as the president of WAPPNA for two years. WAPPNA is for women physicians of APPNA. It is a 501c3 tax exempt organization. WAPPNA has several categories of membership to capture all professions and genders. Our mission is to empower oppressed and underprivileged women and children in the world by providing resources, education, and training to be self-sufficient and contribute to society with honor and live with respect. WAPPNA has done several projects to further this mission. Most recently, we hosted our sixth Annual Summer Meeting, which was very well attended.

Our current project is the Razia Zohra Dastikari Institute in Jhang Saddar, Pakistan. Pakistan has the 10 th lowest female labor force in the world. 76% of Pakistani women are out of work. These women face many barriers to employment, including low literacy and social and cultural undervaluation of women. Thus, there is an immediate need for opportunities for self-employment. The garment industry is very suitable for unemployed women in Pakistan for many reasons. Firstly, it is a socially acceptable occupation for girls and women. Secondly, there is a huge and persistent demand for garments. Teaching talent is readily available, and the industry allows for women to be self-sustainable with little help. The Razia Zohra Dastikari Institute was established in February 2014 to respond to these needs. At the Institute, women and girls can receive a free training course in designing, cutting, sewing, and embroidering clothes, after which they are given a certificate. 120 students have already graduated from the program, and 107 students are currently enrolled. A boutique has been set up to sell the garments made during training to pave a way for the Institute to become sustainable. We are planning to place three computers in the school to help augment the training.

Our long-term goal is to set up similar sustainable institutions all over Jhang, across Pakistan, and throughout the world. For this we need your help. We accept Zakat, Kharat, Sadaqa. We accept donations in the form of cash, checks, and credit cards. A receipt will be provided for tax purposes. You can adopt small or large institutions under your name, and we will help set it up. Please call or email me at (610) 937-1132 or email me at sarwatiqbal5@gmail.com with questions, concerns.

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Chapter Reports

APPNA PUN

Dr. Sarwat Azma Iqbal



It Is a new Delaware Valley Tristate chapter of APPNA. APPNA PUN Pennsylvania, New Jersey, and Upper Delaware.

Our Mission

1. People of Three States adults and youth work together to help our community APPNA, and world at large.
2. We participate in all projects that appna does and do those at local level like APPNA FREE CLINICS.
3. Helping and sponsoring Young physicians..We arrange Social events to provide a platform for adults and specially youth to socialize make networks, find people of their kind and help each other to climb up the stair of success.
4. Our main mission and long term goal is to help and guide our youth. to become people of character, integrity, humble and tolerant. We want them to be successful in academics, social. Involve in legislation and all fields of lif and help their young friends with academic, reference, internship and job opportunities through network and unity and make allies and supporters. So they can live without fear, in peace and with pride.

We had two picnics, youth health fare and a great banquet where youth has played major role. We tried to encourage our youth by participating and showing their talent in talent show. Through multiple activities of fun for children , young people and adults in our picnics.

My passion is to help explore the talent in youth by ,giving alot of information ,encouraging their talents, getting expert help for them so they can enjoy and succeed in their passion and get excellent in their talent. I want each of them at the highest position in their field of passion and talent..WE have lot of volunteer expert help and guidance. www.appnapun.org has few chat forums one is for parent members to post their good or bad experience ask for advise and give advise. this forum will hide their ID and anonymous will show up so they can discuss freely to relieve their fears and get mediator between youth and parents that eventually help our youth to succeed. Other Forums are for youth members for chat between youth and chat with advisors.

I have the honor of being the First founding President of APPNAPUN. I am proud of my brilliant, dedicated and very co operative team. Thanks to Dr Haroon Durrani. Our President Elect 2016 2017 for giving me the opportunity. thanks for your hard work Dr Haroon Durrani our brilliant and resourceful leader, Dr Ghazala Farooqui our multi talented general Secretary who manages youth events, talent show and writing competition etc. Dr Jamil Mohsin, treasurer very organized and honest, keeps our accounts well managed and transparent. and manage our events. . We are very lucky to have dedicated board of trustees Dr Sajjad Savul brilliant and humble, Dr Mohammed Murtaza great manager of children activities,Dr Sami Janjua who brings excellent ideas and does lot of tasks. and Dr Nadeem Ahsen a grreat thinker and writer..We have Counselors Dr Umar Farooq who has great local political relations..Our passionate volunteers Dr Mohammad Arshad very dedicated and extremely passionate.and always ready to make more members..Mrs Maheen Durrani .Dr Shehla Siddiqu and Mrs Fatima Qazi just joined us as volunteers and and participated in multiple activities., .Mr Salman Rana who has made our website free of charge.. Please visit Appnapun.org

Chapter Reports

APPNA Greater Cincinnati Chapter

Dr. Muhammad Aslam



It gives me great pleasure to report our chapter activities for 2014-15. The APPNA GC Chapter has reinvigorated itself recently and is becoming an integral part of the community in Greater Cincinnati. We conducted our very well attended first educational symposium in May 2015 on the unique topic of advances in nutritional therapeutics and nationally known speaker entice the audience with remarkable new discoveries on how nutrition can help in Alzheimer's and cancer. There has been a special emphasis in keeping better record of our financial health and new process to approve expenses and tracking our financial health is being developed. Chapter is one of the major contributors for clean water wells project of APPNA. We are currently planning for our annual Mushiarra to be held in November 2015 and Fall meeting with more educational activities for our membership.

Our members and officers are also involved in young doctors mentorship and training. Dr Saeed our treasure has been instrumental in providing an observer ship program through Cincinnati Children's Hospital for the past many years. This program has helped numerous young doctors to get residencies. There is no doubt we have very dynamic, motivated community and as our chapter continue to grow, we expect to see several more great things happening in our community.



Chapter Reports

APPNA Canadian Chapter Annual Dinner

Dr. Humaira Haleem Ali



The second Annual Dinner of the Canadian Chapter was held in Mississauga at the Apollo Convention Centre on May 23, 2015. It was a well attended event and approximately 270 people attended this event.

APPNA Canada is organized for educational and scientific purposes. It is a chapter of the parent APPNA, the overarching organization that includes all North American members. It strives to foster scientific development and education in the field of medicine and delivery of better health care, without regard to race,



color, creed, gender or age. Part of this organizations mandate is to institute ways and means to cooperate with other medical organizations in North America, and to participate in medical relief and other charitable activities especially in Pakistan and in North America. They also work to inform and educate decision makers and opinion making leaders in problems confronted by the medical community in general and Pakistani-Canadian physicians in particular.

This meeting was used as a platform to liaison with food bank groups in the GTA, as well as SANSAR, an organization committed to promoting cardiovascular health for south Asians through community awareness, education and research.

Overall the night was a success, filled with medical education, delicious food, promotion of community businesses, and fantastic entertainment. The event was organized by the Executive Council, Drs. Humaira Ali President, Dr. N. Chaudhry and Dr. Mahjabeen Ammad.

Chapter Reports

PPS Illinois Chapter

Dr. Hasina Javed



Dear APPNA Family,

PPS Illinois Chapter started the year 2015 , with a strategic planning meeting in January, the society raised funds and in collaboration with APPNA helped out in the aftermath of the Peshawar Tragedy some of our members helped on ground by participating in training seminars and educating teachers about symptoms of PTSD. We had a very successful spring meeting in March and celebrated Pakistan Day. In April members of PPS along with APPNA leadership volunteered in Rochelle Illinois in the aftermath of a devastating tornado that ripped the town. In May we had a very successful picnic which was both well attended and enjoyed by all. PPS/APPNA house which was founded in December of 2014 is standing strong after surviving the initial six months of growing pains. This is a huge undertaking but with the grace of God and the ongoing support of the membership we are headed in the right direction. With a very well planned and simple registration system for both house and observorship program, PPS Illinois is leading the way for other similar programs.

We want to thank all the preceptors who are mentoring the young Pakistani Physicians. Training sessions are also provided at the house to assist the Physicians in their clinical skills exams. PPS/APPNA clinic continues to serve our indigent population with new extended hours and additional staff.

We hope to make our programs exemplary and strong by the end of this year.



Chapter Reports

Connecticut Chapter of APPNA

Dr. Momina Salman



It gives me great pleasure to report our chapter activities for 2014-15. The CT APPNA Chapter is thriving and has become an integral part of the community in Connecticut. Our annual Pakistan Day event has now become a tradition. It is an event that the whole community looks forward to every year. It is usually held at the end of August to celebrate the independence of Pakistan. Our children are the highlighted in our program by participating in a talent show. We were very fortunate to have Professor Faizan Haq as our keynote speaker at our event last year. Professor Haq is well known to the APPNA organization and has been conducting workshops at the summer convention. His talk at our event was eye opening to the youth, helping them deal with cultural conflicts and identity crisis, which is a challenge our children are facing today. We also had kids performances and our Colleagues, amateur singers, provided great entertainment. We have exciting events planned for this year right after we go back after APPNA convention. This year our keynote speaker is Prof. Dr. Adil Najam who is a famous scholar, academician, author and an intellectual. He is the Dean of the Pardee School of Global Studies at Boston University.

We helped our local Nepali community during the tough time of the Nepal earthquake partner with APPNA and the Helping Hand organization to provide the rescue efforts. Our organization have also held multiple youth events with USPAK foundation base at Washington D.C. for youth mentorship and empowerment. We have an ongoing charity program for the migrants of USA in collaboration with Catholic Charities. Our members and officers are also involved in young doctors mentorship and training. Our chapter founding President Dr. Atique Mirza has an observership program through St. Francis Hospital for the past many years. This program has helped numerous young doctors to get residencies in USA. We have dynamic, motivated officers and as our chapter grows and matures, we expect to see great things happen.

Chapter Reports

North Texas APPNA Chapter Report

Dr. Mohammad Zaim Nawaz



Our chapter is based out of Dallas, Texas and serves over 500 physicians of Pakistani descent in our area. The chapter has been active this year and we started off the year with our annual chapter meeting. The meeting was held on May 15, 2015 at the Cascades event Hall. The event featured for the first time in our chapter a 2 hour Ethics CME session for the attendees. The main program featured Mr. Sean Terry, Mayor of Celina, as key note speaker and the evening ended with a light musical program. The program was very well attended and appreciated by all. The chapter has multiple events planned for the rest of the year also including Iftar dinner, Eid Milan Party and Health care day. Our plan for this year is to not only boost our chapter membership but also expand the main APPNA membership by adding the new physicians moving to the area. The Chapter office bearers are, Mohammad Zaim Nawaz, MD, FACC – President; Dr. Dawood Nasir – Immediate Past President; Dr. Mohammad Amir – President Elect; Dr. Zahid Zafar – Secretary.

Our mission, as always, has been to uphold ethical and moral values, engage in social and professional activities, support educational and intellectual pursuits, upgrade medical care and thus glorify our Association.



Chapter Reports

Florida APPNA Chapter Report

Dr. Irfan Aslam



We are quite honored and ecstatic towards the response of our friends regarding a very successful chapter night, during an even more successful APPNA 38th Summer Convention in Orlando, Florida.

From the very first APPNA meeting in 1976, when only about 20 physicians were in attendance, to this date

in 2015 when thousands of us are united together as members, our fire of passion to help remains burning. APPNA continues to grow stronger annually and this can be attributed to the extraordinary role that other chapters have played in bringing APPNA to the level.

The Florida Chapter has a rich history; our founding members did a tremendous job in making a name for this chapter and our current leadership is putting forth every effort to make this chapter increasingly serviceable And vibrant.

Among many other things, we are presently striving to introduce the new generation into chapter activities, as we believe that the future of APPNA stems not only from new physicians arriving from overseas; our future lies right here with our kids who are already holding enormous roles in their communities, making a difference in the world through education, charity, social activities, and even politics. We are sure that through the incorporation of these young, bright and fruitful new minds, our chapter and APPNA will sustain extensive growth in the near future.

We will continue to support and guide Pakistani medical graduates who are in Florida for residency interviews. In order to stay relevant with our members in Florida, we are anticipating combining our meeting in September with another local Pakistani organization. Our goal in the coming years is to increase our membership, help with running free clinics, and numerous other measures to help our Pakistani community.

Our Florida Chapter has a strong and rich history and under the leadership of Dr Ayyaz shah we foresee a very vibrant chapter in the near future.

Again our Congratulations to Dr Mubashar Rana and Host Committee for hosting a splendid meeting.



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San Jose

Almaden Family Physicians Medical Group
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Chapter Reports

MAPP Report 2015

Dr. Bushra Dar



Minnesota Association of Pakistani Physicians (MAPP) was created in Fall 2010. We are still in initial phases and hoping to continue to grow.

In the last few years we have organized 3 major events including CME seminar, a fashion show and-benefit dinner for Human Development Foundation (HDF). We held our second very successful fundraising Iftar dinner for HDF on June 19, 2015.

We have recruited several new members and leaders to infuse new energy in this organization this year and hope to continue to grow. MAPP board and members plan to continue to be involved in free health clinics within the Twin Cities, MN and will partner with APPNA to organize local events in our area for “National Health Care Day “in near future.



From L to R: Dr. Nadim Iqbal (Past President), Dr. Bushra Dar (President), Dr. Shehla Alavi (Treasurer), Dr. Munir Abid (Secretary)

SUMMER MEETING MOMENTS





Chapter Reports

APPNA Greater St. Louis Chapter Report

Dr. Hasan A. H. Ahmed



Greater St. Louis chapter of APPNA is growing leaps and bounds with every passing year. We are working hand-in-hand with the Central APPNA in all it's noteworthy endeavors.

Involving the entire community and Serving medical students, in training and young physicians is the cornerstone of our chapter policy this year. So far this year we have achieved great success in involving the community and our younger

generation in APPNA activities.

To encourage our new generation, this year our spring meeting was dedicated to our "future leadership". During spring meeting we recognized medical students and in-training physicians from our own community. We have more than 35 medical students and more than ten in-training physicians that have strong roots to APPNA St. Louis chapter. These bright young students and physicians have completed their high school and undergraduate education in St. Louis area and now are aspiring to become future physicians. We also recognized individuals who have moved to St. Louis to complete medical school and residency. This recognition helped them to get in touch with APPNA-STL activities and take leadership role in the near future. This will also encourage our high school and undergraduate students to pursue career in medicine.

One of the key components of our spring meeting agenda was a "FUTURE PHYSICIANS WORKSHOP". This activity allowed medical students and in-training physician to share their experiences with one another. High school and undergraduate students also had the chance to interact with them for advice, motivation, and support in how to pursue a career in the medical field. This workshop was very successful and more than 60 attendee benefited from this activity.

During spring meeting we invited residency program directors Dr Leon Robison and Dr Fred Balis as guest of honor. Their contribution to the cause of foreign medical graduates were recognized. Dr Beth Ward was our key note speaker. She presented a robust clinical update on sleep apnea. Her presentation was followed by a very interactive question and answer session.

Spring meeting attendance of 450 plus head count was the largest gathering of any of the component chapters of APPNA in USA. The winter meeting this year will be dedicated to "Women Physicians of APPNA-STL." We will be celebrating and recognizing the achievements of our female colleagues. We will recognize our women physicians that have taken a leading role in academic, leadership and community service. Women of our community have excelled and attained fame and accolades for their professional, humanitarian and social contributions. Despite the critical balance our women colleague maintain between families, social and professional lives, their work goes above and beyond, inspiring each and everyone of us. They have excelled in the field of medicine, surgery and research. They not only



uplifted themselves but took a step towards being recognized not just as mother or wives but as doctors, scientist and researchers. These are the women of APPNA-STL!

This year we had started a new program titled "Medical Students and Young Physicians Initiative" – APPNA-STL Graduate Medical Education Project. This will help medical students and young physicians of Pakistan origin to acquire relevant work experience, observership, elective, clinical attachment, research and the likes on a volunteer basis in the Greater St. Louis area. This activity will be available to Pakistani descent medical students desirous of perusing graduate medical education in the United States on a voluntary bases only so that they can further their CVs and chances of acquiring residency positions.

We continued to run and improve APPNA-STL community healthcare clinic. This clinic provides medical, dental, ophthalmology and lab services free of cost to all deserving patients irrespective of race, gender, nationality or insurance status.

My heartfelt gratitude goes to the members of APPNA Greater St. Louis chapter for their efforts and continued support to take this vibrant chapter to greater heights of success.

حمدباری تعالیٰ

غزل ۱۷

(بجرمل مشن منگول: فعلیات فاعلاتن فعلیات فاعلاتن)

ہوں میں چھانتا تو پھرتا یہی عالم زمانی
کہ نہاں یہیں کہیں ہے ترا دشتِ لامکانی

میں ہوں آدھ حرف جس کا، وہ غزل تو ساری خود ہے
کہاں مختصر میں قصہ، کہاں طویل تو کہانی

میں مصوّرِ ازل کے ہوں قلم کی تھوڑی لرزش
میں تو داغ ہوں ادھورا، میں خطِ ناگہانی

کوئی مصلحت ہی ہوگی، کہ یہ عدل تو نہیں ہے
ہے بقا بچا کے رکھی، دے دی مجھ کو زندگانی

ہے خیال اک عجب سا، میں ہوں بستاجس کے اندر
یہ جو مدح کا ہے نوغا، یہ مری ہے بے زبانی

ہے یوں سلب عقل میری، یوں لگا ہے مجھ پہ پہرہ
کہ میں بھول خود گیا جو مجھے بات تھی ستانی

علی حماد حاتمی
(فروری ۲۰۱۵)



میری ذات تو ہے محدود - تو ہے لا محدود
اور میرا ذہن تیری وسعتوں کو سمجھنے سے قاصر
پھر میں تیری حمد و ثنا کروں تو کیسے کروں

تو سب کائناتوں کا بنانے والا - سب کا پروردگار
اور میں ذرہ ناک ہوں - اک ناچیز ہوں
پھر میں تیری حمد و ثنا کروں تو کیسے کروں

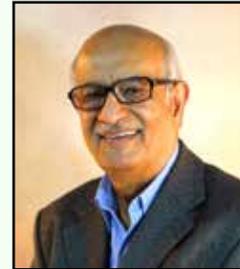
تو جے چاہے عزت دے - جے چاہے ذلت دے
اور میں بھی گزرگا کر تجھی سے مانگتا ہوں
پھر میں تیری حمد و ثنا کروں تو کیسے کروں

کائنات کی ہر شے تیرے علم کی تابع ہے
اور میں بھی تیرے اشاروں پر سر جھکا دوں
پھر میں تیری حمد و ثنا کروں تو کیسے کروں

میرے پاس تیرے پسندیدہ اعمال کی کمی بھی ہے
اور تیری تعریف کے قابل الفاظ کا فقدان بھی
پھر میں تیری حمد و ثنا کروں تو کیسے کروں

پھر خیال آتا ہے - تو رحمان بھی ہے اور رحیم بھی
یہ سوچتے ہی آنکھیں ندامت کے آسوؤں سے بھر جاتی ہیں
اور میرے ہاتھ خود بخود تیری حمد و ثنا کے لیے اٹھ جاتے ہیں

سلیم خان



اک عمر

درکار ہے تخلیق کائنات کیلئے اک علمِ ربی
طفل کو انسان ہونے تک اک عمر چاہیے

نئے دین کے اسلوب میں بکھرے ہوئے شرکا
سمت خدا کیلئے بھی اک عمر رضی اللہ عنہ چاہیے

ایک سے دوسرے لمحے تک ہے صدیوں کا سفر
ان لمحوں کے جوڑنے کیلئے اک عمر چاہیے

عمر ہے تو پھر چھپاتے کیوں ہوں
روپ دھارنے کیلئے بھی اک عمر چاہیے

چاندنی سے تو ہے یہ دنیا روشن
اس کی بکھیرنے کے بھی اک عمر چاہیے

مدتوں سے اکٹھے عیبوں میں سکے
پہچان اصلی کیلئے اک عمر چاہیے

باد نسیم سے تو قائم ہے گلشن
نوشہ باہنے کیلئے اک عمر چاہیے

نسیم احمد شیخ

نسیم احمد شیخ



وطن کی خاک کو ہم کہاں سمجھتے ہیں
 زمین پاک تجھے آسماں سمجھتے ہیں
 تلاشِ رزق میں منزل کہاں بڑاؤ کہاں
 مسافرت میں مسافر کہاں سمجھتے ہیں
 اسی جہان میں پائیں گے ہم جزا و سزا
 اسی جہان کو آگاہا جہاں سمجھتے ہیں
 گو بار بار اشاروں سے ان کو سمجھایا
 ہماری بات مگر وہ کہاں سمجھتے ہیں
 ہمیں یقین کہ ہم دوستی نہاں گے
 ہمارے دوست ہمیں بدگماں سمجھتے ہیں
 ہمیں حقیر وہ گردانتے رے برسوں
 ہمارے سچ کو اک داستاں سمجھتے ہیں
 گزرتے وقت کا احساس تک نہیں ان کو
 وہ خود کو اب بھی حسین و جوان سمجھتے ہیں
 بس ایک موجِ اجل آکے سب مٹا دے گی
 لکھے جو ریت پہ نام۔ و نشاں سمجھتے ہیں
 ہمیں سے مہکا ہے آصف میاں ریاض سخن
 دیارِ غیر میں ہم یہ زباں سمجھتے ہیں

ہمیں بھی شوق ہے تھوڑا سا خود قربی کا
 چراغِ شامِ گہر میں جلا کے رکھتے ہیں
 ہمارے قل کی تمہید ان کو آتی ہے
 نظر کے تیر بھی اکثر چھپا کے رکھتے ہیں
 ہمیشہ پیشِ نظر رکھتے ہیں اخوت کو
 قدم قدم سے ہمیشہ ملا کے رکھتے ہیں
 قبول ہوتی ہے آصف دعائے نیم سی
 تمام رات مصیبتی بچھا کے رکھتے ہیں
 کسی نے جھوٹ کہا تھا کہ وہ اکہلی تھی
 جلو میں اُس کے حسین چاند تھا، چنبیلی تھی
 ہمارے ساتھ وہی داستاںِ جبرِ ربی
 تمہارے ساتھ وہی سانولی سہیلی تھی
 مری طلب نے ہزاروں جاب اوڑھے تھے
 تمہارے ہونٹوں پہ اک شوخ سی سہیلی تھی

آصف ریاضِ تقدیر



جس کو چاہے شکار کر لے اب
 تیر اس کے کمان بھی اس کی
 جھکے کانوں کے اک نہیں اس کے
 اب تو سونے کی کان بھی اس کی
 سارے کردار، اس کے زیر اثر
 شوخیِ داستاں بھی اس کی
 سارا حسن بیان اس کا ہے
 اور شیرینی و بیان بھی اس کی
 پھول کلیاں سبھی اسی کے ہیں
 رونقِ گلستاں بھی اس کی

ہے ابھی ابتدا افسانے کی
 مشق جاری ہے دل لگانے کی
 جلوہ حسن کی ہے تاب کے
 شرط مشکل ہے آزمانے کی
 گھر میں مہندی لگا کے بیٹھے ہیں
 یہ بھی تمہید ہے بہانے کی

ایک نامہ مزید لکھ چھوڑوں
 کاہلی ہو نہ ڈاکھانے کی
 چڑھتے سورج کا ساتھ دیتے ہیں
 یہ روش خوب ہے زمانے کی
 ہم کو تکیہ پہ نیند آتی نہیں
 سر کو عادت پڑی ہے شانے کی
 گرتی دیوار کو سہارا دو
 کیا ضرورت ہے اس کو ڈھانے کی
 دو گھڑی پاس میرے بیٹھو تو
 اتنی جلدی بھی کیا ہے جانے کی
 میں سنا جاؤں کیسے ممکن ہے
 میں صدا ہوں کباڑ خانے کی

نایاب بحر میں ایک غزل

اے دلِ ناداں، چلا ہے کہاں
عشق تو ہے کارِ گمہ ہفتِ خواں
خود لبِ فریاد ہے زخمِ کہن
ٹھیک نہیں میتِ چارہ گراں
ہو گئے ہم کشتہ منقارہ تیز
سننے ہوئے نعمتِ شیریں زباں
روزِ ادھر ایک تقاضا نیا
اور ادھر ایک وہی نقدِ جاں
طرہ پر بیچ ہو یا زندگی
سلسلہ در سلسلہ اک امتحاں
گاہ وہی دردِ بھری خامشی
گاہ وہی شورشِ آہ و فغاں
سننے رہے ہم جس دلِ فریب
لڑتی رہی گردِ رہ کارواں
گھل گئے جب رنگِ نشاط و الم
بن گئی تصویرِ دلِ رائیگاں
ایک پری چہرہ مرے روبرو
اور میں خوش فہم گماں در گماں
زیر زخنداں ترا نازک سا ہاتھ
سوچ میں ڈوبا ہوا سارا جہاں
لوحِ دلِ راز پہ لکھا ہے سب
گرچہ نہیں بجزاتِ عرض و پیاں
مٹ گئے جب فاصلے تو یہ کھلا
کچھ بھی نہ تھا تیرے مرے درمیاں

احمد ندیم رفیع



اے خدا

تلاشِ ذات کے اس کرب سے نکال مجھے
بچسلا رہا ہوں میں اس راہ پر، سنبھال مجھے
توہمات کے گرداب میں پھنسا ہوں میں
ذرا یقین کی ایک موج پر اچھال مجھے
کسی جواب کی صورت ہی آشکارا ہو!
کہ روز کرتے ہیں بدن کئی سوال مجھے
کسی کنارے لگا نطق کے سفینے کو
بہائے جاتا ہے اک موجِ خیال مجھے
قبولیت کا کوئی سہل راستہ ہی دکھا
عبادتوں نے تری کر دیا نڈھال مجھے
ہر ایک موڑ پہ دیتا ہے یوں صدا کوئی
کہ سیدھی راہ پہ چلنا ہوا محال مجھے
بھٹک رہا ہوں ہوں کی اندھیری کھائی میں
کہ راس آئی نہیں صحبتِ جمال مجھے
حواسِ خسہ کے فتنے سے عرشِ کانپ اٹھے
تری پکڑ کا اگر ہو نہ احتمال مجھے
طلسم ہوں رہا ہے جہاں آب و گل
بکڑ رہا ہے یہاں خواہشوں کا جال مجھے
مری فنا کا ہے سامانِ میری ”کثرت“ میں
سکھا دیا تیری ”وحدت“ نے اعتدال مجھے
مری جہیں نے سنوارا ہے آستاں تیرا
دیا ہے تو نے اگر حسن بے مثال مجھے
یہ خیر و شر کا تصادم مری سرشت سہی
ترے قریب ہی لایا ہے یہ کمال مجھے
میرے وجود کو پابندشش جہت مت کر
میں جزو کل ہوں تو دے جرات وصال مجھے
مرے زوال نے ثابت کیا وجود ترا
ترے دوام نے بخشا مگر زوال مجھے
حصولِ علم و ہنر میں کمال کے باوصف
سمجھ نہ آئی کبھی آسماں کی چال مجھے
میں ماورائے زمان و مکاں کا طالب ہوں
دکھا کے انجم و شمس و قمر نہ ٹال مجھے
تجسس کو یاد کروں جب پڑے کوئی مشکل
یہ بات ہے تو سدا مشکلوں میں ڈال مجھے
ترے یقین کی دولت سے بھر گیا ہے دل
دکھائی بھی دے خداوند ذوالجلال مجھے

سورج غروب مغرب کا وقت ہوا چاہتا تھا۔ شکار کے قانونی وقت میں تقریباً بیس منٹ باقی رہ گئے تھے۔ اچانک مجھے بائیں طرف تقریباً سو گز دور پر ہری گھاس کے اوپر کچھ حرکت دکھائی دی۔ یہ ایک اچھی علامت تھی۔ چار فٹ اونچی گھاس کے اوپر کوئی چیز حرکت کرتی ایک بڑے قد و قامت کا جانور ہی ہو سکتا ہے اور جس جگہ میں شکار کر رہا تھا وہاں یہ جانور بڑا زبردست ہوتا ہے۔ غور سے دیکھنے پر اب مجھے گھاس کے اوپر سینکڑوں حرکت کرتے نظر آئے۔ ابھی تک گھنی گھاس میں باقی جانور کا جسم نظر نہیں آیا تھا۔ اس وقت میں نے پہلا ضروری کام کیا اور اپنی پوزیشن کو تیر کمان کے ساتھ ادھر تیار کر لیا۔ اب ایک بڑے سینکڑوں اور جسمت والا ہرن نمودار ہوتا ہے۔ میری نبض اور سانس تیز ہو گئی۔ یہ ایک شوٹ تھا یعنی بہترین شکار اور جس کا چانس سال میں ایک یا پھر دو ہی بار ملتا ہے۔ ہرن آہستہ آہستہ قریب آتا ہے اور تقریباً چالیس گز پر رک جاتا ہے۔ کسی وقت لگتا ہے کہ وہ دور ہو جائے گا۔ اب یہاں مجھے ایک اور فیصلہ کرنا تھا۔ کیا میں چالیس گز کا نشانہ لوں گا۔ مشکل لیکن صحیح جواب نہیں تھا۔ اس فاصلے پر نشانہ چونے کا امکان زیادہ تھا۔ آپ سوچ رہے ہوں گے کہ مجھے فاصلوں کا اندازہ کیسے ہے۔ ہر جگہ بیٹھتے ہی میں رینج فائنڈر (range finder) کے ساتھ کچھ فاصلے اور نشان ذہن نشین کر لیتا ہوں۔

میں نے تجویز کر لیا تھا کہ اگر ہرن قریب نہیں آئے گا تو میں تیر نہیں چھوڑوں گا۔ اچانک ہرن مڑتا ہے اور سیدھا کھیت کے ایک کونے سے دوسرے کونے کی طرف چل پڑتا ہے۔ اس کا متوقع راستہ میرے سامنے پنڈرہ گز سے گزرنے والا تھا۔ میں نے احتیاط اور خاموشی سے تیر کمان کو اٹھا کر نشانہ جوڑ لیا۔ یہ بڑا ہرن بڑی تیزی سے فاصلہ عبور کر رہا تھا۔ تیس پچیس بیس اور پنڈرہ گز اور میں نے اونچی آواز سے کھنگارہ۔ ہرن ساکت کھڑا ہو گیا یعنی اپنی جگہ پر رک کر میری طرف متوجہ ہوا اور اسی لمحے میں نے تیر چھوڑ دیا۔ تیر کی آواز اچھی تھی یعنی جانور سے گزرنے والی خاص آواز ہرن واپس مڑا اور قدرے آہستہ بھاگتے ہوئے واپس اونچی گھاس کے میدان میں چلا گیا۔ آہستہ بھاگنا ایک اچھا نشانہ تھا یعنی تیر نشانے پر لگا۔ میں اونچی گھاس میں بغور اس کو دیکھ رہا تھا اور مجھے یوں لگا جیسے وہ پہلے کھڑا ہوا اور پھر جھول کھا کر نیچے گر گیا۔ مغرب سے لگ بھگ دس منٹ بعد کا وقت تھا۔

میں فوراً اس جگہ کی ایک ذہنی تصویر اور نشانی رکھی اور نارنج جلا کے اس ہرن کو تلاش کرنے چل پڑا۔ پہلی ایک یا دو کوششوں میں مجھے ہرن نہیں ملا۔ نہ ہی کوئی خون کی ٹریل نظر آئی۔ اب اندھیرا زیادہ ہو رہا تھا۔ مین واپس شیڈ (Shed) پر آ گیا اور اے ٹی وی (ATV) پر بیٹھ کر سرچ لائٹ لے کر دوبارہ تلاش شروع کی۔ اب اندھیرا ہو چکا تھا۔ جگہ کی جوشانی میں نے یاد کی تھی اندھیرے میں نظر نہیں آرہی تھی۔ اے ٹی وی اور سرچ لائٹ کی روشنی میں میں دو گھنٹے تک ہرن ڈھونڈتا رہا لیکن کچھ نہیں ملا۔ میں نے کئی دفعہ ذہنی فلم دوبارہ چلائی۔ کیا واقعی ہرن کو تیرین وائٹلز میں لگا؟ کیا واقعی ہی وہ گرا تھا یہ میرا وہم؟ اس وقت میری طبیعت خاصی ڈاؤن تھی۔ اتنا بہترین جانور ہاتھ نہ آئے اور ضائع ہو جائے بڑی پریشان کن سوچ تھی۔ وہ رات جاگتے میں کسمپرسی کے عالم میں گزری۔ فجر کی پہلی روشنی پہ میں واپس اسی جگہ پہنچ گیا تھا۔ یہ اس جانور کا مجھ پر حق تھا کہ میں اس کی بازیابی کی پوری کوشش کرو۔

میں نے دوبارہ سے تلاش شروع کی۔ تیر یہاں چلا، یہاں لگا، ہرن واپس مڑا اور ان درختوں کی سیدھ میں شاید گرا اور وہاں پر وہ ہرن پڑا تھا۔ بالکل وہیں پر۔ اندھیری رات میں لائٹ کے ساتھ بھی اس جگہ سے دس گز کے فاصلے پر بھی اسے نہ دیکھ پایا تھا۔

میری خوشی کی انتہاء نہ رہی۔ یہ ایک بہترین ہرن تھا۔ میں نے اپنے بیٹے اور ایک دوست کو کال کیا جو میری مدد کو آگئے تاکہ اس بھاری بھارے جانور کو ٹرانسپورٹ کیا جائے۔

آج بھی میں جب دیوار پر لگی یہ ٹرائی دیکھتا ہوں تو یہ سارا واقعہ میری آنکھوں کے سامنے گھوم جاتا ہے۔



ڈاکٹر عارف احمد





Urdu Section

امریکن ڈوسٹ میں رہتے ہوئے میرا ماننا ہے کہ کسی حد تک آؤٹ ڈور کا شوق لازم ہے۔ مجھے یہ شوق جنون کی حد تک ہے۔ فارم پر واک، بان فانز اور رات گئے تک کھلے آسمان کے نیچے بیٹھنا خدا کی نعمت ہے۔ جس کا شکر بجالانا میرے بس میں نہیں۔ شام کو سورج کا ڈوبنا، چاند کا نکلتا اور ستاروں کی روشنی اور ملکی وے (Milky Way) ایک ایسا سماں ہے جو جنگل میں شہر سے کہیں زیادہ پرکشش ہوتا ہے۔ خاص طور پر ملکی وے جو اکثر ہمیں صرف اور صرف فارم پر ہی نظر آتا ہے۔ ان سب چیزوں کے ساتھ جلتی لکڑی پر بنتے ہوئے ہرن کے کباب اور سٹیک (Steak)، چائے وغیرہ ATV چلاتے بیچے، گانا بجانا اور باجماعت نماز اور پانچ سے ستر دوست احباب رونق دہ بالا کرنے کو کافی ہیں۔

آؤٹ ڈور کے اس شوق کا ایک چھوٹا حصہ میرا خاندانی مشغلہ شکار بھی ہے۔ عمر بڑھنے کے ساتھ ساتھ میرا ہندوق سے شکار کا شوق کم اور تیرکمان سے زیادہ ہونے لگا ہے۔ تیرکمان کے شکار کے لیے کئی چیزیں ضروری ہیں جو میں یہاں بیان کیے دیتا ہوں۔

☆ تیرکمان پر مہارت اور کامیاب نشانہ، شکاری کو اپنی رینج (range) پتہ ہونی ضروری ہے۔ یعنی کہاں تک جانور مار سکتے ہیں۔

☆ نشانہ جانور یعنی ہرن کے دل اور پیچھڑوں کا ہوتا ہے۔ یہ جگہ تقریباً ایک فٹال کے سائز کی ہوتی ہے۔

☆ تیرکمان کو رینج پر چلانا ایک چیز ہے اور اسے احتیاط اور خاموشی کے ساتھ زمین سے ٹیس فٹ اوپر درخت پر چنان سے چلانا ایک اور۔

☆ تیرکمان کا شکار جانور اور انسان کو چند گز کے فاصلے پر اپنی صلاحیت آزمانے کا موقع دیتا ہے۔ یہاں پر اخلاقیات انتہائی اہم ہیں۔ بہت ضروری ہے کہ جانور کے وانگلوں پر تیر لگے جس سے اس کی فوری موت ہوتی ہے۔ زخمی جانور جو شکاری کے ہاتھ نہ آئے انتہائی ذہنی اذیت ہے۔

ہمارے یہاں ہرن کی جو قسم پائی جاتی ہے اس کو وائٹ ٹیل (white tail) کہتے ہیں۔ میں نے دنیا میں لگ بھگ دس سے بارہ طرح کے ہرن کی اقسام کا شکار کیا ہے لیکن اس میں سب سے زیادہ چالاک وائٹ ٹیل ہے۔ یہ ایک کامیاب ہرن ہے جو ہر جگہ پایا جاتا ہے۔ یہ جانتا ہے کہ یہ گھروں کے پیچھے محفوظ ہے اور جنگل میں نہیں۔ اس لیے یہ جنگل میں اپنے تمام تر احساسات کے ساتھ اپنا دفاع کرتا ہے۔ اس کے ناک، کان، آنکھیں اور بھرتی انسان سے کہیں گنا تیز ہیں۔

تیرکمان کے شکار کا بہترین ناٹم خزاں میں رٹ کے دوران ہوتا ہے ان چند ہفتوں میں جانور اپنی نسل بڑھانے میں مصروف ہوتا ہے اور نہ صرف زیادہ نظر آتا ہے بلکہ کچھ کم احتیاط بھی برتا ہے۔

اس زمانے میں اکثر میں شام کا آخری گھنٹہ ہاتھ میں تیرکمان لیے کسی چمان پر موسم اور منظر سے لطف اندوز ہوتا ہوں۔ پتے اپنے رنگ بدل رہے ہیں اور جنگل اور کھیت یکساں بہت خوبصورت لگتے ہیں۔

وہ ایک ایسی ہی شام تھی۔ میں نے ہوا کے زرخ کا اندازہ کیا اور اپنے آپ کو ہرن سے متوقع طور پر ڈاؤن ونڈ (down wind) رکھتے ہوئے ایک جائے شکار کا انتخاب کیا۔ ہرن کو متوجہ کرنے کے لیے میں نے ایک چھوٹے کھیت میں اس کی پسندیدہ فصل الفاٹلڈ لگا رکھی تھی۔ اس کھیت کے کنارہ پر کچھ پرانے گرے ہوئے درختوں کے تنوں کے بیچ میں زمین سے چند فیٹ اونچا میں چھپ کر بیٹھ گیا۔

سب سے پہلے میرے چلنے اور بیٹھنے کے شور سے سب خاموشی تھی۔ پھر آہستہ آہستہ چڑیاں، گلہریاں اور خرگوش باہر نکلتا شروع ہو گئے۔ میں جان گیا تھا کہ ساکت بیٹھا میں اب اس ماحول کا حصہ بن چکا ہوں۔

میرے پیچھے جنگل اور سامنے کھیت کے اگلی طرف جھاڑیوں کا سلسلہ تھا۔ میرے دونوں طرف قریباً چار فٹ اونچی جنگلی گھاس کے کھلے میدان تھے۔ یہ گھاس ہرن کے چھپنے، کھانے اور رات گزارنے کے کام آتی ہے۔ اس کو پریری گھاس بھی کہتے ہیں۔

جیسا کہ اکثر ہوتا ہے سب سے پہلے دو ہرنیاں کھیت کے ایک کونے پر نمودار ہوئیں۔ مجھ سے چند گز کے فاصلے پر وہ مزے سے کھیت چرنے میں مشغول تھیں۔ اگلی چیز جو مجھے نظر آئی وہ سامنے جھاڑیوں میں کھیت کے کنارے پر ایک ہرن جس کے سینگ قدرے چھوٹے تھے، شانہ دو سے تین سال کا۔ اس ہرن کے توجہ کا مرکز وہ دو ہرنیاں تھیں۔

ایسے موقع پر جب آپ سے چند گز کے فاصلے پر تین ہرن ہوں اور آپ چھپ کر خاموش اور ساکت بیٹھے ہوں وقت آہستہ ہو جاتا ہے۔ کئی منٹ گزر گئے۔ چھوٹا ہرن ان ہرنیوں کے قریب آیا مگر وہ اس سے زیادہ متاثر نظر نہ آئیں۔

میں ان میں سے کسی جانور کو بھی نشانہ بنا سکتا تھا لیکن ہرن کا گوشت میرے فرج میں موجود تھا۔ اب انتظار تھا تو صرف ایک بڑے سینگوں والے لگ بھگ پانچ سالہ ہرن کا جس کی ٹرائی دیوار کی زینت بن سکے۔

وائٹ ٹیل ہرن کے سینگ ہر سال گرتے ہیں اور دوبارہ آتے ہیں۔ پانچ سے چھ سال کے ہرن کے سینگ اور قد و قامت اپنی چوٹی پر ہوتے

ہیں۔

اچانک ایک ہرنی چونکا ہو کر سر اٹھاتی ہے اور دوردیکھتے ہوئے اپنے کان اس طرف موڑ لیتی ہے۔ پھر تینوں ہرن اپنی سفید دم کو اٹھا کر جو خطرے کی علامت ہے دوسری طرف کو بھاگ جاتے ہیں۔ وہ کیا خطرہ تھا یہ میری احساس کی حد سے باہر تھا۔

کوئی اس کو گوارا چ
 اگر چہ ایک ضد ہو دوسرے کی
 سچ، مکمل سچ، ہمارا سچ
 سو چونکہ ہم سب جانتے ہیں
 (کہاں کچھ ہم سے مخفی ہے)
 ہماری مدعیت ہے،
 گواہی بھی ہماری،
 فیصلہ بھی ہم ہی دے دیں گے
 سزا ہم نے سنانی ہے
 کہ ہم پر اذان رب القا ہے
 حقیقت کے سبھی داعی
 سر بازار بیٹھے ہیں
 یہاں تشکیک کا سودا نہیں بلتا
 یہاں تحقیق بے معنی گماں ہے
 یہاں ہر صاحب لڑائے کی مطلق رائے صائب ہے۔
 میں ایسے ملک میں رہتا ہوں حامد
 جہاں ہر شخص سب کچھ جانتا ہے۔

میں ایسے ملک میں رہتا ہوں حامد
 جہاں ہر شخص سب کچھ جانتا ہے
 غیب و ظاہر و باطن کی باتیں
 وجود و ہست و لامکاں کے قصے
 معیشت، علم و حکمت
 کہاں، کس وقت کیا کیا ہو رہا ہے
 فرشتانِ خدا کی گفتگو بھی
 دل یزداں کی پہاں آرزو بھی
 گنہگاروں کی ساری لغزشیں بھی
 سبھی کے چشم دیدہ واقعے ہیں
 سیدکاروں کے من کی سازشیں بھی
 سبھی کے کشف میں القا ہوئے ہیں
 یہاں سب پر یقین اترتا ہے جیسے
 خدا خود ان سے آکر بولتا ہے
 یقین ہے، سازشوں کا لغزشوں کا اور ماضی کے قصوں کا
 یقین ہے، غیب کا حاضر کا مستقبل کے لحوں کا
 اور اس سچ کے بہت سودے سر بازار بکتے ہیں
 ہمارا سچ
 تمہارا سچ
 کہیں ذہنوں کی خواہش کا
 بنایا اور سنوارا سچ
 کوئی اس کو گوارا چ

غزل

ناقدانہ رائے سے مجروں کو بر اس نے کیا
 میری ساری شاعری کو بے اثر اس نے کیا
 بے سبب اس کو، اٹھا بیٹھے تھے، فرط عشق میں
 آہ! دردِ عشق کو، درد کمر اس نے کیا
 عاتقانہ کشمکش، شوہر کو گھنچا کر گئی
 قوم کے شاہین کو بے بال و پر اس نے کیا
 بل کے یوں بھیچنا کہ چھینیں آسمانوں تک گئیں
 اور پھر یہ تجربہ، بارِ دگر، اس نے کیا
 ایک دن ٹھہرا تھا، میدانوں میں تہبو لگ گئے
 میرے گھر کو عاشقوں کی رہبدر اس نے کیا
 عشق میں صاحب ہماری ساری وکتیں گر گئیں
 ہم نے بلے کو اٹھایا، یار کر اس نے کیا
 کھا گیا حامد، وہ رستوران کی ساری ڈشیں
 اور یہ خرچہ بھی میرے کارڈ پر اس نے کیا

حامد عتیق سرور

غزل

طوفان میں جزیرہ ملا ہے زمیں ملی
پانی کی قید سے تو رہائی نہیں ملی
ابرواں کے پیچھے چلے آئے ہم کہاں
بارش ہوئی تو مٹی کی خوشبو نہیں ملی
دوزخ سمجھ کے چھوڑی جو تپتی ہوئی زمیں
زخمی ہوئے جو پاؤں تو ٹھنڈک وہیں ملی
جھوٹی انا کا تخت زر مصلحت کا تاج
جب کھو دیے تو دولت صدق یقین ملی
پردیس آکے مر گئی دریا دلی ظہیر
پانی کہیں کا تھا جسے مٹی کہیں ملی

غزل

محو سفر ہوں کرب مسلسل کی قید میں
چھوٹی سی جیسے کشتی ہو بوتل کی قید میں
اے خاک تشنہ کام نوید رہائی دے
پانی کو دیکھ کب سے ہے بادل کی قید میں
غمرائی اس کے ضبطِ الم کی بھی دیکھیے
ساگر رکھے ہوئے ہیں جو کاجل کی قید میں
اپنے بدن کی آگ میں جل کر مہک اٹھی
خوشبو جو بے قرار تھی صندل کی قید میں
بچپن کے آنکلوں سے بچھڑنے کا دکھ ظہیر
آسیب بن کے رہتا ہے پتیل کی قید میں

غزل

حادثے دل پہ مرے ڈہرا ستم توڑتے ہیں
کچھ مجھے اور کچھ اپنوں کے بھرم توڑتے ہیں
جھوٹی تعبیر کے آرام کدے سے تو نکل
خواب تیرے تری دلہیز پہ دم توڑتے ہیں
استیوں میں خداوند چھپا کر اتنے
لوگ کن ہاتھوں سے پتھر کے صنم توڑتے ہیں
اٹھ گئی رسم صدا شہر طلب سے کب کی
اب تو سسکول ہوں باب کرم توڑتے ہیں
ہم نے اس شہر میں بھی پاس وفا رکھا ہے
قیس و فرہاد جہاں روز قسم توڑتے ہیں
بڑھنے والے پڑھا کرتے ہیں تیرے چہرے کو
لکھنے والے تیرے قدموں میں قلم توڑتے ہیں
تیرا اعجاز کہ ہم تیری اسیری کے لیے
دام صد حلقہ دینار و درم توڑتے ہیں

ڈاکٹر ظہیر الدین شیخ



رباعی

2013 میں حج سے واپسی پر

پتھر یوں مقدر ہو گئے سب لگے پتھر پونے
پتھر ذہن کے لوگ ملے جب تو لگا میں سوچنے
دل میں ہزاروں بت پتھر کے اور وہ سارے توڑ کر
دور ہزاروں میل میں پہنچا ایک پتھر چونے

غزل

اک اُنٹک جوان سی دل میں یوں اتر گئی
روشنی ہی روشنی چار سو بکھر گئی
وہ نظر کمال تھی، مجھ سے اس طرح ملی
دل کے تار چھیڑتی رُوح تک اتر گئی
حادثوں کے شہر میں حادثہ نیا ہوا
حادثوں پہ چونکنے کی جس بھی اب مر گئی
ہم گئے تھے شوق سے ارضِ پاک دیکھنے
مناقت کی ریل پیل جس طرف نظر گئی
چاہتوں کے دیس میں مصلحت کا راج ہے
وہ بے سبب محبتوں کی ریت تھی کدھر گئی
کامیاب زندگی گزارنے کی سنگ و دو
اس قدر طویل تھی کہ زندگی گزر گئی
پانیوں کے شوق میں ریگزار کا سفر
لا کے ساحل پہ فرحتِ پھر آرزو چھڑ گئی

ڈاکٹر فرحت عباس خان (راولپنڈی میڈیکل کالج)



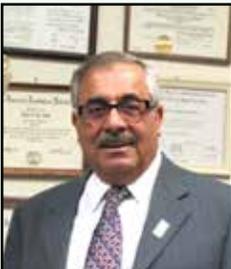
رقیب

میں قیس کا بھتیجا ، تو فرہاد کا بھانجا
 اور کارگر عشق ہے ہم دونوں کا سانچا
 ملتے ہی رہے عشق کی ہم ڈور کا مانچا
 محبوب کو تو لے اڑا اک تیرا رانچا
 بے کار ہو گئیں ہماری ہوشیا ریاں
 آ عندلیب مل کے کریں آہ زاریاں

ملالہ یوسف زئی

اے ملالہ تو ہے منگورہ کی وہ اونچی چٹان
 ہو گئے مجروح سر نکرا کے جس سے طالبان
 ہو گیا چرچا ترے کالم کا ازبر ہر زبان
 تیرا بچپن گل مکی، ہے ولولہ تیرا جوان
 دیکھ کر تجھ کو نجانے کیوں ہوئے ناواں ملول
 چھوڑ دے گی تو حصول علم یہ تھی ان کی بھول
 قتل کرنے کے ارادے سے جو آیا اک غیث
 ”چین تک جا علم سیکھو“ تھی نہ یاد اس کو حدیث
 علم کی شمع کبھی گولی سے بجھ پائی بھلا
 درگاہ جلنے سے کب یہ علم کا جوہر جلا
 اوسلو سے آگیا پیغام دلی اور لاہور
 اور ہے تیری نوا، ملا کا ہے پیغام اور
 فخر عالم تو بنی ہے قوم کی تو آن ہے
 سارا عالم کہہ رہا ہے تو ہی پاکستان ہے
 جانتا ہے گل جہاں یہ کام نوبل ہے تیرا
 فخر پاکستان ہے تو انعام نوبل ہے تیرا

آفتاب احمد ناز



غزل

کوئی ایسا تخیل ہو ہم جو سنورتا ہو
انجان طریقوں سے شعروں میں نکھرتا ہو
اک پھول دساور میں ہو رات کی رانی سا
جو دن میں سمٹتا ہو راتوں میں نکھرتا ہو
وہ آ تو گیا طے، پر ایسے رہا جیسے
طوفان میں بیٹھا ہو، طوفان سے ڈرتا ہو
رستہ ہے یہی اس کا پر دیکھنا نہیں اس کو
ممکن ہے کہ وہ ہم سے کترا کے گزرتا ہو
اک بات کہوں آصف بس شعر وہی کہنا
جو دل سے نکلتا ہو، جو دل میں اترتا ہو

دلکش مناظر

کتنے	خیابان	شہر	کے
کتنے	مناظر	دھر	کے
مدھم	سے	کچھ	آثار بھی
حد نظر	کے	پار	بھی
سب	علم کی	راہوں میں	ہیں
معلوم	باتوں	کا	جہاں
کار	مہم	وہم	و گماں
کچھ	جاں	گسل	سے مرطے
نومیدیاں	اور		دلو لے
سب	علم کی	راہوں میں	ہیں
آشنائی	کی		منزلیں
آسودگی	کی		منزلیں
یہ	زندگی	کی	منزلیں
کچھ	آگہی	کی	منزلیں
سب	علم کی	راہوں میں	ہیں

ڈاکٹر آصف علی ڈار





غزل

زمانے میں جدھر دیکھو محبت کی حکومت ہے
نظام کن فکان سارا محبت سے عبارت ہے
محبت کوئی افسانہ نہیں زندہ حقیقت ہے
یہی دستور دنیا ہے، یہی آئین فطرت ہے
ہمیں نفرت سے کیا لینا ہمیں نفرت سے نفرت ہے
”یہاں حد نظر تک صرف عنوان محبت ہے“
کبھی ذوقِ حنا بندی، کبھی شوقِ شہادت ہے
محبت کرنے والوں کی الگ اپنی شریعت ہے
کسی سے کیا کہیں یہ آشنائی کیا مصیبت ہے
نہ رونے کی اجازت ہے نہ مرنے کی اجازت ہے
یہ راز اچھی طرح سے جان لینے کی ضرورت ہے
کبھی شبنم کبھی شعلہ یہی دل کی طبیعت ہے
ہمیں تو عہدِ اپنی موت بھی پیغامِ راحت ہے
کئے گی خوب جنت میں وہاں فرصت ہی فرصت ہے

بھٹک رہا ہوں زمانے میں گھر سے دور ہوں میں
ہوں عمر بھر کا مسافر مٹکن سے چور ہوں میں
ملی ہے فطرتِ آزاد مجھ کو صحتی میں
ہاں اپنے حسن کے باعثِ بکا ضرور ہوں میں
ہے اعتراف فرشتوں کو میری عظمت کا
کہ خاک ہوں مگر ایسی کہ رہکِ نور ہوں میں
میں شکر کرتا ہوں دن رات اپنے خالق کا
تمام غلق میں افضل ہوں ذی شعور ہوں میں
میں روزِ حشر بھی اقرارِ جرم کیوں کرتا
خطا بشر کا تقاضا ہے بے قصور ہوں میں

ڈاکٹر عبدالرحمن عبد

اپنی اور صرف اپنی زندگی جیتا ہوں۔ نہ اندھیرے میں نہ اجالے میں کبھی کبھار ان قیمتی اور زندگی سے بھر پور گھنٹوں میں بغلول کا یوں درآنا مجھے اکثر گراں بھی گزرتا ہے۔ بغلول کی گفتگو مدلل اور پُر اثر ہوتی ہے اور مجھے یہ تسلیم کرنے میں کوئی عار نہیں ہے۔ اس گفتگو کا ما حاصل ہمیشہ یہی ہوتا ہے کہ:

کچھ دیر تک مری اس سے گفتگو رہی

پھر یوں ہوا کہ وہ مرے لہجے میں آگیا

بغلول ہمارے روزنامے پر بھی گہری نظر رکھتے تھے۔ اور ہمارے آئے دن عازم سفر ہونے پر تعریفیں کا اظہار بھی کرتے رہتے تھے۔ کبھی تو تک

کر بیٹھ جایا کرو۔ اب اچھل پھانڈ کی عمر جا رہی ہے۔

”اور یہ تم بار بار جاپان کیوں جاتے ہو؟“ ”غم روزگار ہے“

”یہ تو بہانہ ہے۔ ہمیں معلوم ہے تم کیوں جاتے ہو۔“

”ہم بھی تو سنیں“

وہاں تم انشاء جی کے عشق میں جاتے ہو بلکہ ٹگری ٹگری تم پھرتے ہی ان کے عشق میں ہو۔ آخر اوسا کا اور نار کیوں جاتے ہو؟ اوسا کا یونیورسٹی میں ان جاپانی اساتذہ سے کیوں ملتے ہو جو اردو پڑھاتے ہیں۔ وہ مکان ڈھونڈنے کیوں نکل پڑتے ہو جہاں ڈاکٹر ابوالخیر کشفی مرحوم رہا کرتے تھے۔ وہ دکائیں کیوں تلاش کرتے ہو جہاں ڈاکٹر صاحب کے فرزند ابوالاحمد عارف انشاء جی کے ساتھ سودا سلف لینے جاتے تھے۔ ”تم ابن انشاء کے تعاقب میں رہتے ہو۔“

بات تو سچ تھی مگر بات تھی رسوائی کی۔ ابن انشاء سے ہماری محبت اس طرح پکڑی جائے گی اس کا ہمیں خدشہ تک نہ تھا۔ ہم انشاء جی کی وفات کے بعد نہ تو ڈاکٹر کشفی سے اس اجمال کی تفصیل پوچھی تھی اور نہ ہم ابوالاحمد عارف سے۔۔۔ نہ اُس وقت جب وہ کراچی یونیورسٹی میں ہمارے ہم جماعت تھے اور نہ ہی اُس وقت جب وہ ڈپٹی کمشنر تھے۔ بلوچستان میں اور ہم ایک عامل صحافی۔۔۔ نہ جانے کیسے خبر ہو گئی زمانے کو۔ ”اور ہاں وہ کتاب بھی تو لکھنے والے تھے تم“ ابن انشاء کے تعاقب میں ”اس کا کیا ہوا؟ بغلول نے پوچھا۔

”لکھوں گا“ کچھ جگہوں پر جا چکا ہوں جہاں ابن انشاء گئے تھے۔ کچھ جگہوں پر جانا باقی ہے۔ پھیرے مکمل ہو جائیں تو لکھوں گا۔ میں نے عذر

لگ پیش کیا۔

”تم کبھی کوئی کتاب نہیں لکھو گے“ انشاء سے تمہاری لگاؤ صرف باتوں تک ہے۔ تم نے تو لوٹ کر خبر ہی نہ لی اور ایک انشاء کا کیا؟ ذکر تم نے اپنے محسنوں میں سے کسی سے نہیں پوچھا۔ تمہیں خبر بھی ہے عالی جی کی بیماری کی؟ کبھی جاننے کی کوشش کی کہ جس قبر پر یہ کتبہ لگا آئے تھے کہ

اپنے ایام ہیں امروز نہ فردا لوگو

نیند سی نیند ہمیں اب نہ چگانا لوگو

انشاء کی وہ قبر کن حالوں میں ہے۔ اس پر کبھی پھول بھی چڑھتے ہیں یا ”نے چرائے نے گلے“ کی کیفیت ہے۔ کبھی ان کے لواحقین کی خبر

لی۔ کبھی محمود بابر سے پوچھا کہ اس کا ڈائجسٹ نکل بھی رہا ہے یا نہیں

بات تو سچ ہے مگر بات ہے رسوائی کی۔ میں نے ایسا کچھ نہیں کہا، میں بھول گیا کہ جن سے محبت کی جاتی ہے ان سے قطع تعلق تھوڑا ہی کیا جاتا ہے۔ محبتیں تو پابندی، وجود و زمان سے آزاد ہوتی ہے۔ کسی کو یادوں میں بسا لینے سے ان لوگوں کو کوئی فرق نہیں پڑتا۔ جنہیں وہ بصورت لواحقین پیچھے چھوڑ گئے ہوں۔ اس لیے کہ وہ زندہ ہیں اور زندہ لوگوں کو صرف محبتوں اور عقیدوں کی ضرورت نہیں ہوتی۔

بغلول سے میرا اس نوعیت کا نا کرہ تقریباً ہر روز ہوتا ہے۔ کبھی ابن انشاء کے بارے میں، کبھی صلاح الدین صاحب کے بارے میں، کبھی تو انو

بھائی کے بارے میں اور کبھی اپنے بارے میں۔

بغلول ہمیشہ جیت جاتا ہے۔

بغلول خود کلامی اور احساس کا وہ جرثومہ ہے جسے میں نے انشاء جی سے پایا۔ وہ میرے اتالیق تھے جو مجھے ہمیشہ زیر بار اور ان کا احسان مند رکھتا ہے۔ محبتوں کو قیود و زمان اور مکان و وجود سے آزاد کرتا ہے۔

میں نے انشاء جی سے لکھنے کا اسلوب سیکھنے کی کوشش کی۔ میں نے ان سے برجستہ بولنا سیکھا۔ مزاح اور پھلکا پین کا فرق جانا۔ الفاظ کی ترتیب میں ترنم لانا سیکھا۔ جموں کے وجود میں کھنک پیدا کرنا سیکھا اور خود کلامی کا فن سیکھا۔

اور جب انشاء جی جیسا دیوان ہارہو تو فقیر کی گدڑی میں برکت تو ہوگی نا

ہمارا المیہ یہ ہے کہ 15 جنوری 1978 کو ہم نے شیر محمد خان کو دفن نہیں کیا۔ ابن انشاء کو دفن کر دیا۔ اور میں اس گناہ میں برابر کا شریک ہوں۔

کیا یہی اچھا ہوتا کہ ہم شیر محمد کے جسد خاکی کو سپرد زمین کر دیتے لیکن ابن انشاء کا آسمان بچا لیتے۔

محمد ہاشم وارث





جاوید
ایڈیٹر اردو سیکشن

مادروطن اور سحر خیز ہوائیں

اداریہ

بخدا اہتلا کا دور بھی ہمیشہ نہیں رہتا۔ کرب اور اندوہ کی رات بھی انجام پذیر ضرور ہوتی ہے۔ ہوش اور امید کا دامن تھامے رکھنا شرط ہے۔ تاریکی اور یاس کے اضطراب میں ہی چلنے والی فہم و ادراک، تطہیر، دیانت اور انصاف کی یہ باد صبا پیام سحر ہے۔ تیرگی کو چیرتی کر نہیں نمودار ہوا چاہتی ہیں۔ خدائے بزرگ و برتر کی ذات پاک ہمیشہ رہنے والی ہے۔ موتوں کی زندگی جبر و استبداد اور قانون کی بالادستی، دونوں سے عبارت ہوتی ہے۔ مادروطن کا پاک لبو بہانے والی غیرت و حرمت سے عاری تو تیں پسپا ہونے کو ہیں۔ بہت ہو چکا۔ خون بہت ہو چکا۔ انصاف کا، حمیت و غیرت کا، نفاست اور پاکیزگی کا، یقین محکم کا، تنظیم انساں کا۔

چھ سے زیادہ دھائیوں سے جاری ظلم و بربریت کی پجلی میں ہستی قوم اب اپنے حق کے لیے کھڑی ہو رہی ہے۔ منافقت اور لالچ میں اندھی طاقتوں کے سامنے سرخم کرنے کی بجائے ان کا سر کچلنے کے لیے یہ مظلوم قوم تیار ہے۔ یہ قوم تیار ہے اس دور کے لیے جس میں کوئی چھوٹا نہ بڑا ہوگا۔ خزاؤں نے جن کو بہت ویران کر لیا۔ بہار ہے۔ اب صرف بہار ہے۔ سامنے نظرائی۔ سامنے، بالکل سامنے۔

بخدا اہتلا کا دور بھی ہمیشہ نہیں رہتا۔ تاریکی ز اور یاس کے اضطراب میں چلنے والی فہم و ادراک، تطہیر، دیانت اور انصاف کی یہ باد صبا پیام سحر ہے۔ تیرگی کو چیرتی کر نہیں نمودار ہوا چاہتی ہیں۔

یوں آنسو بن کے نہ بہہ جانا

یا عزیز ڈاکٹر جاوید اکبر نے کسی محفل سرد میں ہماری ایک چوری پکڑ لی۔ معنی سے فرمائش کر کے ہم نے ”انشاء جی اٹھو اب کوچ کرو“ جینی جو ہم اکشر فرمائش کر کے سنا کرتے تھے۔ اب جانے معنی کی آواز کا اثر اور زیروہم تھا، اپنے بوڑھا ہوئے جانے کا احساس یا انشائی کی محبت کہ ہماری آنکھوں میں آنسو آگئے۔ اس کمزور لمحے میں ہم نے انشاء جی کے ساتھ گزارے ہوئے کچھ وقت کا، چند غیر رسمی ملاقاتوں اور ان کے المناک گھنجر جانے کا ذکر کر دیا۔ اس کے بعد ڈاکٹر جاوید کا اصرار بڑھتا ہی گیا کہ میں اس دور کی کچھ باتیں اور اس تعلق کی کچھ یادیں لکھوں۔ دو ایک بار لکھنے کے ارادے قلم کا غدلے کر بیٹھا بھی لیکن لکھنا تم اور روز تازہ یادہ تھا۔ اگر کچھ لکھ بھی پاتا تو وہ آنسوؤں میں ڈھل جاتا اور کاغذ زرا کورا ہی رہتا۔

محببتوں کے یہ دریا بھی عجیب ہوتے ہیں۔ کبھی تو برسوں جیون کو سیراب نہیں کرتے اور جب چڑھتے ہیں تو یادوں کے خس و خاشاک اپنے ساتھ بہا کر لے جاتے ہیں۔ جیسے ان کا کبھی وجود ہی رہا ہو اور یادوں کا یہ لمبہ زماں اور ادوار کے ایسے سمندروں میں انڈل جاتا ہے کہ ان سے محبتوں اور عقیدتوں کی عبادت گا جوں دوبارہ تعمیر ہی نہیں ہو سکتیں۔ چاہتے تعلق اور الفت کا کتنا ہی گارہ اس میں استعمال کر لو

جب انشاء جی جیسے آسمان کو اپنے ہی ہاتھوں زمین کے سپرد کر دیا تو نہ ہی آسمان رہا نہ ہی زمین۔ اور جب زمین ہی نہ ہو تو تعمیر کیسی۔ ”آوارہ گرد کی ڈائری“، ”دنیا گول ہے“، ”ابن بطوطہ کے تعاقب میں“، ”چلتے تو ہو چین کو چلیے“، ”نگری گری پھر مسافر“ جیسے سفر نامے نتھنے والا، شمار گندم میں جتلا، اردو کی آخری کتاب، پڑھانے والا، دل وحشی، کار و نارونے والا اور چاندنگر کو جانے والا، اس ہستی کے اک کوپے میں ایسا جاسویا کہ نہ تو اپنے لکھے ہوئے ”خط انشاء جی کے“ واپس لینے آتا ہے اور نہ ہی نئے خط لکھتا ہے۔

ویسے تو انشاء جی انگلستان کے کئی پھیرے لگا چکے تھے لیکن علاج کی غرض سے آخری پھیرا لگانے سے قبل ہماری ملاقات بگللوں سے کروا گئے۔ بگللوں بختاورد بستانی انشاء جی کا میرے لیے آخری تحفہ ہے۔ انشاء جی اس سفر کے بعد پھر لوٹ کر نہ آئے۔

بگللوں ہمارے ہم عمر ہی ہیں اور اتنے ہی بڑے ملے تھے۔ وہ آج بھی ہم پر مسلط ہیں اور ہم نے جب بھی ان سے رابطہ توڑنا چاہا وہ ہمیں یاد دلا دیتے ہیں کہ دیکھو ہم ابن انشاء کا آخری تحفہ ہیں تمہارے لیے۔ کیا اب انشاء جی کو بھی بھول جاؤ گے۔۔۔ اور ہم مجبوراً ان سے تجدید وفا کر لیتے ہیں۔ ہم اب بگللوں سے جتنے بیزار ہیں اتنے ہی ان کے عشق میں گرفتار بھی۔ ہمارا خیال ہے بگللوں کے نام کا مصدر ”غلغل“ ہے کیونکہ وہ کھری کھری کہتے ہیں اور سناتے بھی لیکن بگللوں کا اصرار ہے کہ ان کا نام ”بغل“ سے نکلا ہے کیونکہ وہ ہمیشہ پُرامید رہتے ہیں۔ اور بُری سے بُری خبر میں بھی امید کی کوئی کرن نکال کر غلغلیں بجاتے ہیں۔ بگللوں سے ہمارا مکالمہ علی الصبح ہوتا ہے جسے وہ منہ اندھیرا کہتے ہیں۔

ہم چونکہ انتہائی سحر خیز شخص ہیں، رات کے آخری پہر اٹھ جاتے ہیں اور پڑھنے کا زیادہ اور لکھنے کا کم کام اس وقت کرتے ہیں۔ کہ جب سورج نکلے میں ہو کہ آج لکھنا بھی ہے یا نہیں۔ بگللوں اکثر ایسے وقت آدھکتے ہیں۔ مجھے سورج کے نکلنے کے یہ چند گھنٹے بہت عزیز ہیں۔ ان چند گھنٹوں میں، میں



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