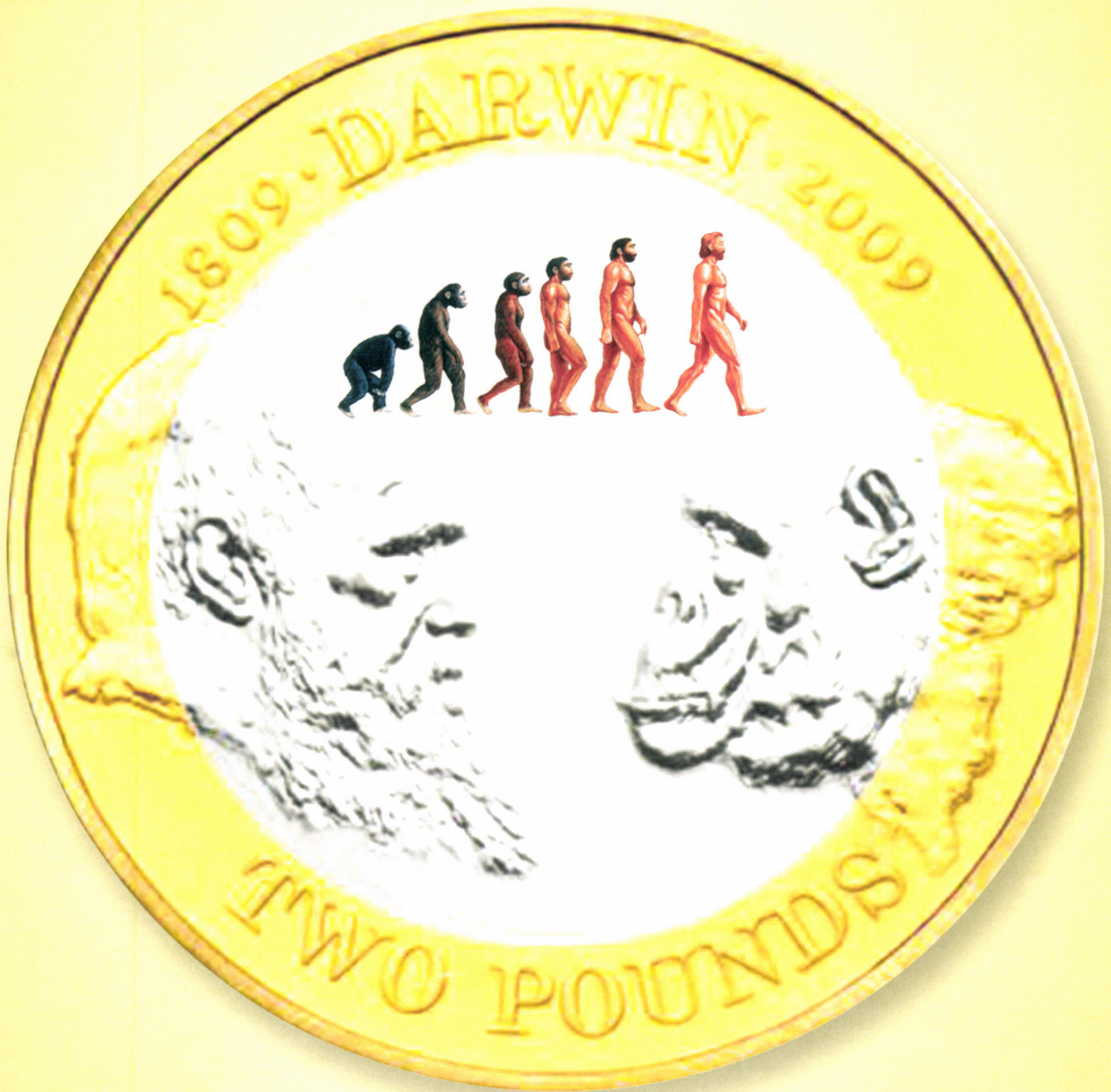




# The DOW Link

Dow Graduate Association of North America  
[www.DowAlumni.com](http://www.DowAlumni.com)

Volume 2009 • Number 2 • April



## Celebrating Darwin 1809-2009

# SAIMA ZAFAR FOR SECRETARY APPNA 2010

## A Voice of Honesty, Dignity and Sincerity

As APPNA Secretary, I will focus my attention on Enhanced Communication, Advocacy, Philanthropy and Mentorship for our members.

### Strategic Vision As Secretary

- Maintain accurate and sufficient documentation for legal standards
- Communicate with APPNA Leadership and Membership through proper notification of directors' and member meetings.
- Be the custodian of records of the organization
- Manage and record minutes of the Executive Council Meetings
- Keep Component Societies (Chapters, Alumni, Alliance, SAYA, CAPPNA, YPN & Dental Society) informed of requirements & information pertaining to their success

I am indebted to my parents, Professors Bilquees and Hayat Zafar (late) who have contributed tremendously to my education and to the medical education in Pakistan. I am proud of my sister Aisha, an Internist & brother Fawad, a Urologist, my husband Abid, MBA & my three lovely sons, Maeshal, Roshan & Kaamil.

### SERVICES TO APPNA

Treasurer APPNA 2009-As a first step, decreased budget for Summer meeting entertainment by 50% and Publication by 25%.

Chair Finance Committee 2009

Member SWDR Committee 2009

Chair Social Welfare and Disaster Relief Committee 2007

Co- Chair Social Welfare and Disaster Relief Committee 2006

Member Election and Nomination Committee 2003

Member Social Welfare and Disaster Relief Committee 2005

Participated in "Day on the Hill" in 2004 for advocacy

**Collected \$1.8 Million** and completed following projects:

Rehabilitation Hospital and Orthopedic Surgery Center in Rawalpindi

Orphanage for Earthquake victims in partnership with Saba Trust

Supplied millions of dollars worth medical supplies and equipment for x-ray, anesthesia, ultrasound

Built school in partnership with The Citizens' Foundation

Funded cholera relief in Garhi Khuda Bukhsh through Operation Heart Beat

Converted a Dispensary to a Police Hospital in Abbotabad

Girls' Secondary school in Kathai Village ;Funded Rehabilitation for paraplegic camp

Provided 100 wheelchairs to National Institute of Handicapped; Built Topa Soon Dispensary, Rawalcot

Funded Smile Again Foundation for acid burn victims in Pakistan

In 2007 as Chair Social Welfare Disaster Relief Committee:

Collected & disbursed >\$250,000 for projects like LRBT, Street Children Fund in Pakistan, Flood Relief, Bangladesh Cyclone, Virginia Tech Victim Fund.

Developed Bone Marrow registry for Individuals of Pakistani origin.

Breast Cancer Awareness program and Website ([www.APPNAHAYAT.org](http://www.APPNAHAYAT.org)) in seven languages

Hepatitis B and C prevention program for Pakistan

Funded young physicians for travel & accommodation for residency interviews; health care for life threatening illnesses that were curable; funded plight of physician with domestic violence

Established a Website for the social welfare disaster relief committee ([www.APPNA-SWDR.org](http://www.APPNA-SWDR.org))

### Services to KEMCAANA and Mayo Hospital

Co-Chair Membership Committee 2008

Member Project Evaluation Committee 2007 and 2008

Member Resource Development Committee 2008

Member Scholarship Committee 2007 and 2008

### ACADEMIC ACCOMPLISHMENTS

Most Distinguished Graduate 87 KEMC

15 Medals awarded in Medicine, Ophthalmology, ENT, Pathology, Preventive Medicine, Pharmacology, Obstetrics and Gynecology and General Surgery for academic excellence.

Board certified in Cardiovascular Diseases, Board Certified in Echocardiography

Board Certified in Nuclear Cardiology, Certification by Board for Coronary CT Angiography

### ADVOCACY

Hosted events with Governor Iowa, Chet Culver and US Senator Tom Harkin for Healthcare law related impact on Physicians





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www.DowAlumni.com

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## PRESIDENT'S MESSAGE



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#### *Western*

Salma Haider, MD  
Shahid N. Siddiqui, MD

Dear fellow Dowites,

First of all it is with deep admiration and appreciation to the local host committee for their hard work to hold a retreat in Chicago. Under the enthusiastic and skilled leadership of Sohail Khan, we were able to assemble a cohesive team in Chicago and adjoining cities. He has done an exceptional job of uniting local Pakistan Physician Society Chicago with us in the spirit of joining within the larger community of APPNA. We are all looking forward to have a productive and successful meeting in Chicago.

When I assumed my role as president of this organization, I felt at the outset that all of us, who are engaged in guiding the alumnus in to the future, had the moral obligation to get united in the common purpose of strengthening the organization. I feel we all represent the living extension of our alma mater without its walls but with substance and in character. I have not lost my focus. I intend to continue the effort to bring this organization together. I hope that we not only grow in numbers but grow our organization in strength and we would define our strategic direction, enrich the learning environment, relinquish difference in opinions as grounds for personal vindictiveness and create atmosphere where esprit de corps, trust and mutual respect is promoted. I would urge you to join me in this common purpose.

The issue over Board of Trustees appointment has been amicably resolved through a democratic process. It however, presents another challenge for us to make nomination and election committee to conform to what is specified in the bylaws. The Executive council has set in motion the mechanism to prepare for the needed amendment in the bylaws, so that we can meet that challenge. Once this needed amendment is approved we will appoint board of trustees with inclusiveness and deliberation and hold constitutional and fair election.

I continue to believe that our first and foremost focus should be towards improvement in the educational and research standards at our alma mater. In our members we have talented and able physicians who can make a substantial difference. In this respect a couple of new programs have started this year, which would give us an opportunity to contribute substantially towards meeting that goal. I encourage all of you to register on our website for the visiting faculty program and also enlist to volunteer for the research forum. I have invited Dr Salahuddin Afsar, Principal of DMC to join us in Chicago so that he can update us and inspire us to offer our services to the alma mater.

As much as I believe in starting novel ideas and new programs, I feel the existing programs need to be strengthened first. We will continue to provide our support to the new leadership of ENDOW to restore its image and grow it to the level where meaningful programs can be funded to help the alma mater.

In the coming years, it will become increasingly important for DOGANA to cultivate and shepherd as many beneficial relationships as possible within the APPNA larger communities, not purely because we are one of the biggest alumnus, but for the other important policy consideration, issues concerning overall direction APPNA needs to take to be the ambassador of progress in health care system, philanthropic work, promoting democratic values, struggle against abject poverty disease and despair in Pakistan. One of the most valuable gifts we can receive is the gift of a commitment of time. As alumni, you can open doors for us to forge new relationships. You can provide us valuable insight into the developing trends and new directions that health care is pursuing. You can provide guidance regarding the types of skills that are required in order to help your colleagues compete successfully within the health care industry. We will be looking forward to your guidance and suggestions.

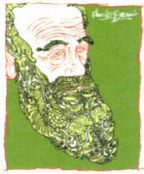
We look forward to your support to join hands with us to improve and strengthen this organization.

Long live Dow spirit.

Muslim M. Jami, MD, FAAP  
President-DOGANA

# The Origin of Origin. The Evolution of Evolution.

Arif Omer Ismail, MD, MBA, MS, PhD, Dow 1978



*"You care for nothing but shooting dogs and rat-catching," the senior Darwin told his teenage son in a fatherly reprimand, "and you will be a disgrace to yourself and all your family."*

The foregoing account is hardly attributable to Charles Robert Darwin, as the most prevailing iconic mental representation of him is that of a bald, aging man with his foamy white beard cascading down in the familiar Michelangelo Old Testament style. His picture conforms well to popular preconceptualised notions of the man as a stubborn curmudgeon bent on proving the non-existence of God.

Darwin's boyhood and school years traces his own evolution from a shy, religious boarding school student to a beetle-collecting medical school dropout.

Charles Robert Darwin was the fifth of six children of wealthy society doctor and financier Robert Darwin and his wife Susannah. He was the grandson of Erasmus Darwin on his father's side, and of Josiah Wedgwood on his mother's side. Yes! The same Waterford Wedgwood family famous for crockery, ceramic pottery and crystalware.

The world has changed beyond recognition since his times. He lived when most Europeans believed that the world was created by God in seven days as described in the bible. The modern theory of atoms was in its infancy, and the Earth was thought to be 6,000 years old. The 19th century opposition to the use of anaesthesia existed, based on the argument that anaesthetics weakened the "life force" and were therefore dangerous. There was not even a vague understanding on the size of the universe beyond the Milky Way. And esoteric stuff like radioactivity, relativity and quantum theory were inconceivable.

The Napoleonic Wars had taken place and ended, the British Empire had become the world's leading power, controlling one quarter of the world's population and one third of the land area. And of all scientific discoveries of 19th and early 20th century science such as invisible atoms, infinite space, the inconstancy of time and the mutability of matter, it is perhaps evolution only that has failed to find general acceptance outside the scientific world. Few laypersons would affirm strongly that they did not believe Einstein. Yet many a people seem proud and lofty in not believing Darwin.

But even those who DO accept his line of thought, his ideas on evolution are often an enigma today as they were 150 years ago. Just as a Gallup poll in the United States conducted last year found that only 14% of people agreed with the proposition that "humans developed over millions of years," up from 9% in 1982.

Yes it is, evolution is that something that happens to organisms. It is that blind, inanimate, directionless process, with no goals, let alone any interest in human welfare. It sometimes makes an animal's descendants more complicated, sometimes simpler, and sometimes changes them not at all. We modern primates are so steeped in notions of progress and self-improvement that we find it strangely hard to accept this.

Just like the evolution of organ systems in humans, for example, our toes. The big toe plays an important function in balancing the body during walking. The remaining toes have much less apparent usefulness. They are clearly evolved from fingerlike appendages for grasping and swinging, like those of arboreal apes and monkeys. This evolution constitutes a respecialization – the adaptation of an organ system originally evolved for one function to another and quite

different function – this only required about ten million years to happen.

Or to quote another example of the coelacanth, a fish that lives off Madagascar and looks exactly like its ancestors of 300 million years ago. It seems to have broken some law by not evolving.

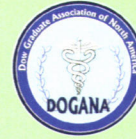
The opinion that evolution simply cannot go fast enough, and its inference that a coelacanth is a failure because it did not become a human being, is easily rebutted. Indeed, the coelacanth, far from being a dud and washout, is rather a success: It has continued to be same—a design that remains without innovation, like a Volkswagen beetle. So evolving is not a goal but a means to solving a problem.

Hence natural selection operates without a crystal ball to foretell what environmental changes the future will bring. Furthermore, organisms do not evolve in anticipation of future events. Fitness, hence, can only be specified in the context of a particular environment.

To quote another example – that in every population of the world, women's skin colour is 3 to 4 percent lighter than men's. Perhaps through sexual selection by men, and perhaps because of mother's greater need for Vitamin D.

But there lies interred beneath this 'theory of fitness' an unexamined dichotomy. When the fittest are struggling to survive, with whom are they competing? With other members of their species or with members of other species?

An antelope on the African plains endeavours not to be consumed by cheetahs. In that pursuit it is not only running from cheetahs but is also trying to outrun other antelopes when attacked. What matters to the antelope is being faster than other antelopes, not being faster than cheetahs. Just as the old story of a



philosopher who runs when a bear charges him and his friend: "It's no good, you'll never outrun a bear," said the logical friend. "I don't have to," replied the philosopher: "I only have to outrun you.") Hence, both survival and reproduction are components of fitness.

There is nothing inevitable about human nature; therefore conflict and cooperation are flip sides of the same coin. One of the curious characteristics of history is that time always erodes advantage: Every invention sooner or later leads to a counter-invention. Every success contains the seeds of its own overthrow. Every hegemony comes to an end. Evolutionary history is no different. Progress and success are always relative.

The evolutionary theory has been comprehensively summed up in the adequately embodied Herbert Spencer's often quoted aphorism "survival of the fittest." While evolution is not testable; therefore if we measure fitness by the sole criteria of survival, evolutionary theory then is nothing but a repetitious fact. Of course the fittest survive; there is no alternative!



We use our intellectual ability not to solve practical problems but to outsmart each other. We use our intellect for deceiving people, detecting deceit, interpreting motives, manipulating people. So what matters is not how sharp, shrewd and tricky you are but how much sharper, shrewder and trickier you are than other people. The value of intellect is infinite. Selection within the species is always going to be more important than selection between the species.

Intelligence must therefore have a higher purpose; it cannot be an expensive luxury. May be just like Katharine Hepburn said to Humphrey Bogart, in the film *The African Queen*, "Nature, is what we are put in this world to rise above." ww

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[www.gallup.com/poll/114544/Darwin-Birthday-Believe-Evolution.aspx](http://www.gallup.com/poll/114544/Darwin-Birthday-Believe-Evolution.aspx), as retrieved on February 14, 2009

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Images courtesy Henrick Drescher and Jeffrey Fisher through *New York Times*.

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DOGANA publishes quarterly newsletters. We encourage all Dowites to please submit their articles for the publication throughout the year. We are also seeking class news, meeting information or any news that you would like to share with other Dowites. Articles to be submitted by email to [linkingdow@gmail.com](mailto:linkingdow@gmail.com), in word document, pdf or plain email format will be acceptable. The Editor reserves the right to edit all the submitted material.

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## PILLARS OF DOW

# DR. BARI KHAN

By Faras Ghani



Dr. Bari Khan in his office at Indus Hospital

Building a hospital was deemed the reason why he was created – mission of his life – and something he would ‘die for.’ So when the opportunity came up a few years ago while sitting with a friend and a potential donor, Dr Abdul Bari Khan pounced on to implement the idea he had come up with almost twenty years ago.

“That episode not only gave me the strength to move forward with the idea – as well as the ten crore rupees that he [the donor] had generously parted with – but also the belief that the project can take off,” said Dr Bari, the CEO of Indus Hospital.

Indus Hospital, in the Korangi area of Karachi, owes much of its existence to Dr Naseer Qazi, according to Dr Khan. “Dr Qazi, an Abu Dhabi-based surgeon, came down to Karachi and created the Islamic Mission Hospital Trust. It was a pity that he had to leave due to too many confrontations but what he created eased our task enormously.”

Rufeda Foundation – named after the first female nurse official appointed by the Prophet Mohammed (PBUH) – was formed and its main purpose was to make a quality hospital where services

were offered free of charge.

“When we decided to come up with a hospital, we wanted the area to be central and easy-to-reach for caregivers. While looking for land to build a hospital on, we came across the existing hospital that Dr Qazi had left behind and the donors asked us to take over the reins

and make the hospital functional again. There already existed a school of nursing that had failed to take off due to internal problems but it provided us with an idea platform to launch ourselves.”

Due to a new hospital being created, a complete re-branding took place as the hospital was stripped down bare to its pillars and structure. Two years and a huge lumps of donation later, Indus Hospital started its operations in 2007.

“We started OPD in July 2007 and gradually things have fallen into place. We now cater to out-patients, in-patients, research, and consulting clinics for anaesthesia, critical care and pain management, cardiology including invasive cardiology, cardiothoracic surgery, diabetes care, ENT, nephrology, and urology among many more.”

“We did realise that it was difficult for poor people to get surgical treat-

ment, as the smallest of operations costs 10,000 rupees, about four months’ salary of a labour. We are also planning for the hospital to be a total health delivery system that also offers community health programmes. For this, we are undertaking research in a five kilometre radius around the area that has a population of around 2.5million. We will classify the population under different categories and maintain a database that will help us in further planning, how we are going to tackle issues, expand and list areas we need to work on.” The hospital gets 300 patients a day in the clinics. With no filtering concept in place in majority of areas across the country, patients would throng hospitals no matter how minor their ailment was. We have tackled that problem to identify high-risk patients and provide best care for everyone. Every patient coming to the hospital is sent to the same place where they are filtered according to their ailment.

As things turned out, half of them go back with prescriptions while the rest is referred to specialists. Due to the waiting

*con’t on page 18*



Indus Hospital, one of the largest hospitals in Karachi, Pakistan

# Pew Commission Report: Agro-Industrial Complex Must Change Their Practices



By Tanveer M. Imam, MD, Dow 1987

President Dwight D. Eisenhower warned the American public about the hazards of “Military-Industrial Complex”—a cartel of Pentagon, the defense industry and their lobby on Capital Hill. Almost 50 years later, an exhaustive two-year study released by the Pew Commission on April 29<sup>TH</sup>, 2008 calls for foundational changes in the working of industrial farm animal production.

The factory farming practices, which has extirpated the small farmers of America and worked on the illusive pretext of “economies of sale,” has been found to pose unacceptable risks to public health, the environment and animal welfare. The Pew Charitable Trust and Johns Hopkins Bloomberg School of Public Health sponsored the report “*Putting Meat on the Table: Industrial Farm Production in America*”. The commission’s report and recommendations are likely to change the way the Agro-Industrial complex conducts its business. It clearly states that the negative impact of Industrial Farm Animal Production (IFAP) is so high and the scientific evidence so strong that it cannot be further ignored.

It is to be conceded that the long-standing practice of concentrated farm animal feeding operations or CAFOs did produce food in bulk and made it cheaper for the consumers. In 1970, an average American spent 4.2 percent of their income to buy 194 pounds of meat per annum. In 2005, the expenditure dropped to 2.1 per cent of their annual income. However, frequent meat recalls and secret video footage of animal abuse in slaughterhouses and during transportation of horse and cattle have generated public outcry about current abusive practices. Moreover, the hidden cost in dealing with pollution of air and water and the deteriorating public health, offsets the cheaper food prices.

Over the past fifty years, the number of farms producing food animals has decreased exponentially, but the overall number of animals produced has not dropped. Consequently, the animals are reared in larger concentration in close proximity to each other, hence becoming a risk to public health. The risks to public health is multi-factorial: farm workers are in prolonged contact with the animals, the transmission of pathogens among animals are widespread due to their close proximity and the imprudent use of broad spectrum antibiotics mixed in animal feeding generates antibiotic-resistant virulent pathogens. Communities living near IFAP facilities come in contact with air emission loaded with bioaerosols and toxic gases. Children and elderly, especially with chronic disorders develop respiratory and neurobehavioral symptoms.

The tremendous amount of animal waste lies untreated on IFAP premises and contributes to the global warming. According to a 2006 UN report, the greenhouse gas emission from animal production facilities is almost 18% and exceeds that of the contribution of the transportation sector. The natural capacity of the landscape to neutralize pathogen is overcome and the toxic products including heavy metals, antimicrobial agents, hormones, pesticides seeps into the soil and is carried in water channels to destroy aquatic life. As previously elucidated, the quality of air in and around these farms is malodorous, toxic and dangerous to the nearby community.

The inhumane treatment of livestock by the agro-industrial industry has come under intense public scrutiny. Thousands of cattle, horses and poultry die across the globe during transportation across continents. Those distressed animals, that survive these gruesome, long journeys stacked together in high concentration, where they cannot even turn their head around or extend their limbs, are immediately hurled to the slaughterhouses to come under the butcher’s knife. The current intensive confinement of farm animals such as gesta-



Cows in Farms Factory in USA

tion and veal crates and battery cages produces high profits for the industry but the animals become severely distressed and unhealthy, shedding high concentration of pathogens. Scientists have long believed that the safety of our food depends on the health of the animals whose meat, milk and eggs make it to the market. Pew Commission’s key recommendations are to ban all non-therapeutic use of antibiotics, implementing disease monitoring program and integrating it into a comprehensive national database, so that unhealthy meat can be traced back to a IFAP facility.

It also calls to phase out the inhumane practice of intense confinement of animals and to improve animal well-being. Prudent state and federal laws have to be enacted and current laws need to be amended to provide a level playing field between the

con’t on page 11

# Psychiatry in Pakistan—Challenges Ahead

By Amin A. Gadit, Dow 1984



With the increasing turbulence in terms of violence, economic upheaval and social unrest, mental health problems have become promi-

nent amongst all other ailments globally. Pakistan is a country that has witnessed turmoil since its inception in 1947. The international media has televised extensive human rights violations, the murderous frenzy of militants and the violence that have been unleashed on the people of Pakistan. With whatever is happening in today's Pakistan, it is safe to assume that the mental health problems are fast reaching alarming proportions. A number of different studies, mainly clinic-based, report varying rates for prevalence of depression. According to a country profile report by WHO Emro region, 10–16% of the general population in Pakistan suffers from mild to moderate psychiatric illnesses in addition to the 1% suffering from severe mental illnesses. Extrapolation of prevalence rates for depression in Pakistan yields approximately 8,437,406 out of the 159,196, 336 population figure. Various local studies have shown the prevalence rate for depression in the range from 10–44%.

The actual figures for other psychiatric ailments are largely unknown because of the lack statistical records for mental illness.

What do we have to address this problem? At the time of independence in 1947, there were three asylum-like hospitals each at Hyderabad, Lahore and Peshawar, with a total of 2000 beds. Gradually, it was realized that there was a need for development of individual psychiatric units in all government hospitals attached with medical colleges.

A number of such units in teaching hospitals were then established. Many small psychiatric hospitals were opened in private sector throughout the country, which are run mostly by non-psychiatrists and allied mental health professionals. The establishment of psychiatric services at rural health centers and basic health units has remained a dream to date. At the moment, there are about 2,940 psychiatric beds available with the public sector while the total estimated number of beds in private sector of the country is approximately 2000. The number of psychiatrists in the country is around 325, with 125 psychiatric nurses, 480 psychologists and 600 mental health care social workers. A large number of psychiatric patients are seen by family practitioners and alternate therapists as only 5–10% of the patients reach the psychiatrists, mainly for the reasons of stigma, low awareness and cost factors. There is a huge economic burden on the patients in view of poverty, low health budget and high cost of medications.

## Alternate Practitioners:

The number of alternate practitioners is very high; in Karachi alone, there are about 400 such practitioners. They practice at their residences, clinics, shrines or mosques and explain mental illness on the basis of possession by the evil spirit, by jinni or by magical influences cast by enemies. The treatment given includes amulets, spiritually treated water, burning incense or reciting incantations. Despite resentment by the mental health professionals, these practitioners enjoy the acceptance of large masses of people who approach them for their mental health problems with less fear of stigma, low cost and easy accessibility.

## Bullying among the professionals:

Bullying among mental health professionals is a serious issue in the country.

A number of dedicated psychiatrists were threatened, bullied and harassed by fellow colleagues who either forced them to quit or deterred them from coming back to the country and offer services. The current feudal psychiatry is fortunately being eroded by young generation of psychiatrists.

## Management systems:

There are some inherent weaknesses in management system that include: hospitals not following the intake/admission criteria, no separate unit for subspecialties, no appropriate long-stay units, no exit/discharge criteria, no rehabilitation services, no exchange of information between psychiatrists and family practitioners, no proper advertisement of available services, no concept of day centers or day hospitals, ill-developed community services, no central registry of patients and set policy for management systems in the psychiatric set-ups, and finally no internal referral system. With this scenario, there is great need for improvement in service structure. The rural areas which are devoid of efficient services need attention.

## Research and local data:

In Pakistan, there is a felt need for local data for patient care, health management, service delivery, education, training, community development, prevention of diseases and maintenance of health. There is inadequate emphasis on research methodology in the curriculum of medical, dental and other health professionals, besides a dearth of trained epidemiologists and bio-statisticians in the country.

Research in mental health is not on the agenda for many mental health professionals. It is being conducted for the purposes of getting a promotion in most of the cases. Very few senior mental health

*con't on page 11*





"I'm astounded by people who want to 'know' the universe when it's hard enough to find your way around Chinatown." – WOODY ALLEN

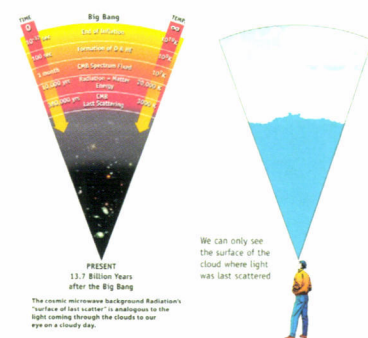
Just about every culture has wondered about the origin of universe and has its own narrative since the Homosapiens inhabited the earth about 200,000 years ago. Our ancestors' tales of creation have tried to answer many of our fundamental questions. According to these folklores cosmic forces shaped the inhabitable void into a functioning universe many eons ago. They did it either by slaying a giant, mixing witch's brew, or by simply uttering a celestial phrase. Those early days were supposed to be perfect, with human beings enjoying long lives and proximity to the creator deities. These fascinating stories predictably don't answer our fundamental questions about the universe.

At first glance, the accepted scientific theory of the origin of universe looks every bit as astounding as the ancient myths. The difference though is a mountain of scientific evidence to support this theory. The birth of our universe took place roughly 14 billion years ago—13.7 for the sticklers—in a celebrated moment we now call the Big Bang. The term was coined by the British astronomer Sir Fred Hoyle, to mock the idea of the abrupt beginning of the universe. But the name stuck and became an apt description of the event. Astronomers and physicists have elegantly defined Big Bang as the instant when a densely packed speck that was smaller than a billionth of an atomic nucleus broke free of its confinement and started swelling in all directions with astonishing force and unimaginable speed. That infinitesimal speck is our universe, the cosmos. Big Bang was packed with enormous energy and simmering with trillions of degrees of temperature. The energy and heat caused a massive expansion that continues somewhat leisurely to this day. Why Big Bang happened, what preceded it, or what lies outside of our universe? There are no answers outside the realm of metaphysics or mythology.

Using mathematical models and accumulating pieces of evidence, physicists and cosmologists have been able to piece together the whole history of the universe, from the big bang to the present day. They have been able to trace it back to within 10-43 seconds of that magical moment. Filling in that last bit of information will require something the physicists call a grand unification theory to explain the merging of the four fundamental forces of the universe (gravity, electromagnetism, the strong and the weak nuclear forces) into a solitary force that existed at the Big Bang. The story after the Big Bang is becoming

clearer by the day. The enormous energy released by the Big Bang formed tiny flecks of matter, the electrons and the quarks, the latter teaming up as triplets to form protons and neutrons. With subsequent cooling protons and neutrons came together to form atomic nuclei, starting out with the simplest elements, hydrogen and helium. Further cooling allowed electrons to pair up with protons to form atoms. This atom formation changed the universe from opaque plasma to transparent gas, allowing radiant energy to travel as light waves. In the next few hundred million years swirling collection of stars and galaxies started to emerge from the vast regions of dense cosmic gas.

"Since other important advances like sliced bread prove their case with French toast, what is out there to convince that the Big Bang is true", asks Natalie Angier, the elegant science writer for the New York Times. The answer is irrefutable scientific evidence, predicted, observed and explained painstakingly by physicists and astronomers over the last one hundred years or so. Let us take two of the most powerful pieces of evidence: redshifting and cosmic background radiation. The redshift is the observation that light coming from the distant galaxies tends to shift towards the red end of the spectrum, suggesting the source of light is moving away from the earth. This phenomenon accurately explains the concept of expanding universe, with distant galaxies racing away from us. The other dominant evidence is the cosmic background radiation that was predicted in the 1940s, and observed in the 1960s by scientists at Bell Labs, New Jersey, who went on to win the Nobel Prize. The cosmic background radiation is the leftover from the radiant energy released at the transition from an opaque to a transparent universe, and can be seen on our home TV when it stops receiving the cable signal. All this goes to show that the Big Bang theory, like any valid scientific theory, is well tested, internally consistent and supported by a large body of data. While objections exist, they can be refuted by scientific evidence. The unresolved issues can be explained by continuing research and observations.



**Expansion of Universe and Cosmic Background Radiation**

**About the Author:** Muzaffar Qazilbash, a Dow graduate, class of '87, is an Associate Professor in the Department of Stem Cell Transplantation and Cellular Therapy at the University of Texas—MD Anderson Cancer Center, Houston, Texas.

# Why Should We Celebrate Darwin!?!?

Arif Omer Ismail MD, MBA, MS, PhD, Dow 1978



Anniversaries and birthdays are perhaps the last refuge for unimaginative and clueless people. Actuarially speaking, the longer we live, life offers diminishing returns.

So, does celebrating these events serve as instruments of self-delusion just to defy the inevitable? Do we observe them to preserve our illusions of immortality? That reasoning will certainly hold true for mortals like me, but not for one birthday. We would have to give him a double slice of cake, for Charles Darwin himself, and his best known book, are 200 and 150 years younger respectively. (He wrote 22 of them in all).

One remains amazed by his preternatural abilities to predict the whirls of biology to the present day and beyond. In that he laid foundation of modern evolutionary theory with his concept of the development of all forms of life through the slow-working process of natural selection.

But then again, let's examine — what are we celebrating? Because Darwin, after all, was not the first one to propose that evolution happens. His own grandfather, Erasmus Darwin, had conjectured earlier in the final days of the 18<sup>TH</sup> century. French naturalist and academician Jean-Baptiste Lamarck was also an proponent in the beginning of the 19<sup>TH</sup> century. Lamarck primarily postulated the theory of “inheritance of acquired characters”, called “soft inheritance” or Lamarckism – a non-persuasive theory that lacked any plausibility.

Darwin was also not the first one to discover or define the concept of natural selection. The idea could not have been his brainchild. As here also, there were two earlier exponents. One of them was William Charles Wells, a Scottish-American physician and a printer. In his paper of 1813 he discerned the principles of natural selection in a distinguishable manner. It was a pioneering account, but he had applied the phenomenon only to man.

The other was Patrick Matthew, a Scottish landowner who in 1831—over a quarter-century before Charles Darwin and Alfred Russel Wallace—published the principle of natural selection as a mechanism of evolution. But Matthew failed to develop or publicize his ideas, and both Darwin and Wallace were unaware of Matthew's work when they published their ideas in 1858. Matthew's perceptivity became apparently lost

upon his readers, as his work languished in obscurity for nearly three decades.

Hence, William Charles Wells had identified the concept in 1818, confessedly in a brief and passing manner when Charles Darwin was only a boy 9 years of age. And Matthew had described it in 1831, the very year Darwin proceeded on his five-year voyage around the world on HMS Beagle. But neither had converted their observations into a cogent theory of evolution. As a result the findings had no impact whatsoever. Today most modern historians of science do not consider Matthew a genuine precursor.



Charles Robert Darwin FRS (12 February 1809 - 19 April 1882)

Darwin returned from the Beagle voyage, and a long lapse of time had passed that he draggedly began contemplating on the hypothesis of evolution, or what he even use to call as “transmutation of species” — a Lamarckian term that was used for evolutionary ideas in the 19<sup>TH</sup> century before he himself (Charles Darwin) published “*On The Origin of Species*.”

Darwin remained unaware of both Mathew's and Well's descriptions of natural selection. Both works persisted in oblivion.

This begs the question, for it assumes that he did not read either of the two works. Also to date, no evidence exists had known their existence either.

As years come and go, more than 20 had passed since the Beagle's voyage. It was now 1858. Darwin meanwhile dithered and sloughed on the idea, but painstakingly continued studying plants and thinking about evolution. He imbibed the wisdom filling notebook and memorandums with his observations. But except for a brief written account on the subject, he published nothing. This manuscript had been willed for publication, in case of his death.

It was on 18 June 1858, that Darwin received a manuscript from Alfred Russel Wallace, a British anthropologist and biologist. The packet had been sent out from Moluccan Islands, what is now Indonesia.

In the written account Wallace had outlined the idea of evolution by natural selection. Though the essay did not employ Darwin's term of “natural selection,” it still had all the constitu-

ents of the very theory that Darwin had trailead for twenty years but had published nothing. Wallace's endeavour had delineated a mechanism of an evolutionary divergence due to environmental pressures.

This view was identical to that of Darwin, but while Darwin considered the ideas in Wallace's paper to be essentially the same as his own, there were still differences, those that Darwin had emphasized, as competition between individuals of the same species to survive and reproduce, whereas Wallace emphasized biogeographical and environmental pressure on varieties and species forcing them to become adapted to their local environments.

On the sidelines of things, Darwin was overwrought by the illness of his son. He passed the matter to two of his contemporaries. They published the essay in a joint presentation together with unpublished writings which highlighted Darwin's priority. This essay was presented to the Linnean Society of London on 1 July 1858, along with excerpts from Darwin.

The arrangement was acceptable to Wallace and he was happy that he had been included at all. Darwin's social and scientific status was far greater than Wallace's, and it was unlikely that, without Darwin, Wallace's views on evolution would have ever been taken seriously.

Reaction to this presentation by the audience and the British literati was at best lukewarm, to the degree that the president of the Linnean recorded his dismay that the year 1858 had not scored any striking discoveries.

So coming to the *raison d'être* of this article: Why do we celebrate Darwin, when the material that was presented that evening was in fact Wallace's? Why the modern world does enthrone him as its demigod, and as an apostle of natural selection?

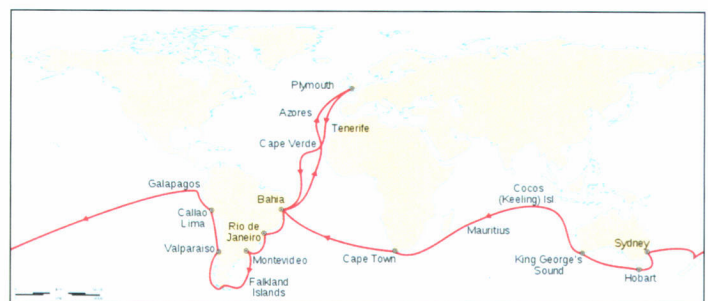
By the standard of any account, it can be said with accuracy that Darwin became convinced of evolution in 1837.

But he published "*On the Origin of Species*", not before 1859. It is one of those scholarly books that everyone knows but nobody seems to have read. It became a seminal work in scientific literature and a landmark in evolutionary biology. In it Darwin included a profuse abundance of evidence on the diversity of life, and how it was produced by a branching pattern of evolution and common descent. The substantiations he had amassed on his voyage of the Beagle in the 1830s and later elaborated through research, correspondence, and experiments following his return.

Despite there is a long list of people who knew of Darwin's radical ideas, including his wife, father, brother, children, and a couple of dozen friends and scholars. This period of pondering and pandering, from 1837 to 1859 has been given various names, from "the long wait" to "Darwin's procrastination" and, most common of all, "Darwin's delay."

The book changed everything. Before its publication the concept of diversity of life could only be catalogued and described; and after its publication that very concept can explained and understood.

Prior to the publication of his book, species had been thought as an immutable, or unchangeable, and that they do not change. Species were construed to be 'creations of a deity; afterwards, they became connected together on a great family tree that stretches back, across billions of years, to the dawn of life. Through this book, evolution became both a fact and a theory. And that species can change genetically and morphologically over time.

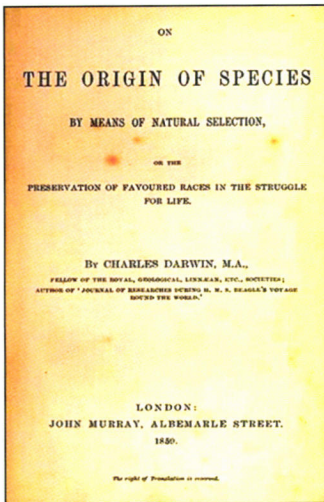


#### VOYAGE OF THE BEAGLE

His postulations essentially attained two major notable achievements: Firstly that all organisms distribute changes from a common ancestor, which supports the theory of evolution almost conclusively. Secondly, scientists today are no more constrained to interrogate whether evolution is fact or fiction. Evolution became a scientific fact. The "theory of evolution" is the explanation of how species change.

The book changed man's view about himself. It made us as much a part of nature as birds and bees and we as humans also became a part of family tree with a host of remarkable and distinguished ancestors.

"*On the Origin of Species*" is a powerfully written work that compels, coaxes, and eventually convinces, where others before Darwin had failed, in that it does not just describe how evolution by natural selection works. Instead it delivers an extraordinarily large amount of proof from every field of biology then known.



It discourses topics as diverse as pigeon breeding in ancient Egypt, the vestigial eyes of cave fish, the nest-making habits of honeybees, the developing size of gooseberries and how wingless beetles on the island of Madeira and algae in New Zealand exist.

In one instance he describes how in the long run only the strong would survive, concluding that modifications among the favoured races, due to natural selection, “shall not be

in the least degree injurious” (Origin, p. 86). In the other instance he talked about the action of natural selection includes several “imaginary cases,” such as increased nectar excretion in flowers, resulting in increased distribution of pollen by bees.

He reasoned that only those species which were sufficiently different from each other could co-inhabit a certain environment, since they were not in direct competition for the same niche. In the end, this view of competition within natural selection demands that the “improved” species come to prevail over the environment to the extent of extinction of all local and closely related rivals. Thus, Darwin identified what has been popularly referred to as the principle of “survival of the fittest.”

His works other than “*The Origin*” are just as ingenious. He wrote with such versatility on far-ranging topics such as barnacles, hummingbirds, orchids, brachiopods, human evolution, the expression of emotions (though we still can’t explain why we blush) climbing and sensitive plants, the origin of sex and on earthworms; (and also turned his formidable intellect to a less weighty question — do blondes have more fun?).

His books are filled with findings that even if “*The Origin*” had never been written, he would have still been famous. With that Charles Robert Darwin provided a naturalistic explanation for one of the great quests of humanism of the eighteenth and nineteenth centuries, and the Age of Reason he dawned promised that science would deliver such a new world view and man was able to take the first step of the long journey into civilization.

It was only waiting for that momentous consequence of the letter from Wallace that arrived in June 1858, and the rest is history.

That is why we celebrate Darwin! Now we should party!

### Books by Charles Darwin

1. *On the Origin of Species*, 1859
2. *The Origin of Species by Means of Natural Selection*
3. *Coral Reefs*
4. *The Formation of Vegetable Mould Through the Action of Worms*
5. *Insectivorous Plants*
6. *More Letters of Charles Darwin Volume I*
7. *More Letters of Charles Darwin Volume II*
8. *Observations Geologiques sur les Iles Volcaniques*
9. *South American Geology*
10. *The Autobiography of Charles Darwin*
11. *The Descent of Man*, 1871
12. *The Different Forms of Flowers on Plants of the Same Species*
13. *The Effects of Cross and Self-Fertilisation in the Vegetable Kingdom*
14. *The Expression of Emotion in Man and Animals*, 1872
15. *The Life and Letters of Charles Darwin, Volume I*
16. *The Life and Letters of Charles Darwin, Volume II*
17. *The Movements and Habits of Climbing Plants*
18. *The Power of Movement in Plants*
19. *The Voyage of the Beagle*
20. *The Variation of Animals and Plants Under Domestication* V1, 1868
21. *The Variation of Animals and Plants Under Domestication* V2, 1868
22. *Volcanic Islands*

### BECOME A DOGANA MEMBER ONLINE

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Membership forms and info are available on the website

Mansoor Abidi – Chairman, Membership Committee



**Pew Commission Report, con't from page 5**

producer and integrator and to treat IFAP as an industrial operation so that its activities can be better regulated.

The recommendation of the commission comes on the heels of California's Prevention of Farm Animal Cruelty Act, which officially qualified to be on the ballot in the upcoming elections. The petition was signed by 800,000 Californian. Interestingly, the uproar against farm animal production comes in an era when world food reserve is at its lowest. This goes on to prove that public policies work the best when designed keeping public rather than corporate interest in mind.

**About the Author:** *Tanveer Imam is a graduates of Dow, Class of 1987 and he is a practicing Gastroenterologist in Allentown, Pennsylvania.*

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[www.ncifap.org](http://www.ncifap.org)

UN FAO, OIE, and WHO, "Joint FAO/OIE/WHO Expert Workshop on Non-Human Antimicrobial Usage and Antimicrobial Resistance: Scientific Assessment," Presented in Geneva, Switzerland, Dec. 1-5, 2003.

U.S. General Accounting Office (GAO). 2004. Report to Congressional Requesters No. 04-490, "Antibiotic Resistance: Federal Agencies Need to Better Focus Efforts to Address Risk to Humans from Antibiotic Use in Animals."

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**Psychiatry in Pakistan, con't from page 6**

professionals have produced monographs or books but none of these have found place in the current curriculum and reliance is still on foreign produced books.

**The mental health legislation, policy and 5-Year plan:**

The new mental health legislation that was promulgated in 2001 has so far remained a show-case document with limited application. No clear mental health policy is in existence and the 10-five year plan has not yet achieved its goal in terms of mental health. The existing scenario is not good as such a low number of psychiatrists for a population of about 160 million are far from being adequate. The political and social ambience in Pakistan has deteriorated to such an extent that it appears practically impossible for the individuals to maintain a normal mental health. Therefore, besides achieving the political stability, there is a need for de-stigmatization campaign through media, effective private-public partnership, career structure for psychiatrists, priority to mental health by policy makers, allocation of separate budget and taking on-board the recommendations of tenth-5-year plan will go a long way in addressing the mental health issues in Pakistan.

The writer wishes to acknowledge the information obtained from a number of his scientific articles published in peer-reviewed journals.

**About the author:** *Dr. Amin Gadit is a graduate of Dow Medical College. Dr. Aminis Professor of Psychiatry based in Memorial University of Newfoundland, Canada.*

**WITH BEST COMPLIMENTS**

**FROM**

**Sayed Amir Raza, MD**

*Practice limited to Psychiatry*

Madison, Mississippi

601-952-0015

**WITH BEST COMPLIMENTS**

**FROM**

**M. Javed Qasim, MD**

*Practice limited to Psychiatry*

St. Louis, Missouri

314-344-7770



*The*  
**Dow Link**  
Dow Graduate Association of North America

**Dow Graduate Association of North America**

**DOW ALUMNI RETREAT**

*2009 Chicago*



THE WESTIN HOTEL O'HARE  
6100 River Road • Rosemont, IL 60018  
Friday April 24 – Sunday April 26

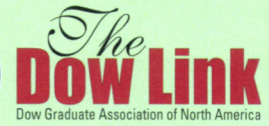
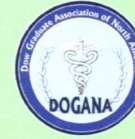


&

**Pakistani Physician Society Spring Meeting April 25**

**On behalf of the executive committee of Dow Graduate Association of North America** we invite you to join the Association in the **Sixth Annual Dow Alumni Retreat** and be a part of the greater Dow Alumni community. A meeting of all Dow Graduates of North America to meet each other, exchange ideas and plan a long-term strategy for helping DMC/DUHS/CHK become a center of excellence for medical education in North America & Pakistan. The program will include an afternoon session on Friday, April 24, a full day of sessions on Saturday, April 25 and a morning session on Sunday, April 26. There will be 4 hrs of accredited CME and brainstorming/planning meetings in these sessions. There will be a banquet and musical program each Friday and Saturday night. There will also be Golf outing and arrangements for family fun for participants and their families, and R&R with your friends and family.

- |                                       |   |
|---------------------------------------|---|
| Chicago Host Committee Chair:         | M. Sohail Khan MD   |
| Chicago Host Committee Co-Chair:      | Nasir Shahab MD   |
| CME Committee Chair:                  | Kheatija Khan MD  |
| Entertainment Committee:              | Zaki Anwar MD, Nashib Hashmi MD<br>Ayesha Anwar MD, Furrukh Eijaz MD                      |
| Publication Committee Chair:          | Waseem Kagzi MD   |
| Co-Chairs:                            | Naseem Shekhani MD, Shaukat Zaidi MD  |
| Liaison Executive Committee:          | Shazia Malik MD   |
| Hospitality Committee Co-Chairs:      | Jawaid Imam MD, Omer Naseeb MD<br>Mrs. Sajada Arian, Waseem Kagzi MD<br>Syed M. Zubair MD |
| St. Louis Group Local Host Committee: | Naseem Shekhani MD, Shazia Malik MD<br>Sajid Zafar MD, Hasan Ali Habib MD                 |
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| Michigan Group Chair:                 | Talib Raza MD   |
| Indiana Group Chair:                  | Akbar MD  |
| Wisconsin Group Chair:                | Salim Torania MD  |



## - PROGRAM -

### Friday, April 24, 2009

- 3:00 pm: Welcome Note
- 3:00 pm: CME lecture I (45 min) New in Eating Disorders
- 3:45 pm: to be disclosed later
- 4:15 pm: CME lecture II (30 min) CAD Risk factors
- 4:45 pm: Dow Endowment Fund Report
- 6:30 pm: Social hour  
DOGANA Banquet Dinner and Award distribution followed by Music in ballroom and 9:30 pm Mazaahia Mushaira at Forum

### Saturday, April 25, 2009

- 7:30 am: Breakfast non-CME talk on Pain Management
- 8:30 am: Dow Alumni Office in Dow Update
- 8:30 am: Golf Outing Limo pickup, Tee Time 9:00 am
- 9:00 am: CME lecture III (45 min) Sleep Disorders
- 9:45 am: DOGANA Bylaws Discussion
- 10:00 am: CME lecture IV (30 min) Women Oncology

### Saturday, April 25, 2009 con't

- 10:30 am: CME Lecture V (30 min) Cancer Detection
- 11:00 am: Strengthening DOGANA
- 11:15 pm: Dow Silver Jubilee Class Projects
- 11:45 am: Highlighting Dowite's Services
- 12:30 pm: Lunch to 1:30 pm
- 2:00 pm: Family Fun
- 4:30 pm: Family Fun ends
- 6:00 pm: Social Hour Appetizers & Meet and Greet
- 7:00 pm: Joint DOGANA/PPS meeting & Banquet Dinner & an Excellent Musical Function

### Sunday, April 26, 2009

- 7:30 am: Breakfast
- 9:00 am: CME lecture VI (30 min) Genetics
- 9:30 am: CME lecture VII (30min) Medical Ethics
- 10:00 am: DOGANA Business Meeting
- 12:00 am: Adjourn

## - CONTACT INFORMATION -

Direct Dial: (847) 698-6000 — Ask For Special Rate "DOGANA/PPS/APPNA" — \$109.00 per night  
**We encourage you to register online at: [www.dowalumni.com](http://www.dowalumni.com) or [www.ppsil.org](http://www.ppsil.org)**

### Make Checks Payable to "DOGANA"

Mail to: M. Sohail Khan MD; 3671 Monarch Circle, Naperville, IL 60564 – Tel 847 682 1146

Alternate Contact: Nasir Shahab MD, 3128 Seiler Court, Naperville, IL 60565  
 Ph 630 991 6534 Fax 630 453 6999 Email: [eshahabs@gmail.com](mailto:eshahabs@gmail.com)

## - REGISTRATION FORM -

Please fill out the form today and mail back to us.

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Specialty: \_\_\_\_\_

### Please Select one: Membership Dues

- Annual Dues: \$50.00     In-training: Free     Life Membership: \$500.00     Meeting Registration: \$40.00

(DOGANA lifetime members and PPS members only attending Saturday Banquet exempt) PARKING WILL BE VALIDATED FOR BANQUET ATTENDEES & SUBSIDISED @ \$10 FOR OVERNIGHT STAY

### Retreat Registration per person (if dinner tickets purchased before March 31st you can get \$20 discount)

CME Registration:     \$100.00

March 31 April 1    Onsite

Friday Dinner/Music:  \$75.00  \$85.00  \$95.00

Sat Dinner/Music:     \$85.00  \$95.00  \$105.00

Dinner each day for Residents and fellows \$40.00 Fri & \$50.00 Sat per person (only spouse considered for discount - max 2).

Children Under 12 yr:  \$ 25.00

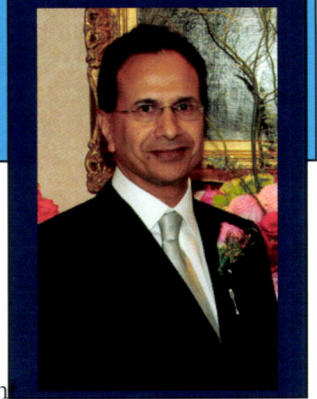
Indicate # of Adults: \_\_\_\_\_ Kids: \_\_\_\_\_

Note: Please Indicate Number of persons attending  
 Children under 2 – Free  
 Babysitting arrangements available  
 @ \$25 per child during evening Banquet

# MANZOOR TARIQ, MD

## CANDIDATE FOR APPNA PRESIDENT-ELECT 2010

**TOGETHER, WE WILL MAKE POSITIVE CHANGES IN APPNA**



Dear Fellow APPNA Members,  
Assalam-O-Alaikum.

It is with great respect and humility that I would like to announce my candidacy for APPNA President-Elect in 2010. I would feel honored to be able to serve you as the President of APPNA. I have been a member of this esteemed organization for nearly 18 years and am proud to be *giving back to APPNA* what it has given to me.

I feel that I have the experience, dedication, and commitment required to uphold the office of President and hope that you feel the same way. I have had the great pleasure to serve as your Secretary for 2009, and prior, as Treasurer in 2008. I would feel honored to be able to serve you as the President-Elect of APPNA in 2010, and President in 2011. My leadership over the past years has afforded me great insight, and uniquely qualifies me to take APPNA into the next decade and beyond.

Over the past 18 years, I have seen our organization grow and become the pre-eminent group of Pakistani professionals abroad. This organization is a pillar of support and community for the Pakistani physicians living in North America as well as our home country. Over the past 8 years, on the executive council, I helped form the decisions which shape APPNA. Over the past two years as Treasurer, and now Secretary, of APPNA, I have helped lead APPNA through organizational disputes to record membership and to fiscal and organizational transparency via the internet. If elected President, I will continue **to serve you** and **take APPNA to higher levels**. I am, have been, and always will be here for APPNA and with your help, we can enact the change we desire.

APPNA, like both Pakistan and America, is extremely diverse, representing various alumni, regions, and specialties. Such diversity should be appreciated and each person respected and celebrated for his or her individuality. At the same time, APPNA needs leadership that is able to UNITE our individuals. Only with unity can we proceed and grow stronger, in a direction that all of us can be proud of. We have a chance now to take our rightful place, with pride and dignity, at the forefront of our culture and our profession as Pakistanis abroad, and as physicians. I have a vision for a **stronger and more unified APPNA**, and I humbly submit my qualifications and past service for your consideration as I announce my candidacy for President-Elect of APPNA 2010.

Sincerely,  
Manzoor Tariq, MD

### SERVICES TO APPNA

- Current APPNA Secretary, 2009
- APPNA Treasurer and Chairman of Finance Committee, 2008
- Upheld my promise to make APPNA Finances transparent by making them available to the public on the APPNA webpage.
- Obtained a grant of over \$40,000 for APPNA.
- Helped raise \$17,500 to aid the victims of the earthquake in Balochistan.
- Obtained cardiac equipment valued over \$1 million, such as cardiac catheters, PTCA balloons, stents, etc., for the purpose of donation to medical institutions in Pakistan, such as Punjab Institute of Cardiology, Mayo Hospital, and APCNA.
- Member, CME Resource Committee 2007-2008
- President of APPNA St. Louis Chapter, 2007
- Fundraised \$35,000 in St. Louis for APPNA SEHAT.
- Chairman of the APPNA Spring Meeting in St. Louis, 2007
  - Obtained over \$60,000 in grants from pharmaceutical and medical equipment companies making this the most profitable quarterly meeting in APPNA's history.
- Co-Chairman of APPNA Finance Committee, 2007
- Chairman and Editor-in-Chief of the new APPNA Membership Directory 2006-2007.
  - The largest Pakistani physician database to date, with over 12,000 listings.
- Secretary of APPNA St. Louis Chapter, 2006
- Treasurer of APPNA St. Louis Chapter, 2005
- Chairman of APPNA Resource and Development Committee, 2005-2006
- Helped with fundraising in St. Louis for earthquake in Pakistan, \$260,000, 2005
- APPNA Executive Council, 2002-2004, 2007, since 2008, as Treasurer and Secretary of APPNA.
- Member APPNA since Residency, 1990

### SERVICES TO MY ALMA MATER

- Founder and First President, Quaid-I-Azam Medical College Alumni, 2002
- Annually donate medical equipment to the medical school.
- Established 50 annual scholarships for qualifying students, the funds are given through our alumni.
- Organized and established an annual educational symposium for students and faculty.
- Performed the first ever coronary intervention at Bahawal Victoria Hospital, affiliated with Quaid-I-Azam Medical College.

### SERVICES TO THE SAINT LOUIS AND ISLAMIC COMMUNITIES

- Chairman, Fundraising Committee of the Islamic Foundation of Greater St. Louis, 2000-2008.
- Raised +\$3.5 million to build a school, library, gymnasium, and community center.
- Member Majlis-e-Shura of the Islamic Foundation Greater St. Louis, 1999-2002.
- Helping to establish a free APPNA clinic in St. Louis.
- Organized & chaired several local fundraisers for various charitable causes: Al-Shifa Eye Inst., \$200,000, Taleem for All, \$50,000, Sahara for Life Trust, \$55,000, Zaytuna Inst. & Academy, \$400,000

### STRATEGIC VISION FOR APPNA

- A **united** APPNA, one which embraces all its members.
- Dynamic Membership growth including increasing NAMA involvement. I have been actively **recruiting members** to APPNA and plan to continue doing so.
- **Fiscally responsible** APPNA through all ethically responsible manners, such as continued proper management of funds, and industry grants.
- Enhancing the Young Physician's Program.
- Establishing APPNA Free Clinics.
- Encouraging an Aggressive Advocacy Campaign.
- Improving the quality, relevancy, and innovation in our CME programs.
- Foster and further develop the **APPNA MERIT Program** in order to facilitate and advance medical education and research in Pakistan.
- **Raising the bar of excellence for APPNA.**
- Develop a comprehensive *APPNA member benefit package* to provide APPNA members with special discounts on malpractice and liability insurance, airfare, car rentals, hotels, and credit cards.



# Javed Suleman, MD, FACC

## For President-Elect APPNA 2010



**Javed Suleman, MD,**  
FACC, FSCAI.  
*Associate Professor of  
Medicine / Mount Sinai  
Medical Center, New  
York, New York.*

I am profoundly grateful to you for giving me the opportunity to run for President-Elect of APPNA. This is a unique time for APPNA when the wind of change is blowing and many members are looking towards changing the current direction of APPNA, in a way, on which we can base our hopes for the future. Yes we can change APPNA. Together we can make it a professional, independent, transparent and more productive organization. We can rebuild APPNA for the future.

As America speeds toward change, we need to make sure that Pakistani American doctors under the banner of APPNA stand ready to help. For this, you need a strong leader with a vision for the future and who understands the dynamic needs of the organization. I am outlining some of the objectives I intend to gain if elected as President.

### **Increase the membership of APPNA**

We need to open the doors wider for new members to enter and join. We need to be more inclusive and more welcoming. We need to align ourselves with the main stream issues and develop comprehensive strategies to tackle it ....

### **Strengthening the leadership of APPNA**

We need to actively prepare young members so that they can assume leadership roles - not only in APPNA, but in their hospitals, local medical societies and professional organizations ....

### **Research, Edu. & Scientific developments.**

We need to enhance the level of our CME activities. We need to utilize educational grants for the purpose of education only, with complete transparency and diligent record keeping to ensure the highest quality of CME activities ....

### **The Healthcare Delivery Work.**

The crown jewel project of APPNA called "APPNA SEHAT" providing free health care services to thousands in Pakistan need to be fully supported by APPNA and should be expanded in all parts of Pakistan. In the United States, we need to expand free clinics in all APPNA Chapters so that we help indigent patients in our local communities ....

### **Advocacy for the IMG's**

Today's IMG's are increasingly facing difficulties in obtaining residency positions. We need to help them in a concrete way by increasing the number of externship programs offered in the US ..

### **Giving Back to Pakistan**

Our role should be to help disseminate our medical knowledge, our expertise and technological advances to Pakistan in an organized way ....

### **The Social Diseases in Pakistan.**

We need to support and advocate for, education, human rights, women rights, delivery of health care for all and last but not least, justice and democracy ....

Dear Colleagues, there is a great task ahead of us, i.e: to steer APPNA into the right direction. We need new leadership and new direction to face the challenges ahead of us.

## **Services to APPNA**

- Founding Member - SMC Alumni - 1989
- Treasurer - SMC Alumni - 1989
- Secretary - SMC Alumni - 1990
- Vice President - SMC Alumni - 1991-92
- President - SMC Alumni - 2004
- Member , BOT, SMC Alumni 2005 - present
- Coordinator of APPNA NY Relief for 9/11 victims
- Co- Chair, APPNA Fall Meeting - 2001
- Co-Chair, APPNA Winter Meeting - 2003
- Member, RESA Committee, APPNA 2002- present
- Chair, Registration Com, Summer Meeting - 2002
- Moderator, Speaker APPNA CME since 2002.
- Regional Councilor, APPNA - New York - 2003
- Member, Earthquake Relief Comm APPNA NYC
- Chair, Membership Comm., APPNA - 2006
- Member, Finance Committee, APPNA - 2006
- Co-Chair APPNA Fall Meeting - 2006
- Co-Chair Finance Committee - 2007
- Co-Chair Liaison Committee, APPNA - 2008
- Chairman, Liaison Comm., APPNA - 2009
- Co-Chair, Prof Society Committee - 2009

## **Services to APCNA**

- Founding President of APCNA, Association of Pakistani-descent Cardiologists of North America - 2004-2005 (a highly efficient, productive and professional organization)
- Member, BOT of APCNA - 2006 to present.
- Coordinator / Chair / Co-Chair of APCNA Winter Meetings; 2004, 05, 06, 07, 08.
- Cardiac supplies worth over a million dollars per year, every year, since 2004, donated to not-for-profit teaching hospitals in Pakistan for use in indigent patients.
- Instrumental in formation of Pacemaker Bank and APCNA / PMA BLS Training Program

# MEDICAL SOCIETIES

By *Abbas Mehdi, Dow 1995*

The U.S. health enterprise is managed via thousands of non-profit organizations with the common cause of patient benefit, followed by policies, regulation and legislation of Health Industry and health services and its management. They all effect health practitioners directly and indirectly. U.S. healthcare is an enterprise with profound special interests, lobbying, earmarks and political agendas, perhaps one of the most politically charged and active arenas.

Stakes are quite high for physicians to leave matters that impact their patients and their profession in the hands of unknown individuals operating this industry. Consider leaving your assets in Pakistan in the hands of unknown people—what will happen to your assets? Rhetorical but profound. The most important reason to join healthcare organizations is to be aware who and what is affecting you, your profession and your patient, and for what reasons.

Involvement of ethnic physicians in healthcare non-profit organizations are actually quite good and a rising phenomena, however physicians of Pakistani descent are not emerging accordingly. The California Medical Association, better known as CMA, is perhaps the second largest association after AMA that has a President and past President both from East Indian descent. There is hardly a single physician of Pakistani descent within the hundreds of delegates. Besides a few selective individuals assuming leadership roles, the general physician population of Pakistani descent have an alarming low activity and presentation in other organizations.

Perhaps the majority of Pakistani doctors are disinterested in political activity and forums where elections and

selections are held. Unfortunately the U.S.-based Pakistani organizations of the health industry or otherwise have a strong influence and shade of Desi politics; differences are signs of deep resentment, sometimes giving an erroneous impression about other non-Desi U.S. health organizations. The fact is, successful individuals of local communities frequently participate in these organizations and the involvement is exceedingly admired. Differences invariably never mean animosity, and involvement in these organizations is not a symbol of a political charged activist.

The mainstream health industry and physician organizations can be vaguely segregated into few basic categories:

**NATIONAL:** American Medical Association, Southern Medical Societies, National Medical Association, Association of American Medical Colleges, etc.

**NATIONAL SPECIALTY:** American Academy of Family Physicians, American Academy of Neurology, American Academy of Orthopedics, etc.

**STATE SOCIETIES:** California Medical Association (CMA), Medical Society of the State of New York, Texas Medical Association, etc.

**COUNTY SOCIETIES:** Los Angeles County Medical Society, San Diego County Medical Society, New York County Medical Society, etc.

**LOCAL SOCIETIES:** Local Medical Society (city- or specialty-based), Local Hospital-based Committees and Boards, Local Non-Profit Organizations, etc.

Successful involvement requires some effort and some tactics. The goal should be to climb the ladder and achieve the

highest office no later than 5 years in local and county societies and 10 years in state or national societies. Typically, no more than one or two hours per month is needed for active participation and its relatively easier to climb up in local or county medical societies, once the modus operandi is understood (common in nearly all non-profit orgs).

The heart of any organization lies in the board of Directors and their meetings, usually once a month, and these are quite interesting and informative. The board meetings are conducted according to Rules of Roberts (parliamentary procedure guideline; establishes the rules of engagement).

County Medical Societies are great places to start, easy to break through and less competitive; the education and experience is far superior to the hospital committees. To start, call your County Medical Society and meet the administrative director, ask them to give you the society profile. You may have to start on a committee first and then perhaps within 2–3 years a board position should be achieved. Once you are on the board you are cruising on to become the President.

While it is important to be a member, joining too many organizations can be expensive and time consuming. Strive to be an active participant of at least one specialty and one legislative health organization. By joining these organizations, physician can advocate for their patients.

Doctors have fidelity to advocate for their patients and profession.

**About the Author:** *Dr. Abbas Mehdi is graduate of Dow Medical College, Class of 1992. Dr. Mehdi is a practicing Neurologist in Fresno, California.*



*"Proven Leadership with a Commitment to Excellence"*

**M. Nasar Qureshi, MD, PhD, FCAP**

**FOR SECRETARY APPNA 2010**

Dear APPNA Member:

Assalam-o-Alaikum. APPNA today stands at a crossroads in its history. **Together we have achieved so much, however after 30 years enrollment has plateaued. The current membership of approximately 2,000 is a mere 15% of the potential membership. To make APPNA an organization which can truly make a difference, we have so much more to do.**

## VISION & GOALS

- Improved Governance in all aspects of the organization to create a solid base for sustained increase in membership
- Effective membership incentives such as CME and creating a collaborative group with power to negotiate with vendors, to ensure continued participation
- Transparency and timely dissemination of all APPNA related information, especially accounts and finances and collaboration with other organizations
- Regular internal and independent audit of APPNA projects and finances with dissemination of audit reports to membership
- Community wide outreach ranging from organizing free clinics to programs dedicated to youth including leadership development and career guidance
- Effective advocacy of professional and social issues
- Readily available centralized resources for young Pakistani and Pakistani-descent American physicians

*All these goals are within our reach. To achieve this, the leadership must promote a long term vision with sustained core programs that include robust interaction with the component societies at state and chapter levels. It is incumbent upon us to choose only leaders with experience that truly reflects an understanding of this organization and the needs of the members. Thank you for your time and consideration. **We need change to make APPNA the organization it deserves to be and together WE have to be the force that effects that change.***

### SERVICES TO APPNA

#### Central APPNA

- Resource Committee, Chair: 2009
- Constitution & Bylaws Committee, Chair: 2007
- Constitution & Bylaws Committee, Co-Chair: 2006
- Publication Committee, Member: 2005

#### New Jersey Chapter of APPNA

- President: 2007
  - Increased Membership from 50-150
  - New website created
  - Women's Forum initiated
- Executive Council: 2004-06

#### DOW Medical College Alumni Association

- President: 2008
  - Alumnus with highest membership in APPNA
  - Streamlined DOGANA office at DOW
  - Revived Dow Lite International
  - New membership driven website created
  - DOW Visiting faculty and DOW Research Forum established
  - Meritorious Research Award for DOW student and faculty established
- Executive Council Member: 2004-07

### COMMUNITY SERVICE AT LARGE

- CEO: International Foundation for Health Education and Disease Prevention (HEADSuP Foundation)
- Jaycees International - An international youth leadership and community development organization: 1982-2007

### ACADEMIA

- PhD-Tulane University, New Orleans
- Over 25 articles in peer-reviewed journals
- Over 50 papers presented in national and international meetings
- NIH and institutional grants
- Invited speaker in national and international meetings

**FAMILY:** Lubna Qureshi is a Cytotechnologist. Besides her involvement in APPNA activities, she is secretary of the HEADSuP Foundation, serves on the executive committee of the Layton Rehmatullah Benevolent Trust, USA, and volunteers at soup kitchens and shelters for battered women. Daughters Mahvish and Sadaf attend Bryn Mawr College and Georgetown University, respectively.

### AWARDS

#### Beth Israel Medical Center

- Alumni Association Annual Award: 1995, 1996

#### US and Canadian Academy of Pathology

- Stowell-Orbinson Award
- Binford-Damin Award

### PROFESSIONAL CAREER

#### QDx Pathology Services

- President & Medical Director: 2006 - Current
- In 2 years the company has grown to service clients in 7 states and has a staff of over 75 dedicated professionals.

#### Lakewood Pathology Associates

- Chief Medical Officer: 2002-2006
- A national reference Pathology Laboratory with over 50 employees

#### Columbia University, New York, NY

- Faculty, College of Physicians and Surgeons of Columbia University

### INVOLVEMENT WITH ORGANIZED MEDICINE

#### College of American Pathologists

- Chair, Residents Forum: 1996-1997
- Member, Board of Governors: 1996-1997
- Resident Delegate to House of Delegate: 1995-1996

#### American Society for Clinical Pathology

- Liaison-Resident Physician Section: 1993-1995

### PROFESSIONAL SOCIETY COMMITTEE MEMBERSHIPS

#### American Society for Colposcopy and Cervical Pathology

- Patient Education Committee: 2002-Current
- Pathology Committee Member: 2002-Current

#### College of American Pathologists

- Economic Affairs Committee: 2005

# Convocation at Dow Medical College, Karachi

Reported By Dr. Saleem Ilyas, Dow 1980

The convocation of Dow Medical College (DMC) and Sind Medical College (SMC) for MBBS batches 2004–2007 was held at Ojha Campus, Dow University of Health Sciences (DUHS) on Saturday, 31st January 2009. The Chancellor of the University & Governor Sindh Dr. Ishrat-Ul-Ebad Khan presided over this occasion and distributed degrees among the graduating doctors.

Dow University of Health Sciences has completed five successful years in January 2009. To commemorate this event, week-long celebrations were held in different campuses of Dow University from 1st to 8th February 2009. Various events were organized for faculty and students alike during this week that included Debate, Naat and Qirat competitions, Talent Show, Fun Gala and the Dow Olympics 2009. Students and Faculty from all thirty institutes of the University participated in the events and thoroughly enjoyed this refreshing event. The Governor Sindh Dr. Ishrat-Ul-Ebad Khan lighted the Olympic Torch and declared Dow Olympics 2009 open.



Governor Dr. Ishrat Khan and Vice Chancellor Professor Masood Hamid at the convocation of Dow Medical College – Karachi, Pakistan



Dr. Bari Khan, con't from page 6

time and backlog, we have 300 patients a day for specialists, with ER being used by 100 patients daily. We also perform 20 surgeries a day and our ten dialysis machines undergo three shifts a day.'

The hustle and bustle that is witnessed on, and outside, the premises is an apt result of the work Dr Bari has undertaken ever since his DOW days in the early 80s. A 1986 graduate, he had been involved in welfare work since his school days: joining DOW student activities upon joining the college, appointed chief co-ordinator of the Patients Welfare Association and a project director that saw him being sent to Germany and UK for training. All while he was still studying medicine. "After graduation, I was part of the committee that was responsible for the reconstruction of casualty in Civil Hospital. We collected huge amounts of donations as students and successfully completed that project." Dr Bari was appointed an assistant professor of cardiovascular surgery in 1996 but recalls that moment as 'being a driver without a bus' since there was no cardiovascular surgery department in Civil Hospital. Having only two options—carrying on with the current job or start collecting donations to undertake a new project—Dr Bari opted for the latter.



Nursing Station at Indus Hospital

"Working in the public sector is very different from collecting money as a student. There are a lot of limitations, complications, bureaucracy and obstructions but I had realised that I was wasting a lot of my time on counter-activities to fight those off."

"Life is too short to waste on such tasks and as our plan to improve Civil failed to take off, we firmly decided on the venture that is Indus Hospital now."

**About the Author:** Faras Ghani is freelance writer, who has written with Daily Dawn, and is affiliated with Cricinfo and is from London, England.

Association of Pakistani Physicians Of North America



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Dow Graduate Association of North America  
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Westmont, IL 60559

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