Dow Graduate Association of North America
www.DowAlumni.com

The Dow Link

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Dear Dowites:

Let me first applaud all the candidates for taking part in the democratic electoral process, and running an orderly and dignified campaign and by bringing so much needed esprit de corps in the organization. I welcome all the elected officials to the 2010 Central Council of DOGANA.

I am proud of many achievement this year through the combined outstanding efforts of our Central Council, Committee Chairs and Members who have worked together to strengthen our Alumni today and for years to come.

We amended the byelaws where it was needed by following a constitutional process. Therefore, for valuable consideration, the Board of Trustees was appointed for the first time in this organization. We have methodically verified and updated the membership list as much as possible, so that an accurate and current database of members crucial for running an efficient organization is kept. We have streamlined many of our processes in the organization including Budgeting, Accounting, Membership database, Election process etc. We have surpassed our stated goals by keeping many important functions of organization budget neutral. This year we have collected and saved over $50,000 for the organization, it shows our commitment and hard work.

We have engaged our alma mater with new vigor and enthusiasm this year. Both heads of our parent institution Dr Salahuddin Afsar, Principal of DMC and Dr Masood Hameed Khan, Vice Chancellor of DUHS were invited to our meetings. We also learned from them first hand 'state of our alma mater'. They highlighted numerous opportunities where our members can help advance educational and health care standards at our alma mater. I believe if this level of interest and involvement were maintained, it would result in substantial collaboration between DOGANA and DUHS in coming years. To strengthen our relationship further besides establishing visiting faculty program and Research forum for the benefit of junior faculty, young graduates and students at DUHS, we have also given scholarship to well deserving DMC students.

In particular, I want to acknowledge, a very successful Retreat in the history of DOGANA and a well-organized Annual Summer Meeting. We continue to build a productive, solid relationship with other Alumni in APPNA and provide leadership, where needed for our mutual benefit. For example, we held a successful united social forum at the summer meeting, an IDP fundraising for KMC was held and a combined retreat program was organized with the APPNA local chapter in Chicago.

Everyone knows, EnDow was in disarray last year, this year's Central Council has supported and helped EnDow. Earlier this year on EnDow Board's request, CC nominated 3 members to the Board. As a result EnDow now has a full Board and all essential officers within the Board. We continue to communicate important information with the members through our website, E-list, printed reports and also through *The Dow Link*.

Personally, this has been a rewarding year for me to see this organization grow not only in numbers but also in spirit and strength for the benefit of its members and for our alma mater.

I personally appreciate and thank the support and constructive approach of the members and officers alike.

With best regards and happy holiday season to all of you and your families.

Long lives, the Dow Spirit.

M Muslim Jami
President,
Dow Graduate Alumni Association of North America

SUPPORT DOW SCHOLARSHIP PROGRAM

The Dow Link
Dow Graduate Association of North America

ARTICLE SUBMISSION
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, in Word document, pdf or plain email format will be acceptable. The Editor reserves the right to edit all the submitted material.

FOR ADVERTISEMENTS
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EDITORIAL *Arif Omer Ismail, MD, MBA, MS, PhD, Dow 1978*

Why Do Bad Side Effects Happen To Good People?

Attempting to understand why medicines (often) behave badly with humans

MEDICINES are supposed to do humans good but, but for an unquantifiable portion of the population, they behave badly at least for no apparent reason, like taking a routine dose of aspirin or a course of antibiotics can possibly trigger a potentially fatal reaction.

These so-called serious adverse events are critically debilitating or life-threatening reactions to therapeutic normal dose of a drug, and ordinarily call for the medication to be stopped instantly.

Presently, owing to our constricted comprehension and understanding of things - it is almost impossible to tell which people have a tendency for these reactions, meaning thereby drug-induced serious adverse events continue to affect negatively to thousands across the world every year.

Not surprisingly reports of detrimental side effects from drugs are mounting at an alerting rate. Serious consequences, such as a reaction that threatened a patient's life or caused a disability, were 2.6 times more frequent in 2005 than in 1998, while deaths increased by 2.7 times, from 5519 in 1998 to 15,107 in 2005, say researchers who examined data collected by the US Food and Drug Administration (FDA). By some estimates, UK figures are even worse.

The results are perturbing, and the range of possible explanations makes it hard to pinpoint a cause. Despite the hundreds of millions of dollars that are spent in getting a drug to market, the system for monitoring drug safety after approval is far from watertight.

There is reason to be distrustful. Because when drugs are subjected to clinical trials, not all the adverse effects findings come to light. And because trials are comparatively small and shorter, rarer side effects - and certainly withdrawal effects – are seldom found. It is only when a drug is licensed and approved and dispensed to millions that the scale of potential becomes defined.

The FDA relies on reports from doctors and patients, but when several drugs are being taken at once it is often difficult to pin point it out.

The Serious Adverse Events Consortium (SAEC) enters the scene here – it is an international collaboration founded in August 2007 by Arthur Holden. This Consortium draws together the Wellcome Trust, medicines regulators, academic researchers and representatives from ten multinational pharmaceutical companies.

They operate on the bases of the hypothesis that there is some genetic basis to drug-induced serious adverse events. Although this is little understood so far, Holden is confident about this approach. They believe serious adverse events lend themselves beautifully to genomics: their phenotypes [characteristics] are very clear, and you don't have a lot of the complexity seen in studies that are looking for genetic links to common diseases.

It is an established fact that patients respond differently to medicines, and all medicines can have adverse effects in some people. The SAEC's work is based on the hypothesis that many of these differences have a genetic basis. Its research studies are exploring the impact genetics can have on how individuals respond to medicines. There are a large number of drugs that can cause liver injury in a very small subset of patients, and in rare cases this may lead to acute liver failure. Although the exact mechanisms behind such rare and unpredictable drug induced liver injury (DILI) is unknown, research has suggested a genetic contribution.

Drug Induced Liver Injury (DILI) - Hepatotoxicity caused by more than 30 different drugs in more than seven different classes, including NSAIDS, various antibiotics, analgesics and anti-depressants. Similarly, Serious Skin Rashes: Stevens - Johnson syndrome (SJS) and Toxic Epidermal Necrosis (TEN) - related, rare, severe, mucocutaneous blistering disorders that are associated with over 200 medicines. For example, SAEC's analyses of a subset of DNA patients have led to the discovery that HLA-B*5701 is a major determinant of liver injury induced by flucloxacillin.

Flucloxacillin is commonly used antibiotic in Europe in the treatment of staphylococcal infections. HLA-B is one of a number of highly variable genes responsible for immune function. The study found that individuals carrying at least one copy of HLA-B*5701 were 80-100 times more likely than non-carriers to develop DILI in response to this antibiotic. This risk-associated variant is relatively common in Europe, but less prevalent in Africa and East Asia.

To date, in conjunction with their collaborators, the

SAEC have assembled one of the largest DILI research collections in the world. And they hope to do more.

Unwanted but unavoidable, side effects are a way of life for the drug industry. But just to finish the topic on a better note - unexpected drug side effects run from bothersome headaches to catastrophic heart attacks, and even suicides. But by connecting the dots between the common side effects of different drugs, researchers have started to give new life to old medicines. Hence chemicals built for one job usually meddle elsewhere. For e.g., antidepressants such as Prozac and Zoloft may battle depression by making more serotonin available to the brain, but they can also cause insomnia and dampen sex drive.

Among hundreds of pharmaceutical surprises, the team has discovered that a stomach ulcer drug also tweaks a molecular sensor for dopamine, a key brain chemical that gets reduced in Parkinson's disease. This group draws their lessons from successful drugs like Viagra (Sildenafil) which was being developed to treat angina, until users noticed a peculiar side effect that has since reinvigorated the sex lives of millions of men.

Researchers have compared the side effects of 746 drugs with the premise that drugs with similar symptoms incidentally affect the same proteins.

Their list should also reveal unknown side effects of existing meds. Discovering new uses for drugs might also cut down costs because the drugs have already been proven to be safe in costly clinical trials.

Just like thalidomide, at the beginning of the 1960's wreaked a pharmacological disaster when about 12.000 children in 48 countries was born with injuries of multiple limb disabilities (Dysmelia). However with a revived interest FDA approved the use of thalidomide for the treatment of lesions associated with Leprosy. In conjunction with dexamethasone, is now standard therapy for multiple myeloma. It is also being investigated for treating symptoms of prostate cancer, glioblastoma, lymphoma, arachnoiditis, Behçet's and Crohn's diseases. Australian researchers found thalidomide sparked a doubling of the number of T cells in patients, allowing the patients' own immune system to attack cancer cells. It is attracting interest in, from Aphthous ulcers, to Hodgkin's disease to TB, HIV, multiple of cancers and thirty five other major indications.

Abbott, Daiichi Sankyo, F. Hoffmann-La Roche, GlaxoSmithKline, Johnson & Johnson Pharmaceutical Research & Development, Novartis, Pfizer, Sanofi-Aventis Takeda, and Wyeth.

ARIF OMER ISHMAIL

December 29, 2009:

- CME lectures at Dow Medical College; DOGANA will co-host with APPNA

January 1, 2010:

- Visit to Indus Hospital, Dr. Bari to host visitors
- Banquet with alumni and faculty of DUHS at Dow Medical College Campus

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MEDICAL EDUCATION AND RESEARCH AT DOW — AN UPDATE

By Dr. M. Saleem Ilyas

During the past few years Dow has seen major developments in the field of Medical Education and Research. Some attempts had been made previously to bring the Undergraduate Medical Curriculum in line with international trends but they had not succeeded. During the past few years some changes have been made in the form of vertical and horizontal integration of basic and clinical subjects at different levels. The initial years of training now include clinical orientation and application of basic sciences. In addition to changes in the content different teaching methodologies have been introduced that include establishment of Undergraduate Skills Lab (UGSL) that provides hands on training to medical students on simulators.

The Undergraduate Skills Curriculum has been enforced for the last three years at Dow Medical College. Twenty skills have been selected with four skills in each class. Skills consist of common procedures that doctors are expected to know in wards as well as some clinical examination. This change was met with a lot of enthusiasm by medical students who are very keen to learn skills and procedures in this lab. Seeing the success of UGSL at Dow several other medical colleges and universities are making similar skills lab in their institutions on the pattern of Dow Undergraduate Skills Lab. In addition to the training in UGSL some of the skills have been kept in the examination as Objective Structured Practical Examination (OSPE) in earlier and Objective Structured Clinical Examination (OSCE) in later years.

The examination system has also been revamped with shift from subjective to objective type. Theory exam is now based on Best Choice Question (BCQ) and practical examinations have also been made objective. This has led to elimination of personal bias and total standardization. The atmosphere on the campus is now totally conducive to learning and students are now focused without any disruption or distraction in the acquisition of knowledge and skills.

Dr. Umer Farooq
Pro-VC DUHS

In addition to manual skills, cognitive skills' training has also been started in a structured manner with emphasis on communication skills and research. Medical students are introduced to research methodology in the first year. They are voluntarily conducting research and participating in research being conducted in the college. In the fourth year it has been made mandatory for them to submit a research project that will carry weight in their final exam. This has increased the interest and research output of medical students. In a recent event in Peshawar a Dow student got the award for the best research conducted by a medical student in the country. The *Journal of Dow University of Health Sciences* (JDUHS) encourages the students to submit research articles. Students also get an opportunity in the research events organized by the college to present their research work. A dedicated Research Department is bringing a silent revolution among the students as well as the faculty by conducting very frequent research methodology and other related workshops. The department is headed by a very competent researcher, Prof. Nazeer Khan who is PhD in Biostatistics from Temple University.

Prof. Junain Ashraf, Principal DMC

Moreover, in addition to changes in the running curriculum a new curriculum is in the process of formulation for MBBS undergraduates. The whole faculty including basic sciences and clinical side has conducted numerous meetings in this regard. The new vertically integrated spiral curriculum will be implemented from the MBBS batch admitted in 2009.

These are very challenging as well as rewarding times for the students as well as the faculty because they are witnessing a paradigm shift in our alma mater and participating in the much awaited betterment in the field of Medical Education and Research.

ABOUT THE AUTHOR: Dr. M. Saleem Ilyas is an Associate Prof. Neurology & Director, Medical and Allied at Professional Development Centre Dow University of Health Sciences, Karachi, Pakistan.

GREAT TEACHERS

PAST PROFESSORS AT DOW

By Shehla Hussain

Prof. Dr. Hussain Ahmed, M.B.B.S., D.A. (London), D.A. (Copenhagen), F.F.A.R.C.S. (London), F.C.P.S. (Pakistan).

Dr. Hussain Ahmed was among the hardworking and dedicated pioneers who established departments of Dow Medical College (DMC) and Civil Hospital Karachi (CHK), after partition.

Born on 15th Sept. '23 in Madras, India, Dr. Hussain Ahmed completed his M.B.B.S. at Madras Medical College, migrated to Pakistan in 1948 and started working as Medical Officer in CHK in 1949. In 1950, he married Rehana Basir, the eldest daughter of Prof. Dr. Mir Abdul Basir, PhD (London) who was then the Prof. of Physiology at DMC and later became the first Principal of Liaquat Medical College.

In 1953, Dr. Hussain Ahmed went to Copenhagen on WHO scholarship and did his D.A. from Copenhagen as well as from London the same year. Subsequently, he returned to CHK and established the Department of Anesthesiology. As its first Chief Anesthetist, he organized the operation theaters and lectures and established new operation theaters as the need for them arose. He was the first Pakistani to be awarded F.F.A.R.C.S. in 1961. Dr. Hussain Ahmed later became Prof. of Anesthesiology and served both DMC and CHK as Chief of Anesthesiology from 1953 until his demise on 11th Aug. '76 at the age of 52. The department of Anesthesiology grew under his leadership and many renowned Anesthesiologists whom he trained provided sound care over the course of their careers.

Prof. Hussain Ahmed is survived by his wife, children, (Shadab Hussain, Mustafa Hussain, Ashfaq Hussain, and Shehla Hussain) and nine grandchildren.

Prof. Dr. Mir Abdul Basir, M.B.B.S., PhD (London) was the Prof. of Physiology at the Dow Medical College, Karachi, from 1948 to 1951. He then moved to Liaquat Medical College as its founder Principal – cum – Prof. of Physiology where he served until his retirement in 1953.

Before migrating to Pakistan in 1948, Dr. Basir was the Prof. of Physiology at Madras Medical College in India. He had done his M.B.B.S. from the same Medical College in 1925 prior to joining the Indian Medical Service. He was also posted to Miranshah and other border posts in the NWFP.

In 1928, he received a scholarship to pursue a PhD in Physiology at the King's College in London. After completing his PhD, he returned to India. Prof. Basir was a dedicated scholar and devoted his time to research and teaching. His publications include:

"The Vascular Supply of the Pituitary body in the Dog" by M.A. Basir, published in the Journal of Anatomy, London.

The paper is a study of blood vessels and lymph vessels of the pituitary body and the small branch that supplies the pars glandularis separately. The findings of Prof. Basir have been quoted by others in their research works:

"The Nervous and Vascular Relations of the Pineal Gland" by W.E. Le Gros Clark; in the Journal of Anatomy, London.

"A Critical Review: Some Aspects of the Structure of the Hypothalamus," by G.M. Griffiths, in the Journal of Neurology and Psychiatry.

"Preliminary Note on the Mast Cells of the Human Pituitary and the Mammalian Pituitary in General" by J.H. Gray of the University of Adelaide, Australia, in the Journal of Anatomy, London.

"Posterior Pituitary Activity from an Anatomical Stand Point" by Harvey Cushing in American Journal of Pathology.

The REAL Weaker Sex –
or Why Are Men More Likely Than Women to Die Early?

By Arif Omer Ishmail, MBBS

Today we may not be entirely certain, which way it is, whether, "God created man in his own image" or "Man created God in his own image". But in the great scriptural narratives, the Bible states Adam went on to live to a ripe old age of 930 years. Eve presumably had an equally impressive lifespan but we are not told when she died. By a reasonable assumption she died later – hence creating the first statistics' of the gender gap in mortality. Though women, become more afflicted with breast cancers, sarcopenia, osteopenia, hip fractures, frailty and husbands. But men traditionally have shorter life expectancies (as the foregoing Biblical example vouches) than women in most nations around the world. Although aging correlates with a plethora of immunological or age-related changes, but men in general, age faster and die earlier than women. The flip side to the argument is that men die earlier than women, and consequently spend fewer years with major disability.

Men may be portrayed as cavalier, machismo, unconcerned with haughty disregard for others, or whatever that is hardwired into their uniquely male physiology, nevertheless, their relative fragility is an established fact.

Events are becoming knottier and problematic as biologists fret over if the human race will always have two sexes. Scientists looking at humans' Y chromosome bewilder about its unique and distressing tendency to lose genetic information. The Y is getting smaller and smaller over the last 300 million years of its existence. It is today a "profoundly degenerate" chromosome and "a genetic wasteland" – accumulating so many mutations over the years that only a handful of active genes remain.

We might expect a comfortable 50–50 probability of becoming one sex or the other. But from the very beginning things begin with disfavour and hinder—the ratio of boys to girls conceived can be as high as 1.7 to 1; a male foetus is less likely to survive to term than a female. Miscarriages play their part, the boys to girls ratio after 16–19 weeks of pregnancy is 248:100. By the time pregnancies mature to term, the ratio of males to females is about equal. In fact, the sex ratio at birth is remarkably constant across various human populations, with 105 to 107 male births for every 100 female births. And boys are 1.5–2.0 times more likely to die at birth. Lungs of new born baby boys are particularly susceptible and weak, so that boys are less likely to survive in the first weeks of postnatal life. Equally, or thereof the numbers of violent deaths for baby boys is higher too. About 6+ percent of males who die between the ages of one and four become murdered. Twenty percent boys in their teens and adolescent years, die because of suicide, murder, or reckless behaviours. In fact, boys are physiologically disposed to die violent deaths. The regions of the brain responsible for judgment and "considered decision-making" are less developed in adolescent boys than in girls.

Being a man, as the traditional gender role demands, is having power, being in control in emotional situations, in the workplace, and in sexual relationships. Adequate male behaviours include competitiveness, independence, assertiveness, ambition, confidence, toughness, anger, and even violence. Males are expected to avoid such features affiliated with femininity as emotional expressiveness, vulnerability and intimacy Men are orientated not to complain, shrug off pain and injury, and take difficult tasks but these factors, too, lead to premature deaths.

The underlying male biology itself makes them underdogs. They are less likely to survive the womb than their sisters; lag behind by six weeks in developmental maturity at birth in comparison to girls. And end up four times more with the developmental disabilities. Owing to weaker immune system in comparison to females (testosterone is an immunosuppressant) they undergo seven of the ten most common infections that humans' can experience. In additions males go through the first depredation of coronary artery disease in their mid-thirties, a full 15 or 20 years before women. And twice as many men die of the disease than do women.

But give careful consideration to this for a moment, deviations that researches have established in the past years: women are more likely than men to die within the first year following a heart attack; that women awaken more quickly from anaesthesia; that woman smokers get lung cancer more frequently than men who smoke as much; that women are twice as likely to get a sexually transmitted disease and ten times as likely to contract HIV through unprotected sex with an infected partner. Why those things are true is less well known. Nevertheless, these factorial variations don't change the bottom line.

But there is a 'Mortality, Morbidity and 'Behaviour' Trap" no matter how one looks at the whole equation. Males of all ages are programmed to die at higher percentage than women from cancer, heart disease, lung disease, strokes, violence, and accidents, and there are a number of reasons for this. One is genetic—the second X chromosome that women have acts as an "override" for certain recessive genetic conditions such as haemophilia. However, men's lives are more likely to be cut short as a result of behaviour than biology.

Women have longer life. Period! The gender gap in mortality is particularly impinging, in high income industrialized nations, as the United States. The causes of male deaths differ greatly with age. Accidents, injury and poisoning, along with suicide, account for almost 60 per cent of deaths in men between 15–34 years. On the other hand heart disease and cancers are the greatest cause of death for men aged 35–54 years. American men have an average life expectancy of to 74.8 years, and lesser — 69.8 years — for black men, compared with 80.1 years for women over all. American women live 5.3 years longer than men.

Putting it concisely, men die of just about every one of the leading causes of death at younger ages than women, from lung cancer to influenza and pneumonia, chronic liver disease, diabetes and AIDS. One notable exception is Alzheimer's disease: more women than men die of it.

Typical stressors for men are situations that challenge their self-identity and cause sense

of inadequacy. They experience stress in positions necessitating subordination to women or emotional expressiveness. Also stressful are, if they don't meet expectations for superior physical strength, intellect, or sexual performance. Males adhering to extreme gender roles are at higher risk for mental disorders. Newer economic realities are causing males to feel 'redundant', 'lost', with deficient directions and lost identities as traditional manufacturing roles in the industrial sector disappears, and increasing number of women come out of the domestic roles and are employed in the newer service industries.

Sex Hormones Play a Role in Immune Function and Cholesterol Levels: While both men and women have testosterone and estrogens, men have higher testosterone levels and women higher estrogens levels. Estrogens increments immune system function, testosterone, suppresses it. Estrogens induce to cause more HDL and less LDL than men on average. This mechanicism decreases risk for heart disease and stroke in females. However males, engaging in regular exercise can shift the balance, increasing HDL and decreasing LDL.

Abdominal Fat Increases Heart Disease Risk: Men are more disposed to accumulate fat in the abdominal area, which is linked with higher rates of heart disease. Contrarily women, carry more fat below the waist.

Emotional Repression and Lack of Social Support: Men suffer work-related stress and to have less well-developed social and safety networks of corroborating friends. Married men depend almost completely on their spousal emotional support, making them more endangered and exposed in the case of divorce or death of a spouse. Bottling up emotions can also play a role in weakening physical health among men.

Risk Taking Step-ups Death Rates due to Violence and Accidents: Men end up putting themselves situations where they become victims of risks and violence, such as that happens in extreme sports and reckless driving. In consequence, they are more likely to die from accidents, suicide, and homicide compared to women. Younger men and men of lower socioeconomic status (SES) face such fatalities.

Women Obtain Preventative Medical Care More Often *or* The John Wayne Syndrome: Women take time to get medical advice for their health-related problems. In USA despite 50 millions live without medical insurance. American women make 471 million doctors' office visits per year, in comparison to men who account for only 316 million visits. This averages out to 3.5 annual visits for women and 2.4 for men according to the National Centre for Health Statistics. Women are tended to seek regular medical screening for relatively common health problems. Men, contrarily, tend to ignore issues and thinks they will go away in good time. They grit their teeth and "tough it out" instead. Male psyche considers it a sign of fragility to acknowledge "minor" symptoms of illness. Hence appear indifferent to emotions, and impassive or seemingly unaffected by pleasure or pain. Engrossing work schedules and competing obligations , but even when they do visit doctors men tend to downplay symptoms, gloss over details and even disregard medical advice—it's the macho mentality that interposes.

Aging Male Hearts Loses Power: The pumping force of male heart, between the ages of 18 and 70 diminishes by 20–25% averagely. Female hearts, in contrast, show no age-related decline. Given that heart disease is a leading cause of male deaths, this gives women specific advantage.

But research has shown that hearts of male athletes can be as powerful at age 70 as those of relatively inactive 20-year-old men, thereby implying that men have the ability to preserve this capacity through exercise they age.

Prostate cancer is the second leading cause of cancer deaths: behind only lung cancer.

About 1 man in 6 will be diagnosed with prostate cancer during his lifetime. About 1 man in 35 will die of prostate cancer. Prostate cancer accounts for about 10% of cancer-related deaths in men. Other than skin cancer, prostate cancer is the most common cancer in American men. Estimates by ACS for prostate cancer in USA for 2009, - 190 thousand new cases will be diagnosed of which 27,360 men will die of it.

Rates of testicular cancer have more than doubled in the UK between 1979 and 2002. Although the incidence rate of testicular cancer has consistently risen since the 1950s in the United States, the rate appeared to have leveled off in the first half of the 1990s. However, in contrast to Los Angeles County, there has been no decrease in incidence, either. A relationship between cannabis and testicular cancer has been determined.

Suicide among Men: The CDC USA reports it to be the eighth leading cause of death in males, men are four times more likely to commit suicide than females. On average, worldwide, men were three times more likely to complete suicide as women, though wide variations occur from country to country.

Obesity in Males: Overall, nearly 6 in 10 adults (58.7%) were overweight. In 2000, the prevalence of obesity among U.S. adults was 19.8 percent, which reflects a 61 percent increase since 1991. The total figure of obesity represents an estimated 19.6 million men, 19.2 million women, and increases in obesity rates in nearly every subgroup of the U.S. population. Men (67.1%) were considerably more likely than women (50.6%) to be overweight.

Consumption of Vegetables: Research has found that men were significantly more likely to eat meat, poultry, duck, veal, and ham. They consume more shellfish, shrimp and oysters.

Women, on the other hand are more likely to eat vegetables, especially carrots and tomatoes. For fruits, they eat strawberries, blueberries, raspberries and apples. Similarly Men in the UK are less likely than women to consume the recommended five daily portions of fruit and vegetables and more likely to have a higher than recommended salt intake.

Alcohol Consumption: Men in USA and UK are more likely than women to drink above recommended amounts, to binge drink, and taking illicit drugs. Statistics by CDC, overall, 61.4% of U.S. adults were current drinkers. Men (67.9%) were more likely than women (55.5%) to be current drinkers, and women (30.4%) were nearly twice as likely as men (17.0%) to be lifetime abstainers. Men were more than twice as likely as women to have had five or more as women drinks in 1 day.

cont'd on pg 15

SUMMER MEETING REPORT

by Talha Siddiqui, MD

Downtown Marriott, San Francisco, CA July 1 to 5, 2009

The DOGANA 2009 Summer Meeting in San Francisco was a colossal accomplishment. Usually meetings are held on the East coast or the Central region but this time it was the Wild West. The attendance was lower than the East coast meetings but comparatively the programs were better organized than previous meetings.

Membership Booth and Registration:

Dowites started to arrive on Thursday and Friday morning at the Downtown Marriott, San Francisco. On Thursday morning at 8 am, membership booth team flocked at the DOGANA booth. Hasan Ali, member EC, along with Talha Siddiqui assembled the DOGANA banner. A few banners were hung inside the booth. Mansoor Mehdi and Rashid Nayyar along with the ED DOGANA Farrukh Hashmi started setting up the booth for registration and information. Our mission was to sell as many tickets as we can and to offer lifelong and yearly membership to the Dowites. Next to us were other alumni booths, but they were usually empty or not covered. We made certain that DOGANA booth is manned throughout the three days. It paid off in the end. We were able to attract the maximum number of physicians at our booth and turn their visit into memberships. Membership booth workers included Mansoor Mehdi, Rashid Nayyar, Azim Quereshi, Nasir Shahab and the writer. Of course ED and the President were watching our performance personally, grading the volunteers in their own mind.

Committee Chairs DOGANA 2009

Meet and Greet Dr Masood Hameed by Dowites: Thursday 2–4 PM

This session was moderated by Muslim Jami and was attended by twenty or more Dowites. A brainstorming session with Dr Hameed for joint effort between DOGANA and DUHS was discussed. Dr. Hameed's take home message was very lucid. DUHS does not need funding from us but would rather collaborate with us in Vaccination laboratory projects urgently needed in Pakistan. He emphasized the importance of research and how DOGANA can help DUHS in this category. He also requested the Dowites, working in teaching hospitals throughout North America, to join the Visiting Professor cadre of the DUHS.

A brief question and answer session followed in which much enthusiasm and ardor for such an effort was observed among the Dowites present in the session. The significance for the induction of a "Core Group" within DOGANA was also discussed which can incessantly collaborate with DUHS regardless of the change of guard within DOGANA which happens every year. The highlights of this meeting were: Strengthened relationship between focal points, DOGANA and DUHS, and exploration of core areas of mutual interest and collaboration.

Business Meeting with ECFMG: Thursday 4–6 PM

Mr. Stephen. S. Ceeling .JD. Vice president of Operations of ECFMG was the main attraction of the meeting. It was attended by all Vice Chancellors present, Alumni Presidents and ECFMG Officials. Muslim Jami, Adnan Nadir, Saeed Zafar and Sohail Khan represented DOGANA. The important issues discussed were ECFMG portal where online transcripts can be provided, a special preparation for Pakistani medical students regarding visa interviews and the establishment of a two year program for physicians returning home for J-1 requirement.

United Social Forum: Friday 2–4:30 PM

Social forum has been the feather in DOGANA's cap since its inception a few years back. Last year Allama Iqbal Medical Alumni joined hands with DOGANA to organize a very successful forum at Washington DC Summer Meeting. This year, following the same pattern and trying to expand further, Muslim Jami, J. Farooqui and Talha Siddiqui invited almost every Alumnus to participate in the social forum. Majority of Alumnus agreed and *"Swat, a Paradise Lost or a Heaven Gained"* was jointly approved as the topic of discussion. Another reason for the United forum was to impart the message of unity among the Pakistani physician community.

Dr. Amjad Hussain, Past President of APPNA and a writer for the Toledo Blade was selected as the moderator. DOGANA Social forum committee under the chairmanship of Jamil Farooqui and guidance of President Muslim Jami worked tirelessly with Khyber, Sind, Rawalpindi and Quaid-e-Azam medical alumni to invite the guests and arrange for their boarding and lodging. Some of the guests included, Babar Awan (Federal Minister), Javed Hashmi, Farooq Sattar (Federal

Congressman Mike Honda with Dr. Shekhani

Minister), Mohammed Iqbal Khalil,Shuja Nawaz,Haji Adeel and Dr. Pervez Hoodbhoy.

The forum turned out to be a mammoth success. The hall was packed and intelligent and thought provoking discussion took place between the participants and the audience.

We appreciate the effort of M. Taqi, President KMC Alumni and R. Naeem (SMC) for their sincere efforts towards organizing this program with DOGANA. From DOGANA, Muslim Jami, Jamil Farooqui, Talha Siddiqui, Naveed Anjum Fazlani, Nuzhat Ahmed and Salma Haider Agha contributed immensely to the Forum. Not to forget DOGANA EC, which has now approved a permanent yearly fund for the social forums.

DOGANA Banquet: Friday 7–9:30 PM followed by Entertainment

Dowites started flocking the auditorium on the eve of Friday for their Alumni banquet and entertainment. Adnan Nadir MD, the General Secretary of DOGANA moderated the program.

The opening video, compiled by the President Muslim Jami, included San Francisco landmarks with a background song by Frank Sinatra and American and Pakistani national anthems.

DOGANA EC 2009

Farrukh Hashmi, MD, Executive Director of DOGANA started his speech and pointed out the need to participate more actively in DOGANA activities and to team up with DUHS in academics. He appreciated the dowites who volunteer for DOGANA.

Shazia Malik, MD, President Elect 2010, in her speech highlighted the issue of increasing membership and taking DOGANA a step further. She stressed the need to join the visiting faculty of DUHS and play an active role in academia back home. Her address was followed by speeches from Syed Samad, President APPNA AND Dr. Muslim Jami, President DOGANA.

The President's Address:

Dr. Muslim Jami in his discourse emphasized on the prime goal of the organization, which is to provide all alumni the chance to unite and combine their personal and intellectual resources to benefit each other and the community. He stressed that we must not forget why we are all here today, standing together as one organization. We are here as a support network for one another. Our unity gives us vigor and it paves the way for future success.

Jami, Qazi and Qureshi, Three Presidents

He continued that he felt that his first objective as President was to bring us all together. With growth in membership there will be differences in opinion on practically every issue. However, diversity of outlook should not become a reason for division among us. He further commented that he has strived painstakingly and will continue his efforts to unite everyone for the betterment and welfare of DOGANA. As President he has realized that growing organizations like ours requires a lot of drudgery on sustained basis. Most of our work is dependent on all volunteer physicians who have their busy lives and practices to manage.

Shahid, Mansoor Abidi and Moeen

He quoted Sherry Anderson ***"Volunteers don't get paid, not because they're worthless, but because they're priceless."***

He concluded with the message that from the very beginning of his tenure, his priority was to establish an ongoing channel of communication with our alma mater. To promote his idea further, he invited DMC Principal Dr Sallahuddin Afsar to the Chicago Spring Retreat, 2009 and many Dowites had the chance to exchange ideas with him. A constructive dialogue is already enduring with Dr. Asfar and he as President wants to keep him and others at DUHS engaged. The current visit of Professor Masood Hamid Khan was a sequence of the resultant contemplation.

President DOGANA 2009, Dr. Muslim Jami

SUMMER MEETING REPORT *cont'd*

Dr. Jami stated that DOGANA is ready to play an upbeat role in:

- Education of young doctors coming out from DOW
- Take active part in mentorship
- Help implement curriculum changes
- Help establish educational and patient care standards, help fund educational activities and get involved with health awareness campaigns.

With these remarks he concluded his speech.

After the Presidents' speech, Past Presidents were recognized and invited to the stage. Aftab Naz, MD (Host Committee Chair for DOGANA) was recognized for his untiring endeavor for the DOGANA Summer Meeting, 2009. He was followed by Committee Chairs and class of 1960, which was acknowledged officially from the podium.

This was followed by the Presidential award presented by Dr. Jami to Nuzhat Ahmed for her outstanding academic, educational and social work both in Pakistan and in North America.

Next event was a speech by Chief Guest Dr Masood Hameed Khan, Vice Chancellor of DUHS. He again elaborated the need for a working relationship between the parent institute and the alumni. One of the most engaging speakers was Congressman Mr. Mike Honda, Democrat CA-15, who was escorted by Dr. Naseem Shekhani and Dr. Zaffar Iqbal to the meeting. He discussed the Health care reform in detail. He advocated a public health option which is available to every American. His theme was "The current system is not affordable for our families. Health care premiums have doubled over the past nine years, three times faster than wages have increased. A daunting 60 percent of U.S. Bankruptcies were due to medical costs in 2007. The goal of President Barack Obama and our goal is the same: It is to ensure high-quality, affordable health care for all".

His speech was followed by an address by the Keynote speaker Dr. S Amjad Hussain, Past President of APPNA and a prolific writer for the Toledo Blade. Afterward succinct presentations were made by Dr. Nadeem Zafar who discussed the current situation of ENDOW and the progress accomplished since he took charge of the fund. He was followed by Dr. Tanveer Imam, who presented the concept of National Health Forum and the transparency within this organization.

As we got famished, sumptuous dinner was served as a buffet within the auditorium and the program continued uninterrupted with Sohail Khan along with Salma H. Agha and Talha Siddiqui explaining the concept of Dow Scholarship Fund (DSF) and how it can help physicians from back home. This was followed by 1984 Class project presentation by Jamil Farooqui.

Before conclusion, the last video presentation "Old Dow days and New DOGANA" which was produced and directed by Dr. Jami and Dr. Rizwan Karatela, was shown to the dowites. The program finally came to an end and dowites moved on to attend the entertainment which was organized by APPNA for the Alumni Night. Mushaira was another well attended event, organized by another dowite, Dr. Salman Zafar.

General Body meeting: Saturday 12-2 PM

The General Body meeting started on Saturday afternoon with the President's report presented by Dr. Muslim Jami. This was followed by reports from Committee Chairs. Towards the end, Dr. Nadeem Zafar presented a report on ENDOW. This was followed by a Q&A session. Questions were asked regarding the transparency of the ENDOW fund.

Conclusion:

After attending the DOGANA programs, dowites participated in the APPNA banquet and General Body meeting as well. The corridors and lobby of the hotel were chock-a-block with group of friends who stayed awake well past midnight on all the three nights.

As the meeting came to an end, we all packed and returned to our hometowns after enjoying excellent three days of hungama, fun and entertainment. The most interesting aspect was the excitement of the kids who took control of the hotel for three days and were seen exploring every nook and corner of the hotel.

For me, the most cheering aspect of the meeting was the absence of electioneering and the political leanings which accompany it. It kept the atmosphere cordial and pleasant.

This is a brief presentation of what happened on those three memorable days. Do join us for the next meeting in Dallas, TX in 2010.

SUMMER MEETING PHOTOS














TABOO AND TICKING BOMB –

THE DILEMMA OF HIV/AIDS IN PAKISTAN

by Iram Nadeem

It is a dangerous public health issue, even more serious if ignored or denied. The countries of the world continue to struggle with the global pandemic of HIV/AIDS. The challenges are unique for each country and complex because of different cultures, religions and political infrastructures.

In the United States of America the epidemic is by no means controlled, now with 56,000 new cases a year. This said for a society which openly discusses sexual freedom, alternative lifestyles and behavioral changes required for a decrease in transmission.

The HIV (human immunodeficiency virus) can only be transmitted by exchange of genital fluids, exposure to blood, vertical transmission from mother to child and through saliva and breast milk. While the means of transmission are clear and proven, the ways to limit transmission requires a lifestyle and behavioral change, but the first step starts with acceptance of the existence of the problem.

The problem, especially in a country like Pakistan is not easy to grapple with. HIV testing remains expensive, and the cost of antiretroviral treatment, at $300 per month, is nearly twice the average person's salary. Many of the developing countries lack the basic infrastructure to administer testing and treatment; health care is the responsibility of provincial governments — and even blood donations are not universally screened for HIV.

Religion dominates every aspect of life in Pakistan, where AIDS is seen largely as divine retribution for immorality. In Muslim societies such as Pakistan it becomes vital to work with religious groups so that they can promote a basic understanding of disease transmission and prevention. However, most Muslim clerics remain averse to teaching basic sex education particularly the use of condoms, which they argue promotes promiscuity.

The government of Pakistan recognizes the looming threat but the goal of spreading the message of practicing safe sex , use of clean needles and screening of all blood products is still far from achieved , even among the most at-risk groups. A survey of female sex workers in Karachi found that one in five cannot recognize a condom and 75 percent do not know condoms prevent HIV; one third had never even heard of AIDS. Intravenous drug users are similarly uninformed, and they account for 74 percent of known transmissions. Small, localized epidemics have already broken out among intravenous drug users in the cities of Karachi and Larkana, where HIV infection rates are 23 percent and 10 percent respectively. For Pakistan, the time to prevent an epidemic may be running out.

HEALTH CARE BURDEN IN PAKISTAN

Even though this issue is of extreme public health concern, part of why it is difficult to bring this in the forefront is because it pales in comparison to some of the other problems responsible for the health care burden for Pakistan. The top ten causes of mortality in Pakistan are preventable if there was adequate, affordable and timely access to Primary and Prenatal Care. Hundreds of children die of infantile diarrhea and malnutrition as well as vaccine preventable diseases. Women are unable to find proper timely prenatal care. Respiratory and cardiovascular diseases are responsible for a high number of deaths in those over 15 years of age. Prevalence of more common infectious diseases like Tuberculosis and Malaria merits the use of health care funds before HIV infection becomes a top priority.

Number (N) of reported cases 2007:

Malaria	4,553,732
Pulmonary Tuberculosis	234,100
AIDS	372

TIMELINE OF HIV CASES IN PAKISTAN

The first case of AIDS in a Pakistani citizen was reported in 1987 in Lahore. During the late 1980s and 1990s, it became evident that an increasing number of Pakistanis, mostly men, were becoming infected with HIV while living or traveling abroad. Upon their return to Pakistan, some of these men subsequently infected their wives who, in some cases, passed along the infection to their children.

In 1993, the first recognized transmission of HIV infection through breast-feeding in Pakistan was reported in the city of Rawalpindi. During the 1990s, cases of HIV and AIDS began to appear among groups such as sex workers, drug abusers and jail inmates.

HIV /AIDS ESTIMATES IN PAKISTAN

The Government of Pakistan reports 4000 cases of HIV, however the data from UNAIDS (updated July 2009) is alarmingly different, warning of the Public Health concern that faces Pakistan.

Population, 2008	172,800,000
People living with HIV/AIDS, 2007	96,000
Women (aged 15+) with HIV/AIDS, 2007	27,000
Children with HIV/AIDS, 2007	N/A
Adult HIV prevalence (%), 2007	0.1
AIDS deaths, 2007	5,100

POPULATIONS AT RISK

The most-at-risk populations in Pakistan (people who inject drugs, and men, women and transgender people who sell sex) were found to have very high

levels of sexually transmitted infections (STIs) other than HIV. These groups have limited or no access to sexual health services, and limited knowledge of the risks of STIs and HIV.

The high risk groups infrequently practice preventive behaviors (such as using condoms or clean needles); experience high levels of violence, stigma and discrimination.

A relatively high prevalence of both hepatitis B and C infection in the general population suggests that unsafe blood transfusion practices and poor infection control are likely to make a significant contribution to the further rapid spread of these infections and of HIV/AIDS among the general population.

It is estimated that 40 percent of the 1.5 million annual blood transfusions in Pakistan are not screened for HIV. In 1998, the AIDS Surveillance Centre in Karachi conducted a study of professional blood donors. The study found that 20 percent were infected with Hepatitis C, 10 percent with Hepatitis B, and one percent with HIV. About 20 percent of the blood transfused comes from professional donors.

LACK OF ACCESS TO CARE

People practicing high-risk behaviors do not seek care when they show symptoms of STIs. Those who do seek care tend to visit private-sector doctors, hakeems and homeopaths rather than public-sector facilities. Unfortunately, few private-sector providers have STI training. A lack of privacy for examinations and counseling, limited time and high volume of patients all pose obstacles to delivering adequate STI care.

Female sex workers have reported that they cannot get the sexual and reproductive health care they require; but even where such care is available, it rarely includes STI services or HIV counseling.

One of the most efficient ways to deliver STI services may be through existing services, such as sexual and reproductive health facilities. With such limited access to these services for female sex workers, a prime opportunity is being missed to provide STI treatment and care and HIV education and counseling. All of these factors indicate the lack of a consistent and unified approach to STI control, which is setting the stage for a potential increase in HIV prevalence.

The solutions to all these issues are complicated and require a multilevel commitment which is political, religious or faith based, educational and individual. Listed below are recommendations and where to begin this process. These guidelines were jointly presented in March 2009 in London after research and collaboration with the following agencies. This Department for International Development (DFID) and: the National AIDS Control Programme, Pakistan; Sindh Institute of Urology and Transplantation; and the London School of Hygiene & Tropical Medicine.

Recommendations from the Program in research and capacity building for reproductive and sexual health and HIV in developing countries

It is imperative to increase funding and to ensure sustainable funding for a more unified approach to STI control — this must be a priority in Pakistan's HIV and AIDS response and in its public health policy.

Program components should include:

1. **Targeted behavior change communication campaigns** to increase knowledge about HIV and other STIs, particularly for male, transgender and female sex workers and their clients.

2. Accessible **comprehensive sexual and reproductive health services for female sex workers,** which must include family planning, perinatal care, and counseling, prevention, testing and treatment for STIs, including HIV.

3. Accessible **comprehensive sexual health care services for male and transgender sex workers,** which should include counseling, prevention, testing and treatment for STIs, including HIV.

4. Better **access to condoms and lubricants,** especially in places commonly visited by injecting drug users and sex workers and their clients.

5. Provide **STI training for private-sector health care providers,** especially those who care for sex workers and injecting drug users.

6. Better access to clean **needles and syringes** for injecting drug users.

7. **Training and other initiatives which help reduce stigma and discrimination,** particularly among health care providers, and which ensure the protection of all people's rights to receive sexual health information, commodities and services.

With each passing second the epidemic spreads a little farther, the goal seems overwhelming but not impossible. The first step begins with breaking the taboos so there is an avenue created for education and awareness.

Access to medications is another challenge, but there are several countries like Thailand, India and Peru that are manufacturing antivirals to make affordable medications.

Lastly the prevention message must be tailored to what is accepted by the general public but it must involve teenagers, men and women and efforts must be made to have pharmaceutical companies provide cost effective means of universal testing and screening blood products.

These first steps can pave the way for future success and to contain the HIV epidemic.

ABOUT THE AUTHOR: Iram Nadeem, M.D. (Dow Class of 1987) is Assistant Professor of Medicine, Division of Infectious Diseases, Medical College of Wisconsin, Milwaukee. Dr. Nadeem's specialty interest is HIV/AIDS.

Message of Shah Latif of Bhit:
Peace, Sacrifice and Tolerance, sadly scarce virtues today

by Muslim Jami

Shah Abdul Latif Bhitai (1689-1752) was a devout Muslim Sufi, but his spirituality was broad and welcoming, making room for Muslim and Hindu alike. He is one of the most revered poets and saints of the Sindh. Although born into a well-respected Syed family, he turned away from the comforts of life, revealing a natural ascetic tendency. He adopted the saffron-colored robes and simple lifestyle of the wandering Sufis and Sanyasins of the region. Urged by the inner call, he traveled far and wide in search of the Ultimate Truth, visiting the men of learning the piety belonging to all shades of faith. Having reached the spiritual heights, Bhitai and his growing circle eventually moved to a place of retreat, a sand hill ("bhit") next to scenic Kiran Lake, and founded a center of spiritual guidance. He found in poetry a proper medium of expression, which he used to sing in the accompaniment of music composed by him.

Shah Abdul latif of Bhit is a great poet and his art in one sense is "impression par excellence". In his poetry incidents, episodes, legends, subjects of observation are not related as stories; only their significance is expressed in poems that deal with higher evolution of man. These episodes and legends employed by Latif are but pillars on which he hangs his divine themes. With the aid of 'Beautiful in nature', he leads the reader to have longing for the "Union with God". Who is always the Beloved in the poems.

These episodes and incidents are called 'Surs', as if only the hidden music of all, that is seen and felt, is taken note of and expressed. For example 'surs' Kalyan means peace; Yaman Kalyan Path to peace; Asa is name of the melody in music, stirring feeling of hope in us; Pirbhati means 'pertaining to dawn' because it is sung at dawn; Purab means East, direction of light; Sarang means Monsoon or rainy season; Samundi means 'seafarer'. In all, the poet deals with 29 such episodes or themes.

In the hopes of creating some curiosity to read his work and try understanding, why every Sindhi speaking person is drawn to his poetry and music so passionately. For the benefit of the reader, who may not have acquaintance with the Sindhi language and debarred from having access to the original. Relying on the fact that reader is one of those who are able to see from a straw, which way the wind blows. In his poetry the cryptic, the enigmatic and the idyllic have here formed a wonderful whole for those who will try to understand.

Rumi undertook to express his ideas and meaning in the story-form. Shah latif metaphorically speaking likes to pour a whole river in a small pitcher and believes that hints are more than books, while to a dullard even books will mean nothing.

One of shah's 'sur' is called Yaman Kalyan, means the peace earned after mind becomes conscious and starts questioning about the world around. In this 'sur' poet says that mere book reading will not convey anything to you; first purify your own being. The unuttered is unknown—What is not said can not be known; and the uttered, be it as pure as gold, will never be understood or noticed by man-unless he is ready to absorb. Further, we should not return vile words but remain silent. Patience is the cure and anger is disease—Forget and forgive the offender—Kill the 'Ego' with silence. Keep a lawyer within yourself, so that you may not blush while facing the judge. The beloved becomes a physician for one who is wounded by his love. The poet also advises the lover to go to the moth to learn the sweet way of immolation and rub the fire's sway out.

The passion baked many, he says, but you roast passion itself—Slay passion with knowledge.

Poor wounded ones, so restless grow,
Yet grateful are for pain;
Forever for ward wish to go
And here would not remain

Go to the moth, the surest way
Of immolation ask—
The moth, who throw themselves into
The fire every day;
Whose tender heart became a prey
To cupid's arrows sharp

If you call yourself a moth,
Then come, put out the fire's sway;
Passion has so many baked
But you roast passion's self today-
Passion flame with knowledge slay.
Of this to base folk give no hint.

Those that cut me up, became
The kindly surgeons too—
The wound they quickly dressed, and cured
Within a day the same
Oh heart! And now make this your aim
"Stay with them and be safe from wounds"

They read and read, but what they read
Their hearts refuse to store-
The more they pages turn, the
Are deeply steeped in sin.

O friend, why are you steeply inclined
To waste paper and ink-
Go rather forth and try to find
The source where words were formed.

To hear vile words, and not return,
But hear them silently;
This is the pearl, most precious pearl,

We in guide's teaching see-
But decked with jewels he will be
Who with 'silence' he ego kills

Patience, humility adopt,
For anger is disease-
Forbearance bringeth joy and peace
If you would understand.

If you draught desire
To tavern find your way;
Thy head do sever, and that head
Beside the barrel lay;
Only when you this price do pay
Then few cups you may quaff.

Living in this pluralistic society and representing Pakistani Diaspora. It is painful to see that as first generation Americans, some of us who have been here for over a quarter of a century, yet our mindset has not changed. We are trapped in same age old political, religious, ethnic, regional and linguistic rivalries. Most of our precious time is spent in worthless bickering over group struggles. We still remain biased to the core, against each other and utterly suspicious of each others motives. There is not enough trust, mutual respect and we remain trapped in personality conflicts. We forget that most of our biases would be irrelevant to our next generation. We cannot afford to spread hatred and create divisions amongst ourselves. We can put out the fire of hatred and be like a 'moth' to be able to sacrifice our 'Egos' for finding the common purpose not only for our own sake but for the sake our next generations in this country. Certainly, learning forbearance and adopting humility to bring joy to ourselves and to our children is a message of shah Latif, we need to adopt.

In his 'sur' Sohni, Latif points to the higher consciousness that soul within man begins to find a more direct access to divine light than is otherwise possible-if its manifestations are to be discerned within the framework of mundane life. It is this inner maturity we can attain as reflected in this poem:

On what count am I here? O why
Bereft of loved ones face?
You preach: 'Deflect from sin', but I
Your virtue do deny-
Moral control I do not need
Nor do for music sigh.-
Keep closed your lips, and from within
Yourself you'll beautify-
These that on 'Top' of water flow
Are bubbles that belie.-
Feed on selflessness, for your love
Mincemeat to be, then try-
If headlong in to dirt you rush
Yourself you'll purify-
Nought does posses more wealth than dust
Nothing with dust can vie.-
Who runs by the stirrup of the guide
The other side will spy.-
Falcon, pickup your greedy self
And fly with it on high.-
Don't lose sight of the friend, walking
In veils that mystify.-
More than oneness in love, is like
Splitting two-lettered tie-
Those who do long for wine of love
With purest them supply-
These ravings are the vain reply
Of tortured, sickly one,-
On what count am I here, oh, why?
Bereft of loved ones face.

ABOUT THE AUTHOR: Muslim Jami is a graduate of Dow Medical College of year 1985 and currently President of DOGANA.

The REAL Weaker Sex *(cont'd from pg 7)*

Smoking: CDC reports, overall, 21.5% of U.S. adults were current smokers. Men (23.8%) were more likely than women (19.4%) to be current smokers and also more likely to be former smokers. Male smokers (daily and nondaily) were about twice as likely as female smokers to usually Male smokers (daily and nondaily) were about twice as likely as female smokers to usually smoke 35 or more cigarettes on days smoked. The great eternal battle of sexes may be on-going affair, but men are ultimately destined to lose this one. Death is a congenital birth defect, but maybe we can learn from women how to get our heart attacks later. As we crevice into to understand the great dilemmas, quandaries and perplexities of life, it is becoming clearer that men are REALLY THE WEAKER SEX, and we were created from image of a lesser god. But what convinced Adam to eat the forbidden fruit? Or what can convince the modern men to take the simple steps to protect themselves from the esoteric and inscrutable pathologies. Please DON'T stay tuned HERE for the answers.

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ABOUT THE EDITOR: "Dr. Arif Omer Ismail is a Dow graduate of 1978. His expertise is in Drug Design and Pharmaceutical Research. He writes for The Economist London, The Sunday Times UK, and the BBC. Dr. Omer earned his MS from George Washington University, Washington, DC, an MBA from ENPC Paris, France, and has a PhD from USA. He presently works in Vaccine Research in Switzerland."

DOGANA Election 2010

A Milestone Achieved

by Anwar Masood

For the first time, Dow Graduate Association of North America (DOGANA) had its election through paper ballot, and it turned out to be a historic Milestone.

From the shamianas of DMC to the ballrooms of luxury hotels in USA the Dowites kept the fire alive. Showing the same enthusiasm and political savviness that they had when they were in their teens and twenties.

The backroom deals, the relative political issues and the same old ideological differences, the Dowites played the game with all its attributes. The credit goes to President of DOGANA Muslim Jami for conducting this historic election under the Election and Nomination committee headed by Nasser Qureshi, with Aftab Naz and Raheel Rasheed Khan as its members.

The election process went smoothly, and all the candidates kept the atmosphere civil and mature. Dowites worked for their friends and colleagues and made phone calls all over USA. The volume of phone calls was enough to keep the warmth of the election simmering but not reaching the level of the usual commotion created in some other elections. Will it ever reach that level, we will know in the next elections.

Overall a well-disciplined election process regulated by guidelines from the E&NC, and respected by the candidates and their teams. This election evolved into a historic beginning, for the future of elections in our organization. The stalwarts enjoyed this escapade reminiscing the old days and made sure that they were in the middle of all the arguments and all the battles. Besides the old hogs sipping into nostalgia, the greater Dow Alumni of USA contributed to the system by actively participating as candidates, their supporters and the movers and the shakers. It is heartening to see the involvement of Dowites from as early as 1964 to as recent as 2005, taking their organization to the next level.

A very interesting phenomenon seen in this process is the change of personalities and ideas evolving as Dowites move forward with their lives and careers. Breaking old bonds and forming new ones has been the new face of Dow Alumni in USA. Dogana has come a long way. From a small group of Dow loyalists in 1982, to over 700 registered members in its fold, Dogana has become the biggest Medical Alumni from Pakistan in USA

The elections for the Dogana Executive Council for 2010 were held this month. The ballots were sent by mail and the counting was done on the 21st of November.

Committee before the Counting

There were three candidates for the position of President, Hasan Ali Habib, and Mohammad Sohail Khan. Mohammad Sohail Khan won with 254 votes Hasan Ali Habib with 157 votes is the runner up. The seat of General Secretary was not opposed by anyone and Talha Siddiqui won this seat. The post of the treasurer was the most hotly contested, and Kamran Sheikh won with 224 votes against Mansoor Mehdi Abidi who got 214 votes. Tanveer Imam was also elected unopposed as the councilor from the East Coast. Central zone consisting of the Midwest, have a huge concentration of Dowites as well as the East Coast. Samira Khalid Zuberi won the seat of the Councilor from the Central Zone, with 247 votes against Shagufta Naz Naqvi with 183 votes The seat of councilor from the Mountain Zone went to Zulfiqar Farouqui who got 237 votes in comparison to Mohammad A Subhan who got 171. The Mountain Zone comparatively has a lesser number of Dowites as compared to other regions .Previously each zone had two councilors, but because of the disparity in the number of members living in different zones it was decided to have one seat for the councilors within each zone, and creating three seats as Councilors at large from all over USA. The three seats for Councilor at large were won by, Mohammad Azim Qureshi, who got the highest votes 293, second, was Kazi Salahuddin with 291 votes and the third was Sajid Zafar with 249 votes. Rizwan Ali got 225, and Faisal Jafri got 192 votes.

The position from Canada is a new one, as it was felt that the Dowites from Canada were not getting representation. Arshad Saeed won this seat unopposed. He is a 1978 Graduate and is very actively involved in the affairs of DOGANA.

In the Pacific Zone Nasir Tufail won unopposed.

This election proved once again that Dowites love their Alma Mater and it's tradition of maturity and respect for each other and everyone around .The election process was conducted with the highest of standards, and will be a beacon of guidance for other Alumni and organizations.

ABOUT THE AUTHOR; Anwar Masood is a graduate of Dow Medical College (1988) and at present is a member of Executive Council of DOGANA.

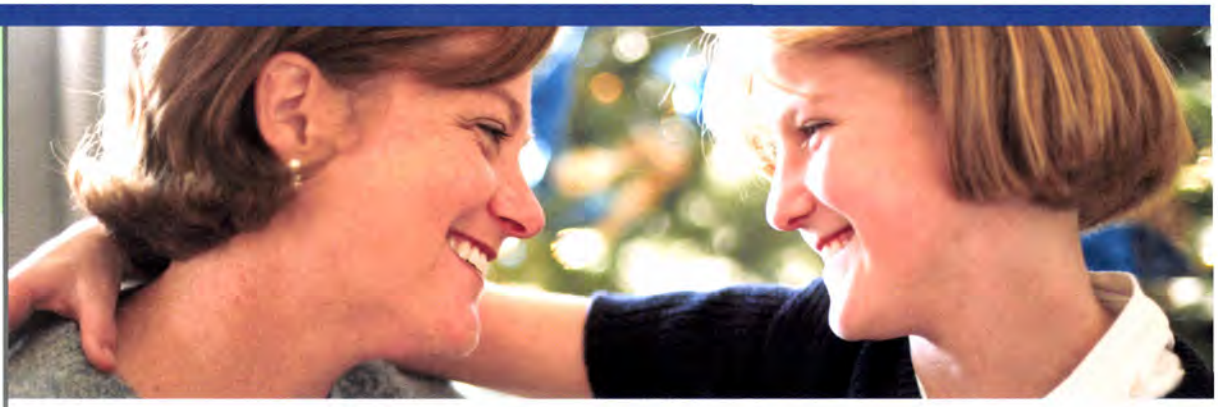
CHILD,

ADOLESCENT

& ADULT

BEHAVIORAL

HEALTH SERVICES



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CenterPointe Hospital, *located in St. Charles, Mo., is a private psychiatric hospital that serves the greater St. Louis metropolitan area as well as central and southeast Missouri, and southern Illinois.*

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- acute care inpatient units
- partial hospitalization
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CenterPointe Hospital provides a comprehensive continuum of behavioral health care for adults, adolescents and children including:

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- child/adolescent outpatient care.

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APPNA'S MEMBERSHIP CRITERIA:
A STICKY PROBLEM

by Naseem Shekhani

Every year as elections of APPNA rolls along, the criteria of being a voter in APPNA elections becomes a hot topic as everyone tries to interpret the constitution as per their liking. During the APPNA fall meeting at Niagara Falls, a clarification was given by Constitution and Bylaws Committee.

These recommendations are as follows:

- Physicians with an unrevoked license is self explanatory
- Members in academic s should be in college or university setting or have a teaching degree e.g. PhD, with the letter from the university provided included with the membership application.
- Research must be IRB certified in university, private setting including the pharmaceutical industry. We are all aware that a legitimate research always has supervisors or an overseeing body.
- Members doing research must provide IRB copy with the letter from a supervisor.
- Medical Management in a hospital, nursing home, state or city level public health certification or MS, must have a letter provided by a supervisor. The committee does not consider a physician working in an office as an office manager or other secretarial position, phlebotomist or technician qualifies them to be considered medical management.
- A physician-in-training can be a voting member after paying annual dues and a letter from the program director is received.
- As far as money order are concerned, we think that if it is a legal form of payment and, therefore, cannot denied unless they originate from one source and are serially numbered, then they can be denied, for which we have precedent in APPNA.
- The committee strongly feels that in order to deny the money orders in the future, there should be an appropriate change in the APPNA applications form, clearly stating that the money order will not be accepted as a form of payment.
- The committee previously recommended that all new members provide a written affidavit. Knowing that there are more than 700-800 new members, it will be a daunting task to send and receive responses in such a short period of time. We are leaving an option to send letters only to those members whose documents are not in accordance with the existing guidelines.
- Gift membership was declined.

It was recommended that to enfranchise all Pakistani physicians living in North America, APPNA should augment honorary, associate, emeritus members who otherwise do not fulfill the voter criteria.

The goal of this exercise was to streamline the membership criteria and finish the ambiguity that has led to confusion and litigation in the past. The current structure of APPNA gives the final say to the general membership. It is within the powers of the majority to bring about the necessary constitutional amendment to run the organization on democratic grounds.

There are approximately 12,000 licensed Pakistani physicians in the USA, out of which only 2500 are members of APPNA. There are approximately 24,000 non-practicing Pakistani physicians in USA.

Efforts need to be galvanized to attract the remainder of the 80% of the physician's workforce before the organization starts to claim to be a true representative of Pakistani Physicians of North America. In order for APPNA to stand as the flag bearer organization of Pakistani diaspora, its leadership needs to focus on the long term vitality of the organization, rather than short term gains.

ABOUT THE AUTHOR: Naseem Shekhani is a graduate of Dow Medical College (1982) and is a Chair of Publication Committee. He is President of National Health Forum, Inc., a nonprofit organization for the promotion of Health care in Pakistan.

BOARD OF TRUSTEES
DOGANA 2009

AFTAB NAZ, MD

Dr. Naz Graduated from Dow Medical College in 1972. He did his initial residency in Psychiatry. In 1977, he completed his residency in Pediatrics, from Cook County Hospital. In addition to his Board certification in Pediatrics, he carries the American Board of Utilization Review And Quality Assurance of physicians. He is serving as chairman, BOT in DOGANA this year. He has been elected to serve as a Board of Trustees in APPNA 2010. Dr. Naz joined APPNA in the early 80s and has served APPNA and DOGANA since that time. He has been the Councilor from the West Coast on two separate occasions. He also has been the life member of both the organizations.
On a local level, Dr Naz has served Madera Community Hospital as President of Medical Staff; Member of "Board of Governors" of Madera Community Hospital for nine years. He is also on the Leadership Council of the hospital. In addition, Dr Naz also has been past member of Board of Governors of the Fresno-Madera Medical Society, Madera sunrise Rotary Club, and Madera Multi specialty Group. Dr Aftab Naz also has helped many Pakistani Doctors get their H1 and J1 Waiver status toward immigration.

Syed Wamique Yusuf MD FACC

Dr Syed Wamique Yusuf is a graduate of DMC class of 1985. He is lifetime member of DOGANA. He finished his Internal Medicine residency from University of Texas in 1998. He is an academic Cardiologist at University of Texas, MD Anderson. He is an accomplished researcher who has published more than 50 scientific papers in peer reviewed reputable journals. He is also the Co-Director for the ACC Cardiology Board review course in Cardiology. He remains active in APPNA, APCNA and DOGANA CME functions. Currently he is chair of CME committee and Board of Trustees of DOGANA.

Hafeez U Rahman, MD

Dr Rahman is one of our well-respected Dow graduates of 1960. He completed residency from New York and teaching fellowship in Pediatrics at University of Illinois.. He later joined Children Hospital St Louis as teaching faculty in 1978. He has fellowship in Allergy and Immunology and still practices on part time basis. He joined DOGANA and APPNA in 1978. He was Secretary and then President of DOGANA in 1985-86. He has always been involved in the St. Louis community and was president of Pakistan Physician Association in St. Louis from 1993-95. Under his leadership Dow graduates became more involved in APPNA. Dr Rahman hopes to build a network of mentors to help our young physicians establish themselves after coming out of residency. He has graciously accepted his role to be one of Board of trustees of DOGANA.

Abid Nisar, MD

Dr. Abid Nisar is a graduate of Dow, class of 1976, Dr. Nisar is a member of DOGANA, Dr. Nisar has completed his residency in Internal Medicine and Hematology and Oncology fellowship in June 1988. Dr. Nisar practices in St. Louis metropolitan area. He is pioneer in starting the tradition of 25 year anniversary Class project and Dr. Nisar's class was the first one to give a gift of over hauling emergency room at Civil Hospital and he spearheaded this project which still is work in progress. Dr. Nisar been active in many fund raising events which includes helping in two Dow retreats in St. Louis, APPNA St. Louis Chapter and RadioIslam.com

Abdur Rahman, MBBS

Dr. Abdul Rahman is a graduate of Dow Medical College of 1980. He completed his H.Sc from Adamjee Science College. Dr. Rahman was very active in Dow as student in politics and extracurricular activaties. In February 1979, Dr. Rahman was one of the three students of Dow Medical College who laid the foundation of Patients Welfare Association.
In 1983, he worked with Professor Rahimtoola in Civil Hospital Administration. In 1989 he started my training in Psychiatry in East Anglia / England and obtained my Membership of Royal College of Psychiatrists in 1993. In 1996, he moved to Canada and for past 8 years, have been working in Calgary, Alberta, currently posted as Site Chief Department of Psychiatry, Alberta Children's Hospital and Medical Director of Neuropsychiatry Service. In recent past, Dr. Rahman have also served as Chair of Southern Alberta Telehealth Advisory Committee and President of Section of Child and Adolescent Psychiatry, Alberta Medical Association".

NATIONAL HEALTH FORUM

PO BOX 240093 • St. Louis, Missouri, USA.

National Health Forum is 501(3)(c) non for profit organization. NHF mission is to help indigent population through charity gifts and working with other Charitable Organizations.

We have joined hands with Koohi Goth Hospital, Indus Hospital, Memon Medical Institute, Children Cancer Hospital and Pakistan Medical Association, Karachi, Pakistan. We also are involved in advocacy for health care policies in USA, and in future look into research and trends of health care of Southeast Asia population living in USA.

National Health Forum has been doing fund raising through the website and also by direct mailing and using PAYPAL.

OUR MISSION IS:

1. To increase awareness about healthcare issues in developing countries in general and in Pakistan; by educating Pakistanis and the international community about the existing conditions and medical practices in Pakistan.

2. To help initiate public debate providing health care to all, irrespective of religion, ethnicity or without any discrimination. To also help non-for-profits organizations in Pakistan and in USA who are working in healthcare and medical education sector.

3. To work against Quackery which exist in Pakistan?

4. To increase public awareness on prevention and understanding the disease.

5. Provide direct patient care, and promoting Medical Education.

NASEEM A. SHEKHANI, MD., President, National Health Forum, Inc., St. Louis, Missouri, USA.
MUHAMMAD ASIF, Treasurer, National Health Forum, Inc., St. Louis, Missouri, USA.

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