



APPNA KHUDI

اپنا خودی

Association of Physicians  
of Pakistani Descent of North America

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# APPNA KHUDI EDITION

## Prelude

The Khudi edition celebrates our past and present triumphs and failures that fuel our desire to glow more brilliantly tomorrow.

It summons our collective Pride and Khudi toward a stronger union.  
It invites the reader to think.

Any mistakes and omissions are mine to accept.

The credit goes to the leadership and team APPNA, the publication committee, and especially the writers and contributors.

Arif Ahmad, FACC, FHRS

**Disclaimer:**

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Tilte and layout design by Laiq Siddiqui of V4ideas.com

## President's Message



Salam.

My most sincere thanks to the publication committee, led by Dr. Arif Ahmad, for coming up with the idea of APPNA Journal 'Khudi' edition. Recognizing one's inner self, true potential and the process of self-discovery are most important towards development of a human being. The publication committee wanted the APPNA family to have an opportunity to express their 'collective khudi', to have the opportunity to express the aspirations and pride of an expatriate professional community.

I am sure you all will enjoy reading this journal. On behalf of the membership, I once again thank the publication committee for putting this together.

I leave you with these few lines from Iqbal's Saqi Nama:

سبک اس کے ہاتھوں میں سنگ گراں  
 پہاڑ اس کی ضربوں سے ریگ رواں  
 سفر اس کا انجام و آغاز ہے  
 یہی اس کی تقویم کاراز ہے  
 کرن چاند میں ہے شرر سنگ میں  
 یہ بے رنگ ہے ڈوب کر رنگ میں  
 اسے واسطہ کیا کم و بیش سے  
 نشیب و فراز و پس و پیش سے  
 ازل سے ہے یہ کشمکش میں اسیر  
 ہوئی خاک آدم میں صورت پذیر  
 خودی کا نشین ترے دل میں ہے  
 فلک جس طرح آنکھ کے تل میں ہے

خودی کیا ہے راز درون حیات  
 خودی کیا ہے بیداری کائنات  
 خودی جلوہ بد مست و خلوت پسند  
 سمندر ہے اک بوند پانی میں بند  
 اندھیرے اجالے میں ہے تابناک  
 من و تو میں پیدا من و تو سے پاک  
 ازل اس کے پیچھے ابد سامنے  
 نہ حد اس کے پیچھے نہ حد سامنے  
 زمانے کے دریا میں بہتی ہوئی  
 ستم اس کی موجوں کے سہتی ہوئی  
 تجسس کی راہیں بدلتی ہوئی  
 دامد نگاہیں بدلتی ہوئی

Regards,

Arshad Rehan  
 President APPNA 2023



## Editorial APPNA “KHUDI” edition “a call for awareness and action”



Invoking our “Collective Khudi,” I am surprised by the effort to get this point across.

Invoking our “Collective Khudi,” I am not surprised by the effort to get this point across.

How does our individual Khudi add up?

What is the state of our Collective Khudi, our Collective Pride, our Collective Dignity?

How hurt should we feel left behind as a nation and a group?

As a community, do we total the sum of our parts?

Brilliant individually, why are we not brilliant together?

These and similar questions are the concept behind our “Collective Khudi.”

The state of our Collective Khudi is not well.

What ails us and holds us back from being better collectively?

Let us analyze.

As an individual, I am too busy for our common good. “Thand program” of the highest order. After apathy, it is our jealousy that keeps us at bay. How can the other person look better than me?

Choosing pessimistic combustion over optimistic advancement, our disagreement and disappointment with each other keep us away.

Some of it is the 9/11 phenomena and the general negativity around Muslims in the West preventing us from coming together and excelling.

These and others are forms of abuse we keep giving each other, which retards our collective growth.

Collective success follows an obvious pattern laid out by the divine. Let me elaborate.

Nations, communities, and places where people treat each other well are prospering, and where people abuse each other are doomed. This abuse may be evident, including infighting, corruption, and brutalities, or it may be subtle, including indifference, apathy, and jealousy.

Inefficiencies, unprofessionalism, tax evasion, and adulteration are other examples



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of individual and societal abuse, and there are many more. Anything that eats away at our individual or collective development may count as abuse. I can even argue that being complacent with the state of mediocrity is also abuse. That not reaching our best potential together is an abuse of our individual talents.

All religions preach about becoming a good Samaritan and getting rewarded; punishment is promised for the abusers. This is precisely on display. Thus places with more good Samaritans are succeeding, and vice versa.

Our failings as a Nation, a Pakistani Muslim group, and APPNA is of our own making. It all starts with me. We must first quit abusing each other, akin to the medical adage, first do no harm.

Becoming a good Samaritan for each other is the next step. Only then can we reach our true potential and the rewards as promised.

We don't have to love each other or be the best of friends. Instead, we must tame our inner demons enough for our common sake. Tone down the hate we give each other. We need to be efficient and professional in our mutual dealings. We need to learn the art of collective brilliance besides our issues with each other. A bit of "I" can be sacrificed for a better "We." Ultimately it pays back individually by reaping the benefits of belonging to a strong group and a prospering nation.

Kindness to each other was the overwhelming act and sentiment at the Hijrat to Madinah and the Conquest of Mecca. These were contrasting events, the former where the Muslims were weak and disadvantaged, and the latter when they were strong and had the advantage. Yet, in both cases, mutual kindness remained the dominant theme. Equality, justice, and the welfare system all branched out of this common theme of doing right by the other person.

If I abuse someone, the first person I am abusing is myself.  
In doing right by others, first and foremost, I am doing right by myself.

Think about it.

Arif Ahmad, FACC, FHRS  
Editor, APPNA Khudi Edition

## Khudi and Collective Brilliance: A Recipe for Success in Healthcare

by Syed Mohammad Hannan Ali Rizvi

Aspiring Residency Applicant 2023-2024



“Khudi” and “collective brilliance” are two powerful concepts that have impacted our understanding of individual and collective empowerment. Allama Mohammad Iqbal, a celebrated poet, and philosopher, is renowned for his profound exploration of “khudi,” which stresses the importance of self-awareness and introspection for accomplishing personal and collective growth. Similarly, Carl Jung, a prominent psychiatrist of the 20th century, originated the concept of the “collective unconscious” which reasons that all humans possess a shared, inherited reservoir

of knowledge and experience. In this article, we will explore how these two concepts are intertwined and their applicability in the context of Pakistani physicians in North America. By analyzing the relationship between “khudi” and “collective brilliance,” we can identify ways to strengthen the impact of the APPNA community through reflection, collaboration, and the pursuit of personal and collective growth.

The concepts of “khudi” and “collective brilliance” may appear distinct at first glance, but they share striking similarities upon further analysis. Both emphasize the importance of individual self-awareness and introspection. Iqbal’s work on khudi is most notably expressed in his poetry, particularly in his “Asrar-e-Khudi” collection, where he uses imagery and metaphors to delve into the workings of the human soul and the obstacles that hinder one’s self-realization. Iqbal posited that human existence’s ultimate goal is to achieve spiritual perfection and realize one’s full potential, which he argued can only be accomplished through cultivating khudi. Conversely, Jung emphasized recognizing one’s unconscious biases and behavioral patterns to tap into the collective unconscious. Jung believed that collective brilliance emerges when individuals work together to access the collective unconscious to solve problems, generate innovative ideas, and advance human progress. By cultivating khudi and tapping into the collective unconscious, individuals can attain a state of spiritual perfection, generate innovative ideas, and advance human knowledge and progress.

Based on the ideas of Iqbal and Jung, the APPNA community, a diverse group of healthcare professionals, can leverage its vast network of resources and expertise

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to impact the healthcare space significantly. By collaborating and sharing knowledge, the APPNA community can develop innovative solutions to address complex healthcare challenges such as the shortage of physicians, particularly in primary healthcare, rising healthcare costs, as well as other issues.

Additionally, the APPNA community can advocate for policies and initiatives promoting equity and healthcare access. The community has unique insights and experiences that can positively shape the healthcare landscape. For example, APPNA can prioritize the health and well-being of all individuals and communities by working with policymakers, healthcare organizations, and stakeholders.

The APPNA community can support and empower the next generation of healthcare professionals by providing mentorship, training, and educational opportunities. Every year, hundreds and thousands of Pakistani physicians apply for residency and encounter multiple issues such as visa troubles, financial problems, among other issues. Training them as future healthcare leaders can address the pressing healthcare challenges of today and tomorrow and can further contribute to the positive impact of the APPNA community.

In conclusion, the concepts of “khudi” and “collective brilliance” should inspire the APPNA community to create positive change in the healthcare landscape by leveraging its collective expertise and resources, advocating for health equity and access to care, and empowering the next generation of healthcare professionals.



## Zindagi

Allama Iqbal's poem, translated  
by Dr. Mahjabeen Islam MD FAAFP FASAM  
Addiction and Family Physician, Toledo, Ohio.



I've always felt that the majority of great Urdu poets of old spun out their work in the midst of a major depression. They are wonderful to read when you're lonely or going through a rough patch. Sadness sometimes has to go through that wallowing, immersive phase and Mirza Ghalib, Mir Taqi Mir and Daagh Dehlavi to name a few, validate your grief.

Years ago, I approached Allama Iqbal's poetry with the same mindset, only to find that he is motivational, logical and upbeat. The only barrier in reading him is his profound philosophy, and

dense language, which requires close study and interpretation.

Fortunately for us we have an Allama Iqbal class every Sunday at the Islamic Center of Greater Toledo, and it is essentially a spiritual and emotional rejuvenation that we go through afterwards. One of his poems, Zindagi, is my mainstay. And I translated it and read it and remind myself of it, both when things are great and especially when life turns tough. It is quite the tonic, you will agree.

Zindagi (Life)

*Bar tar az andesha-e-sood-o-ziyaan hai zindagi*  
*Hai kabhi jaan aur kabhi taslim-e-jaan hai zindagi*  
Life is beyond the concern for gain and loss  
At times it is living at others it is sacrifice

*Tu isey paimanaey imroz o farda say na naap*  
*Javidaan paiham dawaan har dam jawaan hai zindagi*  
Don't measure it with the mundane passage of day and morrow  
Life is eternal; it is in perpetual motion and forever youthful

*Apni dunya aap paida kar agar zindoon main hai*  
*Sirr-e-adam hai zameer-e-kun fakan hain zindagi*  
Create your own unique world if you are among the truly alive  
The secret of being human is to reflect the Divine essence: "be and it is"

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*Zindagani ki haqeeqat kohkan key dil sey pooch  
Joo-e-sheer or teeshaey sang-o-giraan hai zindagi*  
Ask Farhad, the mountain digger, what the reality of life really is  
Life is creating the river of milk by digging and pulverizing granite

*Bandagi mein ghut ke reh jati hai ik joo-e-kam aab  
Aur azadi mein behrey bai karaan hai zindagi*  
Enslavement strangles you like a static stream which grows toxic  
And a life of true freedom acquires the quality of a limitless ocean

*Aashkara hai yeh apni quwatey taskheer sey  
Garchey ik mitti kay paikar mein nihaan hai zindagi*  
Humans manifest themselves with their power to conquer  
Even though life remains latent within the structure of clay

*Qulzamey hasti sey tu ubhra hai manind-e-hubab  
Is ziyar-khaney mein tera imtihaan hain zindagi*  
You have surfaced from the ocean of life like a bubble  
The mortal universe is a test for life to move beyond it

*Khaam hai jab tak to hai mitti ka ik ambar tu  
Pukhta ho jaey to hai shamsheer-e-bey zinhaar tu*  
Undeveloped, you are but a mound of clay  
Self-developed you become a fearless blade

*Ho sadaqat key liye jis dil mein marney ki tarap  
Pehley apney paikar-e-khaki mein jaan paida karey*  
If one's heart is burning to sacrifice for the sake of integrity  
Then one must first create life in one's own embodiment of clay

*Phoonk daley ye zameen-o-asmaaney musta'ar  
Aur khakistar sey aap apna jahan paida karey*  
Discard borrowed existence and throw away false glory  
And then create your own unique world from the ground up

*Zindagi ki quwat-e-pinhaan ko kar dey aashkar  
Taa ye chingari farogh-e-jawidaan paida karey*  
Make the power of inner life rise and manifest  
Till this spark creates an everlasting momentum

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*Khaak-e-mashriq par chamak jaaye misaal-e-aftab*  
*Taa Badakhsaan phir koi laal-e-giraan paida karey*  
Like the sun, brighten the horizon of the East  
Till Badakhsaan produces those rare rubies (Muslims) again

*Soo-e-gardoon nala-e-shabgeer ka bhejey safeer*  
*Raat key taaroan mein apney raazdaan paida karey*  
Send your emissaries of lamentation to the heavens in the late night  
And make the stars your confidantes

*Yeh ghari mehshar ki hai tu arsa-e-mehshar mein hai*  
*Paish kar ghafil amal koi agar daftar mein hai*  
This is a moment of reckoning and you are in an apocalypse  
Present deeds if you have any in the record of your lifetime

Dr. Mahjabeen Islam MD FAAFP FASAM  
Addiction and Family Physician, Toledo, Ohio.





Photography by Dr. Atif Qureshi from Wisconsin

“Raise yourself to such heights that before every decree  
God may ask His slave, “Tell Me, what pleases thee?”

Iqbal

خودی کو کر بلند اتنا کہ ہر تقدیر سے پہلے  
خدا بندے سے خود پوچھے بتا تیری رضا کیا ہے

اقبال

## The APPNA Dream by Atiya Khan, MD - KE 1968



“Hum ko ous sheher ki Tameer ka sauda hai jahan  
Loag maimaar ko chun daite hain deevaar ke saath”  
Ahmed Faraz

Twenty-five years ago, the Association of Pakistani Physicians of North America (APPNA) started a parallel organization so that non-physician Pakistanis could also be involved in uplifting Pakistan and realizing the dream of Qaid-e-Azam. We named it the Human Development Foundation (HDF).

HDF evolved into an integrated model of development with a mission “to facilitate a non-political movement for positive social change through mass literacy, an enhanced system of education, universal health care, grassroots economic development, and social mobilization.”

HDF came into existence with a board of volunteers to advance this integrated model. At that time (25 years ago), who could have imagined that in such a short time, HDF would work in 330 villages serving all provinces of Pakistan and Azad Kashmir, with a combined population of more than 1.5 million? Who could dream that the infant mortality rate in the HDF-sponsored areas would go down from 80/1000 live births in 1998 to 22/1000 live births in 2022? Who could have thought that 100 percent of the children in these areas would be immunized against all infectious diseases? Who could dream that all women of reproductive age would be immunized against tetanus and, if pregnant, would get routine prenatal care and safe deliveries with a dramatic decrease in Maternal Mortality (in the last five years, only one woman has died). I don't think anyone realized then that HDF could enroll 98 percent of children in the areas it initiated projects in schools (both HDF schools and others available in the area). Drop-out rates are down from 50 percent to 2 percent.

HDF, to our amazement, started the first school health system in which every child gets an annual physical examination and hearing and vision screens. If any problem is found, the child is referred to an appropriate specialist. Who among us could dream that the alumni of our schools would give back by sponsoring the children of their alma mater? Most of the present teachers in HDF schools have graduated from HDF schools themselves. They continued their studies, and once they got their Master's degrees in education, they returned to give back. Most of them teach in HDF schools. Who knew that our kids from Rahim Yar Khan were so talented to top in Bahawalpur

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Board in matric, inter, and BA, with many going on to get advanced degrees. At the same time, many alumni are mechanical engineers, and medical technicians, some working for USAID, and some fighting for human rights with other lawyers (Rukhsana Parveen) in Karachi.

Only a Najoomi could have seen that 25 years later, Amazon would train our youth and then give them jobs for 500 dollars per month. Three batches have completed their training (60 to date). Many other youth have been trained at the Hunar Foundation, the Mitti Institute, and the Sun Trust Foundation in various skills and are now supporting their families and themselves.

None of us founders even imagined that HDF could facilitate the villagers' formation of their own VDOs (Village Development Organizations) and start planning their own development plans to improve their villages. I have witnessed this and have attended their meetings many times where they tell us, using a pie chart that says which month they will be doing what. They are so proud of themselves and thankful to HDF.

Can you all believe that HDF has built model villages in Punjab, Sindh, and KPK with brick houses, paved roads, street lights, schools, a clinic, and even trash removal services?

Believe it or not, today safe drinking water is available to 100 percent of people in HDF villages either with hand pumps or water filtration plants. Beyond our imagination, 150,000 trees have been planted and a million are in the process.

No one could think, imagine, or believe what could be done, but this is all true, and there is so much more to tell. I wish I had the opportunity to write more.

All this amazing achievement is truly and sincerely because of you all (the donors). Your support, donations, good wishes, passion, hard work, and dedication of all the board members and volunteers—especially our network members is the reason behind the phenomenal success of HDF.

I hope you will continue your support, and I promise we will continue to work as hard as we have until now and make all of you proud.

“Mitti ki mohabat mein hum Aashufta saron ne  
Wo qarz chuka-ey hain jo wajib bhi nahin they”  
Ifthikhar Arif



## Road from AIMC to AIMCANNA - Part 1 Kashaf Sherafgan, MD, FACS



“Khudi” is the inner struggle to find oneself, not only to find but coming to peace and growing beyond oneself to make a difference for those around you and lastly yourself.

Twenty-five years ago, to my family’s surprise, I made the decision to go to medical school. My first day at AIMC was exciting, and feeling proud, I stepped foot on the campus. After a quick welcome by the teacher, we were told to go enjoy the first day and get to know our seniors, aka “fooling.”

Not being prepared for this turn of events, I approached a smiling face and asked if I could hang out with her. That very nod was my first “yes” in life. The entire day was spent being made fun of, teased about my accent and curly hair, and saying the alphabet backward, but one thing was constant - the ever-strong shoulder who stood next to me through everything, always smiling.

That was the start of a beautiful friendship. Soon we were not just the two stooges, but others joined our group, and we became the self-claimed “KHANS,” and what fun-filled days of friendship followed us. Days were spent bunking lectures, eating samosas and drinking Shezan, loads of giggles, copying her notes after sleeping through lectures and trying to survive the send-ups and profs, and before I knew it, five years flew by. With heavy hearts, a lot of tears, and some cheers, farewells were said with promises to stay in touch.

Since the first anatomy dissection had made me realize that all I wanted to do was to be a surgeon, I decided to study for USMLE exams and come to the USA for surgery residency. Parents and brothers were adamantly against the idea, father saying, “everyone says you cannot get surgery,” so let’s not waste money as the safaidposh Army personnel had three other kids. On paper, I had everything, but the reality was otherwise. I saved every rupee of house-job and working at Shifa to take my USMLE step 1 & 2 exams.

I approached my teacher, my mentor, an Iqbalian, who agreed to give a loan for \$2K (CSA fee + economy ticket to the USA). That was my second “yes.”

I made multiple calls to find a place to stay and initially had no luck; however, I was able to have my third “yes.” I finally got a yes to travel from my father and \$2K to find

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the residency of my dreams. I flew to NYC and stayed with my buddy, an Iqbalian, who opened her residency days 2 BR apt like a family. I went from hospital to hospital to find a spot but had no luck getting interviews or a match. And then, one day, a friend from AMC got me an observership spot at Mount Sinai Hospital. What a relief.

I stayed up nights. I would wake up at 0330 hours, take the R train from Bay Ridge, switch to green to get to Mount Sinai Hospital, and round with the residents at 0430 hours. I would take a shuttle van to Englewood Hospital in NJ at 1330 to do research and would not get a shut eye till back in the city by 2330 at night. Those gruesome hours and walking nonstop to save \$2 subway rides and almost six months flew by. With the last \$100 in my pocket, getting a 'no' from everywhere, and being told to "apply for medicine or you will have regrets as you will have to leave," only one person told me, "If you really want it, tell yourself you WILL get it, and Allah will give it to you." With these words in my heart, I kept going, and with less than 15 days left for my B visa to expire, suddenly, I was able to get a preliminary surgery spot at Mount Sinai Hospital. And after that, there was no turning back; the struggle continued, but so did my passion to make every no into a yes, and here I am today, a board certified female surgeon, an Iqbalian (Alhamdulillah).

I am grateful to all my people (you know who you are) who stood by me and helped me get where I am today. I forever remain indebted and humble, as it was not possible without this friends village. I tried to return my \$2K loan however, I was told to pass it forward, which I proudly continue to do. The decision to stay anonymous in this huge gesture in my life is theirs, but the decision to speak about it, is mine so that someone out there reading this could see how so many no's can turn into a yes, only if you dare to ask, only if you dare to persist. How we are not the only ones in our struggles, everyone has their fair share.

That "first yes" is your victory, but let that "first no" be your fire to make you strive to make that no into a yes. So cherish both and know that during those highs and lows, you will find yourself.

Let those words resonate with you always, "If you want it, you will get it."

'Khudi' is not about yourself but about what you can do for others.



## UNITED AGAINST HATE

Masood Akhtar is an Indian-born proud American Muslim entrepreneur and activist. He is the founder of “United Against Hate.” Akhtar has been living in Madison for over 35 years. He has founded and led multiple businesses and has been actively involved with numerous community projects. He is also a frequent keynote speaker/panelist/columnist/guest on TV shows.

### WHAT IS UNITED AGAINST HATE ABOUT?

I always tell people, “If you See Something, Say Something, and Do Something (More Action-Oriented Strategy).” This is exactly what I did in 2016 when President Donald Trump was talking about starting a ‘Muslim Registry’ in America. A Madison TV station called me, as an activist in the Madison Muslim community, for my reaction. I accepted an invitation to appear on a local public affairs program. I said, ‘I came from India nearly 40 years ago and gave up my Indian citizenship more than 25 years ago based on what America offered. Singling out a minority based on religion is un-American and unconstitutional. It will divide the country. On that show, I proposed starting an ‘Anti-Hate Registry’ that would bring people together, regardless of religion, color, ethnicity, or political affiliation. As soon as the program aired, I received an overwhelming response from people eager to sign up for the proposed movement. We call it; We Are Many – United Against Hate.

**MISSION:** We bring together people from diverse backgrounds to promote mutual respect and understanding and to stand up against hate, violence, prejudice, and inequality. We seek to advance this mission as a nonpartisan, non-profit (501 C 3) organization of diverse people – e.g., urban and rural, spiritual and secular – united in seeking equal treatment for all and speaking out against hate, bigotry, and racism. We seek to enlighten and empower people – especially our youth – through forums, other gatherings, and activities that focus on teaching forgiveness and promoting peace.

**OUR BELIEFS/ VALUES:** We are guided by beliefs in compassion and empathy; respect and appreciation for differences; open conversation/dialogue; Equality and Equity for all people; and peaceful/non-violent engagement to resolve conflicts.

**VISION:** We seek to promote the development and implementation of Equity and Inclusion plans in schools/colleges, public agencies and institutions, and businesses; collaborate with subject matter experts and former members of hate groups to develop and implement fact-based educational programs and training; especially for law enforcement, current and former members of hate groups, media, students and the general community; collaborate with a range of partners, including educators, community organizations and media outlets, to develop and host school and other





public forums to examine and address issues of hate, violence, and bigotry; and seek to further bridge cultural, social, political, and other differences within society by creating special targeted initiatives.

#### WHAT IS THE IMPACT AT THE STATE AND NATIONAL LEVELS?

The impact of our educational programs where we share with students and community members, for example, real-life stories of former hate groups, a Muslim father who forgave his son's killer, saying I am a Muslim and practice Islam, and Islam teaches forgiveness, those stories resonate with lots of people, particularly our youth. That is why my movement became international in a relatively short period. Students from various high schools (urban and rural) in Wisconsin and five other countries have already started chapters of my movement to build inclusive classrooms and communities.

Based on movement's positive impacts, I have received many local, state, and national awards, such as: In 2017, "Certificate of Appreciation" by the Southern Poverty Law Center and my name has been added to the Wall of Tolerance in Montgomery, Alabama, to provide inspiration to all those who choose to take a stand against hatred; a "Certificate of Appreciation" by Sergeant Janesville Police Department; Lieutenant, Kenosha Police Department; and Director of Emergency Management, UW-Madison Police Department to recognize with deep gratitude the contributions made by me to the Wisconsin Command College Re-Trainer; In 2019, Prestigious national FBI's 2018 Director's Community Leadership Award at the FBI headquarters in Washington, DC from FBI Director Christopher Wray; a "Certificate of Achievement" from Wisconsin Governor Tony Evers that states "all Wisconsinites should be inspired by Masood's work and strive to unite together regardless of differences and seek to build a state and a country that is united against hate, bigotry, and racism; "2019 Manfred E. Swarsensky Humanitarian Service Award" by the Rotary Club of Madison; appointed on the Board of Friends of PBS Wisconsin; in 2020 named one of Wisconsin's 48 most influential Asian American Leaders; and in 2022, President Biden recognized me as a "Uniter" along with 18 others from across the country at the "United We Stand" summit at the White House on September 15.

#### WHAT DO YOU SEE ITS ROLE IN THE AMERICA OF TOMORROW?

I was quoted in the Wisconsin State Journal on December 30, 2015, saying, "Despite all of these things that have happened the last few months, I still believe America is the best country for Muslims to practice their religion and accomplish their goals. I'm a very proud American." I was responding to statements made by then-Republican presidential candidate Donald Trump about Islam and Muslims. If you asked me today about my thoughts on America, I would be hesitant to make the same statement. This is because things have changed substantially in America since then. It's not the same America for which I gave up my Indian citizenship over two decades ago. Hate crimes against



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Asians, Jews, Muslims, African Americans, and Hispanics have increased substantially in the last few years. Law-abiding citizens are now living in an environment of hate, fear, and confusion. This is what America, a country founded on religious liberty, has now become. Before 2016, Democrats and Republicans used to eat dinner together despite major policy differences. Those days are mostly gone. The focus has shifted to winning elections by using a divide-and-conquer strategy rather than uniting people regardless of ethnicity, color, religion, or political affiliation.

However, I am still optimistic that things will change in America where “diversity” will again become our strength, “unity” will again become our power, and the U.S. Constitution will again become our hope. And America will once again become the best country on the face of this earth and a role model for other countries to follow. But we need to act before it’s too late. Let’s create a Wisconsin and a National Nonpartisan Unity Caucus, co-chaired by two Republicans and two Democrats from both houses of the state Legislature. The caucus would let people of all backgrounds meet regularly to discuss our challenges and solutions. I am begging elected officials of both parties to please join me in this effort to unite America, which I call my home. America is where I live and where I would die. God bless the United States of America — not white America, not Black America, not brown America.

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**Photography by Dr. Atif Qureshi from Wisconsin**





## KHUDI Submission

Kiran Masroor is a senior at Yale where she is studying Neuroscience and Evolutionary Biology.

Pakistan is incredible and also so intense. The smell of Lahore is a smell I won't forget. The smell of dust, the smell of Earth. The crows run this city, you always see swarms of them above, and the crows here aren't pitch black, they're grey and dark blue, and up close are actually fuzzy. There are wild cats here everywhere, tabbies, calicos, they are the spoiled animal of Pakistan, many people have told me. And there are wild dogs too but they are not as beloved, so you do not even need to be afraid of them, because they are most likely afraid of you.

The drivers say Bismillah before they start driving just like my mom does back home. Inshallah is used generously. You will often hear the prayer calls. You don't buckle your seatbelt in the back. Beggars are much more in your face and will knock on your car window incessantly. Tour guides will come up to you at any tourist destination. When Fatima and my dad take me shopping, they spend fifteen minutes haggling with the shop owner. Fatima's strategy is to ask for the price and to immediately echo the price they said in an outraged tone, whereas my dad's strategy is to take out money from his wallet and just start giving them the price that he desires. Chai is offered everywhere. And Pakistanis are very generous, very hospitable. Seeing the young child laugh today at Shalamar Garden, I thought to myself, I would do anything to make you laugh like that forever. Anything.

Irhaa nods sympathetically as her brother discusses with me the unique power and responsibilities that come with privilege. And how it means something that Allah has given that to me, and that I should be aware that these privileges do bring certain hardships with them. And I almost think it's "people with privilege trying to seem like victims" talk, but there is a grain of truth within it that helps me affirm the weight of it all. Because the privilege that I have been given does mean that I can do something with my life to help others and that awareness does bring a certain weight. And it is okay to acknowledge that as difficult sometimes, it doesn't make me a bad person.

It is nice to know what King Edwards's medical school looks like. It was actually much more modern than I imagined it to be. And it was beautiful. The courtyard almost looked like a soccer field and there were these ancient, almost royal trees out by the front.

Tilting my head back to face the wide sky, dark blue, with stars- "it's been weeks since I've seen stars. Tonight is the first night I can see them," says my dad's friend, the same



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one who gets teary-eyed and emotional as he says his goodbyes to my father. Something about it, there's something about it pulling me in deeper even as we're about to board the early morning flight and go.

Something about how Izhar Uncle gives my father a mug that says Friends Forever. And how the singer on the street sings all of the old ghazals that my dad used to love. And how, when stepping out of the anatomy classroom at King Edward's, I turned to my left and faced a garden, so beautiful and lightly covered by mist, that I realized it was a garden of my deepest dreams. Something about the Sufi dancers shaking their necks in ecstasy and how I know that feeling, it grew within me here. These are my roots. What tree grows far from its roots?



# The Evolving Meaning of Life

## A Journey into Midlife by Babar Khan

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Floyd and Reba Professor of Medicine  
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“For the meaning of life differs from man to man, from day to day, and from hour to hour. What matters, therefore, is not the meaning of life in general but rather the specific meaning of a person’s life at a given moment.” – Viktor Frankl

Throughout history, humans have grappled with the meaning of life and as of yet a satisfactory understanding of such is amiss. The mystery shrouding the construct may have arisen because the meaning of life could be viewed through divergent spectrums of biology, anthropology, and theology among others. As humans are diverse, their perspectives are variable and concomitantly their individual meanings of life are disparate. Also woven in the fabric of this fundamental question are the philosophical, cultural, spiritual and scientific threads that render a holistic definition acceptable to all quite improbable, if not impossible. Besides, not everyone is interested in the meaning of life as some of us proudly carry a *laissez faire* attitude towards this fundamental question. While personally not subscribing to that club, I do offer in their defense that pondering over such deep inquiries could generate serious trepidations with paralyzing consequences including inaction, despair and feelings of doom. For the fearless others, the inner struggle with the meaning of life could result in generating a personalized vision, mission and purpose. This could not only impart meaning to their singular endeavors translating into enrichment of their individual lives but may also help in creating a unified collective leading to societal betterments.

Depending on the school of thought, and the context from which the meaning was derived, different entities provide differing views of the meaning of life. Taken at a biologic level, meaning of life can be construed through its properties of organization, sustenance, sex, growth, selection and adaptation. This basic definition though has not been able to satisfy the curiosity of us *homo sapiens*. Most of humankind have not felt fulfilled by this basic meaning of life, as humans by virtue of evolution have been endowed with consciousness, which necessitates inner struggles towards deeper meaning and purpose. Over the course of human history, further re-defining and refining of meaning of life has happened with input from fields such as

psychology, philosophy, and theology. Some of the psychological models, including one by Viktor Frankl, suggest life's meaning comes through: a) accomplishment, b) enriching experience or love and c) attitude towards unavoidable suffering. Current psychological work elaborates further by breaking the meaning of life into comprehension of your own life, purpose as motivated by life goals, and mattering which is how we perceive our value towards the world. Philosophers' approach to the question also evolved through time with initial approaches geared towards attainment of knowledge in the context of religion to a wider focus on human rights, freedom and equality. Societies of today are evolving social orders based on values independent of religion and that employ existentialism and the support of individual meanings of life inspired through appreciation, pursuit and attainment of novel life goals. Theologians of the three monotheistic faiths continue to define the meaning of life through ordained practices designed to elevate human stature by attaining union with God. Hence perception of collective divinity is exercised to achieve the meaning and purpose rather than having individual approaches as sought by humans themselves. The polytheistic faiths however pursue doctrines with the meaning of life more aligned with the psycho-philosophical approaches. A cursory glance through the prisms of these different schools of thought creates the illusion that the various meanings of life perspectives exist in silos; the reality nevertheless is much more complex. The constructs of biology, individual values, human psyche, personal philosophy and religious inclinations all create a rich tapestry of co-existing beliefs from which the colorful meaning of life flows. The hue and tones of the tapestry are dependent on how one perceives the constructs and how much one's life is influenced by them.

The journey of life through time provides the essential ingredients of our individual experiences shaping our unique perspectives towards the meaning of life. The simplistic versions during teen-adulthood blossom into complex menageries later in life. For instance, the period encompassing medical school honors a hormone-fueled life approach geared towards accomplishing stellar grades, working towards the MBBS degree and finding your soul-mate. A rather linear journey with thoughts and desires of vanquishing competition and seeking nirvana through accomplishment of basic life goals. However, compared to other sciences, following a profession of healing, swearing the Hippocratic oath, and striving to alleviate suffering, theoretically puts us ahead of the pack by adding the philosophical dimension to the meaning of life earlier in our journey. Completion of this phase heralds a slightly complex period with responsibilities scattered over the linear walk of life. The added complexities of finding a supporting job and providing for family lend gravitas to the superficial mode of thinking with some reflections on the journey occasionally appearing on the mind's horizon. This coupled with the stress of immigration among those who decided to leave the homeland adds new flavors and textures to the recipe of life. An alien cultural context, loss of social architecture, and newfound responsibilities as a resident physician create conditions



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fertile for harboring a philosophical tilt towards life and search for its elusive meaning. But, even at this stage, the main life purpose remains exclusively focused towards completion of residency or fellowship training, achieving stable immigration status and moving towards socio economic security. Once these basic tenets are secured and a semblance of status quo perceived, lingering life questions find broader breathing space and begin to resurface frequently. It is during this phase of life, usually around midlife, that the thoughtful question the meaning of life with vigor and assign a value proposition to their achievements. The hitherto biologically driven quest borrows from the life journey and gathers cultural, philosophical, theological, and psychological strands that could either push one towards a vision, mission and value providing a dynamic meaning to their lives that keeps on evolving or precipitate a miserable midlife crisis. The choice in the end could be ours to make.

## References:

1. Koshland DE. The Seven Pillars of Life. Science 295, no 5563 (2002):2215-216
2. Frankl V. Man's Search for Meaning (1946)

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The next few writings celebrate Dr. Furrukh Malk. I have combined his recent and lifetime achievements along with his submissions. Furrukh is a dear friend who inspired me to think and write. The light he shines is for all to glow in and reflect upon. He makes a great example of invoking our collective brilliance.

Arif Ahmad, FACC, FHRS

## American College of Cardiology Welcomes Furrukh S. Malik MD, FACC to the Board of Governors

Dr. Furruk S. Malik was recently elected to the office of Governor-Elect, American College of Cardiology, Tennessee, 2024. He will also assume the office of the President of ACC, Tennessee Chapter, in 2024.

Dr. Malik is a KE Graduate class of 1987 and is an Advanced Heart Failure/Transplant Cardiologist practicing in Nashville, Tennessee. He has previously served as Chief of Cardiovascular Medicine and Chair of the Heart Center, Centennial Medical Center, Nashville, Tennessee.



Dr. Malik is an expert in Mechanical Circulatory Devices used in end-stage Heart Failure. His other areas of interest include Pulmonary Hypertension, Inflammatory/Neuro-hormonal activation in advanced heart failure, Apoptosis in Heart Failure, and guidelines for the management of inpatients with advanced heart failure. He has more than 40 publications in peer-reviewed journals. He is the principal investigator of several clinical trials, including TACTICS, CHRONO, and PRINCE.

Dr. Malik joined the University of Connecticut Internal Medicine Program through the prestigious KEMCAANA endowed Residency scholarship. He subsequently served as a Chief Medical Resident and then as an Instructor in the Dept. of Medicine for one year at the same institution. He completed his general Cardiology and Advanced Heart Failure fellowship from the Ochsner Clinic Foundation in New Orleans, Louisiana.

Dr. Malik is the recipient of multiple awards and honors, including the Young Investigator Award from the American College of Cardiology for his work on Melatonin and Heart failure, Alton Ochsner Award for most meritorious paper, and the J.H. Levine Basic Science Research Award from the University of Connecticut.

Apart from teaching medical students and mentoring young Cardiologists, he has been involved in several other areas, including Metabolic syndrome, Electronic health records pathways for Acute Coronary Syndrome, Atrial Fibrillation, and Acute Congestive Heart Failure management. Additionally, he has been passionately working





with healthcare entities for the provision of affordable heart failure medications across all patient populations.

APPNA congratulates Dr. Furrakh Malik on his election to the American College of Cardiology leadership role. We wish him success in his ongoing efforts to improve cardiac care of end-stage heart failure patients.

Submitted by  
Mohammed Haseeb MD  
Life Time Member APPNA  
St. Louis, MO

## AR-15 American Pied Piper Furrukh S Malik M.D. F.A.C.C.



When, Lo! As they reached the mountain side  
A wondrous portal opened wide  
As if a cavern was suddenly hollowed  
And the piper advanced and children  
Followed

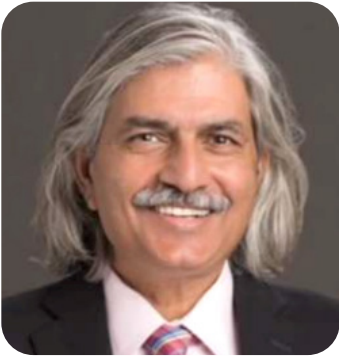
Another school shooting. This time at an elementary school. Close to my home and heart. Three nine-year-olds lost their lives to a senseless assassin. Four additional grown-ups lost their souls including the perpetrator. The weapon of choice, none other than AR-15, a semiautomatic military assault weapon.

A device designed to inflict heavy casualties on a battlefield, in a war against an equally ruthless enemy. Not fragile kindergartners. We are fascinated by this cool dark and efficient man-invention to kill our own. It has a cultural and racial tag, an affiliation of our right and ethnic hierarchy. A clarion call of untouchables.

We have allowed this gun violence and its repercussions to perpetuate in communities different from ours. Communities burdened by color, race and religion. We embraced, accepted and paid the Piper to keep the other away, maimed and killed. We looked the other way when it happened elsewhere. Our collective conscience accepted the monster as God given and constitutionally protected evil for our self-protection. An archaic amendment of yester-years from an era where it was formatted by a group of settlers to kill and maim rightful owners of the lands.

We loved our cultural identity and its symbol, our Pied Piper the gun, accepted its demands in body and spirit. Took refuge in the false hope that the Piper will not charm, fascinate and reach our kind in our neighborhoods and backyards. We reneged on our promise to keep all safe, for the safety of few. The Pied Piper, our Ar-15 has come to collect.

## Soccer, Beer and Muslims Furrukh S Malik M.D. F.A.C.C.



The Biggest sporting event of the Modern World, the FIFA Soccer Cup, was scheduled for the first time in Doha, Qatar. A historical first since most Muslim countries do not have any long-term Soccer traditions, but holding it in Qatar, a small religiously inclined city-state with strong Alcohol related taboos, was unthinkable. Being a fan of soccer, I found myself in line for tickets. My Best pal and his wife, who live in Qatar, happened to be one of the organizers. He has been inviting me to come to his home for so many years, and last winter, I decided to take him up

on his invite and the opportunity to witness the biggest sporting event.

The trip not only allowed me to witness history being made by a North African Muslim nation to advance to the semi-finals of FIFA but my favorite childhood team Argentina winning the cup. The visit was a spectacular success and an amazing introduction to the city, country, and people of Qatar. Little did I know that this event would change the geographical politics of a region and Muslims across many continents.

The journey began with my arrival at the newly built Doha airport. Against my expectations, Hamad Airport is an elaborate structure, with all the amenities of a Post-modern world. I walked across a camera lined corridor, scanned my passport on a computer, and was out into the Lobby. No interview, no stamps, and no unwelcome eye contact. A brand-new subway system with all its bells and whistles, sophisticated magnetic levitation technology, and welcome messages in multiple languages brought me to my Hotel. It was a stark departure from an expected camel ride. So much for Hollywood and its Arab caricature.

The hotel welcome included a complimentary visit to an on-site café with appropriate adult drinks. European airport, post-modern subway, and on-site entertainment with Alcohol in a Muslim country, an hour away from the Holy sites of over two billion followers, was unfathomable.

Our evening was spent at Namos, an eclectic restaurant on a beautiful man-made Gulf side island, “al Maha.” Sitting right next to Waters edge with live music, excellent cuisine, and mixed cultural canvas, it was right out of a French Riviera landscape. Alongside Cognac, Champagne, and still water was a gathering of the Qatari elite and their families in traditional clothing speckled with Europeans in Seville





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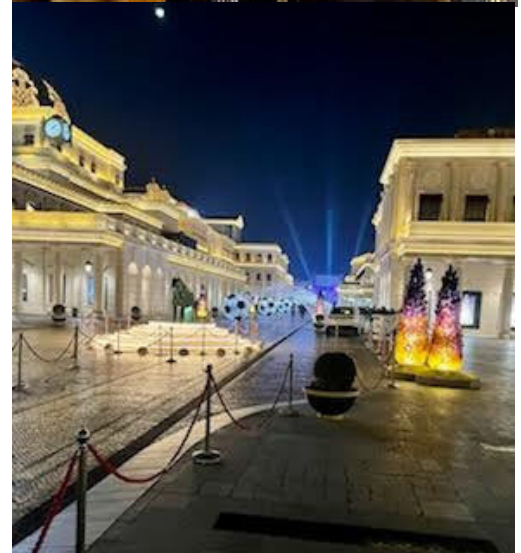
and casual Kline's. We smoked Romeo y Julietta next to Azure waters and broke into a flash mob dance to the rhythm of the drums and guitars. For a while, it looked as if the world had lost its color and Creed.

There were no cultural police, an ambiance tolerant of all the taboos. Our subsequent ten days were no exception. The transformation of a fishing Arab village with a strong religious inclination to a vibrant, tolerant metropolis was indeed remarkable. The city built multiple highways, new Stadiums, and spectacular seaside venues, including a modern replica of the Palace of Versailles. The soccer games were played in beautiful stadiums, built from the ground up and connected by a subway system. Each game we attended was at capacity, and people enjoyed well-contested games without any Beer—another historic first.

The French-Morocco semi-final took it to another level. At Souk Waqif, a neighborhood famous for its traditional architecture and ethnic eateries, the narrow Streets were full of soccer fans. Almost everybody was in green and red Moroccan outfits. A regular chant of yafuz Al Maghreb (Go Morocco) filled the Streets. The aroma of middle eastern kebabs and hummus filled the corridors. It appeared that we were all participants in a big party of equals celebrating sports and food. The Turkish kebabs were superb, and Kirk Chai was out of this world. The place would have exploded if the colony had beaten the master, but the Moroccans won our hearts. After the game, they bowed and, in unison prostrated on the hollow ground, in humility to the God of all.

Our collective prayers were answered when Argentina and Sheikh Messi made it to the finals. On that day the city came alive, people praying to the same God with fervor, in multiple languages. He listened and made an Angel out of a mortal. The stadium roared and the backdrop changed to a mellow blue and white. Messi became an Immortal Icon that night.

As I stood on top of the magnificent Crescent Towers in Lusail, mesmerized by the panorama of the lights, the tranquility of the moment and place took hold of me. The magic of sports transformed all religions, colors, and races into a pot of blue and bled a melody of love and coexistence in a Muslim country of countless immigrants and tourists.



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The optics included all the sufferings and tragedies of countless workers and immigrants creating this glamorous show. It took over ten years, countless hours of public and private diplomacy across five continents to bring this city, its people, and its story to the limelight. The new narrative of a small nation successfully holding the biggest sporting event with pride and conscience is unparalleled and unmatched. According to locals it was worth every penny of the two hundred and twenty billion spent.

On a global stage, it has upended many stereotypes and brought a sense of collective pride and self-confidence to a heterogeneous group of people unified by faith.

A new narrative and a powerful departure from bearded men flying airplanes into tall buildings.

## Professionalism and cultural competence for Medical Graduates and Residents

Furrukh S Malik M.D. F.A.C.C.



### **Coming to America**

The Internet is the greatest equalizing force. Many medical students have had the opportunity to come to the United States and spend time as observers or electives in various hospitals and Universities. However, a significant majority have a very limited understanding of the hospital set-up, healthcare atmosphere, and culture quotient of American life. Significant social and personal limitations have created important issues for foreign graduates for a variety of reasons. The current paper is designed to give an overview of the

U.S. healthcare system, components of the healthcare environment, and expectations from the training staff in various hospitals.

### **Introduction to the U.S. healthcare system**

The healthcare system in the United States primarily involves private hospitals and universities. The training of the residents is funded by Graduate Medical Education, an entity of the Federal U.S. government. Hospitals with training programs are teaching Hospitals with Graduate Medical Education (GME.)

The GME has clinical staff and employed teaching faculty, many of which are staff members of the healthcare team. In University Hospitals, staff have academic appointments with academic hierarchy. Most residents are sponsored by GME and are part of the medical staff. The medical staff office has a set of guidelines for setting standards of healthcare practice, bylaws to protect medico-legal interests, and safety protocols for efficient, safe, and reliable care of patients. These bylaws are also applicable to all medical staff, including medical residents.

The first and most important part of U.S. healthcare involves the safe, efficient, and appropriate delivery of healthcare to the most important entity, the patient. Hence a significant part of the medical staff bye-laws is designed to protect the patient. There are also bylaws for the protection of the medical staff. Guidelines are also available in most teaching hospitals to protect sensitive patient and physician information.

The 2nd most important aspect of healthcare is healthcare resources in the form of hospitals and outpatient Clinics. Most hospitals are private and are run by various professional companies/counties/cities or corporations. They also have a set of guidelines for the safe operation of various healthcare-related equipment and the availability of safe access to the patient. They have their own set of rules and guidelines to conduct their business.





The 3rd most important part of the healthcare system is the entities that pay for the care. The Federal government runs Government Health Care and includes Medicare and a state-run program called Medicaid. Private pay usually involves commercial insurance companies that have contracted with the hospital/state or Federal government to pay for healthcare services on behalf of its members. Those contracts are also governed by a set of legal professional guidelines with certain requirements for healthcare staff, including residents.

The last entity of the healthcare system is the healthcare workforce, which includes physicians, allied healthcare professionals, nurses, and paramedic technical staff. Current healthcare delivery involves direct interaction with information technology and its products. The electronic medical record is an essential part of U.S. healthcare and requires a good understanding of the electronic interface of patient-physician encounters. Understanding and interacting with fast computer software provides another avenue that needs to be addressed during training and guidelines for efficient, appropriate, and legally required documentation.

I am going to break down the system into its components. Patients-physicians-hospitals-payers for each entity has a set of rights and expectations that need to be understood.

### **Patient rights and responsibilities**

- 1- Patient safety is paramount in U.S. healthcare.
- 2- Patients should be treated with respect, dignity, and privacy. Always introduce yourself as a resident training Physician.
- 3- All staff should seek permission for any element of physical examination.
- 4- Follow appropriate chaperone policies while examining minors and opposite genders.
- 5- Inform the patient of the plan of care and seek care input on every option.
- 6- Patients have an absolute say in care and management.
- 7- Informed consent on every intervention procedure.
- 8- Read and understand the health information portability/accountability act. (HIPAA). Healthcare information can only be shared with appropriate patient-designated persons.
- 9- Patient-related information and laboratory results are protected information and cannot/will not be shared with any 3rd party without clear consent from the patient.
- 10- Many patients have powers of attorney (POA) regarding their healthcare. POA has to be evaluated, understood, and implemented. You may or may not agree with it, but POA overrides any healthcare concerns.
- 11- Every patient has a Code for healthcare decisions in the hospital. Please review and understand various codes such as do not resuscitate or comfort care.
- 12- Do not experiment on the patients.
- 13- Absolutely no personal interaction with the patient. No social encounter or after-work/sexual interaction.
- 14- Polite and professional mannerisms by the bedside and exercise maximum privacy.
- 15- Patient family. It is important to understand that patient families are very closely involved with patient care. Residents are not expected to discuss patient care with family unless directed by the attending. Even then, only discuss the plan designed by the attending.



Do not give your personal opinion or choice of plan in any case. Most of the plan is conveyed by the attending; however, he may designate you.

16- Do not discuss the information about the patient with any other member not on the designated list.

17- Nurses are an important part of the healthcare team. Treat them respectfully and politely.

18- Do not appear condescending to the nurses/Mr. Know it all/I am the doctor attitude. If a mistake is noted, please discuss them privately. Nurses are often Ph.D. in their profession and should be addressed appropriately.

19- Always answer politely, even if the question merits no further answer. Politely thank them.

- Attendings almost always seek back feedback from the nurses.
- Be a good team player with your medical students. Involve them in the discussion of any procedures.
- Avoid social interactions with nurses or technicians if possible. Workplace social and personal interactions usually end up in awkward situations, and many residents get physically and sexually involved. Please exercise restraint and avoid such interaction at your workplace.
- Develop a High emotional quotient. Be sympathetic, and exhibit empathy and understanding of all. Respect every viewpoint and agree to politely disagree and give your opinion if asked.

### **Hospitals and Clinics.**

1- Every hospital has a medical staff office and medical Staff bylaws. Please get a copy and review.

2- Check for healthcare screening, including drug testing, that may be needed before you are given an identification badge. Wear it.

3- Arrive early prior to your starting and visit with hospital staff/department chair/chief resident and try to get an orientation of the place

4- Check for housing and transportation

5- Check with the local bank and social security office and establish and complete all documents needed to get a social security number for Salary distribution.

6- Hospitals have two separate administrations. Hospital administration, including the chief executive officer, are not medical personnel. They usually have limited interaction with house staff; however, you're expected to be polite and professional with their office.

7- Medical Staff is a different administration primarily dealing with hospital staff.

8- Hospital security is a separate department that provides internal and external security. Don't run afoul of them.

### **Healthcare System and its payers**

Familiarize yourself with Medicare, Medicaid, and private insurance rules and regulation if possible.

1- Most importantly, as it relates to patient charts and clinical documentation.



- 2- Patient notes are a permanent part of the record. Once created and locked, they cannot be corrected/erased. You can add an addendum and notations afterward.
- 3- The records are not for commenting on disagreements with attending/staff or nurses.
- 4- Avoid adding your personal views to these records.
- 5- Seek IT help desk for any corrections/ mistakes or adding notifications.
- 6- Protect your login and passwords. In the IT interface, they represent you, and anything under that login is legally important and reportable/open to litigation. Do Not Share.
- 7- Do not use hospital computers for personal use, inappropriate sites, or political pages.

### **Code of conduct**

- 1- Polite and professional in outlook and appearance. Act the part.
- 2- Well-groomed with appropriate personal care, including judicious use of deodorant and perfumes.
- 3- Avoid political and religious discussions with colleagues/staff/coworkers or among ourselves while sitting in public places.
- 4- Address people by their 1st name.
- 5- Avoid using your native language while in the company.
- 6- Absolutely no social interaction with the patient.
- 7- Absolutely no personal/sexual interaction with the patient.
- 8- It is not appropriate to date medical students.
- 9- Keep your personal life separate, and sometimes dating fellow residents or nurses may jeopardize that.
- 10- Do go to Christmas parties or other events.
- 11- Make every effort to mask tobacco and alcohol odors.
- 12- Avoid personal phone use while in a hospital setting.
- 13- Avoid visiting inappropriate sites on the hospital or office computer. Many of these computers are under active surveillance and may create issues if inappropriate sites are visited.
- 14- Do not visit religious sites on the Internet while at work.
- 15- Use Appropriate social greetings, including good morning or afternoon.
- 16- Treat all ancillary staff with respect and absolute professionalism.
- 17- People look up to you, so act the part
- 18- Develop a High emotional quotient. Be sympathetic, and exhibit empathy and understanding of all. Respect every viewpoint and agree to politely disagree and give your opinion if asked.
- 19- Try to keep your social media private. Personal posts are your opinions and avoid any association with your professional workplace or title. Avoid using your status in promoting certain products, medical opinions/drug promotion, or any suggestion of affiliation with such groups or companies. Do not use your hospital/university email in interactions outside your domain or workgroup. Avoid using your office email in business transactions etc.

### **Professional growth**

- 1- Patient and patient-related activities are the top priority during your residency.



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- 2- Be ready and appear proactive to volunteer and lead any other initiatives.
- 3- Keep in mind you are leaving a legacy for your colleagues who are behind you.
- 4- Attend all morning reports/grand rounds and prepare appropriately. U.S. training and teaching rounds provide an opportunity to showcase your ability and knowledge. However, the most important rule is to answer only when asked to. Try not to be the 1st guy to jump up. Be honest and if you do not know the point, simply acknowledge it and seek help. Pretending to know or presenting clinical facts without adequate background research is worse than admitting that you have not studied the topic.
- 5- Learn to say I don't know, but I will review it today.
- 6- Seek mentors by reaching out.
- 7- Be on the lookout for any interesting clinical presentations for case reports.
- 8- Prepare for any case presentation. Spend time creating a clear, well-arranged, and complete history and physical. Do not add or substitute any additional information which is not true. Do not lie and volunteer information that has not been gathered or is incorrect. Those reflect character flaws. Honesty and integrity are integral parts of a physician and character building. It is always polite to admit that information is unavailable or not gathered. When presenting a case, make sure you have a good differential diagnosis and anticipate any questions that may arise. If non-physician entities are in the room, avoid using information that could identify the patient or location. Always use non-identifiable information. Read about the medical disease you are presenting and research the most up-to-date treatment plans. These meetings are the initial steps for your future growth.
- 9- For the grand round presentation, prepare the PowerPoint presentation in advance and discuss it with your attendings and seek their input. A brief, up-to-the-point presentation is always welcome. If possible, send your presentation to the audio-visual person ahead of time. Appear on time and do not stretch your time. Give ample time for question answers. Open the presentation with appropriate remarks and close by thanking the audience and important personnel who helped with the presentation
- 10- Carry a small Backpack with a fresh scrub or pair of pants. Carry your computer with you. Carry a small problem-related medical textbook or a pocketbook for easy access.
- 11- Read and read more. Educational support activity such as up to date is readily available and should be consulted for each and every patient.
- 12- Ask appropriate questions with a clear intention to seek information rather than testing your cohorts/attendings. Do not appear "know it all" or throw your weight about. These are not positives for a young physician.
- 13- Take your exam seriously. They are designed to test your board eligibility. Do not cheat. This may jeopardize your career.
- 14- If a clinical fellowship is available at your hospital University, then reach out to the appropriate attending for guidance and mentorship. Offer and volunteer for data research and data gathering, and offer to take part in paper writing.
- 15- Go to research conferences.
- 16- Reach out to your librarian for data searches.
- 17- Hospital record keeping. Stay up-to-date with your dictation. Do not argue with the medical records department. Complete your records before you depart the rotation.



- 18- Write brief, appropriate clinical notes. Do not discredit or abuse any attendings/support staff or nurses in your official patient note. If a bad clinical issue has to be addressed, address it appropriately with 1st person information. Do not try to correct the notes once admitted. Always add an addendum with appropriate clarification.
- 19- Be on time and complete your round before the attending rounds. Make small notes for the presentation. Arrive at the morning report on time.
- 20- While on call, arrive early and take your check out. Absolutely no personal, social, or sexual encounters in the call room.
- 21- Do not disregard your calls and texts while on call. Be attentive to nursing issues and respond appropriately in time.
- 22- Respond to code calls and observe intently the various members of the Team following ACLS protocol. Address universal precautions and help your fellow members about doing the same.

### **Career opportunities**

Seek out, mentors. Check their presentations and papers. Review and see if your field of study aligns. Make the best use of your free time. In your third year, some programs may allow a research elective. If an opportunity arises to work in a research lab, avail it. If your work involves working with animals, please review safe handling and ethical research practices while working with animals. Conduct your research humanely.

Learn about the institutional review Board and understand all the rules and regulations. Follow all research guidelines. If work involves radioactive material, learn their safe use and exercise all protections. If research animals are involved, please review the safe handling of biomaterials and their appropriate disposal. Do not appear to be cruel to research animals. Familiarize yourself with rules regarding research animals.

Complete all protocols and follow-up. If possible, request that your work be acknowledged as a contributing author. Complete all your case reports and submit them to an appropriate journal.

Plan for your fellowship earlier and align your interests accordingly.

Do not embellish your CV. Do not add research experience that you do not have. Inflating your research/experiences are easily cross checked and may expose you and jeopardize your prospects.

### **Time off**

Plan ahead and take appropriate time off. It is your right to enjoy life and have a good work balance.

Only recommend qualified candidates to your program. Your recommendation carries weight but may reflect poorly on you if you recommend somebody that is not up to par. Please do not offer to invite your friends to come for clinical activities at your workplace without discussing it with your attending/ Program director ahead of time.

These are a few points that may help you. I am available for any input at [Furrukhmalik@aol.com](mailto:Furrukhmalik@aol.com).

Welcome to America and its healthcare system; it is a life-changing trajectory, and I congratulate and welcome you.

# APPNA KHUDI

## Healthy bodies, healthy minds, healthy communities Sumbul Beg, MD

A healthy body is necessary for positive thinking and unconventional viewpoints. When our bodies are in good shape, we have more vigor and endurance, which enables us to be more imaginative and effective. Additionally, we can better handle stress.

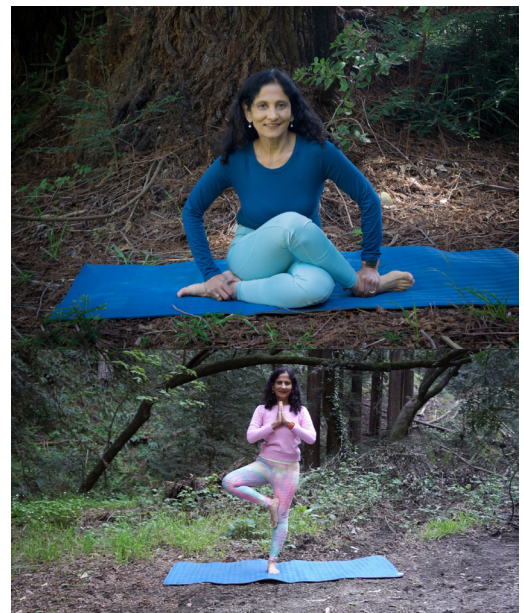
A healthy body also produces endorphins, which have mood-enhancing properties. We are more likely to feel content and optimistic when our bodies produce more endorphins.

Finally, having a good body just improves our self-esteem. We are more inclined to be receptive to fresh viewpoints and ideas when we feel good about ourselves. Additionally, we are more likely to be open to trying new things and taking risks.

These all contribute to a more upbeat and imaginative outlook, which can benefit our communities as a whole. We are more inclined to generate fresh concepts and solutions to issues when we are optimistic and creative. Additionally, we are more likely to participate in our communities and have a positive impact.

In summary:  
Adopt a balanced diet.  
Exercise frequently.  
Get adequate rest.  
Manage stress.  
Spend some time outside.  
Message your loved ones.  
Give back to your neighborhood.  
Exert thankfulness.  
Be aware of the words and thoughts you use.  
Be in the company of uplifting individuals.

We can raise our optimism and improve our health by implementing these suggestions. This will enable us to be more imaginative and productive and have a beneficial impact on our community.





# APPNA KHUDI



Photography by Dr. Atif Qureshi from Wisconsin



## Developing and Implementing Novel Models of Healthcare - A Discovery to Delivery

Babar A. Khan MD, MS  
Floyd and Reba Professor of Medicine  
Associate Director, Indiana University Center for Aging Research  
Physician, Pulmonary/Critical Care  
Indiana University School of Medicine  
Graduate, Dow Medical College, Karachi, Class of 99

Five million Americans require admission to intensive care units (ICU) annually due to life-threatening illnesses and this number is expected to increase. Greater than 50% of patients who survived their ICU stay suffer from long-term morbidity in the form of functional disability, cognitive disability, major or minor depression, and anxiety. These complications negatively impact the quality of life of these ICU survivors, interfere with their physical and emotional recovery, and lead to long-term disability with less than half returning to the workforce. In addition, the recovery process imparts stress to informal family caregivers with prevalent feelings of despair and hopelessness. This constellation of ICU sequelae with attendant morbidity has been designated as the post-intensive care syndrome (PICS). PICS is defined as a cluster of debilitating symptoms characterized by physical impairment, cognitive impairment, and symptoms of depression and anxiety. PICS patients in clinical practice after ICU discharge are referred back to their primary care providers who are ill-prepared and poorly resourced to care for these patients. Until recently, there were no established clinical models to manage long-term complications associated with critical illness. Innovative and novel interdisciplinary care models with a potential to be rapidly translatable into clinical practice were needed to provide recovery services for this segment of patient population.

In 2011, utilizing the principles of complexity science, reflective adaptive process and agile implementation, the Pulmonary/Critical Care and the Geriatrics Division at the Indiana University School of Medicine developed the "Critical Care Recovery Center (CCRC)", the first comprehensive center in the United States to deliver care for post-intensive care syndrome. The underlying purpose of the CCRC is to maximize the cognitive, physical, and psychological recovery of patients who survived an acute episode of critical illness by utilizing the expertise of an interdisciplinary team of a social worker, nurse, pulmonary /critical care physician, neuropsychologist, critical care pharmacist and psychometrician. The centerpiece of the program revolves around the nurse and social worker who function as care coordinators trained in delivering recovery protocols personalized to the needs of ICU survivors and their caregivers. The





CCRC follows a patient-centered care philosophy and a clinical mission of intensifying the recovery of ICU survivors, consistent with the overall mission of the health system. CCRC has standardized manual and electronic assessment, management and performance data that is readily available for research endeavors. Since its inception, CCRC has provided care for hundreds of ICU survivors and has shown early benefit in improving post-intensive care symptoms, emergency department visits and re-hospitalizations. The care delivery example has been followed throughout the United States (US) with close to two dozen centers now providing care for ICU survivors.

Building on the CCRC with the added goal of providing recovery services at homes of ICU survivors, we have developed two additional models of ICU recovery care: the mobile-Critical Care Recovery Program (m-CCRP) and Improving Recovery and Outcomes Everyday after the ICU (IMPROVE). Both of these models are currently in the testing phase and have been supported through the National Institutes of Health (NIH).

CCRC, m-CCRP and IMPROVE represent novel models of care striving to enhance recovery and promoting independence among ICU survivors with serious and debilitating morbidity resulting from their ICU stay. These prototypes could serve as examples for other health care systems in the US who are interested in instituting similar post-ICU programs. However, such programs need to be further tailored based on the culture of the specific health care system and characteristics of the patient population.

#### References:

1. Needham DM, et al. Improving long-term outcomes after discharge from intensive care unit: report from a stakeholders' conference. *Crit Care Med* 2012; 40(2):502-9.
2. Khan BA, Lasiter SA, Boustani ML. Critical Care Recovery Center: Making the Case for an Innovative Collaborative Care Model for ICU Survivors. *American Journal of Nursing*. 2015: March 2015. 115 (3); 24-31
3. Khan S, Ashok B, Wang S, Gao S, Irfan O, Harrawood A, Martinez S, Brewer E, Perkins A, Unverzagt F, Lasiter S, Zarzaur B, Rahman O, Boustani M, Khan B. Mobile Critical Care Recovery Program for Acute Respiratory Failure Survivors (m-CCRP): Study Protocol for a Randomized Controlled Trial. *Trials* 2018 Feb;19(1):94
4. Wang S, Hammes J, Khan S, Gao S, Harrawood A, Martinez S, Moser L, Perkins A, Unverzagt FW, Clark DO, Boustani M, Khan B. Improving Recovery and Outcomes Everyday after the ICU (IMPROVE): study protocol for a randomized controlled trial. *Trials* 2018 March;19(1):196





## From Success to Success

### Mohammed Hashim Waris - Madison, Wisconsin

For me, it is extremely difficult to define success. Is it a journey, or is it the destination? Is it a journal of existence or a history of accomplishments? Furthermore, how can success be achieved? Either through individual intuition or a systematic joint effort?

It appears that seeking answers to these intriguing questions raises another plethora of questions. However, looking at the qualities often found in individuals who are generally viewed and accepted as persons and organizations with varying degrees of excellence, it appears the following characteristics can define a framework of what is generally defined as excellence:

1. Translating failures into success (view failures as feedback of wrong actions)
2. Matching actions, behaviors, and values with objectives (Integrity)
3. Honest and kind communication (sincerity and positivity)
4. Focused on the present while keeping the future in sight (This is it... Just did it!)
5. Following vision without wavering (commitment)
6. Taking responsibility for all actions delivering positive or negative result (Ownership)
7. Ready to change the course, if needed to achieve the goals (Flexibility)

The list is not all-inclusive, and the order of preference is not fixed. Generally, this is what can provide a blueprint for developing a framework of excellence.

Now, let us examine our organization, "The Association of Pakistani Physicians North America" (APPNA), as to where it stands today.? Are we delivering excellence? What characteristics listed above do we exhibit in the members and collectively in the organization? Where do we rank among our contemporary professional organizations? Is APPNA managed like a true professional organization with a drive for excellence?

As an outsider who has the privilege of friendship with many APPNA members, I understand APPNA more like a social club that holds cultural and professional meetings, arranges trips for its members and their families, and makes some professional efforts that I don't know the details about. However, when I look at my friends, who are also APPNA members, I see them as very successful people delivering excellence in every phase of their personal and professional lives. Naturally, the question comes to mind as to why an organization with so many personally successful members does not revive to reflect the same, or close to the same, degree of excellence as individual members. In my opinion, the disconnect lies in combining individual goods to deliver the common good of the organization. The image of APPNA must be repainted. It has to be translated

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into a platform delivering organizational and professional excellence to its members and become exemplary among contemporary professional organizations.

Here are a few suggestions that might help APPNA to develop a roadmap to a journey toward excellence.

1. Establish different tiers of memberships for Pakistanis and even non-Pakistani physicians in the organization. For some, just the social aspects of the APPNA may be appealing. For some, the travel opportunities may be appealing. The benefit of multi-tier memberships will be an increase in organizational funding. This will reduce membership fees for the current members and make the membership more affordable for the new physicians who are still on their road to success. It will also provide an opportunity to learn from the experiences of other non-physician members who have excelled in their industry.
2. Establish APPNA as a brand instead of initials. That will involve activities, engagement with the local community, individual charity, and other community efforts to be delivered through the APPNA platform to local and alma mater communities in Pakistan. Individuals doing community services can brand it with APPNA instead of individual names.
3. Use the organization to help young and promising doctors from Pakistan who do not have the information and financial resources to come to North America. Arrange for their training and help with their professional exams under the banner of APPNA.
4. Revisit the mission and vision of APPNA to make it more focused.
5. Change the format of APPNA meetings to include leadership qualities training and seminars for members. Being a physician does not necessarily mean possessing excellent leadership qualities also. Leadership qualities are necessary to run professional organizations.
6. Capitalize on the individual qualities of members and translate those into organizational characteristics such as philanthropy. It will help in a brand establishment.
7. Know the strengths, weaknesses, opportunities, and threats for APPNA and seek individual contributions (efforts) to capitalize on opportunities, transform the weaknesses into strengths, and deter the threats using individual skills and experience at the organizational platform.

Always remember, the real strength of fractions is that their whole is greater than the sum of its parts. With proper planning of individual efforts to strengthen APPNA, increasing membership and making memberships more affordable, and establishing APPNA as a brand, we can change its perception and presence in North America.

The journey from success to success is a never-ending delivery of excellence. Good Luck!

## HBond and Second Generation of APPNA in the USA - Challenges and Opportunities

Dr. Aamir Ehsan – Lifetime APPNA member from San Antonio, TX



Background: Identifying your interest, talent, and passion with market analysis is important when deciding on a college major and a career path. It is estimated that in the USA, about 30% of high school students are undecided about their major, 40% don't choose a profession based on their first major, and 60% take a gap year.

Background: HBond Foundation was formed on the philosophy that human beings are 99% identical with their DNA; however, each of us is destined to succeed in our own way and have unique talent and expression. HBond, a non-profit entity, was founded to offer amazing internship opportunities in various categories so students may experience fields of interest in real-time to find an area in which to pursue future endeavors. Students experience interactions with physicians, PhDs, clinical scientists, entrepreneurs, philanthropists, business professionals, politicians, religious scholars, Computer Science, Sales, Marketing, and many other experts in many diverse fields. We offer internship opportunities to our second-generation youth with two goals.

1. Offer them opportunities with a broad scope of experts and mentors, so interns (11th grade to undergraduate level) explore and experience their niche hence called "KNEW YOU."
2. Since DNA molecules have 3' and 5' structures, at the completion of the rotation, interns adopt any act of 35 human kindness that they can positively implement in their life.

Mission: HBond Foundation serves as a non-profit organization whose primary objectives are philanthropy and social well-being. The foundation will foster universal bonds of Human kindness and well-being through community service/support focusing on Humanity, Health, Hope, Happiness, and related activities serving the public interest.

Our Alumni: We have more than 100 students rotated through our internship program, headquartered in San Antonio, TX. They have decided to go into healthcare and non-healthcare fields. Many of them have been accepted to upper-tier schools and programs.

Program Structure: Students spend two weeks to one month applying and identifying what fields they would like to rotate in by choosing the following options (more than one is fine as well):

Accounting/Finance	Architecture	Construction	Business	Media
Computer Science/IT	Construction	Engineering	Dentistry	Politics
Human Resources (HR)	Management	Medical	Allied Health	Religious
Sales/Marketing	Non-Profit	Law	Public Health	Other (specify)





#### At Completion

1. Interns identify what field motivates them.
2. Enhance self-confidence by rotating away from their hometown.
3. Adopt one act of human kindness in their life as a way of giving back to the community.

#### APPNA/KHUDI Initiative:

1. This program can be extended to other regions of the USA to offer more opportunities.
2. Improve networking and positive image of APPNA.
3. Engagement of our second generation improves their well-being and integration into their respective local communities throughout the USA.

Cost for the Program: Complementary to honor our own teachers and mentors. Interns are responsible for lodging, travel, and meals.

#### Contact:

Aamir Ehsan, MD

Amy Wells

Founding Members:

Internship Course Director

Internship Coordinator ([awells@hbondfoundation.org](mailto:awells@hbondfoundation.org))

Dr. Aamir Ehsan, Dr. Bridget Herschap, Curtis Loos

## Mushtaq Chhapra

by Dr. Muhammad Malik, Hospital Medicine, Saint Louis, MO

Mushtaq Chhapra is a name that has become synonymous with philanthropy and social welfare in Pakistan. As the founder of the Citizen Foundation and the Patients Aid Foundation, he has dedicated his life to improving the lives of those in need.

He serves as chairman of a group of companies under the Chhapra group. Hailing from one of the founding families of Pakistan, Chhapra finished his education at the University Of Harvard in public service and stepped into his father's manufacturing and development business.

Born in Karachi in 1952, Chhapra grew up in a middle-class family that emphasized the importance of education. After completing his studies in business and economics, he started his career in the corporate sector, working for a number of multinational companies in Pakistan and abroad.



However, Chhapra's true calling came in 1995, when he founded the Citizen Foundation (TCF), a non-profit organization dedicated to providing quality education to underprivileged children in Pakistan. Today, TCF is one of the largest non-profit organizations in the country, with over 1,500 schools and more than 220,000 students enrolled.

Under Chhapra's leadership, TCF has revolutionized the education sector in Pakistan by introducing a low-cost, high-quality schooling model replicated by other organizations across the country. The foundation has also been instrumental in promoting girls' education, with nearly half of its students being girls.

In addition to his work with TCF, Chhapra also founded the Patients Aid Foundation (PAF) in 2003, which provides free healthcare services to the underprivileged in Pakistan. PAF operates a number of hospitals and clinics across the country and has provided medical treatment to over 1 million patients to date.

Chhapra's commitment to social welfare has earned him numerous accolades and awards over the years. In 2006, he was awarded the Sitara-e-Imtiaz, one of Pakistan's highest civilian honors, in recognition of his services to education and healthcare. In 2013, he was named one of the world's top 500 influential Muslims by the Royal Islamic Strategic Studies Centre.

Mushtaq Chhapra's nickname is MKC. He loves to play golf. His favorite destination is Antalya, Turkiye. He is a fan of the Pakistan Cricket team. His dream and passion is to see a healthy and educated Pakistan.

I asked him how he built such an effective team?

It was difficult. But we got lucky and gathered people around us with the same passion and dedication. It is great to see everyone from all walks of life help each other in their capacity. Qatra Qatra Dariya banta hai.

Pakistan seems to be the most giving and philanthropic country in the world. Our religion and culture encourage us to help and support anyone in need.



Photography by Dr. Atif Qureshi from Wisconsin

تندئ باد مخالف سے نہ گھبرا اے عقاب  
یہ تو چلتی ہے تجھے اونچا اڑانے کے لیے  
سید صادق حسین



## Young Physicians Committee by Dr. Nauman Ashraf - Chair APPNA YPC



"Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives.

It is the fuel that allows common people to attain uncommon results."  
-Andrew Carnegie

I was instantly excited to see the invitation to contribute to the next edition of the APPNA publication and talk about our collective organizational brilliance. All our APPNA committees are excellent examples of how different members bring in their contributions to achieve something collectively that is much larger than what could be achieved by individual endeavors. As a chair of the Committee on Young Physicians (YPC), I have witnessed this phenomenon repeatedly.

The goal of the APPNA YPC is to assist young physicians in navigating the complicated and often overwhelming process of obtaining US residency and fellowship positions. YPC conducts regular monthly online webinars and workshops for the applicants to guide our young physicians in every aspect of their journey to becoming competitive candidates for the training spots in the US. Last year under Dr. Naveed's exemplary leadership, 70 mentors conducted mock interviews for over 450 residency applicants. More than 1000 applicants were mentored, and 329 visa applicants were assisted. APPNA YPC poster competition in the Summer meeting received 60 outstanding abstract entries; out of those, 10 posters were selected for presentation at the meeting. APPNA YPC and the APPNA Advocacy Committee, especially Dr. Fateh Shahzad, worked with the Ministry of Health in Pakistan to streamline the process of the Statement of Need (SON) release. The timeline to release SON was cut down from 6 weeks to 48 hours.

To achieve collective brilliance, we must recognize that everyone has something valuable to contribute. We need to listen to each other and respect each other's ideas. 2023 started with this very realization of mutual respect and bringing everyone together to reach new milestones. We worked with all our component societies and affiliate organizations to create a highly accomplished group of mentors that are helping our young physicians every day through our Facebook portal and other mentorship social media groups. We saw a sizable increase in the number of young Pakistani physicians who were matched for training spots in the US this year. More than 500 of those are being helped with their visa processing by the members of the APPNA YPC and APPNA Advocacy Committee. We have extended free membership of APPNA to all the applicants, and I am glad to report that more than 75 applicants have already submitted their membership forms. For the first time, we have created an advisory group of more than 20 Pakistani program directors from the US that provides mentorship to our young physicians. One of the threats to APPNA has been insufficient investment in projects that create a sustainable funding source for the organization. As a chair of the YPC, I reached out to my counterparts in



RESA and MERIT committees earlier on to combine our efforts in creating an online library of all the educational lectures that we offer. We resolved to combine our YouTube channel to increase our combined subscriber base and public views to monetize the channel. I am happy to report that in less than 4 months, we have added 438 new subscribers and additional 679 public views.

Securing a training spot in the US is becoming more challenging. To make our young physicians more competitive for the training spots, APPNA YPC has created a student mentorship subcommittee of leaders from undergraduate medical education. It is tasked with creating an educational curriculum for the medical students to train them in professionalism, QI projects, DEI, and US healthcare system exposure. We are also working on developing a draft to submit to the council and BODs of APPNA for approval to facilitate arranging electives for Pakistani medical students in the US.

APPNA YPC is working with different chapters to organize orientation seminars and boot camps for incoming interns. Our observership subcommittee has started a successful observership program and we hope to provide observership experience to at least 100 young physicians this year.

APPNA YPC will organize its annual seminar at APPNA Summer Meeting in Dallas. This seminar will host a prominent panel of program directors from different residency and fellowship programs. A poster competition will follow the seminar. APPNA YPC will peer review all the abstracts and publish them electronically. APPNA YPC is also updating its Road to Residency guide after 4 years, and we will have the first draft ready by the Summer meeting.

APPNA YPC loan subcommittee is working closely with the APPNA Foundation to put together a proposal to submit to the council and the BODs for approval. This proposal will reorganize the dormant loan program and reactivate it so we can restart our loan program for young physicians.

I appreciate and thank all my selfless committee members, advisors, Dr. Arshad Rehan, APPNA BODs, Nicholas Suh, and Laiq Siddiqui for their support!

For suggestions, please contact us @ [ypc@appna.org](mailto:ypc@appna.org) or @ <https://www.facebook.com/groups/308140919099/>. YouTube: [https://www.youtube.com/@appna\\_org](https://www.youtube.com/@appna_org)

Nauman Ashraf, MD  
Chair, APPNA YPC 2023  
Secretary, Liaquat Alumni 2023  
Chair, NEC PAPANA 2023  
Vice Chair of Education, PAPANA 2023  
Psychiatry Residency and Addiction Medicine Fellowship Program Director  
KCU-GME Consortium/Ozark Center  
Associate Professor of Clinical Psychiatry, the University of Missouri

## The Impact of the Class of 1998, how one Idea Can Make a Difference Hafsa Nawaz, MD - Class of 1998, AIMC



At the height of the 2020 Covid pandemic and ensuing social isolation, many of us were looking to reconnect with each other. So here comes the Zoom calls!

Those frequent and often random Zoom calls attended by almost the entire class of 1998 not only helped us to socialize and maintain our sanity but also gave us a sense of unity. The realization came to some of us that the sole reason we are friends for life is our beloved Alma Mater, Allama Iqbal Medical College.

One of our classmates and a great philanthropist jumped into one of those calls and said, 'So what have we given back to our Alma Mater?' This simple question gave us a moment to reflect. In an effort to answer that question, it was obvious that we needed to put our heads together and seriously evaluate how as children of Allama Iqbal, we could help repay our debt. This led to the formation of a core group of AIMC 1998 organizers to identify the need and propose how as a group of AIMC alumni, we can help our mother institution.

Giving back is an essential civic duty of society. It is a powerful tool that individuals or groups can use to create positive societal change and contribute to the greater good. We held several discussions over Zoom, which involved our classmates overseas and those working within Pakistan. The following projects were identified:

1. Histology department Trinocular teaching Microscope (completed)
2. Bronchoscope (completed)
3. Renovation of the Physiology department (completed)
4. Audio/visual/ Multimedia projector for lecture halls (completed)
5. Upgrading of Jinnah hospital Endoscopy suits (completed)
6. Pakistan Flood Relief Fund (completed)
7. Skill Lab for BLS/ACLS (in-process)

We are incredibly pleased with the enthusiasm of our classmates who not only actively participated in calls, communicated with AIMC, and identified potential projects but also generously contributed towards this cause. As of this writing, we have raised over \$40,000, which has been spent to fund the projects listed above.



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Needless to say, we faced a few challenges in accomplishing our goals. The first hurdle was transferring funds from overseas to Pakistan, dealing with bureaucracy, regulations, and constantly changing policies. Despite these challenges, I can proudly say that we have completed these projects at the Allama Iqbal Medical College and Jinnah Hospital with the platform provided by AIMCANNNA and with the help of our very driven team in Pakistan. We hope that improvements made through these projects, such as new teaching and patient care equipment, will improve the quality of medical education at AIMC and patient care. One example of how the new equipment has improved patient care and healthcare access is that renovations of the GI Suite have attracted at least eleven new consultants to perform procedures at the upgraded suite.

Our team consists of USA-based and Pakistan-based 1998 AIMC graduates. We wish to thank all of our classmates who have selflessly contributed their time but also those who have generously donated funds towards this cause. I can tell it's just the beginning of a great story!

# APPNA KHUDI



Photography by Dr. Atif Qureshi from Wisconsin



# APPNA KHUDI



Photography by Dr. Atif Qureshi from Wisconsin





## COLLECTIVE EFFORTS BY APPNA MEMBERS AND PARTNERS TO PROVIDE GENETIC SERVICES IN PAKISTAN



Rizwan C. Naeem, MBBS, FACMG  
Professor of Pathology,  
Director MGP & LGG Fellowship Programs  
Director Molecular Pathology  
Albert Einstein College of Medicine and  
Montefiore Medical Center  
Bronx, NY

### Background:

Clinical genetics has taken growing importance in pediatric medicine with the increasing number of hereditary disorders. Pakistan, with a population of over 220 million, has a pediatric population of 35%, one of the largest in the world. With the high incidence of consanguinity in the community, the number of inherited disorders and birth defects is a huge problem.

National Institute of Child Health (NICH) and Lahore Children's Hospitals are Pakistan's two largest children's hospitals. NICH serves children from Sindh, Balochistan, and Southern Punjab. It treats over a million children annually, with 30,000 pediatric admissions in a 500-bed facility. The services provided are completely free of charge.

### Current Scenario:

Pakistan lacks public-sector clinical genetic and laboratory diagnostics services and board-certified counseling services. This is due to the lack of trained physicians/genetic counselors and training programs.

In 2007 a group of APPNA members had a Dream Come True.

Genetic diagnosis is an essential element for treating childhood leukemia. A genetic diagnostic laboratory was set up at the National Institute of Child Health (NICH) through the collaborative efforts of APPNA, JSMUAANA, Child Aid Association (NGO), Rotary International, and the NICH. After this lab, the most common form of childhood leukemia (ALL) survival rate increased to 80% with new treatment protocols.

### Laboratory upgrade:

NICH is the only public sector hospital in Karachi where children with leukemia and other cancers are tested and treated at no cost. We are working to improve the NICH lab into a

# APPNA KHUDI

state-of-the-art facility to encourage genetic and biomedical testing and research in Pakistan, which can lead to a comprehensive clinical genetics teaching and training program at NICH.

Executing bodies:

1. JSMUAANA, a US-based Alumni of Jinnah Sindh Medical University.
2. Child Aid Association, NICH trust, a local charity registered in the US.
3. Pakistan Society of Medical Genetics and Genomics (PSMG), a 501C organization in the US.

Plan:

1. To hire the services and offer clinical genetics training to locally qualified persons with a background in Genetics, such as M.phil or Ph.D.
2. To develop a database of disorders encompassing the area of clinical genetics for diagnosis and counseling services.
3. To start the online clinical service

The Future:

We are proud to see living, walking, and talking survivors of childhood leukemia. Next, we plan to help communities with avoidable autosomal recessive disorders in our society due to consanguineous marriages.

Carrier screening can be offered before or during pregnancy and is a valuable tool for helping understand the risk of having a child with an autosomal recessive disorder.

Dreams do come true, so we keep dreaming.



## REMINISCENCE OF A DREAM-HOW PAPS CAME INTO BEING!!



Dr. Muhammad Siddique Khurram: President and founding member of Pakistani American Pathologists' Society (PAPS). Staff Pathologist at HCA North Cypress, Clinical Assistant Professor Sam Houston University.

Finding my feet in the US healthcare system as a pathology trainee, I realized the dire need for guidance and resource pooling for pathology aspirants of Pakistani descent. We did have a decent number of Pakistani pathologists training and practicing in the US, but there was no formal platform to unite them under one banner. So, we devised a plan to establish the Pakistani American Pathologists' Society (PAPS) to provide quality education, create a mentorship channel for incoming NRMP pathology match applicants, and develop a strong networking platform. As a result, I was joined by 14 similar-minded pathologists leading to the foundation of this non-profit organization.

What started from a group of 14, hoping to achieve the above-mentioned goals, is now a continuously growing community of 200+ practicing pathologists in academic settings and private practice, fellows, and residents in training who have come together to develop a strong network in this rapidly flourishing specialty in the US. We are working on multiple fronts to streamline the transition of pathology aspirants from Pakistan to the US. We have conducted numerous seminars dispersing information about different aspects of the practice of pathology in the US, e.g., Visa guidance, Pathway to Pathology, and Entrepreneurship, to name a few. This concerted effort is not only helping Pathology Match applicants understand the system and its nuances and eventually matching but is also shaping the career development of graduating trainees. Another such effort is our plan to conduct a seminar on contract negotiations for our trainees to help guide them when signing job contracts.

This platform has centralized and even created multiple pathology rotations and electives, research, leadership, and mentorship opportunities for residency applicants. We have arranged over 40 pathology rotations and observerships in our first year (2021) for Pakistani students, and the number rose to 70 observerships placements last year before Match 2023 season. We also assist them by reviewing their personal statements, and ERAS applications, conducting mock interviews, and helping with their visa applications. We reviewed resumes and conducted mock interviews for 25 and 43 students in NRMP Match 2022 and 2023, respectively. In addition, numerous PAPS students had their





abstracts accepted and presented posters at multiple National Pathology conferences and meetings. The trend is only growing with time.

Our education committee conducts monthly lecture series with eminent speakers covering disease classification updates, practice guidelines, and diagnostic challenges in multiple subspecialties. These presentations have been beneficial for all levels of pathology practice. I take pride in sharing that PAPS has grown exponentially in such a short time since its inception. It won't be an overstatement to say that more than 75-80% of new Pakistani pathology aspirants either know about PAPS through our work or word of mouth by those who attest to our achievements. PAPS has also mentored students from across the globe.

One of our major achievements is to be recognized as a mainstream pathology society by the United States and Canadian Academy of Pathology (USCAP). We were granted companion society status and invited to have our inaugural meeting as part of the USCAP annual meeting. As a result, we had a very successful first annual meeting at USCAP 2022 in Los Angeles and hosted another educational session at its Companion Society Meeting at USCAP 2023 in New Orleans. This recognition is a testament to the leadership role of Pakistani American Pathologists in the field.

Although we are striving to pave the path for Pakistani doctors in their pursuit of medical training in the US, we are concurrently working on projects to help upgrade the practice of pathology back home too. PAPS Outreach Committee has successfully established a pathway for subspecialty training opportunities in the US for junior faculty and early career pathologists from Pakistan. Subspecialty workshops, teaching sessions, and visiting faculty programs have been established with multiple institutions in Pakistan to provide a platform of collaboration between the North American and Pakistani pathology communities.

While trying to establish a strong Pakistani pathologists' community in the US, we have not forgotten our responsibility towards our home country. This year's devastating floods in Pakistan generated a strong, compassionate response from the PAPS membership. Our Social and Welfare Committee raised over USD 20,000 donations from PAPS leadership and members. We collaborated with multiple organizations in Pakistan to help provide relief to flood victims through free medical camps and necessities like food and shelter.

I am very proud of the PAPS team and extremely grateful to our members for what we have achieved together. It would not have been possible without everyone's involvement, trust, and support. I hope our members will continue the momentum through their active engagement. I am honored to witness the realization of the dream I once had, and I'm happy that I took the initiative from scratch.

All these efforts stem from one motivation, helping our fellow countrymen in circumstances where we didn't have these resources and guidance.



## “Minar-e-Pakistan” in the heart of the Cleveland Cultural Garden, Ohio.

Dear fellows,

I am writing to you today to express the importance of “Minar-e-Pakistan” in the heart of the Cleveland Cultural Garden, Ohio. This monument emphasizes its value at both national and international levels. The Minar-e-Pakistan holds a special place in the hearts of all Pakistanis and represents our struggle for independence from British colonial rule.

The Minar-e-Pakistan was erected in the city of Lahore to commemorate the historic resolution passed on March 23, 1940, which called for the establishment of a separate homeland for the Muslims of the Indian subcontinent. This resolution led to the eventual creation of Pakistan in 1947, making it an essential symbol of Pakistan’s identity and sovereignty.

At the national level, the Minar-e-Pakistan serves as a significant historical site and an essential tourist attraction. It reminds us of the sacrifices and struggles of our forefathers who fought for our independence. It is a source of national pride and a symbol of unity for all Pakistanis, regardless of their ethnicity or religion.

At the international level, Minar-e-Pakistan represents Pakistan’s rich cultural heritage and serves as a testament to the country’s resilience and determination. It is essential that we introduce this iconic landmark to the world and promote our rich culture, food, clothes, handicrafts, history, civilization, poetry, and tourism. This will help boost the country’s economy and improve our global image. We can involve local leadership to show the value of Pakistanis contributing to society in the United States. We can present our narrative and bond more friendly bridges with other nations and cultures with mutual peace and harmony.

Furthermore, I would like to propose that we raise funds (\$200,000 for phase 2) to complete the Minar-e-Pakistan project, particularly for the Pakistan diaspora living in the USA. As proud Pakistanis, it is our responsibility to contribute to this monumental project, which represents our identity and history. We can achieve this by organizing fundraising events during APPNA Annual meeting and encouraging donations from individuals and organizations.

In conclusion, the Minar-e-Pakistan is an important national monument that holds great significance at national and international levels. As Pakistanis, it is our duty to preserve and promote this iconic landmark and raise funds to complete the project. Let us work together to showcase our country’s rich cultural heritage to the world and promote tourism in Pakistan.

Sincerely,  
Aamir Hussain, MD  
Board Member of Pakistan Cultural Garden

Cell 215 668 4903  
[www.Pakgarden.org](http://www.Pakgarden.org)  
Please donate on the website or write a check to  
Pakistan Cultural Garden.  
Mailing address:  
2950 Nantucket Drive, Willoughby, OH 44094-77676  
Email: [pakculturalgarden@gmail.com](mailto:pakculturalgarden@gmail.com)  
Pay via Zelle: Cell 215 668 4903

# APPNA KHUDI



“Fate whispers to the warrior, ‘You can not withstand the storm.’  
The warrior whispers back, ‘I am the storm.’  
Unknown





## THINK ABOUT IT “Appna Khudi edition” - April 2023

Arif Ahmad FACC, FHRS

Cardiologist from Wisconsin

Chair APPNA Publication Committee 2023



A jaw-dropping Manto moment happened during my recent radio interview. At minute 17, my African American host relating to Muslims in America post 9/11, said that we felt that it was the first time we fit in better now that there was another group lower on the pole than us.

Jews, Hindus, and Muslims all represent about 1-2% of the US population. Jews excel with their financial acumen. The Hindu clout based on their effort, intellect, and unity is growing exponentially in the West. Some examples are the UK's Prime Minister, the USA's Vice President, and the Deputy Head of Ireland.

President Biden recently alluded to this jokingly that they will take over the Americas. Indian Hindu children predominantly attend Best Brains and similar tuition centers of excellence. My Indian friends tell me that youth focuses heavily on education in India. I applaud them. We can learn from them.

Our strength is in being together, says the first line of “Why Join AAPI,” the American Association of Physicians of Indian Origin.

Their life membership is a one-time payment of \$100 only.

Their membership is in the six figures. They have 33 officers.

APPNA life membership is \$1875, with a membership of about 3000 and 56 officers.

Running for office in AAPI is expensive. Vice President and each Board of Trustees \$5000 non-refundable. Secretary, Treasurer \$2500 non-refundable. Regional Director \$1000 non-refundable.

AAPI divides its structure into 12 regions of the USA, covering all the States. All physician members are represented and accounted for. Interestingly there are no medical college alumni on the AAPI website. Is this by chance or a brilliant calculation, as most of the Karachi-Lahore turf battles in APPNA arise out of the Alumni model. Alumni have a distinct advantage in the APPNA model and must work for our broader unity and growth.



APPNA also has gaps in identity and representation. For example, many medical colleges lack alumni, and several states have no chapters.

Which of the two above is a more inviting and unifying model? Are we at APPNA stuck in an inherently exclusive, unequal, and elitist model, our West Pakistan syndrome? Incidentally, at the time of this writing, one US dollar equals 82 Indian Rupees, 106 Bangladeshi Taka, and 283 Pakistani rupees.

AAPi owns its American heritage. Their web address is [aapiusa.org](http://aapiusa.org). Ours is [appna.org](http://appna.org)

Their mission states, "AAPi is a forum to facilitate and enable Indian American Physicians."

The US Pledge of Allegiance, "advance the American creed of one nation under God, indivisible with liberty and justice for all," is part of the AAPi vision.

APPNA is silent in owning its North American heritage.

APPNA one plus one, is a membership drive started in 2022, requesting each member to recruit another member for APPNA. In the following weeks, an APPNA member texted to let me know that he was able to recruit several new lifetime members into the APPNA fold. He is Dr. Omar Atiq, who happens to be the President-elect of the American College of Physicians. Such is the mindset of a winner.

There are no easy fixes here. There is some low-hanging fruit, however. First, we can open up to the taste and sensorium of the younger generation. Have the younger folks pick up food menus and music for our meetings. Let us invite some younger Coke Studio artists. This is an easy way to open our arms and be more welcoming and inviting.

To those choosing not to join APPNA, I say,  
"Please join and become the change you desire."

Our collective brilliance and Khudi are awareness, wisdom, evolution, and a mindset.

History is never kind to weak communities.

Think about it.



The last few writings celebrate an APPNA family for their constructive participation, an essential component of collective success.





# The World's Grandfather

## by Anisa L.

This is a poem I wrote and read for my grandfather in 2019 alongside my siblings and cousins when he was awarded a distinct honor by the People to People DE chapter.

A generation-surfing gold medallion  
a pocket watch that still swings by its chain  
the iPhone sitting in your pocket  
maybe your great great great great grandmother's cousin's wife's emerald engagement ring

And most especially  
the heart of our beloved grandfather  
are all prime examples of the classic  
timeless,  
priceless things that can exist in this world

A heart pure to the point where  
you could cut it out of the bustling 21st century  
and paste into any era, past or present  
as a Parisian baker  
Soldier or shoemaker  
Grumbling Caveman to neon space suit-wearing president of Pangea  
and it would still make more than enough sense for him to be there

Because the things that make his heart whole  
come with no expiration date  
The love, kindness, consideration, awareness, motivation, and action  
empathy, curiosity, and communication  
& Most notably:  
The "Always thankful but never satisfied with how things are" mentality

His heart isn't like the prize you celebrate once before perching it up on a shelf  
besides the memories and dust bunnies.  
It's a force of nature, an ever continuous cycle  
running the marathons  
picking up the landline and cell phone and iPad and email message  
stamps & poetry & prayers  
Because to him  
the line between family and almost family is clear to see as the specks of sugar spiraling around a warm  
cup of tea

All of this to simply  
build bridges between  
heart to heart  
person to person  
people to people.

## COLLECTIVE BRILLIANCE Working together with family and friends

Saleem A. Khan, M.D. 04/18/2023



(In this article, the efforts of many people working in harmony are documented as an example of collective brilliance.)

Over the years, I have worked on many worthwhile projects and have achieved many important goals.

My most recent project was writing a book. The more I thought about this project, the more convinced I was that alone, I could not complete such a big project. I contacted my sisters, Naeem Anwar and Tasneem Asmat. Our discussions helped us clarify our goals and how to achieve them. We felt strongly that writing the amazing story of our Dad would be a very good idea.

We knew his beginning was from a very humble background. He grew up under British rule in India and was discouraged from pursuing a college education. Besides that, he had another big challenge; he belonged to a poor family who could not even imagine being able to come up with needed money for college expenses. Growing up, we had heard from Dad how he faced many challenges and turned them into opportunities.

Our task was huge. We thought it was essential to gather everything possible about Dad in one place. It included his awards, medals, books, and articles that he wrote. My younger sister Tasneem worked hard to locate those articles of great importance. Over a period of time, as she discovered memorabilia, she took photographs and shared them with me because I was going to be the author of the book. We contacted several family members and friends to request they share photos related to Dad and his work with us. We also asked them to write about their memories of our Dear Dad.

Things started moving slowly but surely. Now the question was how to put all those pieces together in a coherent fashion. At this point, I contacted Gretchen Elhassani, who is an established author. She gladly agreed to guide an editor and project manager. She started by interviewing family members and Dad's former students. I provided her with a lot of information about Dad's work, family relations, and his impact on the lives of others everywhere in Pakistan and abroad. She did her research and wrote the manuscript. This was a good beginning to our project.

My older sister and I discussed every little detail about Dad's life almost daily. She would often call family members in Pakistan to clarify and confirm certain observations. I started reading the documents about Dad I could find online and tried to understand his professional writings. At times I contacted one of Dad's former students, Dr. Habib-Ur-Rehman, to help me understand the technical terms related to agriculture sciences. At times it appeared my sister Naeem, and I were on a fact-finding mission as we wanted to make sure everything we wrote was as accurate as possible. My editor Gretchen and I had serious discussions about different aspects of the book and did several revisions.

My granddaughter, Usma Lateef, offered to write a heartwarming introduction to the book. I wrote the preface and gratitude section. Several well-known community leaders wrote wonderful pre-publication reviews. I feel very proud that Lieutenant Governor Bethany Hall-Long wrote the foreword and a well-known author Professor Muqtedar Khan endorsed the book with a message of Hope on the cover page.

Towards the end, my granddaughter Anisa Lateef proofread the book again and made very helpful suggestions. Finally, after checking and rechecking many things, my editor Gretchen uploaded the book and made our family's dream come true. Alhamdulillah (Thank God), the book *Against the Odds: A Story of Courage, Faith and Resolve* is now available on Amazon.com and Barnes & Noble.

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## **Introduction I wrote for my grandfather's book about his father, my great-grandfather.**

My grandfather is Saleem A. Khan. The book is an inspirational biography of my great-grandfather, "Against the Odds," available now on Amazon.com and Barnes & Noble.  
By Usma Lateef

In fourth grade, I had to do a project on my family lineage and was instructed to bring in family heirlooms to class. Our family doesn't have anything passed down, so I felt dejected upon seeing my classmates bring in objects that were passed down in their families for generations. But then I remembered my grandpa, who is the author of this book, telling me about his father and his achievements. Thus, I did research on my great-grandfather, printed the cover of his book out, and prepared some points about him.

When it came to presentation day, the parents were fascinated by my table even though there were just papers and no family heirlooms. I told them how my great-grandfather discovered that beta carotene was found in grapefruits and how he helped Pakistan with his



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research on kinnows, even though I didn't really know what that meant at the time. Five years later, I can finally fully understand the impact my great-grandfather had on my grandpa's life and the lives of many others, from my grandpa telling us more about his father over the years. I learned that his father had made important discoveries in horticultural sciences, which coincidentally is a field that I am thoroughly intrigued by and plan to study in college.

In the summer of 2019, my family and I took a trip to San Francisco. Per my request, we visited UC Berkeley since I knew that my great-grandfather attended the school. I was enthralled by every corner of the campus, knowing that my great-grandfather had been there many years ago. Once my grandpa heard about our excursion, he immediately requested to have a few copies of his father's certificate from the university sent to him; one of them is framed and sitting on my desk after my grandpa gifted it to me.

Even though my great-grandfather didn't have the money to afford college, he found ways to pursue his education and succeed nonetheless. With courage, faith, and resolve, my great-grandfather excelled against the odds. People are still benefitting today from his research and discoveries, which were made possible due to his raw hard work and determination.

It is certainly an honor to introduce, a book about my great-grandfather, *Against the Odds: A Story of Courage, Faith, and Resolve*.



## SAVING MOTHEROUR

Saleem A. Khan, M.D.

April 22, 2023

Over the years, scientists warned us often,  
Environmental activists tried to make us aware  
But we continued to ruin our planet Earth.

By paying close attention to our surroundings,  
We may find so many things wrong everywhere  
And realize how our ecosystem is imbalanced.

We hardly ever stop and ask ourselves,  
Why do we make our water bodies dirty  
And why do we pollute our air all the time?

Many of us are so busy and preoccupied,  
We do not understand the problems well  
And do not make sincere efforts to solve them.

It is crucial, we remind ourselves and others,  
To reduce the waste, use reusable products  
And try planting more trees whenever appropriate.



## INTERESTING JOURNEY

Saleem A. Khan, M.D.

October 2, 2021

Fifty Years have already passed,  
Since we saw each other for the first time  
And started our interesting journey together.

It has been a real long journey,  
Full of turns and twists and challenges,  
But mostly full of happiness and enjoyment.

We visited Empire State Building and Disney,  
We went to Niagara Falls and White House,  
And saw the Golden Gate bridge and Hollywood.

We prayed in front of Kaaba and masjid Nabavi  
We were in Masjid Aqsa and Hagia Sophia  
And we saw the Dome of Rock and Petra.

Half a century back, when we met,  
We were young and inexperienced.  
We ventured into uncertain territories nervously.

We dealt with many new situations,  
To the best of our judgement,  
Always praying for the best results.

Looking back, Allah always helped us a lot.  
He showed us the right paths  
And kept us from getting distracted.

Over the years, we had so many blessings,  
We cannot even count them  
And we do not know how to thank Allah.

Allah blessed us with a daughter and a son,  
Then one after another, seven grandchildren.  
Because of them, our lives are very fulfilling.

We realize, all good things end one day  
And we are on the last lap of our journey.  
We pray, when it is our time, it is with Iman.





## PHYSICIANS OF PAKISTANI DESCENT

**Saleem A. Khan, M.D. - KE 1969 - 04/16/2023**

For more than sixty years, Pakistani physicians have been coming to the United States for higher education. They received training in many different fields, from internal medicine to interventional radiology and from psychiatry to neurosurgery.

Many of them came to this land of opportunity determined to get their desired training and return home. They found themselves in a challenging situation because they received offers for nice jobs and easily manageable loans to buy good houses and cars. Many thought they could work for a few years and then go back. But things didn't work out that way. They became parents, and their children were well-adjusted to a life in the only country they knew.

The longer these physicians lived in the U.S., the more difficult it became for them to return to their homeland. As a result, a large percentage of them ended up establishing themselves in America. They became an integral part of the communities in which they lived. They started enjoying what America had to offer them for their professional growth and financial prosperity. They began to contribute to the sociopolitical life of their cities and towns. It was because of their efforts that many Mosques were built. Gradually their children started excelling in school and college and continued the tradition of excellence started by their parents.

They mostly socialized with people like themselves. Even though they made good friends at work, for the most part, those friendships did not extend to their home life. As time passed, they developed a reputation for being law-abiding citizens and were considered very well off financially.

A small number of them went back to Pakistan and faced a lot of adjustment problems; we could call it "reverse culture shock." However, they persevered and found ways to establish themselves in the big cities of Pakistan and started enjoying the status of "foreign-trained specialists." There is another group of physicians who went back to Pakistan (or the Middle East) and could not relate to the day-to-day life there and returned to the U.S. forever.

Initially, when they came to America, they went through different phases of cultural shock (initial excitement, anger, depression, and finally accepting the new culture). Even when they came to the U.S. after studying medicine in English, they found that American English was different. They could not pick up the accent quickly. On their job, they had a hard time relating with abbreviations used in the medical practice. Some felt they were listening to some sort of shorthand (or an entirely new medical language).

Foods available to them caused another challenge. They were very different compared to Pakistani spicy foods. Another issue was where to find halal meat (meat approved according to Islamic guidelines). Gradually things changed, and they started enjoying life and became very important members of their communities. According to a survey conducted in 2019 –

1. Most Pakistani Physicians felt respected in the areas they now call home.
2. A vast majority of them regularly help Pakistan financially.
3. Many of them would like their children to become physicians too.
4. A large number of them have visited the Holy lands (Makkah and Madinah)
5. A small number still think about going back to Pakistan and living there.
6. Most of them are living in big homes and do not want to downsize

## “KHUDI” and Chat GPT

by Laiq Ahmed Siddiqui



Since Chat GPT is becoming major AI (Artificial Intelligence) tool for the online content creation, I thought to explore what ChatGPT provides in regard to word “KHUDI”. Here is what I asked and what was Chat GPT response:

### **This is what I asked to Chat GPT:**

Write 1000 words article about word khudi?

### **ChatGPT replied:**

Khudi, a term coined by the renowned poet and philosopher Allama Muhammad Iqbal, is a concept that represents the idea of self-discovery and self-realization. This concept has been one of the central themes of Iqbal’s philosophy and poetry, and it has had a profound impact on the people of the Indian subcontinent and beyond.

The word Khudi is derived from the Persian language and means self or ego. In Iqbal’s philosophy, Khudi represents the idea of discovering one’s true identity, purpose, and potential. He believed that every human being has the potential to achieve greatness, but that potential can only be realized through a deep understanding of oneself.

According to Iqbal, the pursuit of Khudi is the highest form of spiritual and intellectual development. He believed that true spiritual growth can only be achieved through self-discovery and self-realization. This involves a process of introspection and self-reflection that leads to a deeper understanding of oneself and one’s place in the world.

One of the key themes in Iqbal’s philosophy of Khudi is the idea of individualism. He believed that every individual has a unique identity and purpose in life that is different from anyone else’s. He encouraged people to embrace their individuality and to resist conformity to societal norms and expectations. In his view, true greatness can only be achieved by individuals who have the courage to think for themselves and to follow their own path.

Another important aspect of Khudi is the idea of action. Iqbal believed that the pursuit of Khudi requires not only self-reflection but also action. He believed that individuals must

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take responsibility for their own lives and work actively to achieve their goals and fulfill their potential. In his poetry and writings, he often stressed the importance of taking action and working towards one's dreams and aspirations.

Iqbal believed that Khudi is a universal concept that is not limited to any specific religion or culture. He saw it as a fundamental human need that is essential for spiritual and intellectual growth. He believed that Khudi could be applied to anyone, regardless of their background or circumstances.

In his poetry, Iqbal often used the metaphor of a bird to represent the pursuit of Khudi. The bird represents the individual soul, which is free to soar to great heights if it is able to break free from the constraints of society and discover its true identity. In his poem "The Eagle", Iqbal writes:

"The eagle that soars in the upper air  
Does not worry itself how it is to fare;  
It knows that it will find its prey somewhere,  
And that its wings will not fail it there."

This metaphor illustrates the importance of breaking free from societal constraints and finding one's true identity and purpose.

In Iqbal's philosophy, Khudi is not just an individual pursuit, but it is also a social and political one. He believed that the pursuit of Khudi requires individuals to work towards creating a just and equitable society. He believed that individuals must use their Khudi to work towards the betterment of society as a whole.

In his poem "The Message of the East", Iqbal writes:  
"The East is a laboratory for mankind,  
The purpose of which is the realization of the self,  
The most precious gift of God to man,  
The crowning glory of human excellence."

This poem illustrates Iqbal's belief that the pursuit of Khudi is not just a personal endeavor, but it is also a social and political one. He saw the people of the East as having a unique opportunity to use their Khudi to work towards the betterment of society and the world.

In conclusion, Khudi is a powerful concept that represents the idea of self-discovery and self-realization.



## WEB LINKS

### **Arif Ahmad, FACC, FHRS interview,**

Wisconsin Life, WPR and Morning Edition, NPR

<https://wisconsinlife.org/story/madison-writer-and-cardiologist-celebrates-the-good-samaritans-in-his-life/>



Ali Abbas Khan is a News Producer with ABC channel 27 in Madison, WI.



Dr. Farhat Abbas Khan  
Medical Director Emergency Medicine  
Alina Madical Center In Madison WI

### **My Punjabi spiritual Kaafi sung by Ustashi Hamid Ali Khan is being shared here.**

<https://youtube.com/watch?v=VeaAyt0XnA&feature=share>

Ali Abbas Khan is a News Producer with ABC channel 27 in Madison, WI.

His coverage of Eid and Ramadan in Madison aired every Sunday during prime time on ABC in Wisconsin. His Videos are being shared here.

### **Breaking fast UW Madison**

[https://www.wkow.com/news/breaking-fast-uw-madison-students-find-spiritual-fulfillment-and-community/article\\_2f237602-ccb0-11ed-b921-4b7c037eae26.html](https://www.wkow.com/news/breaking-fast-uw-madison-students-find-spiritual-fulfillment-and-community/article_2f237602-ccb0-11ed-b921-4b7c037eae26.html)

### **Afghan refugee turned entrepreneur**

[https://www.wkow.com/news/breaking-fast-afghan-refugee-turned-entrepreneur/article\\_4221ad32-d1b5-11ed-b00e-e3ae9784b702.html?utm\\_medium=social&utm\\_source=email&utm\\_campaign=user-share](https://www.wkow.com/news/breaking-fast-afghan-refugee-turned-entrepreneur/article_4221ad32-d1b5-11ed-b00e-e3ae9784b702.html?utm_medium=social&utm_source=email&utm_campaign=user-share)



## WEB LINKS

### **UW Health workers reflect on fasting on the job**

<https://youtu.be/o2eVt2wxD90>

### **Madison muslims celebrate Eid**

<https://youtu.be/8LZx7fdOAE8>

### **Lara Zuberi poetry link**

Hematology/Oncology  
Baptist MD Anderson  
Jacksonville Florida

<https://www.youtube.com/shorts/zN5LthFo2ms>

**This is a story of one Physician of Pakistani Descent of North America who contributed in a humble way towards building a medical institution with a joint effort from local counterparts resulting in collective success.** Dr. Azim Jahangir Khan returned to his hometown of Lahore in 2005 after having spent around 15 years of his life in the United States, where he learned, practiced, and taught dermatology, laser, and cosmetic surgery. He was board certified in Internal medicine and dermatology with accredited fellowship training in wound healing and then cosmetic surgery under the auspices of the American Academy of Cosmetic Surgery. His wish was to contribute towards the Pakistani health system by establishing an institute for training in dermatology, laser, and cosmetic surgery at par with US institutions. With a collective effort of his trained team in Pakistan, it took them more than a decade to build an institution accredited by ASDS (American Society for Dermatologic Surgery) for the International Fellowship program as one of their four accredited sites in the world.

<https://youtu.be/r2I3QjHSpKs>

### **Dr. Saima Firdoos aka Shaheen**

Physician from Boston

<https://www.youtube.com/watch?v=xiiXou-fAkQ>

### **Dr. Yasmeen Haq. Mala song recording**

<https://www.youtube.com/watch?v=eswzBXQvTWI>

### **Interview Professor Dr. Abdul Bari Khan President Indus Health Network, Pakistan**

[https://youtu.be/IHLXdRZy\\_CU](https://youtu.be/IHLXdRZy_CU)



# APPNA KHUDI

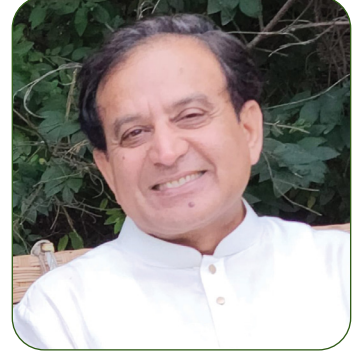


Photography by Dr. Atif Qureshi from Wisconsin



Urdu section starts  
from next page

## اداریہ جاوید اکبر



### خودی اور خودی کا ماتم

ایسا لگتا ہے کہ پچھلی صدی پاکستان میں بسنے والوں کے لئے خودی کی تعلیم کی صدی تھی اور یہ صدی خودی کے ماتم کی صدی ہے۔ ہم پاکستانیوں کی وہ تیسری نسل ہیں جس نے بچپن سے لڑکپن، جوانی اور اب ادھیڑ عمری کے سفر میں پاکستانیوں کی عزت نفس کو آہستہ آہستہ مرتے دیکھا ہے۔

ارض پاک پر حکومت کرنے والے راہبر تو بالکل نہ تھے مگر راہزن ضرور تھے۔ خود غرضی کے زہر نے ہماری پاک دھرتی کے جسم مقدس آہستہ آہستہ کھایا۔ 1971 کے بعد آدھے پاکستان کو بھی نہ بخشا گیا اور اس کی رگ جاں پر بھی پے در پے وار کئے گئے۔

خداوند یہ کیا ماجرہ ہے کہ تیرے نام لیوا توحید و رسالت کے علمبردار پھر شیطان کی سرپرستی میں کیونکر پنے لگے۔ جھوٹ آج کے پاکستان کا سب سے بڑا سچ ہے۔

کیا کبھی حالات کبھی اچھے بھی ہونگے؟ کوئی نہیں جانتا۔

عزیزوں! ایک عہد تو ہم کر ہی سکتے ہیں کہ مستقبل جو کچھ بھی ہمارے لیے لائے، ہم صرف سچ کا ساتھ دیں گے۔ نفرتیں نہیں پیچیں گے بلکہ محبت کو موقع دیں گے۔ اپنے کردار کی اصلاح سے شاید ہمارے حالات بدل سکیں۔۔۔۔۔ شاید

## خودی اور اجتماعی ترقی



راؤ کامران علی  
تیز ہے نوک قلم

برادرم عارف نے khudi & collective brilliance جس کا لفظی ترجمہ خودی اور اجتماعی ترقی ہے کے عنوان سے تحریر کا حکم دیا۔ راقم نے اسے اجتناب برتنے کی کوشش کی لیکن عارف بھائی کے احترام میں لکھنا ہی پڑا۔ انکا کہنا ہے کہ ہم میں انفرادی طور پر بہت دم ہے لیکن اجتماعیت نہیں لہذا اجتماعی ترقی نہیں۔

خودی کو جب پڑھا تو اسکی تعریف یہ ملی

”خودی ایک وسیع المعانی لفظ ہے، جو کلام اقبال میں جا بجا استعمال ہوا ہے۔ خودی سے اقبال کی مراد اردو، فارسی کے مروجہ معنوں میں تکبر و غرور نہیں، بلکہ اقبال کے نزدیک خودی، احساس، جرأت مندی، غیرت، جذبہ خود داری، اپنی ذات و صفات کا ادراک رکھتے ہوئے اپنی انا کو شکست و ریخت سے محفوظ اپنی دنیا اپنے زور بازو سے پیدا کرنے کا نام ہے۔“

اب سوال یہ پیدا ہوتا ہے کہ کیا ہم میں خودی واقعی موجود ہے؟ مذکورہ بالا تعریف کی روشنی میں میرا ماننا ہے کہ ایسا نہیں ہے۔ ”اپنا“ کے ڈاکٹر منجھے ہوئے اور ”جُنے ہوئے“ لوگ ہیں۔ بہترین طالب علم پاکستان میں ایم بی بی ایس میں پہنچتے ہیں اور ان میں سے بہترین امریکہ پہنچتے ہیں۔ تاہم اسکے باوجود کیا ہم کامیابی کے ساتھ خودی کو پاسکتے ہیں؟

سوال یہ پیدا ہوتا ہے کہ خودی کا ٹیسٹ یا امتحان کیسے ہوتا ہے؟ عام زندگی میں تو کام کیا پیسے کمائے خرچ کئے اور زندگی آسانی سے گزر گئی۔ کام پر یا گھر پر چھوٹے موٹے مسائل ہوئے بھی تو Institutional policy کے تحت حل کر لئے۔ کیا ایک عام ”اپنا“ کا ڈاکٹر خودی کے مراحل یا مسائل سے گزرتا ہے؟ ایک چھوٹی سی جھلک ”اپنا“ کے الیکشنز میں نظر آتی ہے۔ ایک انتہائی پڑھا لکھا ڈاکٹر یونین کونسل کے الیکشن کے انگوٹھا چھاپ کونسل کی طرح برتاؤ کرتا ہے۔ دہائیوں پرانے دوست آنکھیں ماتھے پر رکھ لیتے ہیں۔ لسانی تضادات ایسے ابھر کر آتے ہیں جیسے ابھی ابھی انڈیا پاکستان کی تقسیم ہوئی ہے اور پاکستانی مسلمان پنجابیوں پر سکھوں کا اور انڈین پنجابی سکھوں پر پڑوس کے بھائیوں جیسے مسلمانوں کا قتل عام فرض ہوا ہے۔ ایسے لوگ آپ کو فون کر کے سطحی اور کریہہ طریقے سے بارگین کی کوشش کرتے ہیں کہ فلاں کمیٹی میری اور فلاں میرے دوست کی تو ہمارا گروپ ووٹ دے گا کہ مجھ جیسا بندہ آگے سے کہے؛ ”چلو شاباش کام کرو میرے بھائی اور مخالف کو ووٹ دیکر جنت کماؤ!“

جیسے جب خون کی ضرورت ہو تو دھرم یا زبان نہیں پوچھی جاتی؛ ہر کسی سے لے لیا جاتا ہے، ایسے ہی کوئی کام ہو تو ہر ایلومینائی کا ہر ڈاکٹر کسی کو بھی آدھی رات کو اٹھا لیتا ہے لیکن الیکشن میں ایک دم یاد آتا ہے؛ او ہو میں تو فلانی ایلومینائی کا ہوں اور ”ہمارا اپنا بندہ“ (جس سے کبھی ہماری بات تک نہیں ہوئی) کھڑا ہے تو



# APPNA KHUDI

اسکے مقابلے میں اسے کیوں ووٹ دینا جسے ہم آدھی رات کو اٹھا لیتے ہیں؛ ویزے کا مسئلہ ہو؛ اسٹوڈنٹ لون کا مسئلہ ہو؛ ایکسٹرن شپ کا مسئلہ ہو، کسی فیملی ممبر کا مسئلہ ہو یا کوئی بھی مشورہ لینا ہو۔

خودی کی تربیت کرنی پڑتی ہے جیسے بہترین سرجن بننے کے لئے سرجری کی؛ دل اور دماغ بڑے کرنے اور رکھنے پڑتے ہیں۔ خودی انسان کو حالات سے لڑنے کی تربیت دیتی ہے۔ یہ تربیت آپکو مشکل حالات میں سخت فیصلے کرنے اور ان پر ڈٹے رہنے کا حوصلہ دیتی ہے۔ یہی حوصلہ گھریلو زندگی اور کاروباری کامیابی میں دوسروں سے ممتاز کرتا ہے؛ لوگوں کو قابل بھروسہ بناتا ہے۔ آس پاس نظر اٹھا کر دیکھ لیں کون لوگ کاروباری اور ذاتی زندگی میں کامیاب ہیں اور کون ہیں وہ جو ایک بار تو آنکھیں ماتھے پر رکھ لیتے ہیں لیکن پھر رہتی زندگی مشکل وقت میں ٹیکسٹ یا کالیں ہی کرتے رہتے ہیں اور جس جس کے ساتھ “سو تیلہ پن” کیا تھا؛ خودی ”والا وہ بندہ انکی فون نیل کو دیکھ کر واٹس ایپ آن کر کے اپنی پسند کا میوزک سن کر جھومنے میں مشغول ہو جاتا ہے۔ زندگی جب سبق سکھاتی ہے تو پھر آپ کو “خودی” کی ویلیو سمجھ میں آتی ہے۔

راؤ کامران علی  
تیز ہے نوک قلم

## حمد باری تعالیٰ

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

میری ذات تو ہے محمود اور تو ہے لامحدود  
اور میرا ذہن تیری وسستوں کو سمجھنے سے قاصر  
پھر میں تیری حمد و ثناء کروں تو کیسے کروں

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

تو سب کائناتوں کا بنانے والا۔ سب کا پروردگار  
اور میں ذرہ خاک ہوں۔ اک نہ چیز ہوں  
پھر میں تیری حمد و ثناء کروں تو کیسے کروں



سلیم خان

تو جسے چاہے عزت رے۔ جسے چاہے ذلت دے  
اور میں بھی گڑ گڑا کر تجھی سے مانگتا ہوں  
پھر میں تیری حمد و ثناء کروں تو کیسے کروں

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

## اللہ ہوا اللہ ہو

صبح و شام سبزہ زاروں میں تیرا ذکر۔ ریگستانوں میں تیرا ذکر

اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو

ہر سو ہے، تو ہی تو تو ہی تو تو ہی تو تو ہی تو تو ہی تو

قلندروں صوفیوں اور درویشوں کی زبان پر بھی۔ ورد جاری ہے

اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو

ہر سو ہے، تو ہی تو تو ہی تو تو ہی تو تو ہی تو تو ہی تو

ہم گناہگاروں کو بھی توفیق دے مولا۔ ہم بھی کہنے لگیں

اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو

ہر سو ہے، تو ہی تو تو ہی تو تو ہی تو تو ہی تو تو ہی تو

اللہ کی یاد میں بندہ ناچیز نے یہ چند الفاظ قلم بند کیے

سلیم خان

ڈیلاویئر، امریکہ

مئی، 201525

عرشوں پہ ہر لمحہ۔ ملائکہ تیری تسبیح میں ہے مصروف

اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو

ہر سو ہے، تو ہی تو تو ہی تو تو ہی تو تو ہی تو تو ہی تو

زمین پر چرند پرند بھی۔ ہر وقت تیری حمد و ثناء کریں

اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو

ہر سو ہے، تو ہی تو تو ہی تو تو ہی تو تو ہی تو تو ہی تو

کیڑے مکوڑوں کو غور سے سنو۔ صدائیں آئیں گی

اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو

ہر سو ہے، تو ہی تو تو ہی تو تو ہی تو تو ہی تو تو ہی تو

سمندروں میں جتنی مخلوقات ہیں۔ وہ بھی تیری حمد کریں

اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو اللہ ہوا اللہ ہو

ہر سو ہے، تو ہی تو تو ہی تو تو ہی تو تو ہی تو تو ہی تو



## نظم

انسان کی تخلیق کا عنوان ہی خودی ہے  
 اک سلسلہ شوق فراواں بھی خودی ہے  
 گلشن کے لئے رنگ بہاراں بھی خودی ہے  
 تاروں کی طرح شب میں فروزاں بھی خودی ہے  
 ایک نکھری ہوئی صبح درختاں بھی خودی ہے  
 گر جاگ رہا ظرف تو بس یہی خودی ہے  
 ہر دور میں ہر حال میں اسکی ہی طلب ہے  
 رنگین کونین کا سماں بھی خودی ہے  
 وہ سنگ ہو آہن ہو کہ شعلہ و برفاب  
 ایک آن میں جو زیر کرے وہی خودی ہے  
 اوصاف اب میں اسکے بیاں کیا کروں عشرت  
 کرتے ہیں وہی علم بلند جن میں خودی ہے

## نظم

ماضی کے اجالوں میں شبوروز بسر کر  
 گزرے ہوئے حالات زمانے پر نظر کر  
 خوشیوں کے مسرت کے خزانے بھی ملیں گے  
 دیکھو تو زرا غم کے سمندر میں اتر کر  
 مایوس ناہور استے ہو جائیں گے ہموار  
 تو رخت سفر باندھ لے تو عزم سفر کر  
 اے دوست مئے زیست تو ہونٹوں سے لگا لے  
 یوں آتش سیال سے دامن کونا تر کر  
 عشرت وہ اگر پرستش احوال کو آجائیں  
 رہ جائے میری عمر کا ہر لمحہ سنور کر



عشرت شمیم