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DOW

NEWSLETTER**EDITOR M. SHAHID YOUSUF, M.D.**

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President's Message

I felt honored at being elected last year as the first woman and the youngest president, as DOGANA made history entering the new millennium. We have proudly built on that history. Today, because of your support, DOGANA is the strongest it has ever been, with the highest membership and the highest increase in membership ever. It has been a highly gratifying and successful year.

At assuming office last year, we outlined a vision, a strategic plan and an ambitious agenda. It included,

Increasing membership as our strength lies in numbers.

Effective communication through print and electronic media to reach out to current and potential members.

Greater efficiency and streamlining of the organization.

Generate interest and excitement among our members at the grass-roots level.

Establishing rapport and ongoing communication with our alma mater.

Identify and initiate projects whereby DOGANA contributes to Dow Medical College and Civil Hospital Karachi.

We have established a Dow Endowment Fund for this purpose and we look forward to your generous donations for the fund. Through your support and our hard work, we have been able to achieve our goals.

Additionally, we updated the database, set-up the document verification service as a membership benefit and created an informative website. Thanks to Dr. Shahid Yousuf, we published three newsletters this year. The Constitution committee headed by Dr. Iltifat Alavi, is redrafting the constitution making it better suited to the organizations current needs, which will be presented at the annual meeting. Dr. Sultan Ahmed was assigned the task of defining the criteria for the DOGANA Lifetime Achievement Award. Our councilors worked diligently at establishing communications with Dowites in the region. Dr. Shahid Rafique graciously hosted a meeting of Dowites in Atlanta, GA.

To be effective and to preserve the interests of our community- professionally, culturally and politically, the Pakistani American community needs a unified voice. APPNA is the largest and most successful association of Pakistani Americans. Our strength lies in numbers. We are poised to be the largest alumnus of APPNA and get our voices heard. We can certainly achieve this with hard work, commitment, unity and a shared vision.

I would like to thank my executive committee for their unconditional support. I would also like to thank the senior leadership of DOGANA and the past presidents who provided me encouragement and guidance. They have graciously passed the mantle of responsibility to the next generation of Dowites. Now it is upto us to prove ourselves worthy of this trust and take DOGANA to the next level. I have faith in our upcoming leadership. Our future does look bright.

Lastly, I would like to sincerely thank all the members of DOGANA for their support and kinds words of encouragement that I received throughout the year. Please come forward and get actively involved in the affairs of the organization. Join the committees of your interest. By just putting in some hard work, you will be surprised at how rapidly you can progress in the organization.

I look forward to seeing you in Chicago.

Zeelaf Munir, MD
President DOGANA



SECRETARY'S REPORT



(L to R) Dr Sadeem Mahmood, Dr Zeelaf Munir



(L to R) Dr. Nadeem Ahsan, Dr. Sadeem Mahmood



(L to R) Dr. Iqbal Jangda, Dr. Rizwan Karatela

Subject: Minutes of the April 14, 2001 The spring meeting was held at the J.W. Marriott Hotel in Washington, D.C., on April 14, 2001 at 12:45 p.m. Meeting began with Tilawat of Holy Koran by Dr. Sultan Ahmed. The meeting was attended by :Dr. Zeelaf Munir, President, Dr. Rizwan Karetela, President-Elect, Dr. Sadeem Mahmood, Secretary, Dr. Kaleem Arshad, Past-President, Dr. Sultan Ahmed Dr. Mushtaq Khan Dr. Iltifat Alavi Dr. Iqbal Jangda, Dr. Nadeem Ahsan, Dr. Abdul Rehman, Dr. Zaffar Iqbal Dr. Shahid Yousuf and Dr. Zahid Asghar.

Old Business: President Dr. Zeelaf Munir informed us that our membership drive was a huge success. In February 2001 she sent membership enrollment forms and we were able to increase our membership by 150 new enrollees. Dr. Munir also gave an update on the formulation of a database. The data has been collected from APPNA, the AMA and Dr. Karetela's Website. At present she is weeding out the duplications which will take some time to complete. The ground work for the documentation verification service has been done. The person to head the project has been selected and an office has been located. Social Uplift projects were discussed. The projects currently underway are Dr. Ahsan's project (DOW Aid Project), SIUT Aid and Aid to PWA at DMC. Further old business being addressed was that at least 250 physicians each from the 1989 and 1990 are practicing in the United States. According to the database the total number of DMC graduates currently practicing in the United States is 2600. Dr. Mushtaq Khan informed us that there was a significant number of returned mail while trying to solicit physicians from the database to join DOGANA. He suggested that we either, amongst ourselves, try and contact these

physicians or hire an outside agency to locate these individuals. It was decided that we will send all DOW graduates on the database the membership enrollment form and all names from the returned mail will be given to an outside agency to locate and contact.

New business : First on the agenda was how to improve communication in order to enhance membership. Dr. Munir recommended that we hire a full time person or a company to perform the search and follow up of Dow graduates in the database who were not members to solicit their enrollment. One venue identified was to involve regional councilors in identifying these individuals and approaching them for membership. A motion was made and unanimously passed to continue the mailings to solicit new members. The budgets for these mailings were approved by the executive committee. To Dow graduates, Dr. Nadeem Ahsan has started a list server for DOGANA. This is an effective tool for members but not good for membership solicitation. I, Sadeem Mahmood, was appointed to solicit help in manning the DOGANA booth. All present members were encouraged to call upon their batch mates for possible reunions during the July 2001 annual meeting. Dr. Mushtaq Khan will need to be contacted so that he can arrange time and rooms for these functions. Dr. Ahsan suggested we form a "mascot project" which people can identify with the association, as a way of encouraging them to be part of this association. He suggested that mascot projects will convey the message of what DOGANA can do for us here and for DOW. Projects identified which could become mascot projects included "DOW Aid Project", SUIT and possibly forming an Endowment Fund for journals and books for DMC.

These projects could be presented to the general members on Alumni night during the annual meeting in July, where one project would be chosen as the "mascot project". "**DOW Endowment Fund**". A motion was made, passed and uniformly accepted. A roster was passed in which the members present pledged sums of money to start the fund. It was also decided that this fund would be presented to the general membership at the annual meeting in an effort to increase the endowment. Details for continuing and adopting the DOW Aid Project as part of a DOGANA project was approved. It was also decided that lifemembers would be awarded plaques at the annual meeting. It was decided that every year there would be an award given to a DOW graduate for "Lifetime Achievement". Various criteria were discussed which would form the basis to select such an individual. As this would be the first time such an award would be given, it was unanimously decided that this will be bestowed upon Dr. Adeb Rizvi, the Director of SIUT. Dr. Adeb Rizvi will be invited as the chief guest to our annual meeting in July 2001. Finally, Dr. Alavi gave an update on the drafting of a constitution and by laws. In coming months a draft will be circulated in the newsletter, with final approval coming from the annual meeting in July 2001. Dr. Munir pointed out that it should clearly delineate the responsibilities of current office bearers, therefore setting a standard against which leadership qualities of future individuals would be judged. The senior executive committee commended the current cabinet for doing an excellent job for DOGANA and the meeting was adjourned.

Thanks Sadeem Mahmood
Secretary/Treasurer DOGANA

Projects Under Consideration

The Spring Meeting of the Executive Council (EC) held at the J.W. Marriott Hotel, Washington D.C. was flooded with projects to consider sponsoring. Dr. Murtaza Arain (IL), former APPNA President, asked the membership to consider Al-Shifa eye camps in Pakistan. He said some 3 % of the population of Pakistan suffers from blindness. He explained that Al-Shifa operated in remote areas including villages where amongst other operations intra-ocular lens implants were being done. This brought the membership to remember that APPNA had already allocated some \$20,000 for Layton Rahimtoola Benevolent Trust (LRBT) for eye care in Pakistan. In a previous EC meeting Mr. Farrukh Captain of LRBT said, "APPNA aankh" should be a project of APPNA in line with APPNA Sehat. Dr. Arain explained that LRBT was hospital and clinic based and patients had to make it to the centers for care whereas the eye camps of Al-Shifa went to the areas of need.

Free Clinics in USA Considered

Various proposals were considered for free clinics in US. The members pondered about various methods of cooperation with mosques, Muslim Centers, community organizations and local government. Members were informed that City of Houston was willing to grant \$ 800,000 and a currently unoccupied building for the said purpose to run the project. Some members were wary of the huge burden it would impose on APPNA membership since it would mean taking a whole project and compliance issues when one accepts government funding.

A detailed 31 page booklet was distributed for the membership to peruse regarding an APPNA Free Clinic in Chicago, IL. Some consensus building, Project Evaluation Committee's recommendations, Executive Committee vote and General Body approval will need to occur before formal action occurs. Dr. Riaz Chaudhry mentions in the booklet that the free clinic concept is not based on a handout charity. "Rather, it is centered around the belief that people who work should not be denied medical care while they are making an effort to work as productive citizens."

Executive Director Hired

With increasing demands of practice and the complexity of APPNA, EC had approved the proposal to hire an executive director. Office bearers were finding it impossible to cope with the sheer volume of correspondence on a daily basis. Phones, faxes, conference calls, emails etc were become unbearable. Proposals were floated regarding to have this work done by hiring a full time person. This has been done and he is Mr. Ted Kanellakas of Midwest Health Care Consultants for a 6 month contract on a 20 hours per week basis. His initial duties will include increasing the membership, explore the concept of free clinics and also raise funds for the organization.

Dowlink June 2001 Pg 3 of 12

The terms of his service were debated. Dr. Mushtaq Khan (IL), former APPNA President, informed the audience that the firm has considerable experience and already works for Chicago Medical Society in similar capacity. Dr. Shabbir Safdar, (MO) former APPNA President, reminded the audience that the purpose and terms of EC established by the relevant resolution had been not adhered to. Dr. Mushtaq Khan reported that APPNA had hired the firm with good track record and under favorable financial terms. In addition the legal ramifications of terminating an individual had been avoided as the terms were limited.

Financial Committee Fireworks

Dr. Sardar Daud Khan (TX) presented the Finance Committee Report. He examined the track record of the investments of the life-time dues funds which had been previously managed by assigned firms. Dr. Daud Khan reported that the investments had under performed in the past 5 years and that even money market funds would have yielded better results. He compared the returns with the S&P 500 yardstick and found them failing to keep up with this index.

Dr. Sardar Daud offered his sons services to manage APPNA Life Member Dues. A debate erupted into intense controversy. Dr. Daud stated that the services would be free of cost to APPNA and that he would not charge APPNA even one penny. The foremost objection to the proposal was conflict of interest. Dr. Ayyaz Samdhani, (WI) dissociated himself with the proposal stating that he had not been a party to these findings or proposals. Dr. Arif Muslim (NJ) former APPNA President, cautioned the audience that APPNA should not panic and that he himself had suffered losses by being aggressively invested but that the market would recover. Dr. Syed Sultan (NJ) widely regarded as APPNA's constitutional expert, stated that allowing an APPNA member to manage the fund would jeopardise APPNA's 403-C tax status. Dr. Raana Akbar (MI), Secretary APPNA, informed the audience that the losses were restricted to the Fidelity Select Technology Fund. Lamenting the losses was not a popular sentiment at this meeting. Instead the market mantra appeared to be that APPNA would recoup its losses as the markets resume their historical upward trend. Seeing the barrage of criticism Dr. Arif Toor (CT), opined "Never volunteer for finance committee."

CME Certification Obtained

Dr. Raza Dilawari informed the audience that APPNA had been granted CME certification. This means that for the educational programs that APPNA hosts, it can independently grant CME category I credit to the attendees. The meeting applauded Dr. Dilawari's efforts. Dr. Shabbir Safdar said "a dream of mine" has been fulfilled.

APPNA Village

A retirement community exclusively for physicians of Pakistani origin has been considered by APPNA previously. Earliest studies were done by the Long Range Committee headed by Dr. Ghulam Qadir (MI). He had found a site in California. This appears to be another attempt at getting the project off and running. The theory being that there are a lot more physicians nearing retirement now than there were when the idea was first explored. Dr. Kazi gave the details of the project which he said would be located in central Florida and would consist of independent homes with cost range of \$ 250,000 to \$ 300, 000 per home. Some 180 acres has been a planned size of the development. The existing homeowners may be granted first rights of purchase of any unit that is being planned for sale. Dr. Busharat Ahmad (MI) observed that he has seldom seen members of our physician community retire. Other members stated that the differing lifestyles and desire to be close to ones children would be a predominant concern in retirement relocation. This would make the current project unlikely to attract a large following. Dr. Kazi's presentation style was humorous and brought the house down when he showed the elevation of various models and who amongst the audience would occupy them. The physicians named included Dr. Raana Akbar and Dr. Arif Muslim.

APPNA Sehat

Dr. Ashraf informed EC that the Canadian Government had given a 3 year grant to APPNA Sehat of \$ 225,000. This amounts to some 30 % of its operating budget. In addition a memorandum of understanding had been reached with UN Development authority for projects in Pakistan.

Regional Director of APPNA has been able to proceed to London School of Economics (LSE) for studies. There had been a fundraiser at the fall 2000 San Francisco meeting for this purpose. Since all the funds required were not collected, LSE has agreed to pick up 50% of the costs for his education.

Amongst the highlights of achievements, Dr. Nasim Ashraf informed the audience that some 98 % of the under 5 year old children in Sehat villages have been immunized against TB which is making a comeback in Pakistan. Some 92 to 97% of pregnancies result in live births. Thirty two percent of eligible couples are using birth control and the population growth rate in Sehat villages has fallen from 2.7 - 2.8 % to 1.5% growth rate.

HDF and APPNA Sehat confusion

Despite several years of existence many members remain unclear about the distinctions that



exist between HDF (Human Development Foundation) and APPNA Sehat. In one previous EC meeting one member quipped that he thought he had learned about human development in medical college during embryology lectures. Dr. Shabbir Safdar, requested clarification. Dr. Zaheer Ahmad (MI) reported that the need for HDF arose as there was a feeling that APPNA Sehat which utilized exclusively physician resources had reached a plateau. For real impact there was a need to involve other expatriate Pakistanis who wanted to do some service to Pakistan. In addition HDF has education and economics as its added mandates. At present maturing units of Sehat are either becoming self reliant or are being supplemented with additional enhancements such as micro-loans and other related activities. With regards to the future of APPNA Sehat, Dr. Ashraf stated that it was a political question to be decided by EC. Many members rose to express their support for APPNA sehat and expressed a desire that it should be continued as this is one project that uniquely has brought recognition to APPNA and delivered services to the people of Pakistan.

Confusion about committees of APPNA and its branches had once prompted APPNA to appoint a committee to study APPNA's organizational structure. Dr. Mushtaq Khan presented his findings with flow charts at the next Executive Council meeting. He echoed popular sentiment of those he interviewed by saying "Some people believe that some committees do not exist."

Banquet Briefs

The Friday banquet was perhaps the most well attended EC banquet so far. Some 20 to 40 last minute guests could not be seated. Despite the hard efforts of the local host committee, time lines got longer and longer. This tested the patience of people who treat patients. Dr. Javed Burki of World Bank remarked "Hungry doctors can be impatient doctors."

Dowlink June 2001, Pg.4 of 12

Dr. Burki talked of the magnitude of problems facing Pakistan which he said faced a threat of huge proportions. At present he said Pakistan is the 7th largest country in terms of its population but only 27th in terms of the size of its economy. By 2025 he predicted that if trends continue Pakistan will become the 3rd largest country in population and will have fallen to 50th place in the size of its economy. He said the best thing going for Pakistan is the Pakistani diaspora. The Chinese diaspora and the Indian diaspora had been instrumental in the resurgence of these nations and the same would need to be done for Pakistan with investments in education and health.

Dr. Mumtaz Hasan, Principal King Edward Medical College said he had not been expecting to address this audience as five speakers had already spoken before him. He praised the achievements of physicians of Pakistani origin in the US. He said that in Pakistan majority of diseases are preventable. He lamented that some in Pakistan had been "McDonalidized" and "Cocoa Colized". It had been responsible for the resurgence of heart diseases. Despite being in the US, he said "The soul of many of you is back home". His simplification of issues led him to say that because of the realization that "doing bad things is wrong", Pakistan had been largely spared from the AIDS epidemic.

Dr. Riaz Chaudhry, President APPNA spoke about the need to elevate the level of medical education in Pakistan. He said efforts were underway and a pilot program may soon start. He said that there were plans to create a center of excellence. He spoke about the need for helping our communities in the US. He talked of co sponsoring and collaborating in free clinics in Chicago, New York, Houston and Washington DC. Dr. Riaz Chaudhry praised the continued involvement of the past APPNA presidents, eleven of whom were present for the meeting.

An appeal was made by Amna Khan of Unity Production Foundation which is producing a film on the life of Holy Prophet (PBUH). Michael Wolf, 1997 Emmy Award winner is working on the project. The aim of the film is to educate US population about the Prophet and effect change in the media depiction of Muslims and Islam which is much misunderstood in the West.

Open Forum

This was perhaps the most heated session with an equal fervor for cooling things off. Dr. Busharat Ahmad (MI) informed of the need and manner to keep proceedings orderly. He said that American Medical Association conducted the sessions with the orderliness by employing audible and visual timers to limit comment. Need for a registered parliamentarian was conveyed by Dr. Khalid Riaz (IL). He elaborated on the niceties of calling the quorum which was to safeguard the interests of those who were not present. He said that the presiding officer cannot take part in the discussion. To engage in debate, the officer must delegate that function to the secretary. Dr. Nisar Chaudhry stated that in some quarters "outlaws and in-laws were more powerful than the laws." Commenting on the intense nature of the debate Dr. Mushtaq Khan said "There were a lot of ashes on the floor" and hoped that future meetings will be more orderly.

Web Functions Displayed

History was made at APPNA when real time web access was demonstrated by Dr. Adeel Butt. Using a lap-top coupled with a LCD projector, Dr. Butt was able to demonstrate the current APPNA web site and its functionality. Many senior members who may not be internet users were able to appreciate the enhancements that have been made. The project to make credit card payments on the website have been shelved for the present owing to privacy concerns and the prospect of identity theft should the site and information vaults be breached.

M. Shahid Yousuf

LIFETIME
ACHIEVEMENT AWARD

Criteria drafted by
Dr.S. Sultan Ahmed.

Description:

Dow Graduate Association of North America (DOGANA) will recognize an individual who has made major scientific contribution to the advancement of medical science and profound service to Dow Medical College over an extended period of time and thus qualifies as a role model. An award entitled Lifetime Achievement Award will be presented to one such individual annually.

Eligibility:

1. Graduation from Dow Medical College (DMC) at least ten (10) years earlier or professional contribution to this institution for over ten (10) years AND meeting at Least three (3) of the following criteria 2.

- (a) Professorial position on the faculty of a well recognized academic institution in any country.
- (b)At least six (6) research publications in refereed journals
- (c)Member of research society in the appropriate discipline
- (d)Editorship and/or service on the editorial board of major journals
- (e)Recognition from peers such as fellowships, research or publication awards
- (f)Service on major government commissions, task forces or boards
- (g)Evidence of exceptional activity in patient care, facilitating establishment of centers of excellence in the related discipline

Nomination:

Any graduate of DMC, whether a member of DOGANA or not, may nominate an individual meeting the above criteria. The nomination shall consist of:

- 1. A copy of complete Curriculum Vitae
- 2. Copies of two (2) publications
- 3. One colored photograph of the nominee
- 4. A nominating letter in the form of a Citation. Hard copies of all above documents should be presented on a disc as well.

Deadline: Nominations shall be mailed to the DOGANA Secretary by the January three (1/3/—) of each year.(continued on page 9 col 1)

The Dow Endowment Fund

Founding Members: Dr. Sultan Ahmed, Dr. Iltifat Alavi, Dr. Kaleem Arshad, Dr. Iqbal Jangda, Dr. Rizwan Karatela, Dr. Mushtaq Khan, Dr. Sadeem Mahmood, Dr. Zeelaf Munir, Dr. Abdul Rehman, and Dr. M.Shahid Yousuf.

We are pleased to announce the creation of the Dow Endowment fund. This is a charitable fund with the purpose of raising donations for Dow Medical College and Civil Hospital Karachi. The proceeds from the fund will be used initially for shipment of books and journals and the Dow-Aid project spearheaded by Dr. Nadeem Ahsan (DMC class of 1989). This consists of shipments of usable medical equipment from US hospitals being shipped to Civil Hospital. We will be identifying non-political, incorruptible individuals who will serve as conduits receiving these shipments, who will guarantee that the relief goods will not be pilfered. PWA may be one such option.

Please donate generously towards the Dow endowment fund. We owe it to our institutions that have helped us, for hardly any cost, to achieve what we are today.

Checks can be made to APPNA, but please do not forget to write Dow Endowment Fund in the memo section. Your donations will be tax-exempt. Mail the checks to DOGANA central office: 1301 Copperfield Avenue, ste# 203. Joliet, IL 60432

Nominating committee report

The nominating committee has proposed the following candidates for the year 2001-2002

**President –elect: Sadeem Mahmood, MD
Pine Bluff, AR**

**Secretary/treasurer: Amir Jamal, MD
Walnut, CA**

According to the constitution other nominations for the office of president-elect, secretary/treasurer shall be accepted from general body members provided:

- 1. **The nomination is received duly proposed and seconded from eligible members at least one week prior to annual meeting**
- 2. **The proposed officer accepts the nomination**
- 3. **The nominee and member proposing, seconding the nominee shall be present at the annual meeting.**

QUOTA SYSTEM REINTRODUCED

LAHORE, March 31: The federal education ministry has asked the four provincial governors to restore provinces' quota for admission to universities, cadet and other colleges.

Federal Minister for Education Zubaida Jalal talking to newsmen after the 32nd convocation of the College of Home Economics said that the direction had been issued as students from Balochistan, NWFP and rural areas of Sindh could not compete on overall merit lists.

She said class-XI and XII would be withdrawn from colleges and included in school education. All high schools would be upgraded as higher secondary schools. Similarly, the primary and middle schools would also be upgraded. She said the degree colleges would also be upgraded to the level of post-graduation. She said the federal government was also planning to double the youth participation in higher education in the country during next 10 years. At present, she said, only 2.6 per cent of youth was acquiring higher education.
(Mansoor Malik, Dawn Apr 1, 2001)

COLOR BLIND

HAVE A RIGHT TO EDUCATION

A division bench of the Sindh High Court has ruled that students desirous of getting education cannot and should not be stopped from educating themselves simply because they are unable to recognize the colours, Red and Green.

The bench, comprising Justice Zahid Kurban Alavi and Justice Wahid Bux Brohi, gave the judgement in the petition filed by Mohammed Osama Siddiqi through Amir Hani Muslim, advocate. Considering colour blindness (limiting a person from differentiating between one or two colours) a disability or medical unfitness would be largely unfair. Especially when this deficiency hardly limited one's capabilities to excel academically, the order said.

The petitioner is a student domiciled in Karachi since birth. He appeared for and passed his matriculation examination (science group) held in April, 1998. He then appeared for his Intermediate Examination (Pre-engineering) in the year 2000, obtained 844 marks (77.8 per cent) and was placed in Grade A. He then applied for admission to the NED University in the department of mechanical engineering. He was duly selected for admission on open merit and placed at number 385 out of 500 students on the merit list finalized by the respondent. On 4. 12. 2000 the petitioner visited the medical officer of the respondent, who after conducting a medical fitness test, referred him to Dr P. S. Mahar, consultant eye surgeon at the Aga Khan University Hospital. Dr Mahar declared the petitioner medically unfit on the ground of being "totally colour deficient," even though his unaided vision in both eyes was 6/6.

QUOTA SYSTEM CHALLENGED

KARACHI, May 14: The Sindh High Court has ordered rehearing of three identical constitutional petitions filed by 12 doctors of the Jinnah Post-graduate Medical Centre (JPMC) challenging the allocation of job quota in violation of Article 27 of the Constitution.

The matter would come up before a division bench on Thursday, May 17. Earlier, the petitions were heard by a division bench comprising Justice Ghulam Nabi Soomro and Justice S. A. Rabbani, and were reserved for judgment on November 29, 1999.

After remaining so for about a period of several months the bench ordered the rehearing of the petitions.

The petitioners, Dr Irfan Tahir, Dr Raza Haider Nadeem and others, through their counsel K. M. Nadeem, had filed the petitions in 1997, challenging the allocation of quota on provincial basis in connection with 50 vacancies in the JPMC for Resident Medical Officers.

Out of the 50 vacancies, 25 were outright reserved for the province of Punjab and the remaining 25 were distributed among the other three provinces, causing further divisions in the province of Sindh on the basis of urban and rural quotas.

The petitioners agitated against the recruitment policy of the government as depicted in the relevant advertisement issued by the Federal Public Service Commission, on the ground that such quota allocations are prohibited by Article 27 of the Constitution, which is a fundamental right guaranteed to the citizens of Pakistan eliminating such segregation, and violation of the constitutional guarantee would damage national integrity and cohesion and kill the spirit of merit particularly for the jobs requiring higher knowledge and expertise.

The petitioners submitted that the rider clause to Article 25 of the Constitution providing inroads for such quota allocation expired in 1993, but the federal government and its departments continued the practice of recruitment on the basis of quota, in violation of the constitutional guarantees as depicted from the public advertisement issued by the FPSC at the instance of the ministry of health.

They maintained that they were already serving as Trainee Resident Medical Officer in the JPMC at a nominal stipend of Rs3,500 with post-graduate qualifications and experience. They were promised by the authorities that in case of availability of vacancies in the JPMC the petitioners would be absorbed in view of their higher education and expertise in the field.
(continued next column)

(QUOTA continued from previous column)

However, this was not done, and instead 35 persons were appointed unconstitutionally to the serious prejudice and detriment of the petitioners.

The petitions came up for preliminary hearing before a division bench of the Sindh High court which directed issuance of notices to the respondents, including the Federation of Pakistan, the FPSC, and the JPMC along with 35 recruits. The notices were duly served.

The JPMC had filed a counter-affidavit by way of a disclaimer, but admitted that 15 vacancies were still available. The federation adopted the counter-affidavit filed by the JPMC.

The FPSC filed comments stating that the advertisement was issued on the basis of quota pursuant to the directives of the ministry of health.

During the continuance of the proceedings and operative course of interim prohibitory orders passed by the High Court, news appeared frequently in daily newspapers to the effect that the quota system would be reintroduced through a constitutional amendment.

The petitioners immediately filed a petition challenging the powers of the parliament to amend the Constitution as derogatory to the in-built limitation and salient features of the Islamic character in view of the prohibition contained in Article 227 of the Constitution, and the judgements delivered by the Federal Shariat Court in 1992 in the case of Nusrat Beg and by the Supreme Court in 1997 in the case of Mushtaq Mohal Vs Judges of the Lahore High Court.

In both the judgements, the quota system was held un-Islamic and violative of Articles 2-A and 25 of the Constitution.

Counsel K. M. Nadeem further submitted that in the case of Mahmood Khan Achakzai (PLD 1997 SC 426), the Supreme Court had already held that despite the provisions of Article 239 (6) of the Constitution the parliament was not competent to amend the Constitution in a manner derogatory to the Islamic features of the Constitution.

However, in this petition the chairman of the Senate and the speaker of the National Assembly filed their comments taking refuge under Article 239 (6) of the Constitution which confers absolute power of amendment on the parliament.

The counsel refuted the arguments by submitting that this provision under the Constitution had been considered by the Supreme Court.

DOG BITES

*Vaccine in short supply.
25,000 cases in past 3 years*

In a suo moto action, the Sindh Provincial Ombudsman Justice Haziqul Khairi has directed local bodies to start an anti pye-dog campaign. This was undertaken by KMC, development authorities of SITE, cantonment boards and others. Some 27,000 stray dogs have been killed in about one year. Some 5000 cases were registered with the hospitals in Sindh in the first 6 months of 2000. The ombudsman, summoned the DG of health services, the regional directors of health of Hyderabad, Mirpurkhas, Sukkur and Larkana divisions and directed them to start weekly anti-pye dog campaigns in coordination with local bodies with submission of report to him. The ombudsman also reviewed the supply position of ARV(anti rabies vaccine) and the DG of health services informed him that its supply from N.I.H. Islamabad was very short. (Dawn Oct 23,2000)

NEUROPARALYTIC COMPLICATIONS OF RABIES VACCINE

In Bangladesh, India, Nepal and Pakistan, sheep-brain based Semple vaccine* is the only vaccine available free of cost. It represents 50 to 95% of all vaccine doses used for rabies post-exposure treatment. A complete treatment consists of 10 subcutaneous daily injections of 2 to 5 ml (depending mainly on patient size and nature of the exposure) plus booster doses; that is a total of 25 to 50 ml of the 5 % sheep brain suspension injected over a 10-day period the reported rate of neuroparalytic complications following the use of this vaccine varies from 1:600 to 1:1575 administrations, and 20-25% of these lead to death.

The incidence of neuroparalytic complications throughout India or other countries in the area is unknown. In the State of Karnataka, India, 112 cases of neuroparalytic accidents were admitted in the past 20 years following Semple vaccine administration. In contrast, the newly developed cell culture or embryonating egg vaccines are effective and safe, with lower and less severe complication rates. In many Asian countries, Semple type vaccine has been used for the past 90 years. In India forty million ml of this vaccine are produced to treat at least 500 000 persons each year. In Pakistan 450 000 and in Bangladesh 60 000 people receive Semple type vaccine after possible exposure to rabies. There is a theoretical risk of TSE(transmissible spongiform encephalopathy) transmission to humans through parenteral administration of these products. Although there is to date no evidence of such occurrences in human medicine, recent events in the TSE field have demonstrated that an animal TSE agent could affect human beings. http://www.mad-cow.org/00nov00_late_news.html

Dowlink June 2001, Pg. 7 of 12

PAKISTAN PATIENT'S RIGHTS ORDINANCE

Sindh Minister of Health Maj-Gen Ahsan Ahmad (ret'd) has said he has received a charter of patients rights, and after consultation with provincial Minister of Law Barrister Shahida Jamil and other concerned, it would be presented before the Sindh cabinet to convert into an ordinance.

"After introducing the medical education regulation bill aimed at streamlining the working of private medical education in the province, this step would facilitate patients being treated in private hospitals," he said while talking to newsmen here on Friday after inaugurating the 11th National Radiology Conference in a local hotel. (PPI) (Dawn Oct 28th, 2000)

DISPENSERS DENIED PRESCRIPTION PRIVILEGE

The Sindh High Court, Hyderabad circuit bench, has refused to allow dispensers (unqualified/ un-registered medical practitioners) to prescribe and dispense antibiotic and dangerous drugs to patients. The order was passed on a petition, filed by the Pakistan para-medical staff federation president, Mirpurkhas, Mohammad Iqbal, and the deputy general-secretary of the federation for Sindh, Parsotamdas.

The petitioners said they had certificates, issued by the Sindh Medical Faculty, Karachi, and, according to law, dispensers were eligible to provide medical first aid and treatment to patients, and prescribe antibiotic and dangerous drugs. They said they were not quacks, but qualified health technicians and dispensers.

The Sindh health secretary, the health services director-general and the Mirpurkhas district health officer were cited respondents in the petition. The petitioners said they were running rural health centres (RHCs) and basic health units (BHUs) in many areas, and claimed that they had sought the permission of the higher authorities to allow them to prescribe antibiotic and dangerous drugs but no one had paid heed to their requests. They prayed to the court to direct the respondents to allow them to prescribe antibiotic and dangerous drugs in accordance with the Allopathic System (prevention of misuse) Ordinance XLV of 1982.

The DHO said the dispensers/health technicians were not eligible to prescribe antibiotic/dangerous drugs. As per the government's instructions, action had been taken against illegal medical/dental practitioners (quacks), and that the DHO was empowered under section 7 of the Medical and Dental Degree Ordinance (xxvi of 1982) to file cases in the court of first class magistrates/SDMs, he added. (Dawn Oct. 22, 2000)

AIDS THREAT

*Truck stops and deportees provide a new avenue
to the world-wide disease*

The disease now ranks fourth among the world's big killers after respiratory infections, diarrhoea and TB, and is a growing menace claiming 1.2m lives in 1999 in South and Southeast Asia. With around 60 per cent of the world's population concentrated in Asia the HIV/AIDS pandemic's focus seems to be shifting from Africa to Asia. Asia is emerging as the most vulnerable region dominating the HIV picture in terms of the highest number of new infections per year. With no cure as yet and no vaccine in sight, prevention and raising awareness are the only ways to fight the menace of this deadly disease. While the World Health Organization (WHO) estimates that there are over 80,000 HIV cases in Pakistan, the Sindh AIDS Control Programme's (SACP) figures show a total of 1623 recorded cases of HIV/AIDS in Pakistan since 1986.

The first case detected was of an African sailor who later died in a Karachi hospital. The National Institute of Health (NIH) reported in 1999 that out of 178 people known suffering from AIDS, 173 had lost their lives. According to other estimates, 1436 cases of HIV-positive and 187 AIDS patients have been detected in the country so far. Area-wise details released by the SACP show 385 in Punjab, 465 in Sindh, 325 in NWFP, 143 in Balochistan with 288 in the federal territories. Most are between the ages of 20 to 49.

According to Dr Sharaf Ali, Director SACP, the spread of the disease in Pakistan is mostly associated with migration. Most reported cases have been of workers deported from the Gulf and Middle Eastern countries. An example is of 45-year-old Rahmat from Sindh who was running a shop in UAE. Diagnosed as being an HIV carrier, he was deported from Dubai after living there for over eight years. The loss of his business, the trauma of the much-dreaded disease, which by now has blown into AIDS, tending him terminally ill was apparent on his anguished, traumatised face. He was so thin that his arms looked like broken broom handles. "It was just a one night stand. I was undergoing heavy business losses and feeling very depressed. My friends in a bid to cheer me up arranged a call girl to spend sometime with her," he whispers in his hoarse voice bitterly regretting the brief encounter. His wife an innocent victim of circumstances, too, has been diagnosed as HIV-positive.

"The HIV graph has gone up considerably. I have treated more cases this year than I have collectively over the past many years," says Dr Nasim Salauddin of Liaquat National Hospital. Most cases diagnosed, besides deportees, are of transsexual/transvestites who practice receptive anal sex. A large number of them are long distance truck drivers. (continued on Pg 10 col 1)

MEMBERSHIP APPLICATION AND DIRECTORY INFORMATION

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E-mail _____ Year of Graduation _____

Specialty _____ Are you a member of APPNA? _____

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(Please enclose an appropriate document verifying physician-in-training status)

Please make checks payable to "Dow Graduates Association of North America"

(Optional) Please let us know about any **Membership Benefits** you would be interested in or any other **Comments**

LIFETIME ACHIEVEMENT AWARD

(continued from pg 5 , col. 1)

DOGANA member with high professional standing amongst its peers.

2. This Selection Committee will select only one individual by the end of April of each year.

3. All nominees not selected by this Committee will be considered for next two years along with additional nominations for those years.

4. No Award will be given in the year when the Selection Committee decides that no nominee is worthy of the Award.

Presentation: 1. The Award will be in the form of a plaque.

2. This plaque will be presented by the President of DOGANA at the Annual Meeting. For special reasons President or the Council may decide to have another individual present the Award.

3. Before presentation of the Award, the individual who nominated the Awardee will read Citation of the awardee. In the event the Nominator is not available, Citation will be read by one of the members of the Selection Committee.

4. In the event the awardee is not able to receive the award in person, the plaque will be delivered in person as soon as possible by a designee of the DOGANA President. The Citation will be read at the Banquet.

ARTICLES NEEDED

Dowites are invited to submit articles of general alumni interest to Dowlink. Promotions, awards or other recognition items of news should be submitted. Submissions preferably via e-mail will be convenient. Photographs too can be sent via e-mail attachments in popular formats.

Changes of address should be sent to the Executive Director or the President for database management of mailing lists.

JOIN THE LISTSERVERS

APPNA and DOGANA both have listservers in operation. A listserver is a method to reach everyone in a particular list to receive e-mail postings. Dr. Nadeem Ahsan is running the DOGANA listserver and APPNA too has its own listserver. To subscribe to DOGANA listserver send e-mail to DOGANA-subscribe@topica.com. To subscribe to APPNA list server send a blank e-mail to

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(L to R) Dr Abdul Rehman, Dr.Sultan Ahmed Dr. Mushtaq Khan and Dr.Iltifat Alavi at the DOGANA Executive Council Meeting



(L to R) Dr. Iltifat Alavi, Dr. Nadeem Ahsan Dr. Sadeem Saleem and Dr. Zeelaf Munir



Executive Council of APPNA Begins its Spring Session
(L to R) Dr. Mohammad Suleman (LA) President elect, Dr. Riaz Chaudhry(LA) ,President, Dr.RaanaAkbar(MI) Secretary, Dr. Afzal Arain(CA) Treasurer

It is said that Pakistan has the largest truck station in Asia. Located in Keamari, Karachi, it has over 25,000 truck drivers at any given time which supply goods all over Pakistan as well as other countries such as Afghanistan, China, Iran and the Central Asian region. Working under much pressure away from their families, most of them are known to use drugs and indulge in sexual activities on their long routes. According to Abdul Qadir Bhurgri, - The threat of AIDS in South Asia in the current decade: A research paper -, Pakistan has the third highest number of AIDS patients in South Asia - with Thailand and India ahead.

The disease now ranks fourth among the world's big killers after respiratory infections, diarrhoea and tuberculosis, and is a growing menace claiming 1.2 million lives in 1999 in South and Southeast Asia.

Worldwide AIDS has claimed more lives than Europe's Black Death or pneumonic plague in 1346. At that time nine to eleven million people died during the four-year long epidemic. Soon it will eclipse the toll of 21 million globally who died in the 1918 influenza epidemic, the largest disease outbreak of the 20th century. It is estimated that nearly 17 million people worldwide have died of AIDS so far and over 35 million are currently HIV infected. Nearly half of all new HIV infections last year - 5.8 million - occurred in people aged 10 to 24 years. In that group, five people were infected every minute in 1998, says a UN report.

A recent report indicated that the epidemic killed more people in 1999 than ever before. Despite the growing awareness and government health campaigns, 2.6 million people died in 1999 from HIV/AIDS the highest global total since the epidemic broke out in the early 1970's. Moreover, 5.6 million new infections have been documented. Half of all the people who acquire HIV become infected before they are 25 and often die from AIDS before they reach 35.

If India, China and other Asian countries do not take it seriously, the number of infections could reach 'a new order of magnitude,' warned UNAID. According to UN reports, between 4 to 6 million people in India are HIV-positive. In the state of Tamil Nadu where the infection rate is three times higher in villages than in cities, almost half a million people already have the virus. A survey of antenatal clinics found more than one per cent of pregnant women in the urban areas are infected with HIV. The picture was much the same in China, where most contracted the virus through injecting drugs. America is one country where much research and effort is being made to find a cure and increase public awareness about AIDS. The hardest hit continues to be Sub-Saharan Africa where 70 per cent of the world's AIDS cases.

Surveys in some African countries found upto 50 per cent of all pregnant women to be HIV-infected. None of the countries in that continent had HIV in pregnant women below 20 per cent. Studies reckon that there will be nearly 40 million orphans by 2010, largely because of AIDS in the Sub-Saharan countries. Over half-a-million babies are infected every year in that region where access to health care is limited. Without preventive strategies, mother to child transmission rates ranges from 25 to 35 per cent among HIV-positive women who breastfeed, says a report.

The sex workers, too, are at an alarming danger of contracting and spreading the disease. In some rural areas in India, the widely held belief that sex with a virgin will cure AIDS has resulted in a significant rise in child prostitution. With approximately over 100,000 female sex workers in Thailand, where brothels and prostitution is legal, effective HIV/AIDS reduction and prevention programmes have been carried out. Lately, Thailand has seen a fall in HIV prevalence among women under 25. Even where HIV infection has not spread extensively, STD infection is often very high among sex workers. For example in one brothel in Bangladesh, 95 per cent of the 466 sex workers were tested positive to antibodies for genital virus, and sixty per cent for syphilis although HIV was not detected among any of them. With the surge of epidemic, HIV tends to increase where other STD's are present.

A recent study in Kuala Lumpur indicated willingness among the sex workers strapped for money to attract a dwindling pool of clients by offering them unprotected sex. (AIDS-an instant killer, Fariha Razak Haroon, Dawn Dec 3, 2000)

SINDH AIDS CASES PUT AT 75

At least 466 HIV positive and 75 AIDS cases have so far been detected in Sindh. This was stated by the chief of the AIDS Control Programme in Sindh, on Friday, at a workshop on the AIDS Day, which featured, among other things, a health awareness walk. A number of speakers said that the Pakistani culture and Islam were two reasons for the few HIV cases in the country. Speaking at a workshop, Dr Syed Sharaf Ali Shah, on Thursday, asked the media to play its important role in creating awareness regarding AIDS, and said that the provincial government was taking a number of steps aimed at providing the people, particularly children and youth, about the various aspects of the deadly disease. Dr Shah said that the first case of AIDS, in Pakistan, was reported from Karachi in 1986, and a total number of cases from the entire country up to December 1999 is 1,436. However, he added, the World Health Organization (WHO) and the UNAIDS estimates about 50,000 to 80,000 cases in the country. (DAWN, Dec1,00)

Spirit of Pakistan Project

Stops in USA



Two pilots from Pakistan will be circumnavigating the globe in a microlight two-seater plane for the charitable cause of children's institutions in Pakistan. These include SOS Villages, Ida Rieu and Fatimid Organizations.

According to the preliminary information received from Askari Aviation's (Retd.) Col. Jamil ul Haq, the project is privately funded and will go from East to West beginning in Islamabad and heading through Middle East, North Africa, Europe and USA.

Locations in the US include Seattle, Portland, Medford, Sacramento, San Francisco, Los Angeles, Salt Lake City, Denver, Des Moines, Oshkosh, Toledo, Pittsburg, Washington D.C. and New York.

Before the journey starts, the media team of the Spirit of Pakistan is interested in enrolling volunteers to work for this project. The pilots are (retired) Brig. Zaka Ullah Bhangoo and Lt. Col. Ajab Khan.

Brig. Bhangoo was featured in Reader's Digest (July 1992) for his daring rescue operation during the 1992 Neelum Valley floods. Two of Brig. Bhangoo's three sons are in the Pakistan Army. He has over 6500 hours of flying experience on all types of aircraft and he has taken on ultralight flying around the world as a challenge.

Lt. Col. Ajab Khan is serving on the Chief Executive staff and is one of the pioneers in long range ultralight flying in Pakistan. He has exceptional technical abilities and has assembled three microlight aircrafts including the Spirit of Pakistan.

(Retd.) Col. Jamil ul Haq can be reached at e-mail address jhaq@hotmail.com

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Friday July 6th, 2001

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Number of persons attending _____ (last date for advance registration June 27th, 2001)

Banquet (early registration to May 15th, 2001) \$ 50 X number of persons \$ _____

After May 15th, 2001 \$ 55 X number of persons \$ _____

On site registration \$ 65 X number of persons \$ _____

Banquet for physicians in training \$ 25 \$ _____

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