

# AIMCAANA Onnection

Summer 2011 • Volume 4, Number 1

# From Dream To Reality ...



... Jinnah Hospital Outpatient Chemotherapy Infusion Suite

Allama Iqbal Medical College Alumni Association of North America



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

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# **About The Cover**

The logo of Allama Iqbal Medical College contains Shaheen (Eagle) which represents courage, struggle and vision. The pictures are of Chemotherapy Infusion Center in Jinnah Hospital sponsored by AIMCAANA.

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# Making and Breaking of a Nation

Shahram Malik, MD

The crooked leaders, epidemic lawlessness, willful injustice, foreign agent press, and inexorable poverty are not the bricks that build a nation. They

are the cancer which makes a nation melt away and die. It is only a miracle and a special mercy of Almighty that Pakistan is still standing despite over 60 years of having been infested with these fatal afflictions. Unfortunately somewhere down the road, her corrupt rulers and generals, who had solemnly pledged to protect Pakistan, a mass of 180 million people, became the vampires which have sucked the life blood of her very people.

But there is an even bigger shame: the Pakistanis themselves have lost the will to be people of honor and self-respect. They see what is being done to their nation and country by their corrupt leaders and generals, and yet they keep bearing it without a whimper of a meaningful protest. Having no power to fight back is not a valid excuse. God Almighty has given them legs, with which they can pour out in the streets, and has blessed them with tongues; with which they can let out so loud cries and slogans of protest that could make every corner of the earth reverberate.

Can they not see that their forefathers wrested Pakistan from the British Empire by sacrificing their blood and losing every bit of their possessions so that they and their posterity could live free according to their values and traditions? Now, thieves and gangsters think that Pakistan is their personal estate, and are dreaming of creating political dynasties with help of their shameless political henchmen and the self-serving foreigners to rule and rob. Where are the patriots who treasure love of Pakistan and her values and traditions more than their own lives?

In origin and aspirations, Pakistan shares historical similarities with the United States. Both these nations fought the same British Colonial Raj, the super power of that time, for their independence and liberty to live according to their values and traditions. They both won their freedom after great struggle and sacrifices. The people and the leaders of the United States did not deviate from the aim and purpose of their independence, and remained focussed on using the resources within her borders to develop infrastructure and institutions without external dependence. On the other hand, Pakistan fell into the hands of incompetent and dishonest leaders, who ignored the purpose and the principles on which Pakistan's independence was won, and instead of developing infrastructure and institutions using her indigenous resources turned to "foreign aid," a modern ploy of richer nations to turn poorer nations into lazy, handout addict slaves, which steadily hurtled Pakistan towards confusion and chaos.

The other evil which dried up Pakistan's most important reservoir of nation builders and competent would-be leaders was the "brain drain," sucking away of her capable men and women. Throughout the years, her most brilliant and skilled individuals like scientists, scholars, engineers, physicians, etc. have been leaving Pakistan for more comfortable lives abroad in rich nations. Had Pakistan's leaders met their avowed responsibility of building a better nation over the years, this would not have happened. The capable Pakistanis in each field would have brought the state of the art progress to the respective fields of their own nation. The combined damage of the "foreign aid" and the "brain drain" has been devastating to Pakistan.

The strength and stability of a nation rests on its individual identity, and that in turn rests on that nation's values and traditions. Because in their slavish eagerness to ape foreign cultures and traditions the Pakistanis have lost their own identity as a distinct nation. By imitating others, a nation does not become strong; it only makes stronger that nation it imitates. The people of Pakistan have lost the true spirit and respect for the very religion on the basis of which the concept of Pakistan became a reality. The self-respecting nations honor their forefathers and those who sacrificed and shed their blood to give them a homeland. The very first word in Pakistan's emblem, first used by Quaid-e-Azam, is Eemaan (Faith). The essence of our religion is rooted in justice and tolerance. How can one abandon the root concept of Pakistan and separate sweetness from sugar?

During this time of chaos and confusion, we need to regroup and think over that how can we play our part and contribute effectively in the nation building process. We are fortunate to have an active alumni which is composed of hard-working members. No matter what hardships or hurdles come, we need to continue to strive for the betterment of our country. As an alumni member and more so as overseas physicians, we have accomplished a lot in helping our parent institution and fellow Pakistanis by providing them state of the art institutions like JAIDE and Chemotherapy center. With strong commitment and determination, we need to continue our struggle for more improvement. Here we should not forget that we need to work even harder for the education of masses, changing the mind set of our people, and bringing them back to our basics so that they regain their confidence and self-respect to become a strong nation.

Shahram Malik, AIMC 2002, did Family Medicine residency at East Tennessee State University, Bristol, Tennessee. He is currently working as a Hospitalist at Mountain View Regional Medical Center in Norton, Virginia.



Khurram Nazeer, MD President AIMCAANA 2011

To Dear Iqbalians,

It is my honor to serve Iqbalians as President AIMCAANA 2011. We are living in the time of our history when the world is changing into a new era.

Transformation of world order has started and only Allah knows what this world will turn out to be in next few years. We are anxiously waiting and watching what the future holds for us and our children. At this time and age, all of us have to play an active role in shaping the future; we cannot be mere bystanders or spectators. I pray to Allah that this change would bring peace and prosperity to humanity as the issues and challenges facing this world are enormous.

Iqbalians are doing an outstanding job as physicians in their communities; they are excellent practitioners, academicians, researchers, and teachers. However, I believe we need to take our skills to next level. We have to be active at the grass roots and involve our children in the local community. This can only be achieved by getting out of our shells and engage ourselves in the political process of the country and volunteer activities. We have to act to improve our neighborhoods, schools, cities, country and our world. Iqbalians need to show interest in the issues that will affect us and our next generation in our adopted land like Health care, Social Security and Federal deficit. In addition, we also want our beloved Pakistan to be land of peace and a symbol of pride for us and for the next generation. We need to be involved in the political process of Pakistan and try to deter status quo that is eating up the fabric of our society.

Let's work together and promise that we have to play our role to make this world a better place and on the Day of Judgment so we can tell our Creator that we did our duty and promoted peace and harmony in the world.

In keeping with the same goal, I am excited to provide you with the following highlights of AIMCAANA's projects and future goals:

- Scholarship Project: We will continue to deliver Scholarship to Medical Students of Allama Iqbal Medical College.

  Applications will be reviewed by Citizen Committee. From this year a proportion of Scholarship money will be diverted to scholarly activities by medical students. It will be used to promote research and to write articles by students.
- Student Exchange Program: We will be working with medical students to help them to attain externship positions in U.S. We will be working closely with AIMC administration to build student exchange program with at least 4-5 medical schools. And develop close relationships with medical schools in US to promote scholarly activities in the college.
- Research and Review Articles: An education committee has been formed and new members added. Education committee will also act as mentor for the young scholars. Dr. Saad

Usmani with the help of Dr. Tahir Latif has been given this responsibility.

- Jinnah Allama Iqbal Institute of Diabetes and Endocrinology (JAIDE): The expansion of JAIDE has been proposed by the college administration and endorsed by citizen committee. At this time project evaluation committee is assessing the project. We will continue to support it. The highlights of JAIDE achievements will be added to the web page. JAIDE can be instrumental in our goal to promote research activities in the college.
- Citizen Committee: The role of citizen committee is very important in addition to help us complete our projects. They also took the responsibility of overseeing the development of JAIDE and chemotherapy unit.
- Qarz-e-Hasana: We will continue to support young Iqbalians in the form of Qarz-e-Hassna and Iqbalian house in Philadelphia. From this year, in addition to regular criteria for qualification we also want to see them involved in some research and scholarly activities. We feel it will enhance their chances to secure residency positions.
- Iqbalian House: It has helped a lot of Iqbalians and provided affordable accommodation while they are searching for residencies.
- Young Iqbalians: Young Iqbalians are future and backbone for our alumni. Another mission will be to engage young Iqbalians in alumni activities. And I propose to have at least one representative from the Iqbalians who are in residency training programs. This will also help them to engage in the alumni early and it will provide new prospective to the alumni. Senior Iqbalians can guide them to secure jobs and may help in fellowships.
- Visiting Faculty Program: Our support to visiting Faculty program will continue. We encourage all Iqbalians who are visiting Pakistan to please visit college while they are in Lahore. Before leaving if they can email me or Dr. Tahir Latif or go to website and tell us in advance about their visit so that proper arrangement can be done. They can either deliver lecture or just meet faculty and students.
- We will also continue to work to provide credential verification to Iqbalians and we want Iqbalians to utilize it frequently and give us their feedback.
- We will be working to expand our membership. We have more than 50 lifetime members. Our goal to double this number in next 2 years.
- We will be working with APPNA to help achieve their goals in reforming health care in US and all kind of social welfare programs in Pakistan.

Khurram, AIMC 1989, is a Board Certified Internist and Board Certified Nephrologist currently practicing in Louisville, Kentucky.







Tahir Latif, MD, MBA, FACP Immediate Past President AIMCAANA

It was my honor to serve AIMCAANA during 2010 as President. I am pleased to report that the momentum that was created to energies the association in 2008 continue to progress during 2009

and 2010 with great zeal and enthusiasm. Some highlights of the year include start of Chemotherapy infusion suite renovation, delivery of 22 scholarships of 20 000 each to bright and deserving students of AIMC, award of Qarze hasna worth \$4500 to 9 young iqbalians, continued rent support of \$1000/month for a house in Philadelphia so that Iqbalians searching their residencies can stay there at minimal cost, and continued support of Jinnah Allama Iqbal Institute of Diabetes and Endocrinology (JAIDE). It was also the first year when our paid membership reached triple digits and lifetime membership crossed 50. The highlight of the Dallas meeting was the 20 minutes of fund raising for our projects. Iqbalians open their hearts and over 55,000 \$ were

pledged within few minutes for these projects. However due to devastating floods in Pakistan we decided not to specifically pursue those pledges as many of you donated a large amount towards flood victims already.

It was a huge responsibility upon me and the Executive Council 2010 to fulfill our commitments and it would not have been possible without the continued support of AIMCAANA membership. I like to thank all the committees, especially to Executive Council and Dr. Sajid Chaudhary for all their devotion, hard work, volunteerism and guidance. In the end I am delighted to report that our endowment account at Fifth Third Bank had beginning balance on 1/01/2010 of \$50,155.56 while the Ending Balance on 12/31/2010 was \$54,187.56. Please feel free to contact me if you have any comments or questions regarding the financial statement presented below.

Tahir, AIMC 1996 Fall, did Internal Medicine and Hematology/Medical Oncology training at Cleveland Clinic Foundation, Cleveland Ohio, after spending almost six years in private practice at Carlsbad, New Mexico, he is currently serving as Assistant Professor of clinical medicine at University of Cincinnati.

# Fifth Third Bank AIMCAANA General Account

Beginning Balance 1/01/2010 . . . \$11,586.83

DESCRIPTION	INCOME	EXPENSE
Dues – Annual	\$3,700.00	
Dues – Lifetime	\$1,000.00	
Meetings/Functions	\$9,480.00	
Donations	\$39,000.00	
Funds Received From APPNA – Previous Year Balance	\$4,571.00	
Advertisement, Newsletter, Onsite Ticket Sales	\$7,031.00	
Office Expense		\$3,150.00
Meetings/Functions		\$14,386.00
Donations Provided For Projects		\$29,100.00
News letter		\$4,150.00
Total Income	\$64,782.00	
Total Expenses		\$50,786.00
Ending Bank Balance 12/31/2010		\$25,582.83



# AIMCAANA . Onnection

# 14th Annual AIMCAANA Meeting Report



Khadim Hussain, MD

Annual summer meeting of APPNA in Dallas saw a very strong showing of AIMCAANA. As usual, our hospitality desk was once again the prime meeting place for Iqbalians attending the meeting. It was the most

visited, visible and vibrant registration desk of the meeting. Third issue of AIMCAANA CONNECTION was received with great enthusiasm by the Iqbalians visiting the registration booth. Social forum 2010, jointly arranged by AIMCAANA and DOGANA was very well attended by all APPNA participants on Friday. Prof. Pervez Hoodhbhoy and Imam Zia Sheikh engaged the audience in an enlightening debate of "Who created Fasial Shahzad". Afterwards, folk singer Iqbal bahoo mesmerized the attendees with his spiritual singing. Annual dinner was a sold out event once again. Prof. Hoodbhoy as key note speaker and Dr. Javed Akram as chief guest enlightened us with their intellect and wisdom.

This year AIMCAANA saw its many firsts at the meeting. This was the first time we were able to showcase our completed

projects like JAIDE, Iqbalian souse, scholarships, Qarze-e-Hasna, and audience response system. This was the first time when we used online payment system on the spot to collect payments. This was also the first time AIMCAANA was able to provide free T-shirts with AIMCAANA logo on it. It was heartwarming to see Iqbalians wearing the shirt proudly on Saturday at the time of Alumni dinner.

As always Iqbalians open their hearts and over \$55,000 was pledged within 20 minutes of fund raising for our projects at the Dallas meeting. We sincerely thank all the donors listed below for their support since July 2010.

Farukh Adhami 6000
Rizwan Akhtar5000
Jawad Khan5000
Tahir Latif5000
Abid Hussain 2000
Khadim Hussain 2000

Mumtaz Alvi1000
Ghias Rana1000
Muhammad Gillan 500
Nusrum Iqbal500
Ehtsham Haq 300
Saima Zafar250

# **Message From The Executive Director**



**Sajid Chaudhary, MD** *AIMCAANA Executive Director 2011* 

Dear Iqbalians:

It is my utmost pride to serve in the capacity of Executive Director for AIMCAANA. It gives me a great pleasure seeing AIMCAANA maturing

in to a valuable organization over the last several years. As mentioned in president's report you can see many projects have been completed and others are ongoing with your generous support.

This year AIMCAANA EC decided to obtain our own tax exempt status. I would like to share with you that AIMCAANA has been registered as a not-for-profit organization in the state of Florida and EIN has also been obtained from IRS. Next step is to file tax exempt status with IRS, and then AIMCAANA will have its own 501 3-C status. This process is lengthy and tedious but hopefully it will be achieved by the end of this year.

Once again I will request all the Iqbalians to become member of AIMCAANA, as we all know the strength is in the numbers. The

life membership and the annual membership dues are \$500 and \$ 50 respectively. Please go to www. aimcaana.org, click on "become a member" and complete the process online.



I also commend the executive committee as well as all the volunteers of the standing committees of AIMCAANA for their continued support, hard work and commitment in making AIMC Alumni stronger every year.

I look forward to see most of you soon at our annual summer meeting in St. Louis, MO.

Sajid Chaudhary, AIMC 1985, is currently practicing Infectious Diseases in Orlando Florida. He is also serving as Clinical Assistant Professor at University of Central Florida School of Medicine.



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# Jinnah Hospital Outpatient Chemotherapy Infusion Suite



# From Dream to Reality

Professor Zeba Aziz, MD

Allama Iqbal Medical College/Jinnah Hospital is a tertiary care Government teaching hospital located in Lahore. The Department of medical oncology

was created as a 2 bed unit in August 1993 in a vacant verandah of Services Hospital. The department shifted to Jinnah Hospital in 1996 where it shared 10 beds with the radiotherapy unit. Due to tremendous increase in the workload, the department was allocated 40 beds and started functioning as a separate unit. More space was needed as the workload of the unit increased and in 2010 we shifted to the newly created 4th floor with a ward space of 70 beds. We now have a male and female inpatient unit, a separate pediatric unit, and 7 isolation bays for hematologic cancers.

We always knew that an outpatient infusion room for chemotherapy was desperately needed for proper functioning of our department; however non-availability of funds was a major hindrance for developing this unit. With all these improvements we urgently needed an outpatient chemotherapy infusion suite. In a desperate attempt to find funds, I spoke with Dr. Tahir Latif, an old student of mine who had rotated through our department and realized our constraints. He took keen interest in our needs and suggested to submit our request before the executive council of AIMCAANA. We submitted our request in June 2010. Proposal was approved by the Executive council and was presented to general membership in July 2010 for fund raising.

Through generous donations from AIMCAANA members, this dream became reality. In January 2011, the chemotherapy unit was finally inaugurated and we started seeing patients and administering chemotherapy treatment on an outpatient basis. The chemotherapy infusion suite is staffed by 2 doctors and a dedicated chemotherapy nurse. It is equipped to provide chemotherapy to 10 patients simultaneously. We see about 20-25 patients on a daily basis and they are receiving their treatments regularly. A separate examination room has also been built. We

are extremely thankful to AIMCAANA and its executive council, especially the unconditional support of Tahir, that we were able to create this chemotherapy unit in Jinnah Hospital.

We cater to patients from all over Punjab and other parts of the country. In 2010 approximately 17,000 cancer patients presented to our OPD and 6,500 patients were admitted for treatment. Number of new cancer cases was 9,327. Over 95% of our patients receive assistance (fully/partially) for their treatment. The department also arranges for free of cost treatment for the majority of cancer patients through Zakat and individual donations. Our department is also the center for NOA-P & GIPAP which is as assistance program for CML patients, providing free Gleevec, which is standard treatment for such patients.

Our department is actively involved in undergraduate teaching, and medical students rotate routinely through the department. The department is recognized by CPSP (College of Physicians & Surgeons of Pakistan) for post-graduate training in medical Oncology. Currently 9 post graduate students are enrolled in the fellowship program. The department is also actively involved in research activities. Research wing of the department has made significant contributions in Oncology from developing countries especially in chronic myeloid leukemia and breast cancer. We have published our research papers in various prestigious international journals, highlighting the epidemiology and clinical features of our patient population, prognostic and survival data and most importantly, the problems faced by Oncologists in developing countries.

Dr. Zeba Aziz graduated from Fatima Jinnah Medical College. She completed her residency in Internal Medicine and then fellowship in Hematology and Oncology from New York, New York. She moved to Pakistan in 1993 to start the first oncology department in the public sector in Lahore. She is currently working as a Professor and Head of Department at Jinnah Hospital.









# AIMCAANA . Onnection

Ali Jawa, MD



AIMCAANA is proud to present the progress report of Jinnah-Allama Iqbal Institute of Diabetes and Endocrinology (JAIDE).

• Since its inauguration in November 2009, JAIDE has been successfully providing services to the patients with Diabetes and other Endocrine problems.

- 150-200 patients are being seen per day. These patients are provided consultant advice along with free medicines and nutritional & diabetic counseling.
- Measures have been taken to improve the patient compliance by installing software to generate one page prescription and plan with Urdu translation.
- Three Diabetes Specialist Nursing Courses (DSN) have been successfully conducted by JAIDE in the last three years.
- During the Diabetes awareness week in November 2010 JAIDE
  was actively involved in arranging seminars and walks. In
  addition JAIDE also participated in preparing several TV and
  radio shows for Diabetes awareness which were telecasted on
  leading TV channels in Pakistan.
- JAIDE, Pakistan Academy of Family Physicians and Diabetes Pakistan collaborated in January 2011 to arrange first intensive "Diabetes for Practitioner" course in Pearl Continental hotel in Lahore, Pakistan.

- JAIDE collaborated with Diabetes Pakistan to organize a unique poetry program at Allama Iqbal Medical College for Diabetes awareness in February 2011.
- Website domain www.
  jaide.org.pk has been
  registered and the website development is in progress. Work
  is being done for diabetic foot proforma with online data
  collection. JAIDE website will be used as a portal for data
  entry, back up and analysis. This data will be used to improve

the services and to generate local research data.

- Prof Dr. Zafar Chaudhary of Surgery has been among visiting faculty since inception of JAIDE. Under his direction a dedicated Diabetic Foot Care Clinic was inaugurated in 5/2011.
- Principal Prof Dr. Javed Akram has recently permitted the development of JAIDE phase 2 at the pre-existing building behind current JAIDE.

Ali Jawa, AIMC 1996 Fall, completed his internal medicine residency from Brooklyn, New York and endocrinology fellowship from the University of Louisiana, New Orleans, in 2003. He moved to Pakistan in 2004 and is working as Assistant Professor of Medicine at Allama Iqbal Medical College, Lahore, Pakistan.

# We love to hear from you!

1980's

Please keep in contact by dropping an e-mail to webmasteraimcaana@gmail.com

**Monem Gillan** (AIMC 1987) and family welcomed Zara Gillan on April 22, 2011.

**Raza Khan** (AIMC 1986) wrote to us in response to the announcement of the completion of chemotherapy infusion suite project in Jinnah Hospital:

"Thank you, to all of you who worked to make it happen. The pictures are showing a much decent way of administering chemotherapy. Our people need dignity and these little caring things will help them to look forwards. Every little step will count. We are very thankful

to Dr. Aziz for establishing the first ever department of medical oncology at AIMC. Cancer was way back on the list of public health authorities in Pakistan. I am glad AIMCAANA leadership and members responded to this cause and I hope we will keep supporting these very needy patients."

**Khadim Hussain** (AIMC 1986), Emergency Dept. Physician at Valley Baptist Medical Center-Brownsville, has received a state-wide award from the Emergency Nurses Association (ENA) for his work to provide award-winning emergency care for patients in the Valley.



# AIMCAANA . Onnection



Abid Hussain, MD

Allama Iqbal Medical College Alumni of North America (AIMCAANA) is very grateful for the services and help provided by its Citizen committee. We feel honored that its members

are associated with our alumni. Citizen committee is a group of community members who are working voluntarily for the college and Alumni. With their help AIMCAANA was able to accomplish several projects in Pakistan especially our college with extreme efficiency and swiftly. Their honesty and diligence is appreciated. In Pakistan where trust deficit is a big problem and everyone fear that their money will end up in the hands of irresponsible people, we could always trust these hard working people. Their services are completely on a volunteer basis. Without their involvement AIMCAANA wouldn't have been able to accomplish its goals. We also express deep grief on the sad demise of Brig Mohammed Akhtar who was a very active member of Citizen committee member. He was father of Dr. Rizwan Akhtar (past president of AIMCAANA). May Allaah SobhanaHo wa Ta'ala Bless him with Junnah, forgive his sins and brings peace to his family.

Citizen committee played important role in accomplishing several tasks of AIMCAANA in the past few years. Establishment of Diabetic center (JAIDE), starting the scholarship program, setting up of the Oncology suite and delivery of audio response system are among the several projects in which Citizen committee played important role. We will continue to work together for many new projects in the future and we request for the support and encouragement of alumni members.

We want to take this opportunity to give you a brief introduction of the members of our Citizen committee. Please take a moment to applaud this selfless and brilliant group of individuals.



# Mr. Muhammad Aslam Khan

Mr. Khan is a retired government officer from IDBP (Industrial Development of Pakistan. He has been a coordinating member of

Citizen committee since it was founded in 2008. He is actively involved in various social/welfare works in Pakistan.



# Mr. Nazeer Ahmed Chaudhry

Mr. Chaudhry is engineer by profession. He has worked for WAPDA and spent several years in Saudi Arabia as project director. He also served for USAID in Pakistan. Now he is serving as a director of Tehzibul Ikhlaq. He is also helping running several schools and free clinics in Tajpura and Kenchi area in Lahore, Pakistan. His expertise as engineer helped us complete the JAIDE project.



# Dr. Mansab Ali

Dr. Ali is a graduate of Allama Iqbal Medical College (1995). He is a general Surgeon at Social Security Hospital in Lahore, Pakistan.

He has been a member of Citizen committee for several years and is actively involved in our various projects.



# Mr. Abid Rashid

Mr. Rashid is a businessman and is running a construction business in Pakistan. He is statistician by profession. His experience

in construction helped us tremendously in renovating the 'Saray' into state of the art Diabetic and Endocrinology center (JAIDE) in the most economical way.



# **Brigadier Muhammad Akhtar (Late)**

Brigadier Muhammad Akhtar retired from Pakistan army after serving it for nearly 35 years. After retirement he was actively

involved in social work. Among his several achievements the foundation of Kashmir Aide Program is most notable. This program provided food, medicine and other social support to the displaced and affected Kashmiri people who were in Pakistan. He was also actively involved in supporting several schools.

He was asked by the AIMCAANA to serve in its Citizen committee to help with the projects that was being sponsored by AIMCAANA in Allama Iqbal Medical College and Jinnah Hospital. Even with his declining health he accepted the invitation and served the committee wholeheartedly. He passed away on February 25th, 2011. Inna lillaahe wa innaa ilaehi rajeoon.

We are indebted to his efforts and commitment towards our alumni and the people of Pakistan and Kashmir. We pray that Allaah SobhanaHo wa Ta'ala grant him highest place in Jannah. Ameen!

Abid, AIMC 1986, completed residency at the University of Connecticut, Farmington, in 1996. At present, he is in private practice in internal medicine in Hemet, California.



# AIMCAANA Launches Scholarly Activity Mentorship Project" (SAMP)

Saad Zafar Usmani, MD

Throughout history, physicians have made scientific discoveries that have impacted millions of lives. Whereas the bulk of the physician workforce focuses on the delivery of health care, the onus still remains upon us to move our field

forward and contribute towards making the lives of our patients better beyond what is expected to be the standard of care. This fundamental belief is the essence of the "AIMCAMMA Scholarly Activity Mentorship Project" or (SAMP).

Being a third world country, there are limited resources that can be extended towards clinical research in Pakistan. Astute clinical observations can lead to plausible research questions and testable hypotheses that may not be cost-prohibitive. It is very important to understand the disease characteristics of our patient population, which is likely very different from the published literature and text books that are largely based on Western patient population. I still remember the day when, as a medical student, it dawn on me what the references at the end of the Guyton Physiology book chapters meant. It was not until the clinical training years in the US did I get an opportunity to critically appraise such literature and derive my own conclusions. It would be imperative for medical students to be exposed to such cerebral exercise early during their training to develop such analytical skills.

We the North American AIMC Alumni in academia would like to share the knowledge of research methodology with the next generation of medical graduates from AIMC with the goal of improving medical care in Pakistan. On the same token many

at the faculty of AIMC have the same goals for their student however they find it very difficult to accomplish that, largely due to lack of time and resources especially restricted access to high impact published full articles. SAMP has teamed up with interested faculty, they would identify the interested graduate and post graduate students and their field of interest and develop one specific research question. Once a potential project has been conceived, SAMP will provide guidance in study design, statistical methods, manuscript writing and publication. SAMP will also provide requested relevant full articles using their academic resources to the students via e mail so they can truly understand the topic. SAMP is not an another effort to help AIMC graduates seeking graduate medical education in the US and will not serve as a means for seeking research positions, clinical attachment, letters of recommendation, it serves a bigger purpose, to foster research culture at AIMC.

# AIMCAMMA Scholarly Activity Mentorship Project (SAMP) Committee Members

Saad Usmani, MD FACP (Chair) Tahir Latif, MD, MBA Khurram Nazeer, MD Salman Syed Naqvi, MD, MPH Sarah Taimur Khan, MD Shahram Malik, MD Zainab Shahid, MD Ashar Chanan-Khan, MD

Dr. Saad Zafar Usmani, AIMC 2002, completed his Residency in Internal Medicine from Sinai-Grace Hospital/Wayne State University and a combined Fellowship in Hematology & Medical Oncology form the University of Connecticut Health Center. He is an Assistant Professor of Medicine at the Myeloma Institute for Research and Therapy, University of Arkansas for Medical Sciences.

# We love to hear from you!

1990's

Please keep in contact by dropping an e-mail to webmasteraimcaana@gmail.com

Wasique Mirza (AIMC 1992) and family welcomed Annina Maheen Mirza on May 29th.

**Nusram Iqbal** (AIMC 1995) is currently running his private practice in Arizona. As an associate professor for Mid-western University, he is involved in active teaching of medical residents for the last couple of years. Last year he was elected as a board member for Sierra Vista Regional Health Center, as well as the chair of medicine department.

**Muhammad Babar Cheema** (AIMC 1995) was awarded The Global Visionaries award in 12/2010, the

award celebrates emerging leaders (ages 40 and under) throughout Kentucky and Southern Indiana who have exhibited leadership, vision and interest in the area of international affairs. Twenty-five emerging leaders were selected in honor of the 25th Anniversary of the World Affairs Council of Kentucky and Southern Indiana (WAC).

**Tahir Latif** (AIMC 1996) was appointed as Medical Director, Division of Hematology and Medical Oncology, University of Cincinnati in 1/2011. Kanwal (FJMC 2001) and Tahir also welcomed their third daughter Rameen Noor Tahir on October 22, 2010 to the family.





# A Stroll Down Memory Lane

Muhammad Hassan Majeed, MD

If you like to succeed in any postgraduate medical examination, particularly USMLE, the Library in the Jinnah Hospital is the place

to go and study. Actually it is not even a library. It is a very simple reading room, full of tables, chairs and a few closets that do not actually hold books but rather the personal belongings and reading material of students who study in this library on a regular basis.

The only thing in excess here is information, knowledge and guidance. People share all the knowledge they have about the exams, all the tricks and tips that will help others at any and every level of study. A brotherhood is formed where everyone is ready to share their knowledge and expertise with others. People can leave their books and other things on the reading tables and come back next week and find them exactly at the same spot. The only exception to this rule is that if you leave food, cookies or chocolates, you will definitely not find them the next day. The fun part of the day is the lunch hour when students go down to the cafeteria and eat together and discuss various social, political and professional issues as well as gossips of the medical college and hospital. After lunch they get together in another tiny and filthy room to have tea.

Medical Jeopardy sessions in the library used to be thrilling and exciting. This was done to test their knowledge and prepare them for their upcoming exams. Many times I had to leave the room with a blushed face and palpitations but when I got close to taking my exam, I received appreciation from my friends about my preparation. This gave me the confidence to take the exam. There used to be a pile of prayer mats in the library and at prayer times, we used to pray in Jama'at, which used to be a very spiritual experience. One of the most interesting aspects of the library was when somebody would get his or her result and would bring mithai to the library in celebration. Traditionally, that person would bring his or her score card too so that people could inspect it, making the event the more joyful.

A student who studied regularly in the library had a fixed seat and no one else could sit on it. Many dramas

and embarrassing scenes have happened in this library because of this unique tradition. Eventually it became a known fact that everybody's seat is fixed in this library. In the beginning, people could smoke at their seats but later on it was proposed that smoking should take place either outside the library or in the smoking room adjacent to the library. Among other changes, a few things have improved including the addition of split AC units, Wi-Fi, and new chairs but the core traditions are unchanged, they are still alive. The place is still producing brilliant doctors serving all across the world.

During night a different type of crowd used to come in the library. These night comers used to study all night long. Like a busy hospital ER, this place is never closed, not even on holidays. It is open 24/7 for all those who want to learn and study. I propose that as alumni, we should protect the Library by donating money for the maintenance and upgrading of our library so that the tradition of brotherhood and studying alive can be kept alive.

Dr. Muhammad Hassan Majeed (AIMC 2002) is doing his residency in Psychiatry at Drexel University College of Medicine, Philadelphia. He has published a number of professional papers and developed several posters for his research and developmental projects.

# We love to hear from you!

2000's

Please keep in contact by dropping an e-mail to webmasteraimcaana@gmail.com

**Furhan Bukhari** (AIMC 2001) wrote to us in response to announcement of the completion of chemotherapy infusion suite project:

"A wonderful achievement. The renovated suite looks like being from a developed country's hospital."

**Umer Abdur Raheem Khan** (AIMC 2007) will start PGY 1 Internal Medicine residency at Nassau University Medical Center, NY





# List Of Igbalians Who Matched (NRMP) This Year

Muhammad Tahseen, MD

AIMCAANA congratulates all those who match this year. May this year bring success, happiness and prosperity in your lives!

# **CLASS OF 1998**

1. Wasim Shahid, Texas Tech University (Lubbock) Program, TX (Internal Medicine)

# **CLASS OF 2002**

2. Farid Ud Din, University of Buffalo (Pediatrics)

# CLASS OF 2004

- 3. Ghazanfer Latif, Atlantic Care Medical Center, NJ (Internal Medicine)
- Adnan Akeel, St. Lukes Roosevelt Hospital Center, NY (Internal Medicine)
- 5. Romana Qayyum, St. Lukes Roosevelt Hospital Center, NY (Psychiatry)

# **CLASS OF 2005**

- 6. Arshad Ali Javed, Wayne State University, MI (Internal Medicine)
- 7. Syed Talha Tasleem, King Brook Jewish Medical Center, NY (Internal Medicine)
- 8. Talal Siddique, Texas Tech University (Lubbock) Program, TX (Internal Medicine)

# **CLASS OF 2006**

- 9. Hammad Nazeer, Crozer-Chester Medical Center, PA (Internal Medicine)
- 10. Muhammad Saeed Akhtar Khan Niazi, Statin Island Hospital, NY (Internal Medicine)
- 11. Muhammad Tahseen, Crozer-Chester Medical Center, PA (Internal Medicine)
- 12. Muhammad Zeeshan, Harlem Medical Center, NY (Internal Medicine)
- 13. Rasikh Ajmal, University of Texas, Austin, TX (Internal Medicine)
- 14. Kinza Gul, Urbana-Champaign, IL (Internal Medicine)
- 15. Amina Zaidi, Newark Beth Israel Medical Center, NJ (Pediatrics)
- 16. Usama Feroz, Harvard Longwood Training Program, Boston, MA (Psychiatry)

# **CLASS OF 2007**

- 17. Abu Hurairah, Matched Mt. Auburn Hospital, Boston, MI (Internal Medicine)
- 18. Muhammad Ahsan, Long Island College Hospital Program, NY (Internal Medicine)
- 19. Omar Abdur Rahim Khan, Nassau Medical Center, NY (Internal Medicine)
- 20. Sajid Farooq, Good Samaritan Medical Center, Cincinnati, OH (Internal Medicine)

# **CLASS OF 2008**

- 21. Harris Bilal, Urbana-Champaign, IL (Internal Medicine)
- 22. Marayam Gul, Urbana-Champaign, IL (Internal Medicine)
- 23. Abdullah Quddus, Memorial Hospital, Brown University, Pawtucket, RI (Internal Medicine)
- 24. Awais Zaka, Sister of Charity, Buffalo, NY (Internal Medicine)
- 25. Farah Tanvir, Sister of Charity, Buffalo, NY (Internal Medicine)

Many Iqbalians who matched this year were residents of Iqbalian House. They have conveyed their thanks to AIMCAANA for their continuous support and generosity. AIMCAANA is committed to continue to help these young Iqbalians.

# **A Note Of Gratitude**

With the grace of God Almighty my residency pursuit has ended with a happy note of accepting a pre-match offer from Crozer-Chester Medical Center in Upland, Pennsylvania. I accepted it after thorough consideration and consultations. This success, no doubt is a reflection of God's Mercy, my parents' prayers and the immense support that I am getting from AIMCAANA, not only morally but also on social and financial grounds.

I am very thankful to my respected seniors. I highly acknowledge their supportive role and thus dedicate this first success of Iqbalian House, to the utmost efforts of AIMCAANA and its leadership. May God give me strength to further enhance the important role which our organization is playing.

-Muhammad Tahseen, MD





Wasique Mirza, MD
Guest Columnist
(Published in the Times-Tribune of Scranton, PA as
OP-ED Guest Column)

If Darwin was really on to something and we truly evolved from primates, then, compared to those active, agile, carefree and lean ancestors, we have

come a long and twisted way. In reality, we do not have to travel that far into our past to rethink our missteps when we talk about obesity and its growing and rather ominous romp at the very foundations of our health and well being.

Just twenty five years ago, the incidence of obesity in the United States was less than ten percent. The number now stands at a staggering twenty five percent. A quarter of our population is obese while almost two thirds of us are overweight and at the verge of succumbing to a number of serious diseases. 108 million adults in the United States are overweight and this number has doubled in the last twenty years. What is even more alarming is that the incidence of obesity among children has tripled during the same period and we are seeing more teenagers with diabetes and high blood pressure than ever before. The consequences of obesity in adults range from heart disease and diabetes to osteoarthritis, Alzheimer's and a higher incidence of breast, ovarian, endometrial and colon cancers.

As far as the causes of this epidemic are concerned, it's a twisted tale of everything from the food we eat, to the life style choices we make on a daily basis. Our busy schedules, high stress lives and eating on the go attitudes, compounded by our reluctance to make the effort to cook wholesome meals; and when leaning towards the ready-made goodness of a fast food meal, our equally negligent reluctance to get out of the car and walk in favor of the ever popular drive through lane.

The only consolation, if any, is that we are not alone in this predicament. Most of the western world is facing exactly the same problems as we do and the epidemic is rapidly engulfing the developing world, where lack of food is usually the rule and until recently, obesity was mostly unheard of. The causes behind this are eerily simple, namely, a work driven society, too dependent on the luxuries that accompany progress. We live in times where exercise is an afterthought, carbs are the bulk of our hastily consumed diets and the old fashioned concept of energy and endurance from working out is replaced with supercharged energy drinks for an easily solution.

These problems are compounding the health care questions about our future. It not only has a direct impact on the future health care costs, the economic burden of a struggling work force and rising number disabled employees will take a toll on our businesses and industry. The outlook looks grim, and unless we cut down our food portions that have grown on an average by sixty percent over the last twenty years, put down the fries, say no to super sizing offers, and refuse to pay the outrages prices for small drinks at the movie theaters when an extra large, 32 oz. sugar rush is only a mere quarter more. However, we love that sugar rush, we crave that sugar rush, and it will not be easy letting it go. So, is there a solution?

The solution lies in our collective effort to recognize this epidemic and then taking the necessary steps, individually, and as a nation to change our lifestyle. It is harder and harder at times for those stricken by the economic downturn to have access to wholesome and nutritious food. Fast food becomes a viable, convenient, cheap but rather costly option in terms of its eventual consequences. Federal and state regulations regarding content monitoring such as trans-fats and sodium have already begun. Serious efforts to discourage over indulgence in carbohydrate consumption need to gain more support.

Individually, we need to set serious goals for ourselves. Focusing on healthy rather than ideal weights and focusing on portion control instead of starvation diets should be the goal. A diet comprising of 1400 to 1600 calories per day, along with 30 to 40 minutes of cardiovascular activity such as brisk walking, five days a week can result in 1-2 pounds weight loss per week with any drastic changes in lifestyle and is easier to maintain. A healthier lifestyle and Short term modest goals are the best starting steps, and of course it pays to keep an eye on the calorie count behind those tempting delights around us.

Dr. Wasique Mirza, AIMC 1991, is an Op-Ed Guest Columnist for Scranton Times-Tribune. He practices as an Internist in Scranton, Pennsylvania and is a Clinical Assistant Professor of Medicine at the Commonwealth Medical College and Scranton-Temple Residency Program.

# **Tribute to Professor Dr. Haq Nawaz**

By Nusrum Iqbal

I would like to acknowledge here one of my Professors at AIMC, who taught us well and guided us like a friend at the same time. I always saw him as a role model; his encouraging words still ring bells in my ears sometimes. I send my tribute to my favorite teacher Dr. Haq Nawaz. It is always a pleasure seeing him at APPNA conventions ... wishing him well today and always!!!





M. Saleem Seyal, MD FACC, FACP, FRCP, FAHA

The word diaspora is of Greek origin and means displacement of people from their homeland. Indo-Pak diasporic writing is quite voluminous and has been

increasingly recognized as an important literary genre. Early exponents include Bharati Mukherjee, Anita Desai, Bapsi Sidhwa, Tahira Naqvi and V.S. Naipaul among many others. Most of these writers are, in fact, selfimposed exiles. Some of them have achieved tremendous recognition in the field of writing. Their work reflects not only their unwavering attachment to their countries of birth and their coming of age in their native lands, but also point out their feeling of alienation, discrimination, rootlessness and in-betweenness in their adopted countries. Their children, mostly born or raised in the West, have a different perspective than their expatriate parents. They also feel some alienation, belonging to two cultures, and anguish regarding their assimilative process. Immigrants and their first-generation offspring often feel a sense of nostalgia, loss of culture, language, literature and music, and they express this loss obsessively in their writing. The younger generation of writers in this genre includes Vikram Seth, Kiran Desai, Jhumpa Lahiri, Rohinton Mistry, Mohsin Hamid and Chitra Banerjee Divakaruni.

Neela Vaswani is the daughter of an immigrant physician of Sindhi-Indian ancestry and an Irish-Catholic mother from New York. "You Have Given Me a Country" (Sarabande Books, Louisville, KY, 2010) is her second book which is part memoir, part fiction and part cultural history. It is a haunting memoir of this biracial American who straddles two cultures.

"You Have Given Me a Country" by her own declaration is "real and imagined" - what has been called a "mixed genre memoir" - but the fact is that all fiction contains some autobiographical truths and all memoirs are composed at least partially of fictionalized recollections. Vaswani's extraordinary memoir is, strictly speaking, a hauntingly tender love ode to her father and mother and their families, set against the backdrop of the unfolding cultural history of the two lands of her parents—India and America. The book opens in December 1980 with a visit of the Vaswanis to

India, the native land of Dr. Ashok Vaswani, when Neela is 6 years old. Her parents land at the Calcutta airport and are greeted by her paternal relatives, who "speak like my father, a jumble of Sindhi, Hindi, English." The book is very well written and is highly recommended.

A recent novel entitled "TO BE WITH HER" (Weavers Press, 2010) by Syed Afzal Haider, a Pakistani-American retired Electrical Engineer from Evanston, Illinois (a northern suburb of Chicago), is a gripping tale written in a lyrical style. The novel is a page-turner set in the early 1960s and is narrated as first person by "Rama" (Ramzan Pervaiz Malik), who comes from the rather rusty side of the tracks in Karachi but is a superb Cricketer, excellent student and a movie aficionado (Indian & American). He has the temerity to fall in love with the daughter of the Police Chief, Leila, who is a friend of Rama's sister, Yasmin. After much coaxing, his overtures (in the form of brief romantic letters, perfume-laden, of course) are rewarded, and she returns the amorous feelings by exchange of letters, brief chats in the park and an occasional movie or coffee outing. The book is very well written and will resonate with the lives of a lot of Pakistani expatriates in America.

Fawzia Afzal-Khan's memoir titled, "LAHORE with love-- Growing Up with Girlfriends, Pakistani Style" was published in 2010. It was pulled from circulation due to a "mysterious' case of threatened law suit from a woman in Lahore - apparently known to the author - who teaches English at Montclair University in New jersey. The memoir was re-published and is a fantastic read. Sad and "blood-soaked" to its core, it is rather depressing, detailing what horrible things happen to a lot of her girlfriends. The book has more than its share of catastrophes that befall some characters, including nervous breakdown, marital discord and a supposed honor killing.

The chapter about Madina/Medea is atrocious in its content. Vulgarity suffuses the chapter with regularity and quite frankly it is jarring - even to me - who sometimes relishes saying a few choice words in appropriate company. But, the book is about growing up and coming of age in Pakistan, albeit from a feminine perspective. The oft-present angst of straddling two cultures will resonate with the immigrant community. The book is indeed very well written - she teaches English after all - and I did enjoy reading it.

# Mubasher Rana, MD, FACP For President Elect APPNA 2012

"Credibility, Character, Commitment" www.mubasherrana.com







# **Vision for APPNA:**

- Develop a Long Term Strategic Plan for APPNA
- Streamline Governance with proper training, clearly defined Goals and greater Accountability
- Provide Continuity in Committees. Support and enhance important APPNA programs like MERIT, Young Physicians' initiatives, CME programs and Charitable activities.
- Increase Liaison with other medical organizations in North America
- Strict Fiscal Responsibility; Greater Transparency and streamline Accounting Process
- Redefine election process to discourage unethical practices, unnecessary spending and divisive tactics.
- Be a more active player in the United States Health Care arena.
- Greater empowerment to the Component societies. Encourage separate 501c3 status for societies with >75 members
- Encourage Community Service in United States and provide a platform under APPNA to facilitate these activities

# Javed Suleman, MD, FACC For President-Elect APPNA 2012



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

It is time for CHANGE.
I ask for your vote as a vote for a new direction for APPNA a vote of conviction, a vote of conscience.

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

# Increase the membership of APPNA

We need to open the doors wider for new members to enter and join. We need to be more inclusive and more welcoming. We need to align ourselves with the main stream issues and develoop compre-hensive stretegies to tackle it

# Strengthening the leadership of APPNA

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

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

## The Healthcare Delivery Work

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

## Advocacy for the IMG's

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

# Giving Back to Pakistan

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

### The Social Diseases in Pakistan

We need to support and advocate for, education, human rights, women rights, delivery of health care for all and last but not least, justice and democracy .... Today's IMG's are increasingly facing difficulties in obtaining

# Services to APPNA

- Founding Member SMC Alumni 1989
- Treasurer SMC Alumni 1989
- Secretary SMC Alumni 1990
- Vice President SMC Alumni 1991-92
- President SMC Alumni 2004
- Member , BOT, SMC Alumni 2005 present
- Coordinator of APPNA NY Relief for 9/11 victims
- Co- Chair, APPNA Fall Meeting 2001
- Co-Chair, APPNA Winter Meeting 2003
- Member, RESA Committee, APPNA 2002- present
  Chair, Registration Com, Summer Meeting 2002
- Moderator, Speaker APPNA CME since 2002
- Regional Councilor, APPNA New York 2003
- Member, Earthquake Relief Comm APPNA NYC
- Chair, Membership Comm., APPNA 2006
  Member, Finance Committee, APPNA 2006
- Co-Chair APPNA Fall Meeting 2006
- Co-Chair Finance Committee 2007
- Co-Chair Liaison Committee, APPNA 2008
   Chairman, Liaison Comm., APPNA 2009
- Co-Chair, Prof Society Committee 2009
- Chairman, Resource Committee, APPNA NYC 2010
- Chairman, Flood Relief Committee, APPNA NYC 2010
- Coordinator, Manhattan Clinic, APPNA Health Fair 2010

# Services to APCNA

- Founding President of APCNA, Association of Pakistani-descent Cardiologists of North America – 2004-2005 (a highly efficient, productive and professional organization)
- Member, BOT of APCNA 2006 to present. Coordinator / Chair / Co-Chair of APCNA Winter Meetings; 2004, 05, 06, 07, 08. 10.
   Cardiac supplies worth over a million dollars per year, every year,
- Cardiac supplies worth over a million dollars per year, every year, since 2004, donated to not-for-profit teaching hospitals in Pakistan for use in indigent patients. Instrumental in formation of Pacemaker Bank and APCNA / PMA BLS Training Program

Please Visit - www.javedsuleman.com



# Jalil Khan, MD Qualified • Trustworthy • Independent CANDIDATE FOR APPNA TREASURER 2012

# Ten Year Track Record Of Success And Leadership In APPNA

- Chair APPNA Summer Convention 2010
- Co-chair APPNA Spring Meeting 2009
- Chair Host Committee for Strategic Planning Meetings in 2004 and 2010
- President AIMCANA 2001
- Executive Director AIMCANA 2004-2008
- Coordinator SWDRC for Pakistan Floods 2010
- Co-chair of APPNA MERIT 2011
- Active member of multiple committees of APPNA
- Chair SKMH and Sahara Charity Trust events 2006-2011

I envision a united, transparent and financially sound APPNA that will enhance our medical education, social networking and philanthropic efforts.

I am asking for your vote

Vote for a United, Transparent, Financially Strong APPNA



# Join Our Growing Team Of Physicians

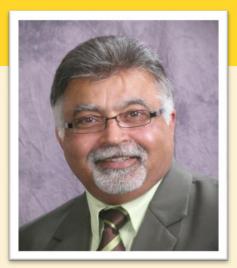
**In SE New Mexico.** J-1 welcome. Clean air, friendly folks, four-season recreation, big cities nearby, exceptional schools, private and public, a state university, and warm climate with cool nights.

- Twelve providers, 90 support staff, four state-of-art clinics in Roswell, Carlsbad, and Hobbs, New Mexico, ancillary services include lab and radiology.
- Compensation well above national average plus bonus structure, complete benefits package.
- Hiring Medical Hematology/Oncology, Rheumatologist, Endocrinologist, Internal Medicine, Family Medicine.

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# Leadership, Transparency, Integrity



"I believe that the next big challenge for APPNA is not only to continue its growth and attract new members from the Pakistani American community of physicians, but also to concentrate on effective and participatory membership of the existing members."

Farid Qazi, MD, FACP

# Farid U. Qazi, MD, FACP CANDIDATE for TREASURER, APPNA 2012

It is my honor and privilege to present myself as a candidate for the post of treasurer of APPNA for 2012.

I am confident that the following goals are within our reach.

- Make APPNA a financially healthy and independent organization
- Closely monitor the support from the pharmaceutical industry to ensure compliance with federal guidelines
- Ensure meticulous accounting and bookkeeping
- Ensure compliance with the current legal guidelines for funding of various charitable projects funded by APPNA
- Harness the immense collective potential of APPNA membership for productive and meaningful activities rather than just social gatherings
- Shifting power and responsibilities to chapters to make them stronger and making it easy for everyone to be represented regardless of their Alumni association
- Open the doors of APPNA to all by reducing life time membership dues to \$1000 so that more people can join to make APPNA stronger
- Will work for election reforms such as 2 years membership requirement as eligibility to vote
- APPNA committee appointments would be made based on ability
- Last but not least, strive to bring back civility and professionalism in APPNA

I sincerely hope you find my dedication and commitment to APPNA worthy of your support.

# **Services to APPNA**

2010: Co-Chair Advocacy committee 2009: Co-Chair Advocacy committee 2007: Chair APPNA Winter meeting

2007: Co-Chair Resource Development committee 2006: Member Resource Development committee

## Services to DOGANA

2008: Chair Election and Nomination committee DOGANA

2007: President DOGANA 2006: Secretary DOGANA

2006: Chair Social forum DOGANA

Served as Councilor and as regular member since 1993

# **Services to Georgia Chapter of APPNA**

Help revive Georgia Chapter with help in setting up processes for electing office bearers, implementing bylaws and arranging CME program.

## **Community Services**

Involved in social and charitable projects including wedding of many poor girls in Pakistan and buying Rickshaws for poor unemployed people.

Served on the Board of Directors of the local Mosque and active in resolving issues in the community.



AIMCAANA Projects



(L to R) Drs. Shahram Malik, Babar Cheema, Tahir Latif, Principal Javed Akram, Sajid Chaudhary, Rizwan Akhtar and Atif Rasheed



Dr. Zeelaf Munir (President APPNA) giving the opening remarks at APPNA Summer Meeting 2010



(L to R) Dr. Nusrum Iqbal and Prof. Haq Nawaz



Dr. Atique A. Mirza doing the fund raising at the Annual AIMCAANA Meeting



(L to R) Drs. Atif Rasheed, Sajid Chaudhary, Babar Cheema and Rizwan Akhtar



(L to R) Dr. Javed Akbar, Dr. Tahir Latif, Prof. Parvez Hoodhbhoy & Principal AIMC Dr. Javed Akram at the Annual AIMCAANA Meeting



(L to R) Drs. Fazal Akbar, Prof Shahbaz Aman, Atif Rasheed and Shahram Malik



Annual AIMCAANA Meeting and Dinner

# پنجاب داوارث

# AIMCAANA . Onnection



سرز مین پنجاب ایک نهایت مردم خیز خطه ہے۔ تہذیب وتدن کی آ بیاری میں اس کے سپوتوں نے خون جگر کے وہ دیے فروزاں کیئے جوآنے والے زمانوں میں بھی طالبان علم کے لیے شعل راہ رہیں گئے استان کمل کے شعر وخن کا جب ذکر چلے گا تو اس پرگند حیات کے لا زوال تا جدار کا نام لیے بغیریہ داستان کمل نہ ہوگی کا کا تا بحق کا لیآ قاب جنٹر یالہ شیر خان پیطوع ہوااوراس کے نور کی کرئیں وقت اور جغرافیر کی حدود وقیود ہے آزاد ہوگئیں۔ سید قطب شاہ کو ایساوارٹ ملاجوا گرنہ ہوتا تو پنجا بی زبان لا وارث رہ جاتی ضلع شیخو پورہ کی خوش بختی و کیھئے کہ ایک موحد (بابا گرونا تک) کو توٹر کی کن نے مار جدال ہوا تو دوسرا جند یالہ شیر خوش کی کی کے میں وجدال ہوا تو دوسرا جند یالہ شیر خان میں کو قرص تو حید ہوا۔

پیررا نجھا کی رومانوی داستان بینجاب کے اوب کا بہت عرصہ سے حصہ بن چکی تھی۔ سیدوارث شاہ
سے پہلے بہت سے تحن ورول نے اس داستان کو اسپے اسپے رنگ میں پیش کیا۔ جب اس لا زوال
داستان کا ذکر چل ہی نکلا ہے تو از راہ عقیدت ان عظیم شعرا کو بھی یا دکر لیا جائے۔ ہری داس اگلی کا داستان کا ذکر چل ہی نکلا ہے تو از راہ عقیدت ان عظیم شعرا کو بھی یا دکر اس گئی اگر داس کھری، چراغ
بھٹ ، باقی قلابی ، دامور دواس ، سعیر سعیدی ، احمد گجر ، میتا چنابی ، گر داس گئی ، گر داس کھری ، چراغ
اعوان ، احمد یا رخان میک ، فقیر للدلا ہوری ، منسارام خوشابی ، میر قرالدین ، عافظ شاہ جہاں فیصل اور
بشمول سندر داس وہ جنابی شعرا ہیں جھوں نے اس موضوع پطیع آزمائی کی ۔ بعد میس میاں مجر بخش
صاحب ، سیف الملوک جیسی شہرہ آفاق مسدس کے خالق نے بھی اس داستان کو نظم کے بیرائے میں
پرویا لیکن سے تصنیف بہت بی نایا ہے۔

اب دیکتا ہے۔ کہ دو کو نسا پہلو ہے جو کلام وارث کو نصر ف ممتاز کرتا ہے بلکہ اس کے سامنے باتی تمام کا وشیں ماند پڑ جاتی ہیں۔ جب جب بھی ہیررا نجھا کا ذکر کیا جاتا ہے تو جو پہلا نام پر دہ ذہن پہا بھرآتا ہے۔ وہ صرف وارث شاہ کا نام ہے۔ وارث شاہ کا زمانہ بہت ہی پر آشو بھا۔

یورہ ذہن پہا کھرآتا ہے وہ صرف وارث شاہ کا نام ہے۔ وارث شاہ کا زمانہ بہت ہی پر آشو بھا۔

مختلی کی گروہ اور طالع آز ما آئے دن شورش پر پاکرتے تھے۔ معاشرہ ہیں طوائف المعلو کی اور اختی کا رائ تھا۔ شاہ عرمعاشرہ ہیں حروف کی مالا کیں جوڑ کے اظہار کو عمین مطالعہ کرتا ہے اور پھراستعارہ ، شعبعہ اور تمثیل کے روپ ہیں حروف کی مالا کیں جوڑ کے اظہار کو کو قبل میں جوڑ کے اظہار کو کے سن مطالعہ کرتا ہے اور پھراستعارہ ، تشبعہ اور تمثیل کے روپ ہیں حروف کی مالا کیں جوڑ کے اظہار کو کے حسن کو اجاب کیا ہے۔ زندگ کے حسن کو اجاب کی انسان نے جروں ہے اجوز ہوں ہے اور کو سامنے لایا۔ وہ بہر و پے جو تہر یہ اور نہ تملیاں کے جیوں کی نشاند ہی کی ہے۔ انسانی ذات یاروح کے ارتقائی سٹر کی منازل اور کرتے ہیں ان کے جہوں کی ہے۔ انسانی ذات یاروح کے ارتقائی سٹر کی منازل اور رائے ہیں عکاس کی ہے۔ انسانی ذات یاروح کے ارتقائی سٹر کی منازل اور میں جو کر دار پٹی گئے ہیں پہلو و سے اور دوسراباطنی۔ ہر کر دارز ندگی کے کی پہلو میں جو کر دار پٹیش کے جیں اور ند بر نو نم ہر اس کا عکاس ہے۔ بیر وارث شاہ کا آخری اور بند نم ہر ۱۳ اس ساری تمثیل کو کھو لئے کی چا بی ہے۔ اس مقام یاس بند کو پیش کر کے کی سہلو

پیرروح نے جاک قلبوت جانوں، بال ناتھا یہہ پیر بنایاای نتی پیرحواس ایہہ بنی تیرے، جہاں تھا پنان مدھنوں لا یاای قاضی حق جھیل نے عمل تیرے، عیال محکز کمیر شرایاای کوٹھا گور،عزرائیل ہے ایہ کھیڑا جہیز الدینہ وشی روح نوں ڈھایاای کیدولنگا شیطان ملحون جانو، جس نے وج دیوان پھڑایاای سیاں پیردیاں رن گھریار تیرا، جہاں نال بیوند بنایا ای

عدلی راجبا بہہ نیک نے عمل سیرےجس ہیرایمان دوایا ای

وارث شاہ میاں بیڑے پار تیرے کلمہ پاک زبان نے آیا ای

ہیروارث شاہ کے گئی نئے موجود ہیں کین اکثر نئے سی بیر کا کہ نکو گئی تقم ہے۔ لگ بھگ الآللی

ہیروارث شاہ کے گئی نئے موجود ہیں کین اکثر نئے سی بیرائی نہ کو گئی تقم ہے۔ لگ بھگ الآللی

نئے دستیاب ہیں اوران میں بھی کا تین کے سہوئے گئی اصلی اشعار درج ہونے سے رہ گئے ہیں یا

پھرالحاتی اشعار کودا خل کردیا گیا ہے۔ پھی معالم جن میں ہمارے قابل صداحتر ام ڈاکٹر منظورا عجاز
صاحب بھی شامل ہیں۔ ہیروارث شاہ کو ایک رومانی داستان ہی جھتے ہیں اوران کی رائے میں درج
بالا بندالحاتی ہے۔ شیخ عبدالعزیز صاحب جنھوں نے عمر عزیز کے معاسال ہیر کی تدوین میں صرف
کیا دبنوں نے اپنے مرتب کردہ نئے میں اس بند کو نہ صرف شامل کیا ہے بلکہ اصلی سمجھا ہے۔ شیخ
صاحب کے ہیروارث شاہ سے جنوں کے بارے میں اکنے صاحبزا دی محتر م خورشید کمال عزیز ہوں
ما حب کے ہیروارث شاہ سے جنوں کے بارے میں اکنے صاحبزا دی محتر م خورشید کمال عزیز ہوں
اور تقریبا تمیں سال تک وہ اس فتہ کو پالنے سلجھاتے شکل دیتے اوراس سے محفوظ ہوتے رہے۔ ان
تمیں سالوں میں کم از کم ہیں ایسے ہے کہ بیر کے طوق کو اپنی لوح تقدر پر کلھا ہوا تھم مانا)۔ یہاں
موذوں ہوگا کہ دلیل وارث شاہ ہی کی زبان سے چش کی جاوے، تغیر بر برکلھا ہوا تھم مانا)۔ یہاں

طول کھول کے ذکر بیان کہتا رنگ رنگ دی خوب بہار دی ہی مثیل دے نال بیان کہتا جیہی زینت کعل دے ہار دی ہی اور بند ۲۳۵ میں مزیدفر ماتے ہیں جس کے بعد مزیدشک کی گنجائش نہی رہتی ایبہروح قلبوت داذکر سارانال عقل دے میل ملایا ای اگے ہیر نہ کیسے نے کہی ایسی شعر بہت مرغوب بنایا ای

توصاحبو، هتیقت سیہ کہ ہیروارث شاہ کی آفاقیت اورا شیازاس کی کہانی میں نہی بلکہ اس کی اصل خوبصورتی جواس کو انسانی نزندگی کے خوبصورتی جواس کی از استفالی جدولوں سے الزمجر کے زمین سفر کا کہ جس میں ذات انتہائی وشوارگز اررستوں سے گزر کے، ارتقائی جدولوں سے الزمجر کے زمین کی پہنایوں سے اٹھے کے اُسانوں کی وسعت میں فنافی اللہ کے مدارج مطے کر جاتی ہے۔ یہی وہ ذات کا سفر ہے جووارث شاہ نے ایک دکش اور بلیع پنجا بی زبان میں حوالہ تھا کم کیا ہے۔

وارث شاہ کی زبال دانی کے متعلق کوئی دوسری رائے ہونہی تکتی۔ لفاظی ، بلاغت اور منظر نگاری کے جوہر ہر جگہ بھرے پڑے ہیں۔ ہیر کے ھس کی تعریف جس انداز میں رقم کی ہے اس سے قاری گنگ ہو کے رہ جاتا ہے۔

کہی ہیر دی کر بے تعریف شاع متھے جمکدا حسن مہتاب دا ہی
خونی چونڈیاں رات جیول چن دوالے ، سرخ رنگ جنہوں رنگ شہاب دا ہی
ہونٹھ سرخ یا قوت جیول لعل چمکن شود کی سیب ولا بتی سار وچوں
عک الف حینی دا ہیلائی زلف ناگ خزانے دی بار وچوں
دند چنے دی گڑی کے بنس موتی دانے نکے حسن انار وچوں
کامھی چین شمیر تصویر جئی ، قد سرو بہشت گڑار وچوں
اختام پہوارث شاہ کا شعر حاضر خدمت ہے جس سے ظاہر ہے کہ وارث شاہ کوا سے کلام کی فوقیت کا
خود سے احساس تھا۔

تھم من کے بیناں پیاریاں داقصہ عجب بہار داجوڑیا آے فقرہ جوڑ کے خوب درست کیتا ، نوال پھل گلاب دانوڑیا آے

تاثيرچيمه

# AIMCAANA OMNECTION



زندگی کے صحرامیں ..... زندگی کے صحرا کی تندو تیز ہواؤں میں پاس کی فضاؤں میں

بے ہنرمہینوں میں زخم خور دہ سالوں میں خوفناک اندھیرں میں بے اثر اجالوں میں قافلے میں سب جیسا میں بھی اک مسافر ہوں بے بسی کے جنگل میں سنگلاخ رستوں پر آبلوں کے پانی پہرچھلتے پاؤں رکھر کھ کر پیچھے مڑے دیکھوں جو

آ نسوؤں کے دامن میں سب مجھے ہی تکتے ہیں آگے چلنے کی خاطر

میرے کندھوں پرسارے ہاتھا پنے رکھتے ہیں

سوچتا ہوں کہہ ڈالوں

میری بستی کے لوگومیں جدانہیں تم سے

خودقدم الملاؤجو

میرے بوجھ کوتھوڑ اتم اگر گھٹا ؤجو

سب چلیں سوئے منزل کا مرانی کی جانب

مسبھی سرخروہوں گے

بس بهی سمجھ لوجو

قافلے میں سب جبیبا

میں بھی اک مسافر ہوں .....

جاويدا كبر

اوررقیب اور سیاه کوغصد دکھانا ہوا تو کہد دیا ہند؛

ہمیں یقین ہے کہ ہم اس صنف '' کی نظی' کی بدولت پرانے دوست ڈاکر ظہیر طبیب

کی طرح سکہ ہندشا عرب جو جائیں گے۔ ڈاکر ظہیرا پی ڈاکٹری کواپی ڈاکٹری پرترجے دیتے

ہیں اس لئے خود کو طبیب کہلوا کر حکیمانہ تبابال عارفانہ ہے کام لیتے ہیں۔ اب جے درون
خانے کی خبر نہیں ہے وہ ظہیر طبیب کو پڑھر کر انہیں کم مہلک خیال کرتے ہیں کہ آخر کو
طبیب ہیں ڈاکر ٹیبیں۔ شاعر سے قدر مے مہلک ہول گے گر ڈاکڑ ہے کم جوڈاکر حضرات
شاعر ہیں وہ اس صنف'' کی لفظی' کی بدولت کلینکوں اور اسپتالوں میں ہمدوقت
مشاعر ہیں وہ اس صنف'' کے نفظی' کی بدولت کلینکوں اور اسپتالوں میں ہمدوقت
مشاعر سے بر پارکھیں گے۔ ڈاکڑ صاحب نے مریض ہے کہا منہ کھولوم یض نے جواب
دیا ہی ڈاکٹر صاحب نے عنواد کھایا ''آآل''
ہماری طرح بیشتر محمن اردواد ہا کا المید ہیہ ہو کہی نہ کی نقاد سے رشتا زدواج میں
ہند ھے ہوتے ہیں اور ہمیں بھی اس سے پھواسٹی حاصل نہیں ہے ہماری شاعری اور شعری
تا ہیں بارے میں ڈاکٹر جاویدا کہر میاں حیان رفیع نجی اور ہماری تیگم کے خیالات
تا بیا بیاس ہیں ما سوال کے کہاول الذکر دونوں احباب ہمیں شک کافاکدہ دیتے
تا تقریباً بیاں ہیں ما سوال کے کہاول الذکر دونوں احباب ہمیں شک کافاکدہ دیتے

ہماری طرح بیستر کن اردوادب المیسید ہے جوہ ک نہ کی تقادے رشد اردوان میں بند ھے ہوتے ہیں اور ہمیں بھی اس سے کچھا شقیٰ حاصل نہیں ہے ہماری شاعری اور شعری قالیت کے ہارے بیس ڈاکڑ جاویدا کبڑ میاں حسان رفیع نجمی اور ہماری بیگم کے خیالات تقریباً کیساں ہیں ماسوااس کے کداول الذکر دونوں احباب ہمیں شک کا فائدہ دیتے ہوئے بوچھے لیت ہیں تھی راہی ہے جبلہ ہماری بیگم ہمیشہ سوال کرتی ہیں کس کا شعر ہے؟ ہوئے بوچھے لیت ہیں تھی راہی ہے جبلہ ہماری بیگم ہمیشہ سوال کرتی ہیں کس کا شعر ہے؟ ہمال بیگی ہمیں شاعر مانے سے صاف منکر ہیں اور آفرین ہے ان کی اس ثابت قدمی پر کہ جہاں پچھلے ۳۳ برسوں سے وہ ہمارے ساتھ نباہ کے جارہی ہیں اور گن ادبی محفل میں انہوں نے ہمیں دارد سے میں ہمارے ساتھ جاتی ہیں ۔ انجمد اللہ ایس کسی بھی محفل میں انہوں نے ہمیں داد دیے میں تا کہ کہا از کم ترکیب و تجوید میں غلطیاں نکا لئے میں تا خیر ۔ تی کو اور نہ بی ما از کم ترکیب و تجوید کی کوئی غلطی نہ نکال پاکس گی اور نہ بی داد دیے میں اور تی کھنی تھی۔ ہمیں کے اس تقریب میں وصول ہوا تو ہم نے تہیے کرلیا کہا ان کم ترکیب کی بی کہیں گے۔ اس تقریب میں شاید وہ بچھیں کہیہیں گے۔ اس تقریب میں شاید وہ بچھیں کہیہی گا کھا کا عنوان ہے ، کہا ساف تو ہم نے تہیے کرلیا کہا کا عنوان ہے ، کہا ساف تا ہم نے عشوہ طرازیوں سے بھر پور '' کیک فظی'' سے نابلہ قیسی پھر فر ماکش کی ساف کے ہم نے کہا کہا دو آبی کہا دور آبی کہا دور آبی کی اور نہی کر کرکھنے گئیں ۔ میاں اب کچھے پھوٹو گے بھر سائی ۔ '' اور '' ان کی نقاد ہے عود کر آئی اور بچر کر کہنے گئیں ۔ میاں اب کچھے پھوٹو گے بھر بیاں اب کچھے پھوٹو گے بھر بیاں اب کچھے پھوٹو گے بھر بیا داوں آن ہی کرتے رہو گ

كوئى بتلاؤ كه ہم بتلائيس كيا (كيا)

خواتین و حضرات ہمارے اس مضمون ہے یہ نتہجھ لیجئے گا کہ ہم دشمن جدت واختراع بیں۔ بخدا بیا ہم گزئییں ہم فقط اتنا جانتے ہیں کہ جو بھی جدت واختر ع اور تنوع کیا جائے وہ اس فن کی مسلمہ حدود وقیو د کی روح میں رہتے ہوئے کیا جائے اور فن متعلقہ میں ترویج وخیال اور ندرے اظہار کا ذریعہ ہوشخصی ہمل لیند کی اور ذاتی نام ونمود کے لیے جدت واختراع اور تنوع کا سہار الینا فن لطیف کی خدمت نہیں بلکہ اس کے ساتھ سراسر زیاتی اور نا اتفاقی ہے۔ والند اعظم یا صواب!





هاشم وارث شام خداخوش رکھے ہمارے دوست حسان رفع نجمی کو جب بھی بات ہوتی ہے شعر سنانے کی فرمائش کرتے ہیںاورشعر سننے کے بعداحتیاط یو چھولتے ہیں کہتمہاراہی ہے؟اگراشعار کا DNA ٹیسٹ ہوتا تو ہم شعر کے ساتھ حق تخلیق کے طور پرنتھی کر دیا کرتے لیکن وائے قسمت کہ سائنس کی اتنی ترقی کے باوجودایک سادہ سائیسٹ بھی دریافت نہ ہوسکا۔ جب تجمی صاحب کے بعد ڈاکڑ عاویدا کبر نے بھی تواتر سے یہ سوال یو چھنا شروع کر دیا کہ میاں بھی نثر بھی ککھی ہے تواندیشہ ھائے دل صبح ثابت ہونے لگا کہ شعرول کےانتخاب نے رسوا کیا مجھے

کسی بھی شعر ونغمہ کی محفل میں نثری مضمون بیٹھ سناا بیاہی ہے کہ جیسے نگوں کے تمام میں کپڑے پہن کر گھس جانالیکن محافل ادب کی یہی اختر اع اور جدت اس کے لئے آئسیجن کا کام کرتی ہےاورآئندہ جدت اورنئ اختر اع تک اس کی زندگی کی ضامن ہے۔ہم عقلند تو ہیں نہیں کہ پہلا ہی اشارہ ہمچھ لیتے لیکن اب اپنے بھی غبی نہیں کہ متواتر سولات کے باوجود بینه جان لیں کہ میاں شاعری تو تمہارے بس کی نہیں ۔ کچھاور بھی جانتے ہویا بس؟ ڈاکڑوں کی ایک کی ایک کثیر تعداد ہمارے حلقہ ءاحباب میں ہے لیکن پچ توبہ ہے کہ ہم ڈاکڑوں سے بہت خوفز دہ رہتے ہیں جا ہیےوہ ہماری دوستی کا دم ہی کیوں نہیں مجرتے ہوں۔ بڑے کا ئیاں ہوتے ہیں۔ دل کی دھڑکن سننے کے بہانے نہ صرف محبوبہ کا

نام پیة معلوم کر لیتے ہیں بلکہ دل میں مجلتے ار مانوں کی تعداد بھی گن لیتے ہیں یادش بخیر بچین میں اماں مبہم سے الفاظ میں کسی کے بارے میں کہا کرتی تھیں کہ' نہان کی دوی بھلی نہان کی مشمنی اچھی۔ خیال غالب بدہے کہ جملہ ڈاکٹروں کے بارے میں کہا کرتی ہونگی۔جب ہمدردہو ہے تو زبرد تی کے محرم راز بن بیٹھے ادر جب عداوت پر اتر ہے تولاطینی نام کی کوئی بیاری کا مشردہ سنادیتے ہیں کہ مریض خود بھی حیران ویریشان

الیی چنگاری بھی بارباینے خاکستر میں تھی نے دور کی جدّ ت پیندی اور قبولیت اختر اع نے ڈاکٹر وں اور شاعروں۔ دونوں کوحد درجہ مہلک کردیا ہے۔ مریض کا انجام بھی ہلاکت پر ہوتا ہے اور کثری کالم سننے والے کا بھی

گئے وقتوں کی بات ہے شاعری میں گئی چنی اضاف ہوا کرتی تھیں اور شاعر بھی گنتی ے۔۔۔مجبوبہ بے کی بیوفائی پر جی بھرآیا تو''غزل'' کہدلی،سیاسی یاسا جی انقلاب کی ضرورت محسوس ہوئی تو کوئی ولولہ انگیز' دنظم'' کہہڈالی،آٹھاشعاریورے نہ ہو سکے تو " دسدس" کہدلی۔۔۔شاعر بھی گئے جنے ہوا کرتے تھے، نام اور خلص بھی جی کو بھاتے تھاں طرح ڈاکٹر بھی چند بیاریوں پراکتفا کر کے ڈاکٹری پر ہی اکتفا کیا کرتے تھے! مگراپ دوریدل گیاہےات توہر ڈاکٹر جز قتی شاعر ہوگیاہے پاکل قتی ٹی ویا پینکر ۔۔ شکر ہے ہرشاعر نے جز قبی ڈاکٹر بننے کا ہیڑ نہیں اٹھاباور نہاں دو آتشہ ہلاکت کے بعدتو دفنانے کو جسد خاکی بھی نہ بیتا کہ

نه بهی جناز ه اٹھتا، نه کہیں مزار ہوتا دورحاضر میں اضافیصرف شاعروں میں نہیں بلکہ اصناف شاعری میں بھی ہوا ہے گئے و قتوں کے شاعرکوئی نئی صنف متعارف کروانے سے پہلے ٹھونک بجا کرتسلی کرلیا کرتے تھے

كە 'نجيبالطرفين' ،ى ہے مگرخدا بھلاكرےاس' انٹرنيٹ' اور' فيس بك' براب جتنے اشعار ہیں،اتنی ہی اصناف اوراس ہے دو گئے مجموعات کلام ۔اللہ جمیل الدین عالی کوصحت اورطویل زندگی عطافر مائے کہ جب انہوں نے ثلاثی کومشرف یہ جایان کر کے ہائیکوکالبادہ پہنایا تو وہ بھی نظم میں شار ہونے لگی گویاا ختصار کاعمل شروع ہوگیا۔ جب جون ایلیا کو بیربات نه بھائی اور مختلف لبادے میں بنظم ان کے ایمان اشعار کو متزلزل کرنے گی توانہوں نے نظم سلسل کی داغ بیل ڈال دی اور مضمون شعر پراسقدر تسلسل سے لبادوں کے برت چڑھائے کہا جھاخاصشعر پیاز بن کررہ گیا۔منیر نیازی سےمعذرت

میں نے ایک برت جو چھیلا۔ ایک اور چھلکے کا سامنا تھا مجھ کو جب نظم مسلسل کارواج چل بڑا تو ہم پرمشاعرے میں جانے سے پہلے جاسوی کروالیا کرتے تھے جون صاحب کو کتنے نمبر پر پڑھیں گےاور پچھلے مشاعرے میںان کی نظم مسلسل میں کتنے اشعار تھے اور پھر حساب کر کے جون صاحب کے مشاعرے میں عین اس وقت جاتے جب صاحب اشعار بنی ظم مسلسل سنا چکے ہوتے یہاسی انٹرنے واوفیس بک کی مہر ہانی ہے کہد نیامیں ان گنت VIRTUAL مشاعرے ہونے لگے ہیں روایتی بھی اور فی البدیہ بھی ۔ان مشاعروں میں ایسے اشعار سننے اور يڑھنے کو ملتے ہیں کہ حسان رفع نجمی کی طرح یو چھنے کو جی ہی نہیں چاہتا کہ میان تمھارا ہی ہے؟ بلکہ یقین ہوجا تاہے کہ'ان' کاہی ہوگا۔اگر''انٹرنیٹ'' نہ ہوتااور نہ ہی' فیس بک' ہوتا تو ٹوبہ ٹیک شکھ کے سی دورا فنادہ گاؤں کے قادرالکلام شاعر کا بیمصرے کہ '' کھٹیا کھڑی کر کے حن میں جب وہ نہاتی ہے''

یہاں شکا گو یامیڈیسن کے سی مشاعرے میں سننے کول سکتا تھا کہ اسی جدت واختر اع يبندى نے نه صرف اشعار كہنے اور سننے كا دُهب بدل ديا بلكه شاعروں كودور جديد

ہمارے ایک بہت اچھے شاعر دوست ہیں مزاد انکی ایک خوبی پیہے کہ جب ان کا کہا ہوا کسی صنف ہے مطابقت نہیں رکھتا تو وہ خودہی نئی صنف ایجاد کر لیتے ہیں۔ پہلے وہ با قاعده غزلیں کہا کرتے تھے پھرٹلا ٹی پرآ گئے اب اکثر و بیشتر ڈیڑھ مصری کہتے ہیں جبم زاد ڈیڑھ مصری پرآئے تو ہمیں بھی امید کی ایک کرن نظر آئی کہ آخرہم بھی صنف ' کی لفظیٰ 'ا یجاد کر سکتے ہیں بیو بعد میں معلوم ہوکہ ' نظمانے ' کے نام سے ایک اور شاعرا سے پہلے سے ایجاد کر بھکے ہیں ہمیں صنف'' یک لفظی'' میں بہت سے فوائدنظرآئے اپنے لئے بھی اوران ڈاکڑ دوستوں کے لیے بھی جوشاعر ہیں اس کے علاوہ ثلاثی پڑھنے والابھی اس کوفت سے بیچر ہیں کہ شاعر کے تخیل کا پیٹرول ختم ہو گیاذ اتی طور پر ہمیں سب سے بڑا فائدہ تو بیالگا کہ ڈاکڑ جاویدا کبراورمیاں حسان رفیع تیجی کے سوالات سے جان جیموٹ جائے گی اور ہم ایک نئی صنف کے موجد بھی ہوں گے آخر کس کا د لنہیں جا ہتا کہ وہ ارد وادب پر کوئی نہ کوئی احسان ضرور کرے اور پچ کیو چھیے تو'' یک لفظی'' کہناا تنا کوئی مشکل کا م بھی نہیں۔ اشارول كنابول ميس كوئي پيغام دينا هوا تو كهه ديا هون؛ ذار عنوه دکھاناہواتو کہ دیا آں؛ پیغام محبت رد کرنا مواتو یک لفظی کهه دی انان؛

حيرت كااظهارنظم بندكرنا هواتو كهدديا بال؟؛



والدین نے شروع میں تو ہم سے پنجابی میں بات کرنا چاہی مگر ہماری طرف سے مایوں ہو کرانھوں نے ہم سے اردوہی میں گفت وشند کرنا مناسب سمجھا البتہ آپس میں وہ پنجابی بولتے رہے اب زبان اور ملک قوبل چکے ہیں کیکن صورتحال وہی ہے اب ہم اپنے بچوں سے اردومیں بات کرنا چاہتے ہیں مگران کی طرف سے انگریزی میں جواب یا کرانیا سامنہ کے کررہ جاتے ہیں۔

اردو اور اردو سے پہلے بنجابی!بیصرف زبانیں ہی نہیں بلکہ ان کے اندرایا پوری تہذیب اور طرز زندگی چھپا ہوا ہے زبان کے بدل جانے سے اس میں موجود بے تکلفی ، مزاح اور است سب بدل جاتے ہیں مزاح کے اعتبار سے بنجابی زبان سرفہرست ہے اس کے مزاح میں جو چاشی ، مسراہ ب اور بے باکی ہے وہ شاید کسی اور زبان کے مقدر میں نہیں ہے بگر ستم ظریفی ہیے کہ صرف مادری طور پر بنجابی بولنے اور بھے اور ایسی سے مربورا نقاق کریں گے .

زبان ایر بہت اہم ثقافتی ورثہ بھی ہے جس سے مسلک بہت سے اطوار اور ان ہوئے ہیں۔گراس ثقافتی ورثے کو تو شایدہم بہت دور چھوڑا کے ہیں ہمارے والدین اس ورثے کوہم میں ڈھونڈتے رہے اور ہم اپنے بچوں میں اس اہم ثقافتی ورثے کو تلاش کرنے کی ناکا مجبج کررہے ہیں۔

پردلیس میں کبھی کوئی ہم زبان مل جائے توالیا لگتا ہے جیسے کوئی کھوئی ہوئی چیزا چا · سے ل گئی ہو بے شک گفتگو کاموضوع کوئی بھی نہ ہو پھر بھی بات کرتے رہنے کا دل چاہتا ہے اس ا نشست میں زبان کانوں میں ایسار سی ڈال جاتی ہے۔ جس کی تاثیر بہت دیر ت قائم رہتی ہے۔ اکثر میرے ساتھ ایسا ہوا کہ کس شینٹر ، ائیر پورٹ ، یاسب و سے شیشن پراچا · کوئی ہم زبان مل گیا اور وقت گزرنے کا بیع ہی نہیں چلا۔

ہرزبان میں پچھا کے اصاسات اور تا ٹرات ہوتے ہیں جوصرف ای زبان کی خاصیت ہوتے ہیں۔ آج بھی جب جمیں اپنے براوں سے ڈانٹ پڑتی ہے توصرف پنجابی میں ہی پڑتی ہے۔
ہماری ای اکثر کہا کرتی ہیں کہ اردومیں بھے ہے لوگوں کوڈانٹائی نہیں جا تا اور بچ پوچھے تو ہمیں بھی اردومیں ڈانٹ ڈانٹ بی ٹیٹیں گئی اور نہ ہی اسکا پچھا تر ہوتا ہے۔ والدصاحب بھی جب بہت زیادہ جذباتی ہوتے ہیں یا خالوں میں بھی ہے بچوں سے بچھ ہی دریا گھرین کے ہیں میں مارے بی اور ہمارے وہ کے اسکا میں جہ بیاتی ہوتا ہے۔ اسلام جذبات احساسات ہی ہے بھردل کرتا ہے کہ اب بی زبان میں بھی بچھ بول لیس ہم تو بھرا پنے والدین کی بنجابی بچھ لیتے تھے ہمارے بیچتو شاید ہماری اردوبھی نہ بچھ پاکیں اور ہمارے وہ تمام جذبات ،احساسات اور تا ٹرات کہیں ہمارے اندرہی ندرہ جا کیں۔

اردگردزبانوں کا یہ سکتچرسا بن گیاہے آ جکل ہمارے گھروں کی صورتحال ہے ہے کہ والدین پنجابی بولتے ہیں،ہم اردو اور ہمارے بچے انگریزی بولتے ہیں اردو اور پنجابی میں تصور ٹی بہت مما ثلت ہونے کی وجہ ہے ہم میں اور ہمارے والدین میں خلاکس قدر کم تھا۔ گرہم میں اور ہمارے بچوں کے در میان جوخلا ہے وہ بڑھتا ہی جارہا ہے اب نئ پودکی روایتیں بدلتی جارہی ہیں احساسات مٹ چکے میں اور اپنائیت کم ہوتی جارہی ہے۔

> نہ جانے زبانوں کے اس کمبیحر کا نتیجہ کیا فکلے گا اور سیسفر کہاں جائے رکے گا۔ شہرام ملک

# إن اور ہم

آمدِ بہارے دنوں میں جب جھے میرے عزیز دوست ڈاکٹر جاویدا کبرکافون آتا ہے تو میرے دماغ میں شک وشبہات جنم لینے لگتے ہیں. مجھے لگتا ہے کہ یہ پھر مجھے معرکہ آرا ہونے کا کہیں گے. پھروہ ہی ہوتا ہے جس کا ڈریعنی جاوید مجھے AIMCAANA Connection کے اردو کے بھے کے لیے پھھ لکھنے کو کہتے ہیں۔ ڈاکٹر صاحب اب ہمارے سارے نہ لکھنے کے بہانوں سے واقف ہیں اس لیے نوبت یہاں۔ پہنچتی ہے۔

اب سلسد شروع ہوتا ہے کی سوچ یا خیال کا جو بیان کیا جائے۔ اس بارا یہ عجیب موضوع د ماغ میں آیا جس کا میں نے اکثر دیکھ خطوں میں ہوتے ہیں تو امریکہ کاذکر اِن ، اُن ، انہوں جیسے فقطوں میں کرتے ہیں اور اپناذکر کرتے ہوئے لفظ ہم اور ہمارا ستعال کرتے ہیں۔ یہ ایر عجمول ہے۔ ہم میں سے اکثر کوامریکہ میں کام کرتے ہوئے سال وسال بیت گئے ہیں۔ ہم یہاں کے برابر کے شہری اور شریہ ہیں۔ اس کے باوجود خیال اور الفاظ کی یہ دوری کیوں؟ ہم امریکہ پاپنائی بتانے میں سمیری سے کام لیتے ہیں۔ ہم بھول جاتے ہیں کہ یہ ملک صرف اتناہی ہمارا ہے جتنا ہم اس کو اپنانے کو تیار ہیں۔ بیشا ید پھرا یہ جبہمیں یہاں کی پھر پالیسیوں سے اتفاق نہیں ہوتا دراصل پیرا سے محال میں ہوتا دراصل بیت ہیں جب ہمیں یہاں کی پھر پالیسیوں سے اتفاق نہیں ہوتا دراصل اس کا بہتر صل اس ملک کو میں اور شم میں شمولیت ہے ۔ یم میں تم والے سے بیٹر ہم اس کے بغیر ہماری حیثیت تماشائی کی تی ہے جم بھول جاتے ہیں کہ اس ملک کو میں اور ہم ان

ڈاکڑ عارف احمر

محترم قارئین! 2011 کےایمکانکنیشن کے ساتھ حاضر ہیں۔اس سال بہت سے نئے خلیق کاروں کی خوبصورت تحریریں ان صفحات کی زینت بن رہی ہیں۔خاص طور پر نثر میں کافی کام آپ کو پڑھنے کو ملے گا۔

زندگی میں راتوں کی آسودگی اور دنوں کی دل مچلادینے والی تمازت میں بھی مصروف ہیں کین مادرعکمی کی محبت میں بہت سے اقبالینز وقت نکال کرمختلف فور مزیر اسکی خدمت میں گےرہتے ہیں۔ جناح ہیتال میں زیا بیطس سینٹر کا قیام ہویا فلا ڈلفیا میں اقبالینز ہاؤس، سیسب محبت کا شافثا ندہے۔امید کرتے ہیں کہ اقبالینز کا بیخاندان ایونہی محبیت با نٹتا اور سیٹتارہے گا۔

لیجئے آپ تحاریر سے لطف اندوز ہوں۔ آپ کی قیمتی اُرا کا انتظار ہے گا۔

جاویدا کبر انچارج اردوسیشن



غزل

خدائے کم برن کو میں صدادیتا تو اچھا تھا
کسی مبعد میں دوآنسو بہا دیتا تو اچھا تھا
چھپایا بچے اسی ڈرسے کہیں اس کانہ دل ٹوٹے
ان آنکھوں سے اگر پردے ھٹادیتا تو اچھا تھا
وہ راز دل جو برسوں ۔ رہا محدود سینے میں
اسے میں روز اوّل ہی بتادیتا تو اچھا تھا
گی را توں کی بےخوابی ستارے دیکھتے گزری
میں اس مہوش کوخوابوں سے جگا دیتا تو اچھا تھا
گئی کنہہ رواجوں سے بہت الجھن ہوئی آصف
ئی دنیا خیالوں میں بسا دیتا تو اچھا تھا
ڈاکٹر آصف ڈار



غرز ل
بال گھا ئیں چپرہ تاباں
شوخ ادائیں دل ہے ناداں
زخم جگرنا سور ہے گا
دل کا درد کرونہ پنہاں
شق بتاں ہے روگ مسلسل
نردی رنگت بال پریشاں
ماضی کی سب یادیں موتی
ذکر چپڑ ہے جب بھیکیں مڑگان
فزرت ہوجا پھر سرگردال
فرحت ہوجا پھر سرگردال



غرل جب ہے ہے گھونسلے ہے اُڑالا کی زندگی پنچھی کو اُس کے بعر نہیں بھائی زندگی اس نے تو مرکے پیار میں پچھی پالیاسکون ہم نے سزا کے طور پیا پنائی زندگی ماز ہرسا پچھیا تیرے آ ہے حیات میں ہم جال بلب تھے حدّ ہے حالات سے مگر ابرکرم ہی اُس پدرہی چھائی زندگی جاوید کالی رات میں کیکن تھی ایا بار وثن لکیر تھی کہیں مُسکائی زندگی وثن لکیر تھی کہیں مُسکائی زندگی حاویدا کمر

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