



# *17<sup>th</sup> Annual Meeting*

**HILTON BOSTON - LOGAN AIRPORT  
BOSTON, MA • APRIL 20, 2019**

**ASSOCIATION OF PAKISTANI PHYSICIANS of New England**



## **Public Health**

Prevent. Promote. Protect.



# APPNE

NEW ENGLAND



CHAPTER OF



APPNA



**APPNE**  
Association of Pakistani Physicians of New England  
APPNA Chapter  
**2018-2020**

**APPNE OFFICE BEARERS:**



**Asimah Qayum, MD**  
*President*



**Yousaf Shaikh, MD**  
*Vice President*



**Saud Javed, MD**  
*General Secretary*



**Salman Malik, DMD, MD**  
*Immediate Past President*



**Khawaja M. Rahman, MD**  
*Treasurer*



## **APPNE**

Association of Pakistani Physicians of New England  
APPNA Chapter

### **MEMBERS AT LARGE:**



**Zaheer Ahmed, MD**



**Jamila Khalil, DMD**



**Safana Mushtaq, MD**



**Akmal Sarwar, MD**



**Saima Firdoos MD**

## President's Message



We started this past year in April 2019 with a few goals, that I am happy to say have been accomplished with the help of my very dedicated APPNE board.

Prevention is the operative word in Medicine. As a physician, education of our patients is key to living a healthy life. Some of our very vulnerable patients are at the extremes of life and require preventative care along with others.

Our goal this year was to provide Influenza Vaccination in our communities across New England. We held two successful clinics in New Hampshire and two in Massachusetts. We plan on expanding this program in other communities across RI, CT and VT.

Drs Khatri, Zaheer Ahmed and Tariq Rahman have dedicated innumerable hours to the Lowell Community Health Center. Their dedication to this community is exemplary.

Our Fall Function which, incidentally was held at the Lowell Community Health Center, was a litmus test of our performance and expectations from the younger physician community in the Northeast. This meeting was also the venue for the inception of Allied Health Services of APPNE. Stay tuned for more from this group.

In the Spring and Summer of 2019, we plan on holding Blood Pressure and Diabetes screenings. Given the prevalence of these two diseases with easy and early detection is again on our domain of prevention of the many ramifications of these diseases. APPNE is going to team up with ICNA in this pursuit.

We are in the process of providing culturally sensitive counseling in the Greater Boston area. Although, for the time being it is at a single location we expect to expand the network.

APPNE is going to monetarily support the treatment of Diabetes in Pakistan. This innovative technologies network will be utilizing the existing network of health workers in the KPK region. Dr. Nazneen Lokhandwala will oversee the program and will present her report at our next annual meeting in 2020.

Another ambitious project that APPNE intends to foray into is Telemedicine. The outreach through this medium is tremendous. If you would like to team up with APPNE in this venture, please, let us support you.

APPNE as an organization has always enjoyed the support of PAGB, OPEN and we will be supporting HHRD and SIUT. Team work with these organization will help APPNE to do further outreach in our local communities and I hope we can continue to build on that tradition to accomplish these goals.

Asimah Qayyum MD

# Message from APPNA President Elect 2019

Dear APPNE Members,

I am so proud of Association of Pakistani-descent Physicians of New England who have proven to be one of the most vital chapters of APPNA over the past 17 years. Since inception, we have been doing activism, philanthropy, and have served our communities with participation in APPNA Healthcare days and working to serve indigent communities at Lowell Community Health Center, and now partnering to serve at the free health clinic at Worcester Islamic Center.



I am looking forward to working with Dr. Asimah Quyyum, President APPNE and intend to bring the APPNA FALL MEETING 2020 to Boston, so we can show the national membership our New England hospitality. I am grateful to Dr. Salman Malik for agreeing to chair the APPNA Fall Host Committee. The tentative dates will be 10/18 to 10/20/20, so we can include a leaf peeping trip for our out of state guests as well.

At APPNA I am focusing on a number of initiatives in 2019 to strengthen our organization and its relevance to our communities in the US and Canada, Pakistan, and globally. These initiatives include:

1. Nurture women leadership in APPNA
2. Revitalize US/Canada medical graduates section in APPNA
3. Foster Chapter-based Youth Mentorship
4. Strengthen APPNA Component Societies (Chapters, Alumni associations)
5. Strengthening APPNA Educational Initiatives: RESA and MERI

I am looking for the many talented people in New England to become part of my APPNA committees. If you are interested, please talk to me or email me at GhazalaNaheedUsmani@gmail.com. I can only be effective, if the team with me is effective and we have a vision that resonates deeply.

Thank you for all your support over the years and looking forward to working with you to keep APPNA and APPNE highly relevant to you and your interests/concerns!

Best Wishes,

G. Naheed Usmani, MD  
APPNA President-Elect 2019

# RAMADAN AND DIABETES

*Author: Asimah Qayyum MD*

*(With excerpts from Joslin Diabetes Clinic)*

Fasting during the holy month of Ramadan is an important spiritual practice. When you have diabetes, you may be wondering how fasting will affect your diabetes. There is a lot of misinformation about diabetes and Ramadan. This handout is written to answer some of the most common questions.

## ***Does everyone have to fast?***

No. This is based on the Holy Quran as well as the teachings of Islamic religious scholars over centuries. The Quran states that there are groups of people who do not have to fast, especially if it puts their health at risk. This includes children, pregnant or breastfeeding women, the elderly and anyone who might make themselves ill by fasting. This also includes people with poorly controlled diabetes, people with type 1 diabetes who take insulin or type 2 on a mixed insulin regimen or those who often have very high or very low blood glucose levels.

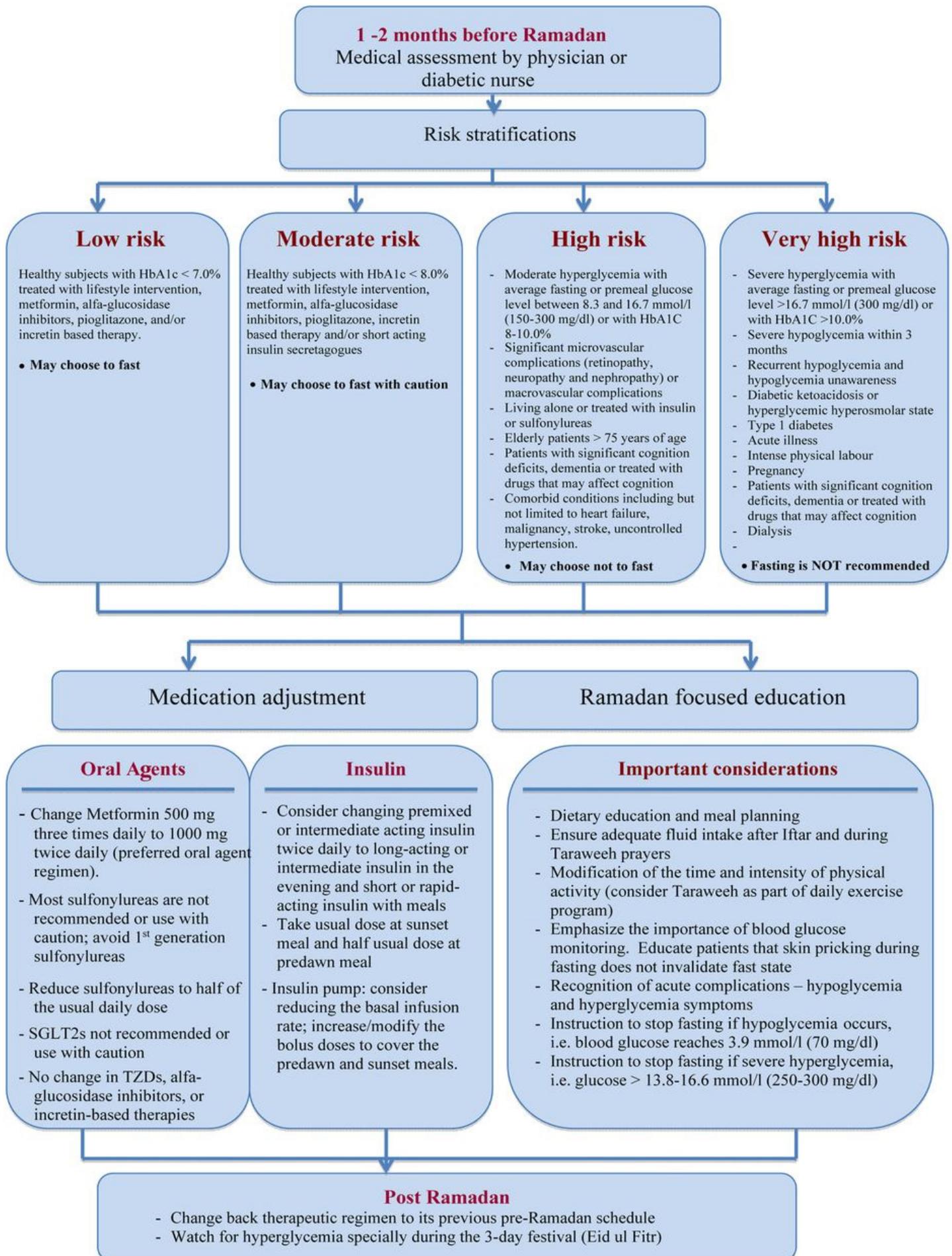
## ***I know many people with diabetes who fast and don't have a problem. Is it okay for me?***

It is true, many people with diabetes can fast safely, but each person is different. Part of the decision you will make with your doctor has to do with the kind of diabetes medicine you take. It is important to schedule an appointment 2-3 months before Ramadan to discuss how fasting might affect your diabetes. Your doctor or healthcare provider may suggest a change in your medication plan.

## ***What risks should I be aware of?***

These are the key risks:

- Low blood glucose (or hypoglycemia) – The risk of blood glucose levels going too low is highest in people taking insulin or certain diabetes pills. Limit physical activity during fasting hours and be more active after sunset. Talk with your healthcare provider to find out if your medicine puts you at risk for low blood glucose and discuss how to prevent it.
- High blood glucose (or hyperglycemia) – While low blood glucose levels may happen during the day, after the fast is broken, there is a greater risk to overeat. Watch out for eating too many sweets and keep the portion sizes moderate. Even though Ramadan is known as a time of fasting – it is not uncommon for people to gain weight during this month, as in some families, every evening meal is a celebration.
- Dehydration – This is especially a problem during the longer and hotter summer days. Aim to drink sugar free and caffeine free drinks frequently throughout the evening and before dawn.



***I was told to not check my blood glucose during the day as it will break the fast. Is that true?***

Checking blood glucose will not break a fast! It is important to monitor blood glucose levels especially to identify a low glucose level. A fast will have to be ended if glucose levels fall too low (below 70 mg/dl)

***How is low blood glucose treated?***

If glucose levels do fall below 70, take 15 grams of carbohydrate in the form of one of these: 4 glucose tablets, 6 oz regular soda, 4 oz fruit juice or 1 tube glucose gel. Wait 15 minutes and recheck again. Follow with a snack if the evening meal is not for more than an hour.

***Do I stop taking medicine during Ramadan?***

No. You continue taking your diabetes medicine, but you will take it at different times. Your dose may also change. This is one reason why it is very important to talk with your health-care provider several months before Ramadan so you can plan ahead for how your diabetes medicines may need to change.

***How do I plan my meals since I'm only eating twice a day?***

The dawn meal (Suhoor) should contain a balance of whole grain sources of starchy carbohydrates as well as some protein and fat to help slow the digestion and help the feeling of fullness last as long as possible into the day. Healthy breakfast options good for the hot summer month of Ramadan include:

- Whole grain cereal, low-fat milk, cottage cheese with sliced peaches topped with toasted almonds
- Plain Greek Yogurt flavored with blueberries and cinnamon, whole wheat toast with nut butter.
- Foul (a hearty middle eastern breakfast dish made of lentils or fava beans), small serving of sliced fruit
- Whole wheat roti (unleavened bread) and egg khagina (a southeast Asian dish)

Traditionally the fast is broken (Iftar) after sunset and begins with the eating of dates and drinking water. Limit dates to 1-2 each evening. Drink plenty of water and sugar free beverages though out the evening, but avoid caffeine beverages as they can be dehydrating.

While the iftar meal is a celebration time, aim to not overeat. Discuss a plan with your dietitian. Keep sensible portions in mind and follow the same guidelines for healthy eating that you do the rest of the year with an emphasis on whole grains, lean sources of meat, fish and poultry, small amounts of heart healthy fats and limit added sugars.

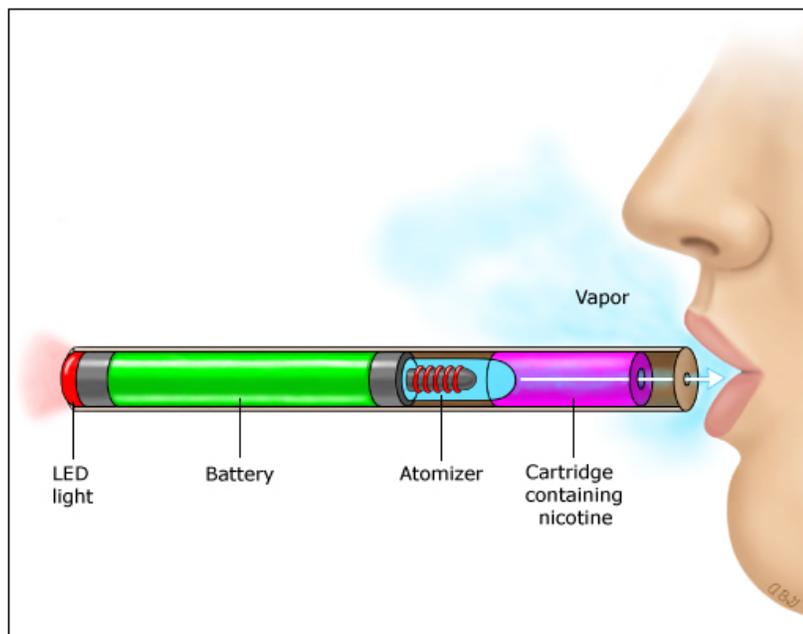
# Vaping: What do you need to know!

Yousaf A. Shaikh, MD FACP

Vaping is the act of inhaling and exhaling the aerosol, often referred to as vapor, which is produced by an e-cigarette or similar device. Vaping devices include not just e-cigarettes, but also vape pens and advanced personal vaporizers (also known as 'MODs').

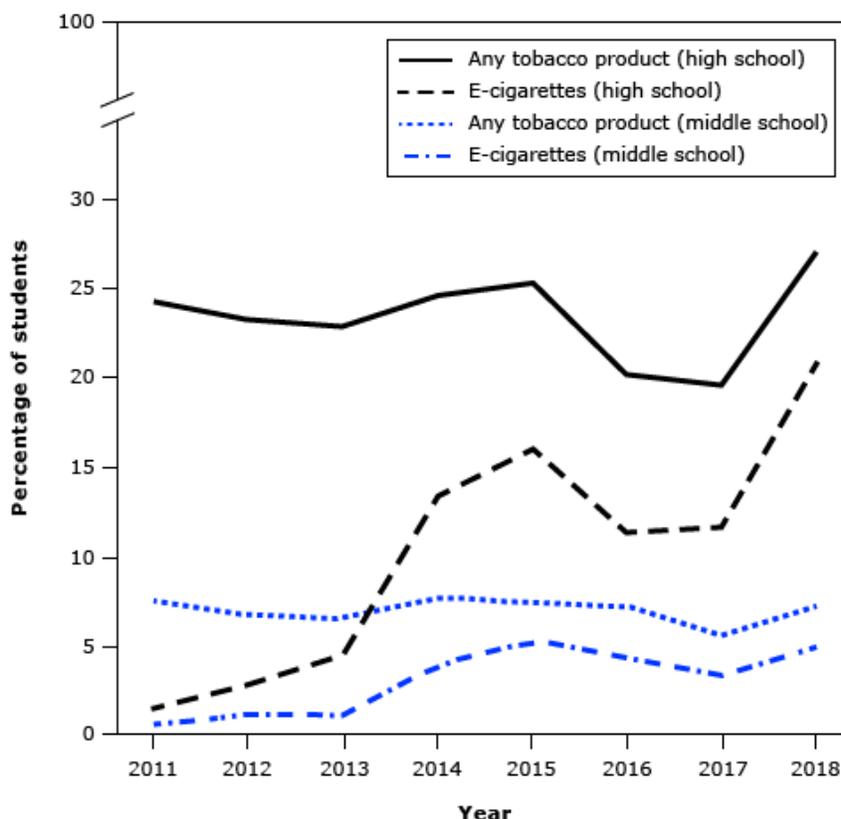


Generally a vaping device consists of a mouthpiece, a battery, a cartridge for containing the e-liquid or e-juice, and a heating component for the device that is powered by a battery. When the device is used, the battery heats up the heating component, which turns the contents of the e-liquid into an aerosol that is inhaled into the lungs and then exhaled.



E-juice or vape juice is a mixture of water, food grade flavoring, a choice of nicotine levels or zero nicotine, and propylene glycol (PG) or vegetable glycerin (VG). E-cigarettes may be used to deliver marijuana and other substances. The newest and most popular vaping product is the JUUL, which is a small, sleek device that resembles a computer USB flash drive. Its subtle design makes it easy to hide, which helps explain why it has become so popular among middle and high school students. It comes in several enticing flavors like crème brûlée, mango and fruit medley. Every JUUL product contains a high dose of nicotine, with one pod or flavor cartridge containing about the same amount of nicotine as a whole pack of cigarettes.

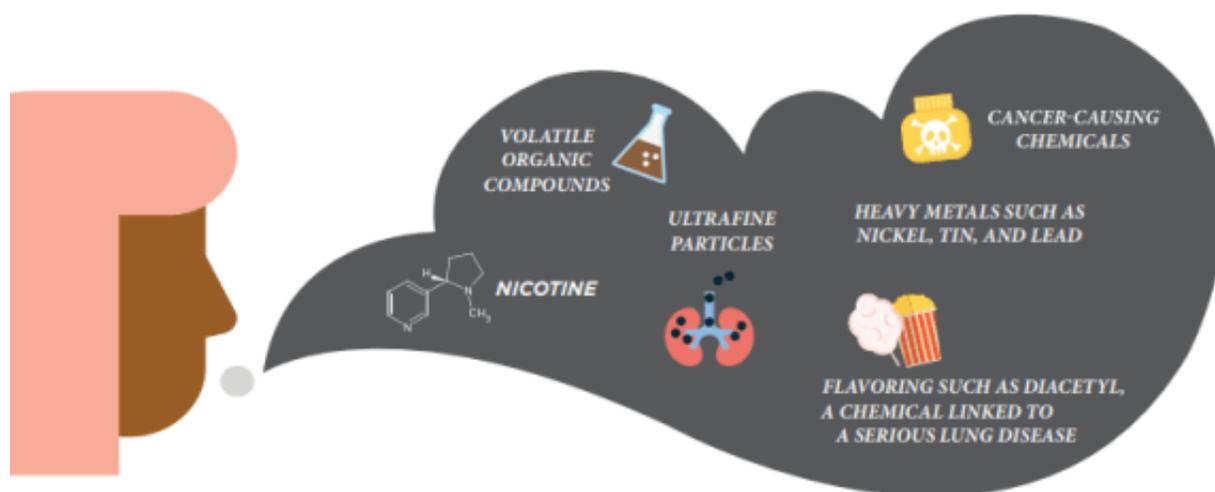
*Percentage of middle and high school students who currently use e-cigarettes\* and any tobacco product— National Youth Tobacco Survey, United States, 2011 to 2018*



*Reproduced from: Cullen KA, Ambrose BK, Gentzke AS, et al. Notes from the field: Use of electronic cigarettes and any tobacco product among middle and high school students - United States, 2011-2018. MMWR Morb Mortal Wkly Rep 2018; 67:1276.*

Potential adverse effects of e-cigarettes are related to exposure to nicotine as well as to other vapor components produced by the devices and risks of the actual device.

The amount of nicotine delivered and the level of nicotine in the blood varies depending on nicotine concentration in the e-cigarette liquid. E-cigarettes do not expose the user to many of the constituents of cigarette smoke (eg, tars, oxidant gases, and carbon monoxide) that are responsible for many of the tobacco-attributable diseases. However, most e-cigarettes do contain a number of potentially toxic chemical substances.



Vaping is associated with cough and asthma symptoms among adolescents. Both propylene glycol and glycerol decompose to form the carcinogens formaldehyde and acetaldehyde. Other carcinogenic compounds like tobacco-specific nitrosamines (TSNAs), carbonyl compounds, metals, volatile organic compounds (VOCs), and phenolic compounds have been found. E-cigarette use for at least one year was associated with increased cardiac risk. E-cigarette devices have been reported to cause burns, explosive injuries, and chemical injuries. The nicotine in e-cigarette fluid poses a potential for accidental ingestion, especially by children. The typical 5 mL vial of e-cigarette liquid refill may contain a nicotine concentration of 20 mg/mL (100 mg/vial). The known lethal dose of nicotine is about 10 mg in children. Nicotine found in many e-cigarettes is unsafe for pregnant women and fetuses. It can complicate pregnancy and cause health issues for the baby. Nicotine is known as a cause of sudden infant death syndrome. There are concerns about the potential health consequences of secondhand exposure to e-cigarette vapor due to increases in environmental concentrations of nicotine and particulate matter.

Specific concerns about e-cigarette use by youth include:

- Nicotine addiction and dependence
- Potential harm to developing adolescent brain including memory and concentration
- Increase incidence of respiratory symptoms
- Normalizing smoking behavior

# Photo Gallery

## APPNE Annual Meeting 2018



# Photo Gallery

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# Photo Gallery

## APPNE New England Flu Vaccine Camp 2018



# Photo Gallery

## APPNE Annual Meetings 2018



# Photo Gallery

## APPNE Fall Meeting 2018



## APPNA Fall Meeting 2018



# Photo Gallery



**A visit by Ambassador Akbar Ahmed,  
now a scholar at American University in Washington, DC**

# Photo Gallery

APPNE Spring meeting 2018 with Khizr Khan and Dr. Saud Anwar. This is the session with high school and college children.



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## Republican Congressman Joe Wilson's fundraiser in Washington, DC



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APPNA Day on the Hill 2018 was conducted by APPNA Advocacy Committee. Members arranged meetings with their Senators and Congressmen/women to discuss the many visa application problems encountered by Pakistani medical school graduates.





**APPNA**  
Association of Physicians of  
Pakistani Descent of North America



**ICNA Relief**

## **APPNA/ICNA Relief USA Free Mobile Clinic Service**

There was a huge need of free mobile clinic services since, very few Muslim Charitable organizations offer these services in North America

It helps in providing free medical services specially in underserved areas

We provide free community health fairs during peace time and free mobile clinic services to the people affected by disasters nationwide

Free Mobile clinic partnership was established with APPNA and ICNA Relief USA in November, 2017 during the Dr Sajid Chaudhry's APPNA President Tenure

2 Mercedes 2016 new sprinter vans purchased & customized in April/May 2018

2 Axis Thor 2015 RV purchased & customized in July/October 2018

One mobile clinic sent to NY to cover North East region, second in Dallas to cover TX, LA, Ok

Third mobile clinic van was sent to Orlando to cover South East region and fourth Van was sent to Chicago for Midwest region

First mobile clinic van Inauguration was in April, 2018 at ICNA-MAS Convention Baltimore, MD

Second Mobile clinic van Inauguration was in July, 2018 at APPNA Convention Dallas, TX

APPNA donated mobile clinic vans and ICNA Relief is taking care of their maintenance, running cost, hiring van drivers/Med Assist, marketing, insurance, medical supplies, website etc

In September, 2018, during Hurricane Florence, we provided free medical services in 8 disaster affected cities in North Carolina and served 500 people with a value of services of \$556,500

In October, 2018, during Hurricane Michael, we provided free mobile clinic services in 8 disaster affected cities in Panama City, FL and served 450 people with a value of service of \$533,120

Total 98 free community health fairs were organized in 2018 in Masajids, churches and in interfaith community events

We are planning to organize 300 free community health fairs in 2019

We need volunteers (physicians, Nurses etc) to help for upcoming health fair/mobile clinic nationwide events, who can schedule their availability by visiting our mobile clinic website

[www.icnarelief.org/mobileclinic](http://www.icnarelief.org/mobileclinic)

In order to sustain our free mobile clinics, we need sponsors/donors, please visit our mobile clinic website as above for any level of sponsorship (Platinum/Gold/Silver) and support a great cause

Regards

Dr Uzair

ICNA Relief Health Services



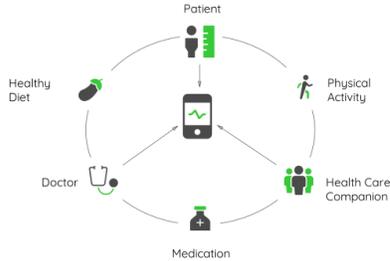


## Innovations in Diabetes Treatment

By Naaznin Lokhandwala, MD.

### What is Glucose Trail ?

Glucose Trail is a diabetes solution bringing education and care to the patient at home, harnessing the use of a mobile app and telemedicine technology



**Glucose Trail** is a diabetes solution bringing care to the patient. It is comprised of:

- 1. Community Resources** (diabetes medications + local lab + home glucose testing + local groceries + local recreation),
- 2. Community Health Care Companion (HCC)+** remote diabetes clinician
- 3. A mobile app** linking the remote diabetes clinician to the local HCC to bring diabetes care to the **patient**.

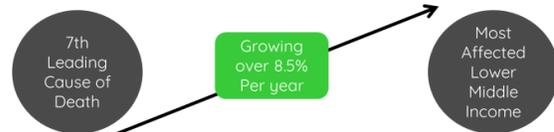
### How big is the Diabetes problem?

WHO reports 425 million people have diabetes worldwide, incidence of diabetes is increasing by 170% in developing countries. 77% of people with diabetes will live in low income countries. Even more alarming is the fact that 48% of deaths due to diabetes occur in people less than 60 years old. This threatens breadwinners, mothers and homemakers.

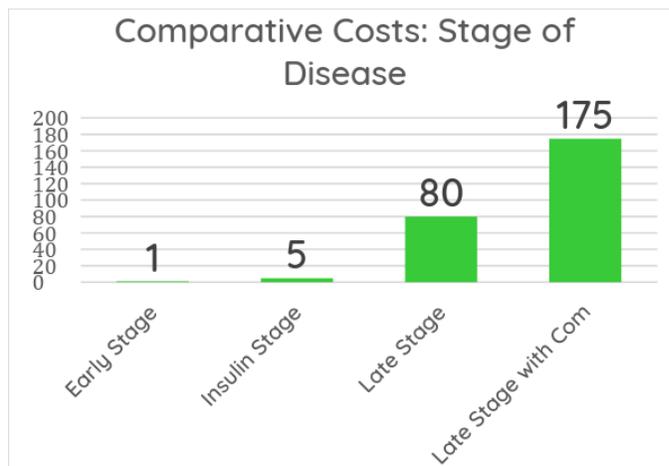
### Is Diabetes a Problem?

\*Global Report on Diabetes: WHO

Growing to 629 Million People with Diabetes in 2045



425 Million People with Diabetes world wide in 2014



Complication rates are higher in low income countries. Patients seek care when desperately in need of emergency care. Irreversible complications set in, which are an enormous economic burden. As much as 30% of family income is spent on diabetes care. For such families, children's education and nutrition are trade-offs to cover the cost of health care for severe complications. Treating diabetes early is easier, inexpensive and ensures quality of life.

### The Components of the Glucose Trail Solution:

- 1. Glucose Trail app** - has three personas: the patient, the diabetes clinician and the health care companion. The app enables entry of critical patient information at intake by the health care companion, which is then accessed by the remote clinician for treatment planning through the app. The health care companion now communicates and implements the treatment plan for the patient.



Glucose Trail 2018: All Rights Reserved



# Innovations in Diabetes Treatment

By Naaznin Lokhandwala, MD.

2. Physicians/ Diabetes specialists - provide endocrine expertise, diabetes education and treatment.
3. Local education and scaling organizations - select a community, identify community diabetes resources (pharmacy, lab, grocers, recreational sources and community health care companions).
4. Training camps for health care companions and patients - facilitate baseline lab testing, training of community health care companions in diabetes care including: diet planning, physical activity, blood pressure measurement, glucose testing, insulin administration, medication adherence, and using the Glucose Trail mobile app. It also serves to continually connect and empower the community from within to positively impact their well-being: bringing pharmacists, local entrepreneurs, patients, healthcare companions and doctors together.



## Funding: Pod of 1000 patients \$10,860 per month

Per Patient Costs	Cost Year 1 Monthly	Cost Responsibility Year 1	Cost Responsibility Year 2	Cost Responsibility Year 3
Medications, Strips and Lab Fee	9.46	Patient	Patient	Patient
Doctor Fee	1.50	Glucose Trail	Patient	Patient
Health Care Companion Stipend	4.76	Glucose Trail	Glucose Trail	Patient
Tech + Management Cost	4.60	Glucose Trail	Glucose Trail	Glucose Trail
Patient Responsibility	9.46	9.46	10.96	15.72
<b>Glucose Trail Funding</b>	<b>10.86</b>	<b>10.86</b>	<b>8.21</b>	<b>2.30</b>
<b>Monthly per patient</b>	<b>20.32</b>	<b>20.32</b>	<b>19.17</b>	<b>18.02</b>

Year 1: Goal 10 Pods - 10,000 patients: \$108,600 per month  
\$1,303,200 per annum



Assumptions: \$1 = Rs.133; 5000 early stage + 5000 mid stage diabetics; medicine costs static

### Scale

Following a successful pilot project, the current financial model can be adopted to continue to serve Glucose Trail pods of 1000 diabetes patients in South Asia initially and seed communities in other countries as this model of community care and telemedicine evolves.



Glucose Trail 2018: All Rights Reserved

## Be The Match: Register In The Stem Cell Donor Registry To Save A Life

*By Omar Siddiqi, MD.*

- More than 170,000 Americans are diagnosed with serious blood disorders each year, with more than 45,000 having blood cancers
- More than 50% of these patients will die despite treatment
- Stem cell transplants from healthy donors can save the lives of patients with blood cancers
- Stem cell transplants allow patients to receive aggressive, marrow ablative chemotherapy, by repopulating their bone marrow through donor stem cells
- The most common diseases that can be treated with stem cell transplants are:
  - Acute myelogenous leukemia (AML)
  - Acute lymphoblastic leukemia (ALL)
  - Myelodysplastic syndromes (MDS)
  - Non-Hodgkin lymphoma (NHL)
  - Chronic leukemias
  - Hodgkin lymphoma
  - Other blood disorders such as aplastic anemia
- Unfortunately, only 25% of patients have a matching stem cell donor in their family
- The remaining 75% must search for donors in the national Be The Match registry
- Only 44% percent of donors in the registry are Asian
- Only 40% of Asian blood cancer patients will receive a stem cell transplant through the registry, as potential donors of Asian origin are more likely to refuse to donate when matched, than Caucasian donors
- In contrast, 75% of Caucasian patients will find a donor
- Patients who are unable to find a donor through the registry have a much higher mortality rate, and 3,000 people die each year while awaiting a stem cell match in the registry
- 70% of all stem cell collections from health donors occur through the peripheral blood after using a stem cell mobilizer. 30% occur through a traditional iliac crest harvest
- **Stem cell donations are safe: more than 35,000 people have donated stem cells to a stranger through the registry without a single donor death or serious complication**
- Signing up for the registry is simple: once you register online, a cheek swab kit will be mailed to you. Swab the inside of your cheeks with the included Q-tip and mail the kit back
- You will be contacted by Be The Match to confirm your inclusion in the registry
- Go to [www.bethematch.com](http://www.bethematch.com), or stop by the stem cell registration drive at the APPNE Annual Meeting on April 20, 2019

# SIUT: The largest nonprofit healthcare system in Pakistan

By Rizwan Mumtaz, CEO, USA

SIUT North America, a charitable organization under Section 501(c) (3) is dedicated to humanitarian health causes, with our major focus on SIUT Pakistan. SIUT is the largest health organization in Pakistan and its mission is to provide the best healthcare with dignity and compassion and without any form of discrimination.

We believe that healthcare service delivery should be of the highest quality and provided free of cost. Since 1971, SIUT has been providing care to patients from all over Pakistan, especially the poor and underprivileged who have no access to healthcare.

Providing free treatment for over 45 years, SIUT also provides this facility to refugees from all over the world and patients who cannot afford the exorbitant healthcare cost in their country of residence. Further, SIUT Pakistan is a renowned center for ethical kidney transplantation.

Predominantly from the rural and poorer urban strata with virtually no access to medical facilities, SIUT's patients are financially incapable of affording modern diagnostic, treatment and transplant facilities which are already quite costly in the private sector.

“SIUT has the distinction of being the most unique of its kind in the entire world. It has transplanted twice as many children as compared to the biggest institute in the United States.” - William Harmon  
Pediatric Nephrologist, Children's Hospital Boston, Boston, MA

## Statistics for 2018



You can donate your Sadaqah, Zakaat and general donations at [www.siutna.org](http://www.siutna.org) or mail us a check at 6671 Southwest Freeway, Suite 812 A, Houston, TX, 77074.

# Outreach: Medical and Dental Camps in Pakistan

**By Dr. Salman Malik DMD, MD**

I sat down to write this article and realized pretty quickly that I didn't know what to write or what to say. Where would I even begin? What words can I put down on this paper that would convince the readers about the merits of this kind of a project?

We have all struggled with how to give back--give back to the place that gave us our identity. But what oftentimes holds us back is not knowing how to do that. So, maybe I should begin with the following--rather than trying to describe the experience, here are some images that were captured, while in Swat:

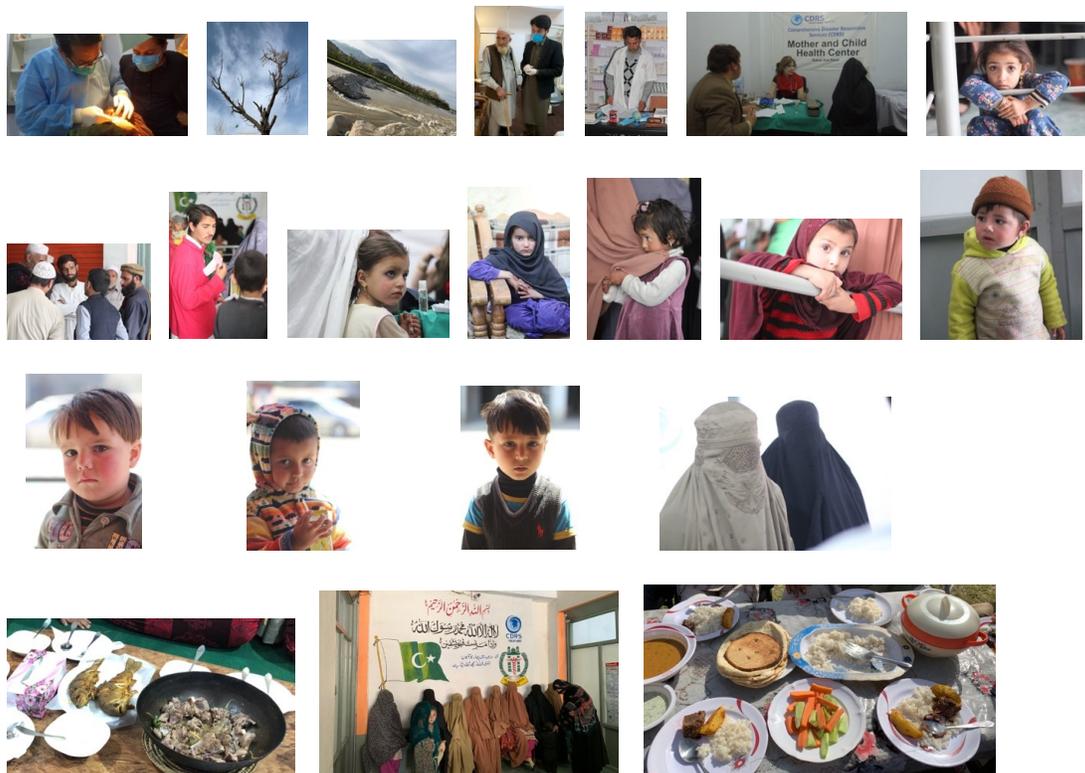


Photo credit: Shahbaz Haider and Romana Malik

Ideally, a health care outreach model should focus on preventative care. The goal should be to provide basic treatment, general check up and ultimately, help people become aware of their health status. But when there is a total lack of awareness in a community, sometimes, that isn't very practical. I think this is where members of the APPNE community can help. Comprehensive Disaster Relief Services (CDRS) is an NGO that has been working in Pakistan for over a decade. Many of us know Timothy Todd Shae, the executive director of CDRS. He has been instrumental in providing relief to the masses throughout the country. This organization has the ability to set up medical and dental camps and has assisted many Pakistani-American physicians in making this a reality.

There is a great need to provide basic healthcare in Pakistan. I had the privilege of working in Swat, but it could have been any place in Pakistan. What I did there was pretty basic. But that simple service relieved a lot of people in pain. You can be part of that team.

Reputable organizations, such as CDRS, have already set up the resources needed that can make it easy for our members to deliver their expertise in Pakistan. Will you be one of them?

**Dover**  
RUG & HOME

We Are Proud To Support  
**The Association of Pakistani  
Physicians of  
New England (APPNE)**

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## HELPING HAND FOR RELIEF AND DEVELOPMENT

**Head Office** | 21199 Hilltop Street,  
Southfield, MI 48033  
**Phone** | 313-279-5378  
**Fax** | 313-366-0200  
**Email** | [info@hhrd.org](mailto:info@hhrd.org)  
**Website** | [www.hhrd.org](http://www.hhrd.org)

Helping Hand for Relief and Development (HHRD) as partner organization of ICNA: HHRD was registered in 2005 upon the Islamic principle illustrated in the Gracious Quran: “They feed with food--despite their own desire for it-- the indigent, and the orphan and the captive (saying): ‘We feed you purely for the sake of God. We desire no reward from you, nor thankfulness.’” - Surah al-Insan 8-9

HHRD is a global humanitarian organization responding to human sufferings in emergency and disaster situations all over the world regardless of race, gender, ethnicity, class and religion.

### Vision Statement

HHRD as a Leader is Empowering lives, creating opportunities and strengthening the bond of humanity.

### Mission Statement

HHRD is committed to serve humanity by integrating resources for people in need. We strive to provide immediate response in disasters, and effective Programs in places of suffering, for the pleasure of Allah Alhamdulillah (Thanks be to Allah) we have got the top 10 charity status by Charity Navigator in the field of private fundraising since 2011. HHRD is the only Muslim organization in America to get this status. HHRD is a 4 star rated NGO relying on private donors like you all.

### HHRD’s work

HHRD is a global humanitarian relief and development organization responding to human sufferings in emergency and disaster situations around the world. In addition to our emergency relief efforts in natural or man-made disasters, we also work on long term relief and development programs.

For more information please visit our website at [www.hhrd.org](http://www.hhrd.org)  
HHRD is a Registered non-Profit INGO - Tax ID: 31-1628040  
HHRD is a certified 501 (C) (3)

#### New England Region

80 Turnpike Rd, Westborough, MA 01581 | 508-768-0177 | [humayun.kabeer@hhrd.us](mailto:humayun.kabeer@hhrd.us)



HHRD is a registered 501 (c) (3) humanitarian organization - [www.hhrd.org](http://www.hhrd.org) – Tax ID: 31-1628040  
To maintain transparency, all HHRD external audit reports, and IRS 990 financial return are available on [www.hhrd.org](http://www.hhrd.org)



*Dr. Jamila Khalil*

and her staff at

*New England Dental Associates*

would like to congratulate

**The Association of Pakistani Physicians of New England  
on our 17th year!**

*New England Dental Associates*

**233 West Central Street**

**Franklin, Ma 02038**

**508-541-6886**

**About SIUT North America (SIUTNA)**

*"SIUT North America is dedicated to humanitarian health causes for the last 17 years. For SIUT, we have provided state-of-the-art medication and equipment for Heart, Kidney, and Liver diseases, Organ transplant management, and Cancer therapy. SIUT, an 820 bed facility, is the largest healthcare organization in Pakistan, and provides free and comprehensive services in Urology, Nephrology, Transplantation, and liver related diseases, including cancers."*



**Quick Facts about SIUT**

- State-of-the-art center of excellence with 9 satellite centers
- Treated over 10 million over the last 4 decades, including over 1.79 million last year
- 400 living-related kidney transplants a year
- 100-bed oncology center to treat all cancers
- The only center providing free PET CT cancer diagnostic facility
- Over 900 dialysis sessions per day
- Dedicated departments of pediatric urology, nephrology and transplantation
- Largest stone disease center in the country



Safia who received transplant at SIUT and living a normal life

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A child with end stage renal disease on hemodialysis

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Yasra has been treated for kidney cancer



Dr. Syed Adibul Hasan Rizvi,  
Founder/Chairman SIUT,  
World-renowned transplant surgeon

**What the medical professionals from around the world say about SIUT**

**David M. Albala** | Chief of Urology, Crouse Hospital, Syracuse, New York

*"Dr. Adib Rizvi should definitely take pride in the SIUT accomplishments. SIUT serves as a world-class medical institute imparting medical education, bioethics, transplantation and urology services to the thousands of doctors and patients across Pakistan and the world."*

**William Harmon** | Pediatric Nephrologist, Children's Hospital Boston, Boston, MA

*"SIUT has the distinction of being the most unique of its kind in the entire world. It has transplanted twice as many children as compared to the biggest institute in the United States."*

**Jeremy Chapman** | Clinical Professor, Westmead Institute for Medical Research, Sydney

*"SIUT is a personification of the highest quality of care. This is a tough model to follow."*

**Michael Cecka** | Transplant Immunologist & Professor, Department of Pathology and Laboratory Medicine, UCLA

*"The cutting edge kidney transplant program at SIUT has already provided more than 1500 medical miracles to the people of Pakistan. It has earned the SIUT worldwide recognition."*

**Vivekanand Jha** | Executive Director, George Institute for Global Health New Delhi

*"SIUT can set the standard for the provision of world-class healthcare. The story of how it started from an 8-bed unit to its current situation is extremely inspiring."*

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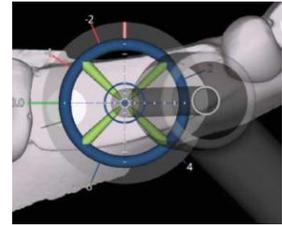
    
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*year ahead*

# HIV Epidemic in Pakistan

## Fizza S. Gillani, PhD

Human Immunodeficiency Virus (HIV) if left untreated, can lead to acquired immunodeficiency syndrome (AIDS). Once a patient is HIV positive, he/she has it for life. HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off the infection. A person with AIDS, can transmit disease to others. So, it is very important for HIV+ patients to start treatment known as Antiretroviral Therapy (ART) to keep the virus suppressed. Due to recent medical advancements in ART and good access to healthcare patients rarely develop AIDS once they are under care.



In 2014, the Joint United Nations Program on HIV/AIDS (UNAIDS) and partners launched the 90–90–90 initiative; the aim is to: 1) diagnose 90% of all HIV-positive persons; 2) provide antiretroviral therapy (ART) for 90% of those diagnosed; and 3) achieve viral suppression for 90% of those treated by 2020. In the USA, most state health departments are making UNAIDS 90-90-90 as their action policy to control this epidemic. For example, the state of Rhode Island's Department of Health (RIDOH) adopted the 90-90-90 initiative a few years ago. Since then, Rhode Island has been implementing different initiatives to achieve this goal. Many state agencies, healthcare organizations, and researchers are working together to achieve the 90-90-90 goals by 2020. A few examples of these efforts include funding from Health and Resources & Services Administration (HRSA) for Ryan White programs which provides HIV+ patients free access to ART and clinical protocols (i.e., Seek, Test, and Treat which test patients for HIV while incarcerated) and free-needle exchange programs. Community-based case-management agencies are working in collaboration with healthcare organizations to keep patients engaged and retained in care. We are proud that the state of Rhode Island is very close to achieving the 90-90-90 goals with early reports stating that we are close to 90% viral suppression.

Unfortunately, Pakistan is on the opposite spectrum of the 90-90-90 initiative. According to the most recent World Health Organization (WHO) report<sup>1</sup> published on World AIDS day 2018: 1) Pakistan is registering 20,000 new HIV infections annually, the highest increase among all countries in the region, 2) Only 16% of the estimated 150,000 people living with HIV have been tested, and 3) Only 9% of those tested are on Antiretroviral Therapy. No statistics on the number that are engaged and retained are available. This implies there are more than 130,000 people infected with the HIV virus who don't yet know their HIV status. It is likely, that these same individuals are spreading the virus unintentionally.

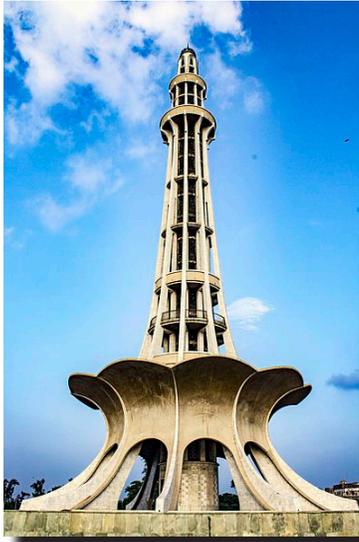
It is very important to start prevention efforts by educating the population about HIV and the modes of transmission. Some possible modes of HIV transmission cited for Pakistan in various studies<sup>2</sup> includes shared needles and razors used by barbers, sex workers (including transgender), and men who have sex with men (MSM). It is also important to educate the community available treatment options, and the importance of starting and continuing ART medicines.

We are in the initial stages of developing an HIV education and awareness project in Pakistan. This project targets both providers and patients using an open dialogue about HIV disease which perfectly aligns with APPNE/APPNA's mission "to promote health related projects in the US and Pakistan". If you are interested in obtaining more information, please contact Fizza Gillani, PhD (fgillani@lifespan.org or Fizza\_Gillani@brown.edu).

### References:

1. HIV Epidemic Spreads at Alarming Rate in Pakistan; WHO Monitoring Desk Report (December 3, 2018); <https://nation.com.pk/03-Dec-2018/hiv-epidemic-spreads-at-alarming-rate-in-pakistan-who> ; accessed December 4th, 2018
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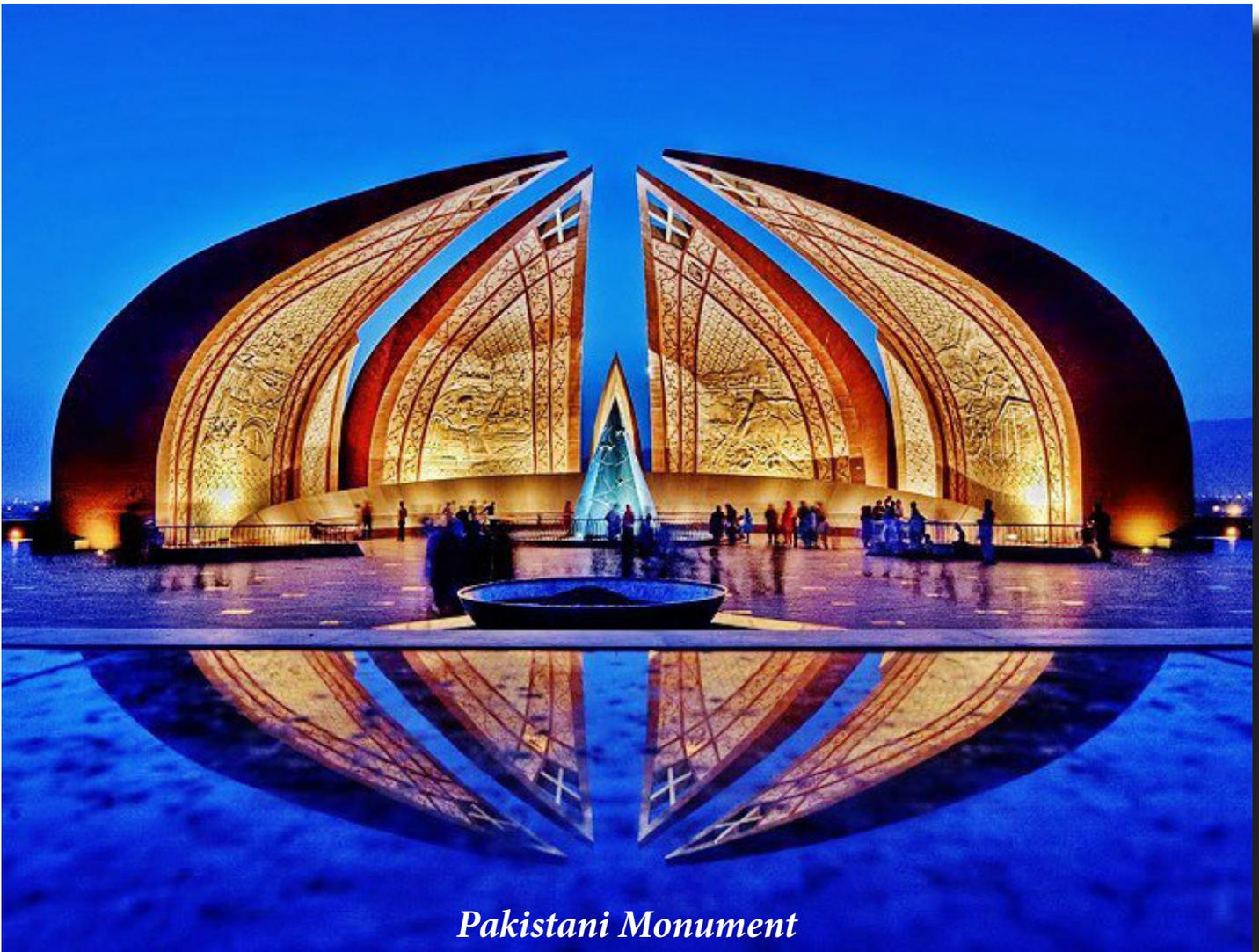
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