

HEALTH BEAT

Newsletter by NATIONAL HEALTH FORUM

Editor-in-Chief: Tanveer Imam

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NATIONAL HEALTH FORUM DONATES TO KARACHI

HOSPITALS

National Health Forum (NHF) donated \$19,000 to Koohi Goth Hospital in Landhi, Karachi, in December 2007. The donations, a result of NHF's fund raising, will be used directly for patient care at the hospital. Koohi Goth Hospital is one of the pioneer center for Vesico-vaginal fistula repair.

Memon Health and Education Fund received approximately \$12,000 for building a 330-bed hospital which will open in summer 2008.

PMA RAISES FUNDS FOR PROVISION OF ANTI - SNAKE VENOM

Last year's rain and floods made the Sind population vulnerable to venomous snakes slithering in the muddy waters. Dr. Saleha Ishaq of River Ridge, Louisiana, helped NHF raise \$4000 and the amount was donated to Pakistan Medical Association to implement and administer an anti-snake-venom drive in the affected Sehwan and adjoining areas.

Dr. Ishaq, a Rheumatologist, visited the flood-affected areas and found that the government-run clinics are in reprehensible condition. This prompted her to work with NHF in order to raise funds for relief work in interior Sind.

Nuclear Scan Camera Donated to Indus Hospital



SIR EDMUND HILLARY, A HUMANIST AND A LEGEND



Sherpa Tenzing Norgay and Sir Edmund Hillary

Sir Edmund Hillary passed away on January 11, 2008, aged 88. The world knew him as the legendary mountaineer who conquered Mount Everest accompanied by his guide, Sherpa Tenzing Norgay on May 29, 1953. A modest person that he was, he never revealed who reached the summit first, until Tenzing passed away in 1986.

A *Philips Adac* nuclear scan camera was donated through NHF to Indus Hospital, Karachi. The camera was procured through the generosity of Dr. Younus Rakla of Westfield, New Jersey.

The camera, that performs rest reperfusion scans to diagnose underlying coronary artery disease, will help Indus Hospital provide cardiac diagnostic tests to the poor patients of Karachi. A non-profit charity hospital, Indus Hospital is one of the few hospitals in Karachi that provides free but quality care to patients who cannot afford it otherwise.

The poverty, simplicity and the resilience of Sherpas of Nepal touched Sir Edmund's heart and for the better part of his life he worked tirelessly for his *HIMALAYAN TRUST*, which he created in 1960.

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Tanveer Imam

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EDITORIAL**Are We Going To Eat Meat From The Same Cow For Years ?**

The federal Food and Drug Administration (FDA) recently lifted ban on sale of milk and meat products of cloned cattle, pigs and goats. According to the FDA, not enough information is present to reach conclusion on sheep. This decision will open a panorama of debates ranging from ethical values to evaluation of scientific data.

Friends of The Earth, an international network of environmental grass-root groups in 70 countries, is leading a coalition of non-profits, politicians and corporations to protest the lifting of the ban. The concern raised by the coalition is that FDA has budged under pressure of big agro-business and has not used long term safety studies to reach to its conclusion. Accordingly, the majority of clones have genetic abnormalities and consequently have a high pre-natal mortality and other adverse outcomes such as large infant syndrome. "Dolly", the first cloned sheep was born after 227 tries and died mere 6 years later of premature arthritis and lung disorders. The effects on consumers of ingestion of milk and meat of such animals is of grave concern.

The United States Department of Agriculture (USDA) has issued a statement endorsing FDA's decision, simultaneously requesting farmers to keep cloned products off the market during the transition time. The divergent statements have sparked skepticism about the science used in the process. Even if cloned products make it to the market, another debate is on labeling of these products. So far there is no policy of labeling the cloned products. The argument is that cloning is just another method of assisted reproduction and if meat obtained from animals using methods such as artificial insemination is not labeled differently, why do it with cloned meat?

The FDA has looked primarily at two issues. First, are mature cloned animals healthy? Although the cloned animals may have a higher rate of genetic defects, but the ones which reach maturity are pretty much indistinguishable from their non-cloned counterparts. Second, is the meat of cloned animals reaching the food industry safe? So far the agency thinks it is safe, but is yet to complete the 300 page scientific review on which the summary is based.

The method of cloning is tedious and expensive and the cloned animal is more likely to become part of the breeding industry rather than directly coming in the food chain. There are moral and ethical issues which is yet to be resolved and federal agencies do recognize that. Perhaps our focus should be to strengthen our current legislations to make meat products safe for consumption. Just as recently as last September, 9,800 tones of ground beef contaminated with E.coli were recalled by a New Jersey based company. All recalled packages bore USDA tag and was cleared by the agency before hitting the market. A stark reminder of the weakening of the regulatory role of the federal agency.

Civilian Casualties Of The Iraq War - Stats In The Shade Of Politics

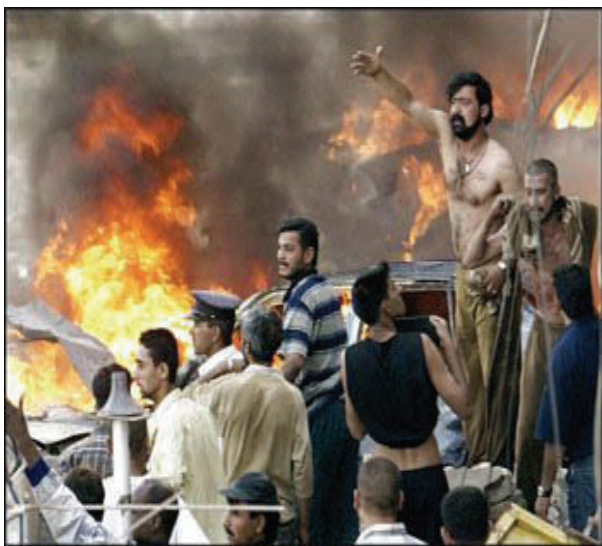
By: Tanveer M. Imam, M.D.



The war in Iraq has brought about a humanitarian crisis of great proportions. The number of civilians affected by the invasion by coalition forces have been a subject of debate. A national cross-sectional cluster sample survey of mortality in Iraq conducted by Johns Hopkins Bloomberg School of Public Health estimated that as of July 2006, 654,965 excess deaths occurred as a consequence of the war, of which a little over 600,000 deaths were due to violence. This study, published in *The Lancet*, has been scoffed by authorities but revered and praised by peers as a “tried and true” methodology for measuring mortality in times of war.

A recent survey (January 9th, 2008) published by the New England Journal of Medicine (NEJM) puts an entire different spin on the issue. The Iraq Family Health Survey (IFHS), conducted by federal and regional ministries of Government of Iraq in collaboration with World Health Organization, puts the estimate of violent deaths at 151,000 occurring between March 2003 and January 2006. The NEJM study attempts to compare the Lancet study and discredit its results.

This recent study published in the NEJM is very likely to stir up a huge controversy among statisticians, public health workers, readers of medical and scientific journals and the public at large. The focus of debate is likely to be on the methodology of data collection by IFHS, its partisan reporting and its skewed results. The prestige of NEJM may also come in question.



Les Roberts, one of the authors of the 2006 Lancet study, points out that IFHS roughly agrees that the overall mortality has doubled after invasion but accounts only one third of deaths as due to violence. For example, if a sick dies because a health care center has been looted as a result of violence and lawlessness, should it be counted as due to violence or not?

Andrew Cockburn, a journalist, criticizes the NEJM study in his article posted on www.counterpunch.org as being guilty of sloppy methodology and tendentious reporting. He questions whether the IFHS was truly randomized as almost 10% of designated clusters were not visited due to poor security conditions and these gaps were filled by data collected through Iraq Body Count, a UK-based study which relies on reports published in the media. The counterpunch article also points out that the NEJM study bizarrely claims that violent deaths have not increased during the course of the occupation, although by all accounts Iraq spiraled in a bloody civil war during the time period under study.

Les Roberts feels confident about the data published in *The Lancet*, as it can be easily verified or discarded. Visiting four to six graveyards—picked randomly in Iraq—could easily tell you if three or four times more bodies are being brought for burial as compared to pre-invasion days. Further questioning will reveal that almost 70% deaths are related to violence in one way or another. This can be done by two reporters in a single day.

References:

- *Mortality after the 2003 invasion of Iraq: a cross sectional cluster sample survey; *The Lancet*; Gilbert Burnham, Riyadh Lafta, Shannon Doocy, Les Roberts; printed online October 11, 2006.
- *Violence related mortality in Iraq from 2002 to 2006; Iraq Family Health Survey Study Group; Published at www.nejm.org; January 9, 2008.
- *Gross Distortions, Sloppy Methodology and Tendentious Reporting. How the New England Journal of *Medicine Undercounted Iraqi Civilian Deaths; Andrew Cockburn; Published at www.couterpunch.org; January 12, 2008.
- *www.news.bbc.co; October 20, 2006.

(Continued from Page 1. Sir Edmund Hillary)

The principles of the trust are to provide basic infrastructure needs to local communities, to empower Sherpas so that they can own and contribute in the projects of the trust. Some of the achievements of the trust have been the establishment of two hospitals, 13 clinics and 30 schools in Nepal. The trust's website is www.himalayantrust.co.uk



By: Mubina Agboatwalla

Health Oriented Preventive Education is an NGO providing health and educational services to the poor and needy in Pakistan. The main activities of HOPE include provision of healthcare through hospitals as well as education.

HOPE COMMUNITY CENTRES LOCATED IN KARACHI AND THATTA Karachi



Located in the heart of urban slum (Katchi Abadi) of Zia Colony that has a population of 90,000 with no civic amenities and absence of health and educational facilities.



Thatta

Located 100km from Karachi, rural

Thatta has a population of 120,000. Basic civic amenities, medical care especially, are lacking. Patients need to travel to Karachi for medical care. HOPE Hospital in Thatta is striving to provide best medical care for the poor patients.

HOPE GENERAL HOSPITAL AND MATERNITY HOME

Provides excellent healthcare facilities for the poor and needy of the area



Karachi

Around 15,000 to 20,000 patients are checked here annually. These patients come from all over Korangi Town and cannot afford the charges of private hospitals. HOPE hospital provides secondary care comprehensive facilities for the patients including a blood bank. Around 2500 deliveries are conducted annually with 1200 gynecological surgical procedures. A neonatal ICU provides neonatal care.

Thatta

Here, the hospital provides secondary care facilities to the poor and rural area in the districts. Thatta district is the largest district in Sind, comprising

of Thalukas like Sajawal, Dharo, Sakro, and Ghora Barri—areas with no medical care. HOPE strives to pro



vide the best medical care in these areas by providing lab and X-ray technicians as well as paramedical staff from Karachi. Consultants from Karachi visit the hospital on a weekly basis and the hospital is visited by 10,000 to 15,000 patients annually. Zakat fund is also provided to the needy and unaffording.

HOPE VOCATIONAL CENTRES

These provide learning opportunities for young girls & boys in different areas. Sewing, cutting and embroidery classes are held for young girls while computer classes provide software and hardware training for both boys and girls.

HOPE SCHOOLS

These are for children who cannot afford education otherwise. Text books are provided free of cost and qualified teachers from the community carry out the teaching. Majority of children in these impoverished areas were unable to attend school are now studying here. The school in Karachi provides primary and secondary education to children in the impoverished areas with nearly 750 children in the morning and evening shifts in Karachi and Thatta.



HOPE Home schooling

HOPE Home schools are located all over Karachi and rural Thatta. Nearly 4,000 children are studying in 80 Home schools. We provide free books to the children and supplies to the teachers including dari, blackboard and stationary.

Educated community girls teach 30-35 unaffording children who would otherwise play on the streets. Through Adult Literacy Classes, women are given basic literacy and are thus able to read and write.

HOPE SETS UP OFFICE IN EARTHQUAKE AREAS (A.J.K.)

When the earthquake struck the northern parts of Pakistan, on 8th Oct 2005, many NGOs rushed to the site to provide emergency relief. A 17-member HOPE team, comprising of doctors and paramedics, also took part in the relief activities. However, HOPE continued its activities both in the health and education sectors in the earthquake areas. With the assistance of

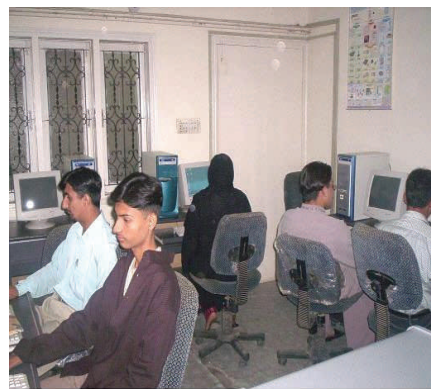


UNICEF, HOPE has started a new project for rehabilitating the nutrition status of children under five years, pregnant and lactating mothers. HOPE is working with LHVs and doctors working in the 32 Basic Health Units (BHUs) in Muzaffarabad and 22 BHUs in Bagh .



DADU

HOPE has started work in the flood-affected areas of Dadu with the collaboration of UNICEF. Work has taken place in two Talukas of Dadu: Johi and K N Shah. This involves setting up of a 10-bed ward for children managed by HOPE at the Civil Hospi-



tal, Dadu, where children with malnutrition and associated complications of Diarrhea, ARI etc are being treated. In addition, two mobile teams of doctors are visiting the flood-affected areas and treating nutrition deficiencies in the displaced populations. HOPE has reached 28,000 children and 20,000 pregnant and lactating mothers.



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PATIENT AWARENESS

National Health Forum is planning to launch a campaign in Karachi, to make patients and general public aware about common ailments and their prevention. The campaign would be in the shape of posters highlighting common disease processes, their treatment and prevention. Dr. Amin Baig, a general practitioner in Karachi, will collaborate with NHF to make the campaign successful.

Getting Into Residency, For Foreign Graduates

By: Raheel Rashid Khan



International medical graduates make up approximately 25% of the US physician work force. According to AMA data, physicians from Pakistan account for 4.8% of the IMGs practicing in the US in 2007. Only three other countries - India, Philippines and Mexico - contribute more to this pool of IMGs. With a concerted effort to increase enrolment in the US medical schools, this proportion of IMGs is expected to decrease significantly over the next five years.

Association of Physicians of Pakistani descent of North America (APPNA) established a Young Pakistani Physicians Resource Center (YPPRC) to guide and assist the young Pakistani physicians in achieving their career goals in the US. For the past six years, the main focus of YPPRC is to expedite the security clearance and visa procurement for the Pakistani physicians already matched in various residency programs. YPPRC has conducted a number of seminars and one-on-one workshops to assist the young Pakistani physicians. A network of Pakistani physicians in influential academic positions has also been established to assist Pakistani physicians in securing observer ships, research and residency positions in the US. However, the number of such opportunities is limited and not possible to meet the needs of every deserving candidate.

As a residency program director, I can attest that a good score on USMLE plays a pivotal role in getting an invitation for the residency interview. Most programs use a cutoff of 80 or 85 on each component of USMLE on first attempt to be considered for an interview. Previous clinical or research experience, recommendation letters and visa status are the usual secondary criteria. Once an interview is secured, a lot depends on the candidate's interpersonal skills, language and cultural competence, and physical appearance. A comprehensive list of Dos and Don'ts of residency interview can be found at YPPRC's website (www.ypprc.org).

A huge responsibility lies on the shoulders of those who do get into a residency position. A good, conscientious, hard-working, friendly and likeable Pakistani resident can be a great ambassador for other Pakistani physicians and can open doors for fellow Pakistani physicians in that program.

However, this is not always the case. Just this past year, YPPRC spent countless hours and resources dealing with situations where Pakistani residents were placed on probation or expelled from the residency programs for various reasons, majority of which could have been avoided. A solid academic performance can make up for a lot of deficits but unprofessional conduct and inability to get along with peers and patients is not tolerated in any program. At times it is wiser to swallow one's pride and be tactful to diffuse a situation. Every effort should be made to avoid getting on the wrong side of the residency program director or a faculty member. Most programs would not touch an applicant with a ten foot pole if he or she was expelled from a previous program.

ABOUT THE AUTHOR

Dr. Raheel Rasheed Khan is the director of pediatric residency program at WVU-Charleston. He was elected Chair of the Mid-America region of the Association of Pediatric Program Directors at its annual meeting held in Toronto in 2007. He is currently serving as secretary/treasurer of the American Academy of Pediatrics-WV chapter. Dr. Khan is a Graduate of Dow Medical College, Karachi, Pakistan

TREASURER'S REPORT 2007 **Muhammad Asif, Treasurer NHF.**

TOTAL DEPOSITS	\$41201.06
TOTAL PAYMENTS	\$37902.70

KOHI GOTH Hospital	\$4000.00
	\$15000.00

Memon MEF	\$12000.00
U OF WISCONSIN	
Dept of Special EDU.	\$3000.00

POSTAGE & PRINTING	
news letter & mailing	\$2832.80

ADMINISTRATIVE & Miscellaneous	\$1069.90
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BALANCE IN BANK	\$3298.36
as of 12/31/07	

Healthcare Delivery In Pakistan - A Case Of Misplaced Priority

By: Dr. Samrina Hashmi



Healthcare is a basic right, not a privilege and is guaranteed by the constitution of Pakistan. However, all previous governments have failed to provide universal basic and emergency care to its citizens due to lack of political will and vision. The expenditure on healthcare stands below 1% of Pakistan's gross national product (GDP) and the misery of the people is compounded by ill-planning and corruption that feeds the vested interest groups. Multi-million rupees worth of grants are wasted in building medical towers, supporting sub-standard medical universities and funding unplanned liver transplantation programs.

The focus should have been on delivery of primary health care but to our dismay, 80% of Basic Health Units (BHUs) and over 70% of Rural Health Centers (RHCs) are non-functional. Mother and Child Health Centers (MCHC) have chronic shortage of personnel and supplies. As a result, one child dies every minute from preventable diseases such as infectious diarrhea, acute respiratory infections and diseases listed under the Expanded Immunization Programmes (EPI). Young mothers die of pregnancy related complications and 350,000 women suffer each year from maternal morbidity. Polio, which has been eradicated from better part of the world, is on the rise and Pakistan is listed sixth in the world for prevalence of Tuberculosis (177/100,000).

Paradoxically, it appears that the

government is spending huge chunk of money in running of programs in collaboration with the UN and other foreign donor agencies to immunize the population from communicable diseases and to run health awareness campaigns. Unfortunately, these donor driven programs are not addressing the real issues of healthcare and has become a conduit for siphoning monies for organized criminals.

Ten percent of our population seeks help at tertiary and secondary healthcare centers where the government spends 85% of its healthcare budget. The spending is mainly on salaries, construction and purchasing that only benefits large interest groups among doctors and planners. Majority of our population that attends primary healthcare centers suffers due to lack of funds and due to government's myopic view. There is a way out of this quagmire but there is a need to declare an emergency on healthcare delivery. Focus and attention has to be on primary healthcare units such as BHU, RHC and centers run under the Tehsils. We need well-trained nurses, midwives and paramedic staff who, given the right training and opportunity, can make a huge difference in healthcare delivery.

Expanded Immunization Program needs to be revived and nurses trained and skilled in preventive services can run it on scientific grounds and under proper guide

lines. Pakistan Medical and Dental Council (PMDC) should be an advocate and guardian of rights of patients and not of irresponsible owners of private medical colleges which are mushrooming around the country defying governmental regulations.

All fresh graduates of medical schools should spend at least one year in Rural Health centers as part of their training where they should be supplied a reasonably good working environment, security, equipped centers and trained paramedical staff. Post-graduate students, as part of their fellowship training, should spend 6-12 months in RHC, Tehsil and district hospitals. Selected district and Taluka hospitals should be attached to government run medical colleges and qualified doctors should be on their faculty.

At present, due to lack of chalked out programs, hundreds of young doctors with FCPS part-1 are looking for slots and have no place to go. Trained and competent doctors and nurses are forced to leave the country due to lack of proper opportunity and level playing field. I believe that if these small but significant steps are taken, it will have a profound effect on lives of our people who are living in rural areas and city slums.

About the author: *Samrina Hashmi is a practicing gynecologist in Karachi and is General Secretary of PMA, Karachi Branch and is a graduate of Dow Medical College, Karachi, Pakistan.*

Benefit Auction For Medical I.C.U Dow Medical College/CHK

A solo exhibition of paintings by Dr. Khalid Paracha was held at the Arts Council Karachi on January 5, 2008. The proceeds of which were donated to the medical ICU at Civil Hospital Karachi.

Dr. Paracha is a practicing anesthesiologist in Ireland and is a graduate of Dow Medical College class of 1982. The exhibition was well attended, despite the recent turmoil in the city. A total of 27 paintings were auctioned and over Rs. 400,000 were collected and donated to Dow/CHK.



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