

CADAVERIC LIVER TRANSPLANTATION IN PAKISTAN



Sheikh Zayed Hospital Lahore, Pakistan

Doctors at Lahore's Sheikh Zayed Hospital performed a successful cadaveric liver transplantation. A 16-year-old boy who succumbed to injuries sustained in a motor vehicle accident donated the organ. This was the fourth such operation done in Pakistan. Chronic liver disease is widely prevalent in Pakistan mainly because of rampant spread of Hepatitis B and C viruses through parenteral route. Unsterilized needles, blades, razors and used medical equipment are the source of transmission in the population. It is estimated that over 14 million people are currently infected with these viruses. The majority will end up having chronic liver disease and a good proportion will die of cirrhosis or liver cancer. Recently Prime Minister of

NATIONAL HEALTH FORUM LAUNCHES FUND RAISING CAMPAIGN

NHF has initiated its annual fund raising campaign for year 2011. The organization is doing its utmost to bolster charitable hospitals and to participate in the education of masses about common health ailments. National Health Forum has partnered with Pakistan Medical Association in various relief activities in Pakistan. Examples of some of the activities of past years have been publication of English to Urdu medical dictionaries for nurses and paramedical staff, donations of computers for the teaching of nurses and

direct participation in nurses' training by sending volunteer teachers to Pakistan.

National Health Forum is also proud to have donated close to 3 quarters of a million dollars that has been used in patient care and education. We strive to follow all IRS regulations in keeping the activities of NHF transparent and publish our yearly profit and loss statements to gain donor confidence. We hope our generous donors and supporters will participate with us in helping the poor.

Pakistan directed Capital Administration and Development Division to expedite establishment of a liver transplant center at Pakistan Institute of Medical Sciences. Experts believe emphasis should be on prevention of transmission of the hepatitis virus through strict implementation of laws regulating safe medical practices.

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PAKISTAN STANDS IN THE WAY OF POLIO ERADICATION

The United Nations Children's Fund (UNICEF) has issued a warning against the rising incidents of polio in Pakistan. This year 63 new cases of polio have been diagnosed in 5 new districts of Baluchistan. The number of cases is almost the double seen in 2010. The UN feels Pakistan could be the "last polio reservoir worldwide". The next polio vaccination drive will commence from September 19 to 21, targeting over 16 million children.



Each year the government of Pakistan allocates millions of Rupees in polio eradication campaign, but the results seem to be the opposite. This has led to widespread belief among health care workers, about gross mismanagement and bungling of funds. UNICEF has appealed to the people of Pakistan to join hands to eradicate the disease from Pakistan.

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EDITORIAL

Debt Crises



The words “debt crises” and “debt ceiling” have been resonating recently in public debates. President Obama called August 2nd, 2011 the “hard deadline” for Congress to settle the debate on raising the debt ceiling. It was also implicated by various quarters that if settlement were not reached by then, a financial Armageddon would be at hand. However, various pundits on mainstream TV channels failed to convey to their viewers what made the situation different this year as compared to previous years.

Leading economists have pointed out that nothing drastic has happened in recent months. This “fake crises” could be sheer political theatre, a smokescreen for back room deals to keep the real issues ballooning the debt, off the negotiating table. In fact Rahm Emanuel, former Obama White House Chief of Staff, is quoted as saying that a crises is too important an opportunity to waste.

Here are some hard facts. United States Constitution gives Congress the power to borrow money to pay for the cost of its operations not covered by what it makes in taxes. The government borrows from various institutions and lenders, both foreign and domestic. Currently our national debt stands at \$15 trillion; it grows every year and is projected to grow in the years to come. However in the last decade the deficit has grown exponentially mainly due to tax cuts to the wealthy coinciding with the huge expenditures of wars in Afghanistan and Iraq. The deficit grew even further after the 2008 financial crises when trillions of dollars of public money were used to bail out multiple financial institutions and mega companies.

Until 1917, Congress used to analyze and authorize every debt spending separately, but to give more flexibility to the government in its spending, specially during World War I, an act was passed by the Congress to establish a limit or “ceiling” on the total amount of bonds that could be issued. Theoretically debt ceiling is to bring a sense of fiscal responsibility to the lawmakers when they are penning down the national budget. But the debt ceiling has been raised 74 times in the last five decades and almost every year since 2001. It is clear that neither the budget deficit nor raising the debt ceiling is new to our congressmen; hence the hoopla around government defaulting on its budgetary obligations

seems cooked up. There are no immediate crises of that sort. It is also incomprehensible that on one hand public anxiety is being flared up about the probable government default, while on the other hand our Vice President is going out of the way to convince the Chinese about the security of their investments.

It should be underscored that if indeed major reforms are not undertaken we would plunge into a major financial catastrophe. The band-aid treatment given to the malignant problem at hand is going to multiply the deficit beyond our control. Health care expenditure remains the biggest budget item and constitutes about 16% of our GDP. It is expected to rise to 40% of GDP by year 2050. Hospitals and prescription drugs constitute more than 40% of the health care cost, while physicians and other clinical services make up 20% of the expenditure. U.S. per capita expenditure on health care is twice as that of Germany, Sweden and Norway. While those countries top the chart of world health care indices, United States stands at number 38.

The criticism on Obama Health Care Bill is that it has codified the monopolies of the hospital, pharmaceutical companies and insurers. It is attempting to provide coverage to millions of previously uninsured citizens without regulating prices of health services. This is going to drive the cost of health care higher rather than containing them. There is also news of a possible deal between Obama White House and Pharmaceutical lobby as revealed by “Huffington Post”. The memo released by the newspaper states that the White House agreed to block congressional efforts to lower drug prices or import cheaper drugs from Canada. It also agreed not to pursue Medicare rebates and not to shift infusion drugs to Medicare part D that would have cost pharmaceuticals billions of dollars. Both the White House and Big Pharma refuted the claims.

As the Obamacare unfolds, we would wait to see if concrete steps have been taken to control cost and has the President fulfilled his campaign promises to the public. Anything short of price control of drugs, hospital and clinical services is only going to delay the eventuality.

TANVEER M. IMAM, MD

Tehrik-e-Niswan Highlights Fistulae and Related Prejudice

By Hajra Komal Feroz

Obstetric fistulae may be one of the biggest health issues in Pakistan that no one talks about.

Thankfully, there is a small group of people trying to change that. Their new film publicizes the plight and bravery of women living with this misunderstood condition.

People from across socioeconomic boundaries flocked to the July 30 premiere of Tehrik-e-Niswan's telefilm *Mae Jioungi Sar Uttha Kay*. The film relates the true stories of women living with obstetric fistulae, a horrible medical condition that carries with it extreme negative stigma in Pakistan. Directed by Anwer Jafri, produced by Sheema Kermani, shot by Jamil Akhter and guided by Dr. Shershah Syed, *Mae Jioungi Sar Uttha Kay* highlights the fact that fistulae are curable and that to shun a woman for having one is inhumane.

An obstetric fistula is an abnormal hole that can develop between the rectum or bladder and the vagina as a result of prolonged, obstructed labour. Women with the condition are unable to control the flow of their urine or faeces, or both. In Pakistan, such women are often labelled impure. Thus, they face consequences ranging from being made to sleep outside their homes to being abandoned by their families and husbands.

It has been 11 days since the premiere and this reporter has yet to find an article on the wonder that was this documentary. Considering the current priorities of many in the media, it was perhaps the lack of "celebrities" or a "high-end" crowd that caused the screening to be denied the recognition it deserved.

The programme started with a three-minute slide show on what obstetric fistulae are and how women in Pakistan are vulnerable to developing them. The risk is significant due to the low levels of obstetric care in rural areas, while the stigma they face once they have the condition can be crippling. The audience received information regarding women who have suffered fistulae and even those who have survived, while the slide show also shed light on the campaign that is currently being led by UNFPA to fight the fistulae in Pakistan and other countries. After the slide show (and some frustrating technical difficulties) the film was screened. From child marriage and domestic abuse to the lack of basic health care, various aspects relating to the ill treatment of women with fistulae were painstakingly illustrated. The film was also successful in highlighting the sorry state of women's rights, poverty alleviation and sociocultural openness in Pakistan.

"I am convinced that it is not possible for Pakistan to develop unless women find an equal position in our society." —Sheema Kermani

This reporter sat down to talk with Tehrik-e-Niswan founder Sheema Kermani about her views on *Mae Jioungi Sar Uttha Kay*. What inspired you to make this telefilm?

Tehrik-e-Niswan has been working on women's rights issues for the last 30 years. Pakistan is a patriarchal society where women's lives are not given importance – a woman is not an equal citizen and her place in society is at the lowest. We feel that unless women can live with respect and dignity, and are given equal status, no society can develop.



Close to home: Syed Nadish Ahmed, a student, designed this set that depicted the living space typical for a village woman dealing with a fistula..

Thousands of women die because of fistulae every year in Pakistan. Thousands are forced into seclusion and a life of humiliation and misery simply because they are suffering from fistula. Tehrik's work on women's health issues brought this problem to our attention. Dr. Shershah, who has been a pioneer in helping these women recover and lead a normal life, asked us to make a stage play, which was then performed on many occasions in hospitals, clinics, medical colleges and community centres. Later that was made into this film.

Where do you plan on airing this film? We hope to have it shown on different TV channels. Also, the film will be distributed

to organizations working on rights issues.

Amongst all the issues that exist in our country, why is it that the issue of women's rights is your biggest concern? I think women's rights are one of the most crucial issues in this country. No society or people can move forward until the women of that society have an equal status.

In Pakistan, women are more than 50% of the population but they are not able to live their lives to their full potential. I am convinced that it is not possible for Pakistan to develop unless women find an equal position in our society.

ABOUT THE AUTHOR: Hajra Komal Feroz is a student at SZABIST and an intern at Newsline."

ELECTROCONVULSIVE THERAPY (ECT)

A plastic rod between her teeth and a heavy middle-aged woman pinning her to the ground, 30-year-old S squeezed her eyes shut as electric rods were attached to her frontal lobe. As soon as the current passed through her brain her body began to violently jerk, restricted only by the woman holding her down. As a result S lost most of her teeth, a cost she is told she had to pay to “get better”.

Around 73 years since the first time electroconvulsive therapy (ECT) was administered the once so-called “barbaric” treatment of patients suffering from certain mental health problems remains controversial. Psychiatrists may widely debate on the circumstances under which the procedure should be administered yet very few argue that ECT could mean the difference between life and death for some patients. S, who narrated her experience on condition of anonymity, says she had been suffering from severe depression for at least five years prior to being administered ECT. Doctors then advised her of a “quick and economical procedure which would make her feel better a lot sooner than long doses of medication”.

The procedure in which an electric current is passed through the frontal lobe produces a seizure is similar to one experienced during an epileptic fit. This stimulates the brain to release neurotransmitters in order to jump-start cognitive activity, explains Mohadesa Kalantarzadeh a psychologist with 17 years of experience in the field.

ECT is best utilized when given to people suffering from acute psychosis, severe depression and schizophrenia. The procedure is significantly more sophisticated now than when it was first conducted in 1938.

Presently, many psychiatrists recommend “modified ECT” which includes the person being given a small dosage of anaesthesia and some muscle relaxants to reduce physical manifestation of the “fits”. This is very important precautions as failing to do so can put the patient at a high risk of suffering long-term and even permanent physical liabilities, as in S’s case of losing her teeth. Other fractures most commonly reported are to the spine, shoulder and femur. There are drastic instances in which failure to take precautions, the illness being misdiagnosed or medical history not taken into consideration has resulted in the patient’s death.

Pakistan’s largest metropolitan has over 500 small clinics and hospitals including those which cater to people suffering from psychiatric illnesses. With the number of patients multiplying exponentially, one flourishing practice reports 1,000 new patients

every year, some psychiatrists argue that ECT is the “best, most cost-effective and time-efficient method with minimal harm”.

But it is hardly as simple as that. Most private psychiatric hospitals in this city seem to be running a lucrative racket by giving



Electroconvulsive Therapy

patients, who neither fulfil the criteria for the procedure nor give their consent, regular doses of ECT.

A course of ECT, which averages up to eight sessions, is recommended by psychiatrists under specific circumstances. Consultant psychiatrist at the Aga Khan University Hospital (AKUH) Dr. Naim Siddiqui explains. “There are certain indications which need to be taken into account before prescribing ECT to a patient. First, they are suffering from resistant depression. This means the person has been given a “good” dose of at least two different anti-depressants and other medication each for a period of six to eight weeks without successful results. Second, there is imminent danger to the person’s health or life – person suffers severe suicidal tendencies. Third, the person refuses to eat or drink to the extent of damaging their kidney and/or acute renal failure. Fourth, women suffering severe postpartum depression.”

People who fit these criteria are most likely administered ECT as a curative treatment. However, in many instances, such as with people suffering from schizophrenia and exhibit catatonic symptoms, ECT is given as a short-term relief. Schizophrenic patients

How some practices in Karachi will shock you

By M. Sherazee

who suffer from an attack of severe mania can be calmed through this procedure.

In either case Siddiqui strongly discourages ECT as a frontline treatment. ECT should not be administered to patients suffering from anxiety disorder, obsessive compulsive disorders or other forms of mild to moderate depression, he adds. Head of the Department of Psychiatry at the Jinnah Postgraduate Medical Centre says with the sophistication of anti-depressants and other medication many psychiatrists see ECT becoming a treatment of the past. The institution has also been plagued with allegations of ECT abuse in the 1960s. Today, authorities say a great deal has changed in attitudes towards ECT.

This does seem to hold true, at least as far as some hospitals and institutions in the city. In larger private hospitals, some institutions belonging to the public sector as well as smaller-scale private practices the number of ECT reported in the last six months varies from none to 10. But when examining statistics of a few private psychiatric hospitals the number sharply rises to up to 50 patients a day.

With over 40 years of experience in the field Dr. Mubin Akhtar who is associated with the Karachi Psychiatric Hospital defends his practice where most patients are given ECT without medical precautions. "We are a poor country and cannot afford these expensive additions [anesthesia and muscle relaxant] to the treatment. Up to 80 per cent of our patients suffer from acute psychosis. How can they afford treatments that cost up to Rs3,000 per session?" Akhtar argues. As a result, he says, around 90 per cent of patients are given ECT without anesthesia or muscle relaxants and this costs them about Rs100 per session.

Another private hospital in Hyderabad is notorious for using "highly questionable" techniques and procedures on their patients. However, despite several attempts the administration was unavailable for a comment.

While some psychiatrists may not subscribe to Akhtar's school of thought on the issue, his actions can only be term "unethical" as they are given legal cover by the Mental Health Ordinance (MHO) of 2001. The MHO clearly states: "All electroconvulsive treatments shall preferably be administered under general anaesthesia". The key word in the sentence being "preferably" which is then exploited those who wish to cut corners staying within legal bounds.

President for the Pakistan Association of Mental Health Dr. Haroon Ahmed puts the probability of "serious mishaps" at 1 in 10,000 for ECT conducted without any medical precautions and 1

in 100,000 for those with the necessary arrangements.

Consultant psychiatrist at Ziauddin University Hospital Dr. Syed Ali Wasif says, "In Karachi for those who own private psychiatric hospitals it [ECT] has become a very lucrative business. The staff does not even bother to call for an anesthetist or inform the patient or their family about the procedure."

Speaking on condition of anonymity a professor at a private hospital details the horrors of patients admitted into some private psychiatric hospitals. "Patients are made to lie down in a line on the floor. Two unskilled technicians, one holds the patient down while the other administers the current, are responsible for ECT of dozens of patients daily under the most inhumane circumstances. In many cases an orthopedic surgeon had to be called in because a patient got severely injured during the procedure."

This dangerous trend, warns associate professor at the AKUH Dr. Haider Ali Naqvi, is not exclusive to this urban centre but is a dominant method used in interior Sindh as well. Further, Naqvi says patients are given ECT "irrespective of their response to psychotropic drugs". In fact in many cases medical history, such as a heart condition, is not taken into account which has a very high probability of resulting in serious complications. Among other side effects long-term use of ECT can result in short-term memory loss.

According to Dr. Wasif many organic illnesses, such as Parkinson's and copper disposition among others, are often misdiagnosed by those keen to prescribe the procedure. In some instances a tumor which is not discovered in the frontal lobe is triggered excessively during the ECT presenting a very serious risk of death.

Requesting not to be named a psychologist associated with an institution funded by the state says what many people tend to overlook is the traumatic psychological damage a patient has to endure. In cases where anaesthesia is not used the patient may have flashbacks of the actual procedure and develop a strong sense of anxiety which could lead to inhibitions to this kind of treatment. There is also a high likelihood that for people administered ECT without medical precautions will develop paranoia. This is also due to the lack of information and counselling offered to patients and their relatives prior and post the procedure.

ABOUT THE AUTHOR – Ms. M. Sherazee is a free lance journalist in Pakistan.

NEXT ISSUE: Standard of Care in Electroconvulsive Therapy

FLOOD RELIEF IN BADIN, Sindh

Report By Dr. Nighat Shah



A medical team funded by Society of Obstetricians and Gynecologists of Pakistan (SOGP) and supported by Pakistan Medical Association held a relief camp in the flood affected Badin. Badin, situated on the eastern banks of Indus River, has been inundated due to, what locals call, a faulty saline drainage plan. The water breached Badin's Left Bank Outfall Drain (LBOD), the largest saline drain in South Asia, forcing the resident evacuation in relief camps.

More than one third of the 90,000 refugees needed medical help from outbreaks of eye and skin diseases and diarrheal illnesses. Antenatal care was provided to the pregnant patients in whom anemia and uncontrolled blood pressure was common. Another commonality found among these females was the high pregnancy rate and previous stillbirths. This indicates general poor

nutrition and neglect of females residing in rural Pakistan. The female gender is at the bottom of the pole as far as health care is concerned. Approximately 300 pregnant females were provided care in 6 relief camps in Badin and nearby Golarchi.

Some of the informal recommendations put forth by SOGP were to have an utmost effort to teach the community about proper sanitation such as hand washing, boiling and filtering of water before drinking. Emphasis was also laid upon maintaining antenatal cards and promptly treated hypertension and anemia. Women should also be educated on contraceptive methods to reduce unwanted pregnancies that are detrimental to their health.

ABOUT THE AUTHOR; Dr. Nighat Shah is Secretary of Pakistan Society of Obstetrics and Gynaecology.



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Thousands In Pakistan At Risk

Due To Water Contamination Near Gas Fields

By *Shahid Husain*

KARACHI: Thousands of impoverished people in Pakistan are at risk due to contamination of wells and water bodies in the vicinity of gas fields where hydraulic fracturing contaminates drinking water.

“People living in areas close to drilling sites of gas and oil can suffer from different diseases such as skin disease, eye ailments and respiratory diseases,” said Tahir Qureshi, Director Coastal Ecosystem, the World Conservation Union (IUCN) based in Pakistan. “Even carcinogen diseases can’t be ruled out,” he said.

Qureshi said the IUCN conducted an Environmental Impact Assessment (EIA) at Qadirpur Gas Field in Ghotki, Sindh in late 1990s and found that the rig was taking out mud mixed with oil and gelatinous material as well as chemicals and it was being dumped in shallow settlement ponds. Thereafter it was allowed to drain in Ghotki Canal and other small water bodies.

Qureshi said the material was then treated and thrown in River Indus. “From the samples we collected from the river remnants of oil chemicals and foreign bodies were not found,” he said.

“We inferred that there was no adverse impact of this material on aquatic life,” Qureshi said.

“But the population living in the vicinity of gas and oil fields must have been affected since wells and water bodies are usually their source of drinking water,” Qureshi said.

An August 2003 report by the World Health Organization (WHO) and Pakistan’s Ministry of Health said after the infamous Tasman Spirit incident in Karachi: “Extensive cleaning of the area is highly warranted as crude oil contains several substances that are highly toxic and even cancer-producing carcinogens such as benzenes and hydrocarbons, which can manifest their adverse effects after even a decade or more with ghastly results.”

It may be recalled that Pakistan witnessed its worst environmental disaster in its checkered history when a 24-year old, obsolete tanker Tanker Tasman Spirit carrying 67,535 tons of Iranian crude oil, chartered by Pakistan National Shipping Corporation for Pakistan Refinery Limited went aground on July 27, 2003 in the channel of the port of Karachi amid rough weather.

Since chemicals and gel are used in hydraulic fracturing at gas fields, one cannot rule out that the population living nearby become victims of deadly diseases unknowingly. More so because they are illiterate and hardly aware about the adverse affects of hydraulic fracturing.

“There are no rules and regulations regarding drilling in Pakistan and even if there are, laws are blatantly violated in this country,” said Dr. Shershah Syed, former general secretary Pakistan Medical Association (PMA) and an eminent gynecologist. “I would say with the exception of few multinational corporations (MNCs) nobody bothers to care about the health issues of people

living close to where hydraulic fracturing is taking place in gas and oil fields in Pakistan,” he said.

“There is every possibility that wells and water bodies become polluted after hydraulic fracturing of gas fields,” Syed said.

The Environmental Protection Agency (EPA) in Pakistan is short of funds and expertise and is often bullied by corrupt politicians who rule the roost. These politicians, baring a few, are mostly illiterate and their motive is minting quick money. Hence even if there is a disaster they are bribed very conveniently by the powerful MNCs.

Sadly enough people are so contended that even if a death takes place due to some man-made

disaster they say it was the will of the Allah.

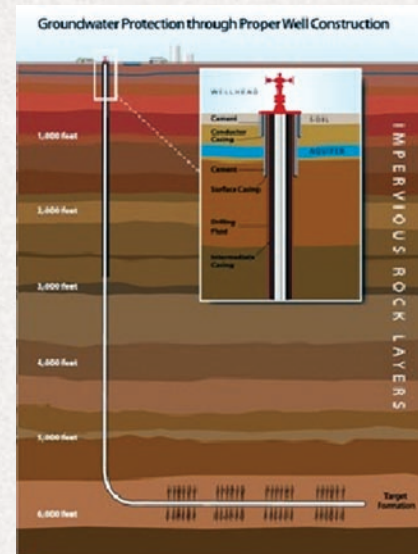
Saeed Baloch, Director, Oil & Gas, Exploration Cell, Government of Balochistan, however, said things were not so bad now and were showing marked signs of improvement.

“Water quality has played a key role in the oil and gas industry,” he said. “With the widespread adoption of hydraulic fracturing, the oil and gas industry’s water management needs are higher today than ever, and so is the need to accurately determine water quality,” Baloch said.

“The industry is looking towards water as a commodity rather than a cost. In a move to preserve natural resources, reduce transportation waste, and control costs, operators and service companies are making efforts to treat and reuse water that was previously considered waste,” Baloch said.

But he conceded: “Some of them use mobile treatment systems to treat waste water to bring it to drinking water standards while others are reusing water without any treatment.”

Baloch went on to say “best practices” have yet to be established, one thing is certain, the industry must determine how best to manage its unique water challenges.



ABOUT THE AUTHOR: Shahid Husain is senior Journalist working with daily newspaper “The News.”

Wives of Eight Envoys Raise Funds for Fistula Sufferers

By: *Isbrat Hayat*

ISLAMABAD 2011: If success can be measured in terms of attendance, the fund raising effort for fistula sufferers by the spouses of eight envoys was a success and if you measure it in terms of the amount of funds raised then it was an even bigger success!

Their concerted efforts paid off handsomely and thanks to them hundreds of Pakistani women will be able to live normal lives again after they receive treatment for this disease.

The ladies who combined their efforts for this cause and deserved the big round of applause they got from the gathering are Geraldine George (Australia), Vanessa Hynes (Canada), Odile Jouanneau (France), Elisa Vargas (Spain), Regula Bubb (Switzerland), Emel Hizlan (Turkey), Fariba Thomson (UK), and Marilyn Wyatt (USA). Odile Jouanneau was missing at the function as she was out of the country. While the

security clearance was a bit wearisome, once inside the venue — the official residence of the British High Commission, the ladies — and gentleman who braved the notion that tea parties are only for women and attended the affair — settled down after helping themselves to the homemade goodies on the tea table which was laden with goodies.

Members of the organizing committee took it in turns to conduct the business part of the evening, which began with the lady of the house welcoming everyone and thanking them for contributing towards the cause. She was followed by Vanessa Hynes who explained that they had chose Fistula Awareness Day for the fund raising event to highlight the problem faced by women. She then said a few words about fistula, which will not be repeated here as it has already been written upon several times and introduced Dr. Shershah Syed (Pakistan National Forum on Women's Health).

Dr. Syed spoke of fistula; told a couple of stories of women who had recovered and were leading normal lives; spoke of future plans to increase awareness as well as establish more clinics around the

country and concluded by thanking not only the eight ladies who "had done a tremendous job" but also those who had contributed in cash and kind. "I hope you will continue your efforts for this cause," he said.



Dr. Shershah with ladies who raised funds for fistula program at the British High Commission

He was followed by UNFPA Representative Rabbi Royan who also thanked the ladies and said a few words about the disease as well as women's health in general and what was being done to improve it.

Just before the raffle draw, pianist Ruth Hildebrand and her two colleagues on the violin played a short piece of music which she said was appropriate for the occasion when she introduced herself and the two others in her group. Since March 21st is also International Puppet Day, puppeteer Abdul Aziz had also been invited to entertain the guests, which he did with his cute dancing doll

— deftly manoeuvring the replica of a dancer dressed in a colorful outfit. He was the most photographed person of the evening and it's certain it will not be a day he'll forget in a hurry!

The first draw was a door prize donated by Serena, followed by raffle prizes donated by the government of Canada; Libra Jewelers; Maharaja Handicrafts; Marriott Hotel and Nomad Gallery. The grand prize was a business class ticket Karachi-Istanbul-Karachi donated by Turkish Airlines.

The event concluded with a warm thank you to those organizations, both foreign and Pakistani, who had bought full tables; friends of the committee members living in the countries they come from who responded generously after the appeal was made and especially to Fariba Thomson for letting the event take place at the residence.

On behalf of all the women who will benefit from this endeavour, we too would like to say "Thank you" to these ladies.

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