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Message from the President

Dear Colleagues:

AMPAA has begun 2011 with great energy and enthusiasm. In the past two years and under the leadership of Dr. Haroon Azim, AMPAA has grown to be a strong and unified force. AMPAA was created to unify Afghan healthcare providers in order to best serve humanity and Afghanistan. Our focus continues to be service to Afghans and Afghanistan, and I find myself privileged to serve as a facilitator in achieving that goal. There is much work ahead of us, but we continue to move forward with confidence because our foundations are strong.

This year we hope to continue serving Afghans in the US, as well as fostering strong partnerships with Afghanistan's Ministries of Health and Education. AMPAA's goal is to contribute in the development of medical education in Afghanistan. We realize that the most effective way of improving the status of healthcare and health education in Afghanistan is through capacity building. We are hopeful that through collaboration we can make strong and sustainable contributions in this field. The key to our success continues to be open communication, partnership, and cooperation. These sentiments are echoed by our board of directors and officers, and they were evident in our recent Symposium on Improving Medical Education in Afghanistan. The symposium was held in Virginia. We hope to continue on this tract and make a sustainable difference in medical education.

I hope that you all will join AMPAA. Your input and contribution are valued and welcomed. Let us see AMPAA blossom into an organization that fosters an atmosphere of education, charity, fraternity, idealism, and altruism. We owe it to Afghanistan!

Hosai Hesham, MD
President, AMPAA
Otolaryngology Head and Neck Surgery
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Washington, DC

From The Desk of The Editor Dr. Latifi

In Memory of the Late Mrs. Amina Bahrami

Bi Bi Amina Bahrami, professional dedicated nurse and midwife who worked with decency and honesty serving her people in Kabul Hospitals and many Afghan provinces along with her husband, Dr. Said Emamuddin Bahrami, rests in peace after a long battle with cancer.

Biography:

Mrs. Amina Bahrami was born on February 2, 1933 in Kabul. She started her education, first at Malalai High School and then at Zaieshgah Hospital for Midwife- Nursing classes, where she started to work.

Mrs. Bahrami married Dr. Bahrami in 1958. In 1959, they were appointed to Lashkargah Hospital. Mrs. Amina Bahrami, along with Dr. Bahrami, began teaching a group of girls to become Midwife-Nurses; this was the first group of young girls in that region to graduate with Midwife-Nursing Degree to serve Lashkargah's community.

In 1964, Mrs. Bahrami and Dr. Bahrami went to Kandahar for their new job at Mastorat Hospital. She worked in Kandahar for two years as a professional Midwife-Nurse, while helping her husband with his classes for training the vaccinators.

Mrs. Bahrami's next duty was in the Farah province, where she operated the deliveries at the hospital and outskirt areas.

In 1967, Mrs. Amina Bahrami was working at the Children's Hospital in Kabul as an assistant administrator. By 1970, Mrs. and Dr. Bahrami accepted a new job at Takhar Hospital, where she had a very valuable duty in training the local midwives under the World Health Organization program. She developed Community Health Workers courses, and training of the trainers. She was practically going to the villages where she was training the midwives and distributing equipment which was needed for deliveries and to help the mothers and baby.

In 1970, the Afghanistan Ministry of Health was implementing a Family Planning program in culturally acceptable ways, and Mrs. Bahrami was appointed to Urozgan province for this new job. She was travelling to villages to teach the midwives and women.

Finally, in June, 1980, due to political instability and impending civil war in Afghanistan, Mrs. Bahrami and her family decided to leave Afghanistan through the mountain of Jaji. The trip was so difficult and dangerous with the mines around, she obtained several injuries.

Upon arriving in Pakistan, she had a foot operation. After obtaining a US visa and travelling to Virginia, then later to Washington, they were able to request for political asylum. In July 1982, Mrs. Amina Bahrami started working as an Assistant Nurse in Arlington Hospital in Virginia, and retired in February, 1995.

She was married 53 wonderful years and is survived by her husband Dr. Said Emamuddin Bahrami and her 4 children.

The Afghan Medical Professionals Association of America mourns the loss of Mrs. Bahrami and will miss having her among us.

AMPAA Member Missions Accomplished:

AMPAA is standing in the dawn of a new era. There are many tasks to be done both here in US as well as in our home country Afghanistan. We need to continue to work with other organizations towards achieving AMPAA'S goals and objectives.

Summary of AMPAA's achievements:

1. Donation of three 40 feet containers of medical supplies worth over a million dollars, by Milwaukee Medical Community.
2. AMPAA has allocated a total of \$10,000.00 Dollars towards "Clean Water Project for Afghan Children
3. A strong affiliation and working relation has been established and agreed upon between AMPAA and the local Physician Association in Kabul for future cooperation towards enhancement of medical education in Afghanistan.
4. CME: Continuous medical education for medical students at KMU, family medical residents at Cure International and Afshar Hospitals by our visiting AMPAA physicians. We encourage our young educators to get involved, and make this a rewarding opportunity for teaching inside Afghanistan on regular rotating basis.
5. As part of AMPAA's community outreach program AMPAA is organizing quarterly Health fair and giving life educational lectures in collaboration with Mustafa Center on various health related topics as part of our public awareness program.
6. LIVE RADIO TALK SHOW ON VOA: Aired every Sunday from 10.00 AM to 11.30 AM, is anchored by our own AMPAA member from Washington DC. All AMPAA members are encouraged to participate in this very interesting program as part of payback for those unfortunate people. You can contact Dr. Hamidy @ www.hamidymirwais@aol.com

Tribute Gifts – Honor a colleague, family member, or friend while supporting the work of your Organization. AMPAA gratefully receives gifts in memory or honor of family members, colleagues and friends. We acknowledge the following donors for their tribute gifts received from January 1 through August, 2011.

IN MEMORY OF:	IN HONOR OF:
Mrs. Amina Bahrami <i>Homaira Behsudi, MD.</i>	
M. H. Sherzai, MD, MPH, <i>Homaira Behsudi, MD.</i>	

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AMPAA Medical News

The Effects of Cigarette Smoking (and Other Tobacco Products) on Health

By Dr. Wali Aseem

It is a fact that our life and our health is a gift from our Creator, and we are obligated to care for it in the best way possible. In our Holy Book, God Almighty has told us “Don’t destroy yourself by your own hands. God is very merciful to you.” (AnNessa) Therefore, whatever is provided to us for living, we should select our needs intelligently, logically, and responsibly-not to be influenced by our selfish desires or blindly imitate what others do.

Cigarette smoking means inhaling smoke into our respiratory system. To briefly review the respiratory system: It is divided into two parts-upper respiratory system (nose, pharynx, larynx) and lower respiratory system (trachea, main bronchii, and the successive division of the bronchial tree, and finally the alveolar sacs). The function of the upper airway is to purify, warm, and moisten inflow air before it reaches the lungs. One of the functions of the lungs is to exchange gases and to eliminate co₂ from the body. This is accomplished in the area of the lungs known as the respiratory units. To be able to do all its functions effectively and meet the body’s demands, all parts of the respiratory system must be structurally and functionally normal. The air we breathe also has to have certain qualities. It must not be in irritant, toxic, or polluted of we are to be free of most of the respiratory ailments. Cigarette smoke has been known and proven to have toxic and carcinogenic elements which affect different organs in our body directly or indirectly.

Today, throughout the world, there are one billion people who use cigarettes and other tobacco products, of which 80% are in the developing countries. Cigarette smoke and other tobacco products are major causes of cancer of the respiratory system, cardiovascular disease, stroke, chronic obstructive pulmonary disease (COPD), and congenital abnormalities. Investigation of cigarette smoke has shown more than 2,000 elements in cigarette smoke of which most are toxic and a little more than 50 of those elements are carcinogenic. There is a proverb that says: “Every smoker is going to quit smoking someday, whether it be deliberate or whether it be when the smoker dies from one of the diseases caused by smoking.” Although this proverb is quite explicit about the consequences of smoking, still people do not pay much attention to the dangers of cigarettes or tobacco use.

According to WHO statistics, every year five million people die worldwide from cigarette smoking. A warning has been issued that if the use of cigarettes and other

tobacco products continues as it is, by the year 2020, mortality from cigarette smoking will reach ten million a year, of which 70% will be in the developing countries.

At present, mortality from cigarette and other tobacco products in Europe is 1.5 million per year. In China it is 1.3 million, and in the U.S. it is 600,000 per year, in spite of the fact that in the West (especially in the U.S. for the past 50 years) people are constantly reminded about the danger of tobacco use. The warnings continue daily in the newspapers, radio, television, and other media. Also, smoking is prohibited in hospitals, official working places, closed public gathering places, movie theaters, and most restaurants. Nicotine tablets, nicotine gum and patches are used for the nicotine addict. But in spite of all of this awareness, there is no reduction in the production of cigarettes or other tobacco products. Instead, tobacco industries relocated their companies and market to the third world, involving people and communities who are completely unaware of the dangers of tobacco products.

This is done because the primary objective of tobacco industries is to make money-and make more money. Human life means very little to them. A prominent Senator in the U.S. Senate once said: "It is hard to believe that we are trying to discourage our younger generation from tobacco use to protect them from its dangers, but at the same time we involve the younger generation of other countries with it."

At present in China, there are 350 million smokers and every year 3 million more are added to it. In 2007, 60% of Chinese doctors (including their Minister of Health) were smokers. Lately, Chinese people have become aware of the dangers of cigarettes. To abstain from cigarette smoking, they are now using electronic cigarettes and pipes, which do not have tobacco or tar. Only nicotine solution is atomized by ultrasound and is used through cigarettes and pipes. However, because each pipe costs about \$200, most Chinese cannot afford them.

Cigarette smoke is not only harmful for the smoker, but it is also harmful for those who are exposed to tobacco smoke, such as in houses, offices, and closed gathering areas. According to a WHO report, every year 200,000 people die from exposure to cigarette smoke, known as second-hand smoke. And 700 million children are breathing air that is contaminated with cigarette smoke.

It is reported that the use of cigarette and other tobacco products was responsible for the death of 100 million people in the twentieth century. And, it is predicted that if effective preventative measures are not taken against cigarette and other tobacco products use, one billion people will lose their lives in the twenty first century.

Now, in most of the industrialized nations, measures are taken to eliminate or control the use of cigarette and other tobacco products by raising taxes on the cigarette packs,

tobacco containers, by preventing the advertising of the products, by discouraging people from smoking, and by providing medical treatment for the nicotine addicts.

Cigarette smoking and its relation to cancer of the respiratory system, COPD, and cardiovascular disease is proven today by molecular biology studies and other investigation on tobacco and tar carcinogens. Development of cancer in smokers not only depends on the type of tobacco use, but also by the way the tobacco is used, what quantities are used, and for what length of time.

In general, of the four types of lung cancer, two types-small cell and squamous cell-carcinomas have a very close relationship to cigarette smoking. Today, cancer of the lung is the leading cause of death in men and women in the U.S. Every year 170,000 cases are diagnosed and 160,000 die from cancer of the lung. Also, there is a distinct relationship between cigarette smoking and coronary artery disease. The death rate is 70% higher in cigarette smokers than in those who never smoked. Heart disease kills more than 700,000 people every year and cigarette smoking is a major contributor.

People should know that cigarette smoking is the chief single avoidable cause of death throughout the world. No matter how safe, wonderful and satisfying tobacco products are presented to be, the danger from cigarette and other tobacco products use in any form is very real. Abstinence is the answer-not diminishing the amount of tobacco use.

AMPAA and the COMMUNITY:

The 3rd Annual Health Fair for the community was organized by the Afghan Medical Professional Association of America (AMPAA) and the Mustafa Center Young Professionals (MCYP). The event was held on Sunday, May 22nd from 10am to 3pm, at the Mustafa Center. It was a HUGE success!

Individuals and families were encouraged to attend, especially those without insurance, made use of this great opportunity. With the help of volunteer AMPAA members health the following health screening were conducted: Blood pressure, Cholesterol, Bone Density, Blood Glucose for diabetes monitoring, body fat/ Body Mass Indicators, Ear, Nose and Throat assessment, Vision testing, PFT testing for allergies, Electro-cardio gram for heart rhythms, presence of pharmacist for drug information, Women and Men's healthy habits, Fairfax County Public Health Department for health service locations and Howard University School of Dentistry for oral cancer screening and cavity assessment.

Sepecial thanks to Ms. Raihana Noorzad, RN., and her team members for organizing this event. AMPAA is greatly apprecitive of her leadership and dedication.

A SPECIAL *Thanks* to Annual meeting Sponsors:

Forest Medical Pharmaceutical

HSBC Bank, Ms. Homaira Fahimi

Afghan Restaurant

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