



Bangladesh Medical Association of North America Carolina Chapter

A Publication for Members and Friends of the Carolina Chapter of BMANA

19
TH

annual
conference

RECONNECTING OUR JOURNEY OF HEALING AND GROWTH



JUNE

2023

Promoting Health, Education, Culture, Fraternity, and Charitable Work Within Bangladeshi Medical Professionals and the Global Community

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Bangladesh Medical Association of North America-Carolina Chapter (BMANA-CC)

Title:	2023 BMANA-CC 19TH ANNUAL CONVENTION--SCIENTIFIC SESSION
Location:	Embassy Suites by Hilton, 4760 Lake Valley Dr, Fayetteville, NC 28303

SATURDAY - JUNE 3, 2023

AGENDA for SCIENTIFIC SESSION of BMANACC 2023 CONFERENCE

Start	End	Time Hrs	Clinical Topic and Presenter
8:00:00 AM	8:30:00 AM	0:30	Breakfast, Welcome and opening remarks Sayeed Hossain, MD, FACP, FCCP, Education Secretary
8:30:00 AM	9:00:00 AM	0:30	Fall Prevention in Elderly - Humayun Kadir, MD , Family Physician and Geriatrician, Wake Med Garner Primary Care Sufia Siddique, MD , Family Physician and Medical director, UNC primary care at Cary
9:00:00 AM	9:30:00 AM	0:30	Targeted therapy in Oncology - Maleka Z. Ahmed, MD Assistant Professor of Duke Oncology
9:30:00 AM	10:00:00 AM	0:30	Update on Interventional Radiology – Murali Meka, M.D., MBA Interventional/Oncologic and Diagnostic Radiology, PET/CT, Nuclear Medicine, VRI, Fayetteville
10:00:00 AM	10:30:00 AM	0:30	Break and Exhibit Booths
10:30:00 AM	11:00:00 AM	0:30	Update on Primary Immune Deficiency in Children Salma Syed, DO, FAAP Associate Professor of Pediatrics, Pediatric Infectious Disease & Immunology, ECU Brody School of Medicine
11:00:00 AM	11:30:00 AM	0:30	Ripple effects of Insomnia - Rahul Kakkar, MD , Pulmonary and sleep medicine, Fayetteville
11:30:00 AM	12:00:00 PM	0:30	Preoperative Cardiac Evaluation – Hasan Rehman, MD , Attending Cardiologist, Valley Cardiology, Fayetteville
12:00:00 PM	12:30:00 PM	0:30	Evidence for the Use of Triple Therapy for Patients With COPD on ICS/LABA Dr. Sanjay Sethi , Professor and Chief, Pulmonary, Critical Care and Sleep Medicine; Assistant Vice President for Health Sciences, Department of Medicine Jacobs School of Medicine & Biomedical Sciences

Bangladesh Medical Association of North America-Carolina Chapter (BMANA-CC)

2023 BMANA-CC 19TH ANNUAL CONVENTION -- AGENDA AT A GLANCE

Vizcaya Villa, 839 Stamper Rd, Fayetteville, NC 28303

SATURDAY Morning Session - JUNE 3, 2023 (Embassy Suites) 4760 Lake Valley Dr, Fayetteville, NC 28303

Start	End	Time Hrs	Program Description	Room Location
8:00 AM	12:30 PM	4:30	Breakfast and Scientific session (see detail scientific session agenda)	Sicily Room at Embassy Suites by Hilton
9:00 AM	11:30 AM	2:30	Concurrent Session--Breakfast and Round table discussion for the spouses not participating in the scientific sessions.	Victory Room at Embassy Suites by Hilton

SATURDAY - JUNE 3, 2023 Vizcaya Villa, 839 Stamper Rd, Fayetteville, NC 28303

Start	End	Duration-Hrs	Program Description	Room Location
1:00 PM	2:00 PM	1:00	Conference Luncheon	Vizcaya Villa Ballroom
2:00 PM	3:15 PM	1:15	Business Meeting (Exclusively for Members only)	Convener will announce
3:15 PM	5:15 PM	2:00	Break and preparation for the evening session	Individual hotel rooms and local houses
5:15 PM	5:45 PM	0:30	Cocktail hours/ Meet and Greet	Vizcaya Villa
5:45 PM	7:00 PM	1:15	Dinner, Speeches and Recognition	Vizcaya Villa Ballroom
6:45 PM	7:15 PM	0:30	Children's Program	Vizcaya Villa Ballroom
7:15 PM	8:25 PM	1:10	Cultural program by the local talents	Vizcaya Villa Ballroom
8:25 PM	8:45 PM	0:20	Prayer Break	First floor rooms
8:45 PM	10:00 PM	2:30	Performance by Suvro Dev--Part I	Vizcaya Villa Ballroom
10:00 PM	10:15 PM	0:15	Singara and Cha-Coffee Break	Designated space
10:15 PM	11:15 PM	2:30	Performance by Suvro Dev--Part II	Vizcaya Villa Ballroom

SUNDAY - JUNE 4, 2023

Start	End	Time	Program Description	Place and location
11:00 AM	2:00 PM	3:00	Lunch and Members Day planning meeting for the future	Pharaohs Village, 2425 Hope Mills Rd Mediterranean

19th BMANA-CC Convention Dinner Program

- **Welcome**
- **National Anthem**
- **Convener's address**
- **President 's address**



RECONGNITION OF GRADUATES

High school

1. Nasi Abyan Rahman, son of Drs. Zahid Rahman and Nusrat Mujib (Shimla)..He will be attending UNC-Chapel Hill.
2. Towfik Aziz son of Dr. Ishtiaque Mohiuddin and Mrs.Zarrin Ayesha.

Undergraduate

1. Labiba Ahmed, daughter of our past president Late Dr. Taslim Ahmed and Mrs.Rumana Ahmed.
2. Prianka Hafiz. daughter of Dr Razia Hafiz and Mr. Rumi Hafiz.

Med school

1. Dr. Tahsin Ahmed Zaman, (Radin), son of Dr Abu Sharifuzzaman and Mrs.Tahmina Akhter from University of Illinois going to ECU for residency program.
2. Dr. Mashkurul Haque, son of Dr. Mahfuzul Haque and Mrs.Maria Haque along with his future wife Dr. Trisha Slehria, daughter of Dr. Sanjeev Slehria and Seema Slehria. Both Mashkur and Trisha are going to University of Iowa.

Residency program & Fellowship program

1. Dr. Shehab Foiz Imam , son of Dr.Abul Imam and Mrs. Shireen Imam from Columbia SC.
2. Dr. Sabrina Sundil, from Campbell University, daughter of Md Saifu Islam and Mrs.Sharmin Ferdous Khan. She is starting Nephrology fellowship in ECU.
3. Dr. Mehrin Islam, daughter of Dr.Jafrul Islam and Mrs. Dilruba Islam has completed pediatric emergency fellowship from Mount Sinai in NY. She will be joining Cornell university .

Master's program:

1. Dr. Fariyah Ahmed: daughter of Drs Nusrat Ara and Sagir Ahmed has completed Masters in fine arts and fiction from Columbia university .
2. Aaruba Ayesha daughter of Dr. Ishtiaque Mohiuddin and Mrs.Zarrin Ayesha, has completed master's in psychology at Boston University

Introduction of new members:

1. Dr.Raihan Azad K50
2. Dr.Shahnaz Sharmin K50
3. Dr.Subrina Sundil
4. Dr. Tasrif Ahmed
5. Dr.Tarek Aziz



Bangladesh Medical Association of North America-Carolina Chapter



From the Convener's Desk

One of the major frailties of human beings is the inability to foretell the future. When I was bestowed with the responsibility of arranging the convention on a fine autumn day, I had no idea what the next several months would bring to my life. But you can always bet in an organization like BMANACC who stands for synergy and harmony. The dogged determination of the convention committee to bring it to fruition is astounding. I, therefore, thank all convention committee members including Drs Maleka Ahmed, Abu Salahuddin, Shyamal Palit, Sabina Hannan for steadfast volunteerism and camaraderie.

The competent and deft Executive Committee under the dynamic leadership of the versatile President worked in sync. Once again, the unrelenting work and ingenuity of Dr Najmul Chowdhury is in full display in the form of effective leadership, Web design, electronic communication, Souvenir design and publication. Since inception, a single-minded individual has been steering the helm of the organization with unblinking passion, and I fondly recognize the efforts and encouragement of Dr Abul Imam.

The Convention and Executive Committee have chalked out an elaborate and thoughtful program which comprises of Scientific session, round table discussion for the spouses, Business meeting, Reception with dinner, Gala night and Sunday Brunch. In a complex program of this magnitude, there could be areas of shortcomings and imperfection for which I accept full responsibility.

We owe debts of gratitude to our sponsors including the pharmaceutical industries and local area practices. The list of our proud sponsors is provided in the Souvenir as an acknowledgement of their benefaction.

Day in and day out the members of this noble profession are standing by the side of the sick and vulnerable with unflinching devotion in different parts of Carolinas. In addition, BMANACC is a shining example of collective philanthropic activities for this world riddled with calamities and challenges. Perhaps it only comes by nature, but we can certainly do more.

The heart of any organization is its vibrant members. My sincere thanks and gratitude are for you all who took time from your busy schedule to participate in this elegant journey with your fellow members and families. It is my distinct honor and privilege to welcome you all to the 19th Annual Convention of BMANACC at the historic city of Fayetteville, North Carolina.

maHannan, MD

electronically signed 6/3/23

M A Hannan MD PhD FACP
Convener, BMANACC Convention 2023,
Fayetteville





Bangladesh Medical Association of North America-Carolina Chapter



Dear Valued Member,

I am really thrilled to welcome all our dedicated physicians, sponsors, and associates along with their loving families to the 19th annual BMANA-CC convention here in Fayetteville, North Carolina.

We are one of the most prestigious organizations with a proud past and an exciting future. Every day, each one of you contributes to building and reinforcing the organization's credibility. I know how important your work is to the people of North and South Carolina as well as to our home country, Bangladesh. Your commitment, passion, and effective stewardship of essential individual and community involvement have given partakers and sponsor-donors faith in our ability to do big things together. Organizational fellowship, fraternity and charity are big things in my sphere of life.

We are fortunate to have passionate leaders on our team who use their voices to uplift these same values of keeping us together. I am so proud of our team, especially our lady BMANACC squads who have always tried to keep us on our toes at every level of our day-to-day activities. This year in particular, our Convenor, Dr. Ashraf Hannan and Co-Convenor, Dr. Maleka Ahmed, Dr. Shyamal Palit along with their Fayetteville team have left no stone unturned to deliver this fabulous convention.

A major focus of recent year's charity work was collecting donations from members for the timely intervention of human sufferings from major natural disasters in Bangladesh, Türkiye, Syria and inside the country. Despite much success, there's still more work to be done as we ensure a brighter future shaped and shared by all.

While we have made many strides during our 22-years, we cannot turn away from the fact that we have achieved our goals. With the post-COVID era off to a strong start, I'm looking forward to seeing how we, as a team, continue working together to make our organization reach its zenith with emphasis on our top priorities.

To Conclude, I wish to assure all of you that with the support of all the Past Presidents and seniors, along with office bearers and executive committee supported by various ancillary committees along with the rising youth power, we would perform and deliver our best in the year ahead. I am sincerely looking forward to your suggestions and guidance to lead together and reach new heights.

Best,
Najmul Chowdhury electronically signed 6/3/23
Najmul Chowdhury, MBBS, MPH
President of BMANA-CC





Bangladesh Medical Association of North America-Carolina Chapter



General Secretary's Message

Dear members,

It is my utmost honor and privilege to welcome you to the 19th annual convention of BMANA-CC.

My cordial thanks to all of you, who were committed to making this year's convention a success. Indeed, this year's overwhelming support, enthusiasm, and participation by the members and their families are why this convention was a success.

BMANA-CC is our organization, and I've felt privileged to serve as one of its members. Apart from serving physicians, we have been involved in community service throughout the U.S., and in Bangladesh. Together, we try to make BMANA-CC a thriving organization that will continue to contribute to society.

We wish and hope that our future generations will carry on the job with the same aspirations.

My sincere thanks to Dr. M.A. Hannan and the other Convention Committee members, for their dedication, determination, and tireless efforts in arranging this convention.

It is worth mentioning here the support and contribution of our founding members, and former and current presidents, who continue to contribute to the dynamism of this organization.

Our efforts will only be successful if our members feel connected to the organization. This organization is arguably our extended family, and we have tried to incorporate activities that cater to the whole family.

We will have educational activities and scientific lectures today, followed by a business meeting later in the afternoon. And of course, in the evening, we will hold our cultural activities.

I hope that you will enjoy every bit of today's events. My sincere thanks to the sponsors of the meetings, without you, none of what we have done would have been possible without your help. We hope your support will continue in the coming years.

Thank you all, and again, welcome to our 19th annual convention.

Kishore R. Chowdhury, MD

Dr. Kishore Roy Chowdhury, MD, FACP
General Secretary, BMANA-CC



2023 BMANA-CC 19th Convention Team Members and Potfolio

Tasks and Role	Team Members
Convention Convener	Dr. M.A. Hannan (Convener), Dr. Maleka Ahmed (Co-convener)
Venue Selection	Drs M A Hannan, Maleka Ahmed, Shaymal Palit, Sabina Hannan Rupa
Souvenir Development	Dr. Najmul Chowdhury along with contributing authors.
Food Catering	Drs Abu Salahuddin, Tanvir Mojumdar, Mizanur Rahman
Scientific Session	Drs Maleka Ahmed, Sayed Hossain
Entertainment/Cultural for Adults	Drs Shaymal Palit, Sabina Hannan Rupa, Ms Dilruba Rosy, Nita Roy Chowdhury,
Entertainment/Cultural for Children	Drs Zakia Karim, Nafeesa Salim, Ms Shanta Palit Shelly
Audio Visual	Drs. Shamsuddin Ilias, Mahfuzul Haque.
Sound Systems	Drs Shaymal Palit, Jafrul Islam
Fundraising	Drs M A Hannan, Abu Salahuddin, Muhammed Khasru, Shabbir Chowdhury, Zahed Karim
Badge/Name tag/Invitation	Dr Abul Azad, Farida Yasmin, Abu Zahidur Rahman, Abu Sharifuzzaman
Accounts Management	Drs. Abu Zahidur Rahman, Abul Imam
Communication	Abul Imam (cell 336-207-4305)
Registration	Young Physician Volunteers
Web Management	Dr. Najmul Chowdhury



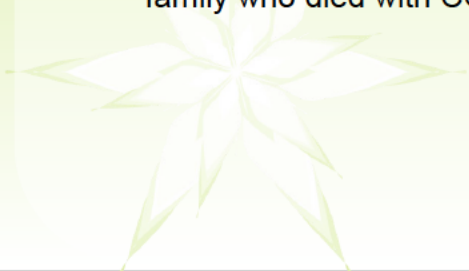
Annual Accomplishments Developed by Dr. Abu Sharifuzzaman

Monetary Donations:

- ◆ We have donated \$207,050 from our organization since its inception in 2001.
- ◆ A total of \$67,050 were donated during the last four year (2019-2023) period.
- ◆ \$6,000 to BdesH Foundation for Bangladesh flood relief activities in 2019.
- ◆ \$11,000 to the BMANA Disaster Fund to support the COVID activities in Bangladesh and USA in 2020.
- ◆ \$9,050 to BdesH Foundation for Bangladesh flood relief activities in 2020.
- ◆ \$10,000 to BdesH foundation to run the COVID activities in Bangladesh in 2021 (supply oxygen cylinders to COVID patients) during COVID surge with Delta variants in 2021.
- ◆ \$10,000 to the NABIC to fund the COVID activities in Bangladesh in 2021 (financial support to COVID affected populations).
- ◆ \$4,000 to Ankur International to support affected people by Communal Violence in Bangladesh in 2021.
- ◆ \$5000 to BdesH Foundation for Bangladesh flood affected in Sylhet region in 2022.
- ◆ \$12,000 to Earthquake victims in Syria and Turkey in 2023 to 3 different organizations working in Syria and Turkey. (\$4,000 to MedGlobal, \$4,000 to Zakat foundation and another \$4,000 to White Helmets of Syria)
- ◆ We raised and donated over \$207,000 to the family of Dr. Taslim Ahmed, our the then-president who died due to COVID infection while working at a Nursing Home with COVID residents. **(We are grateful to our members, their families, out of state friends and Sylhet Medical College Alumni, who contributed to Dr. Taslim's Memorial Fund in 2020)**

Voluntary donations by our members:

- ◆ \$6,500 raised by Dr. Sufia Siddique, one of our valued member and donated to COVID affected populations in Satkhira, Bangladesh in 2021 during COVID surge with Delta variants.
- ◆ Over \$4,000 raised by our spouses in Triangle area in collaboration with local community members and donated to Zakat Foundation for COVID-19 activities in Bangladesh in 2021.
- ◆ \$3,500 raised by Dr. Shyamal Palit and donated to Dr. Anik Chanda for COVID-19 related expenses in Bangladesh in 2020.
- ◆ \$4,500 raised by Dr. Shabbir Chowdhury and donated to SOMC Alumni for Dr. Lincoln's family who died with COVID infection in Bangladesh in 2021.





Accomplishment

Voluntary Activities:

- BMANA-CC procured and distributed K95 masks to local doctors and community members during early stages of COVID-19 .
- ◆ Dr. Zakiya Karim and Dr. Zahed Karim, 2 of our valued members arranged 2 large community COVID vaccine camps in collaboration with Nepal Center of North Carolina (NCNC) in Triangle in 2021.
- ◆ They also arranged multiple Community COVID vaccine camps for our Bangladeshi populations in Raleigh and Cary .
- ◆ They are helping our community members with COVID vaccination and COVID testing at their medical offices, ALLMED clinics at Raleigh and Cary.
- ◆ Voluntary contributions by our members to respective Medical College ALUMNIs and Batch wise/personal donations for COVID pandemic in Bangladesh.

Academic Activities:

- ◆ Conducted annual educational event. Last one was held in 2022 at Cary
- ◆ Dr. Riaz Chowdhury, one of our past presidents & past BMANA President has been contributing to train physicians in Bangladesh in advanced GI Procedures.
- ◆ Our distinguished members has given lectures at the annual BMANA-CC conventions.
- ◆ Dr. Mohammad Hossain gave 2 lectures on 4/30/20 on Coronavirus Pandemic and on 6/2/20 SARS-COV2 Pandemic update for our community members.

Cultural and Diversity:

- ◆ Very high-quality cultural events are presented by our members every year to enrich the culture and customs of society.
- ◆ We arranged Members day gathering at Falls of Neuse Park at Durham, NC on October 15,2022 ,where we had fun filled activities.
- ◆ We celebrated 50th anniversary of our glorious Independence day and Victory Day virtually in 2021, where members and our kids learned about our independence and war victory from member speakers.
- ◆ We arranged Members Day Gathering at Myrtle Beach from 17th to 19th September 2021, where we had fun filled activities.
- ◆ We also arranged cultural meetings virtually during the time of COVID pandemic, where our members had active participation.

2023 BMANA-CC Member's List (New Member Physician*)

No	PHYSICIANS NAME	SPECIALITY	No	PHYSICIANS NAME	SPECIALITY
1	A.B.M.Enayet Ullah, MD	Internal Medicine	31	Nafisa Saleem, MD*	Internal Medicine
2	Abu Ahmed Zahidur Rahman, MD	Internal Medicine	32	Najmul Chowdhury, MBBS, MPH	Public Health Epidemiology
3	Abu Salahuddin, MD	Internal Medicine	33	NurJahan Begum, MBBS	Non-Practitioner
4	Abu Sharifuzzaman, MD	Internal Medicine	34	Nusrat Ara, MBBS	Non-Practitioner
5	Abul K. Azad, MD	Internal Medicine	35	Nusrat Mujib, MD	Internal Medicine
6	Abul F. Imam, MD	Internal Medicine	36	Paritosh Chowdhury, MD	Psychiatry
7	Anisur Rahman, MD	Internal Medicine	37	Razia Hafiz, MD	Family Practice & Geriatrics
8	Ashraful Hannan, MD	Internal Medicine	38	Riaz Chowdhury, MD	Gastroenterology
9	Asif Wahid, MD	Cardiology	39	S. M. Jafrul Islam, MD	Anesthesiology
10	Dabiruddin Humayun, MD	Internal Medicine & Pediatrics	40	Sabina Hannan, MBBS	Non-Practitioner
11	Farida Yasmin, MBBS	Non-Practitioner	41	Sabrina Sundil, MD*	PGY-3 Doctor on training
12	Fatima Hossain, MD	Internal Medicine	42	Sagir Ahmed, MD	Cardiology
13	Ferdousi Chowdhury, MBBS	Non-Practitioner	43	Salma Syed, DO	Pediatrics
14	Habib A Masood, MD	Internal Medicine	44	Sayeed Hossain, MD	Pulmonology
15	Humayun Kadir, MD	Family Medicine & Geriatrics	45	Shabbir Chowdhury, MD	Psychiatry
16	Iqbal Bhuiyan, MBBS	Nurse Practitioner	46	Shah Alam, MD	Nephrology
17	Khwaja Hussain, MD	Family Practice	47	Shahnaz Ilias, MBBS	Non-Practitioner
18	Kishore R. Chowdhury, MD	Internal Medicine	48	Shahnaz Sharmin, MD*	Internal Medicine
19	Ishtiaque Mohiuddin, MD	Cardiology	49	Shamsul A. Khan, MD	Pediatrics
20	Mahfuzul Haque, MD	Gastroenterology	50	Shehab F. Imam, DO*	Internal Medicine/Residency
21	Maleka Z Ahmed, MD	Hematology/Oncology	51	Shireen Islam, MBBS	Non-Practitioner
22	Mamum Shahrier, MD	Gastroenterology	52	Shyamal Palit, MD	Nephrology
23	Md. Abu Zahid Karim, MD	Internal Medicine	53	Sufla Siddique, MD	Family Medicine
24	Mizanur Rahman, MD	Psychiatry	54	Tahmida Jahangir, MD	Pediatrics
25	Mohammad A. Kalam Khan, MD	Internal Medicine	55	Tanvir Islam Majumder, MBBS*	Non-Practitioner
26	Mohammad D Hossain, MD	Internal Medicine & Pediatrics	56	Tapan K. Gayen, MD	Internal Medicine
27	Mohammad Raihan Azad, MD*	Endocrinology	57	Tarek Aziz, MD*	Psychiatry
28	Mohammed A. Khasru, MD	Neurology	58	Tasneem Ishrat Islam, MBBS*	Non-Practitioner
29	Mohammed M. Islam, MD*	Nephrology	59	Tasrif Ahmed, MD*	Internal Medicine
30	Moushumi Shumi Ahmed, MD*	Internal Medicine	60	Zakiya Karim, MD	Pediatrics

How Optimism Affects Resilience During the COVID-19 Pandemic

Sristi Palit, Fayetteville, NC



Introduction

When it comes to life challenges, everyone has different outlooks on how they can be dealt with. One of these outlooks is through optimism, which involves the use of positive thoughts to find the good within the bad. Even though positivity is important in survival, it was difficult for people to stay positive during the COVID-19 pandemic. When it was announced in March 2020, people had to be stuck in their homes during quarantine, which has caused many mental health problems for several people.

There are many findings that pointed out that 28% of quarantined people have trauma-related mental disorders (Puig-Perez). Being isolated brought many people the fear that they would never survive through the pandemic, which showed that they had a pessimistic view on this traumatic event. Pessimism is common whenever natural disasters endanger the lives of people being affected by them. However, many people have optimistic views in order to see how to survive through these natural disasters better, like the victims of the 2010 earthquake in Haiti who used positive coping methods like art, food, religion, and humor (Rahill). This also brings the fact that optimism and pessimism influences people's resilience by altering their views about the outcomes of the situation. Looking through the mindsets of healthcare professionals, teachers, and college students, their optimism influenced their resilience through the pandemic because it allowed them to have good mental health and become motivated.

Mental Health

The way people perceive the pandemic can have an influence on their mental health. People who worried more about the consequences of COVID-19 such as infecting themselves and others, lockdowns, and a lack of supplies had more reports of depression, anxiety, and stress (Vos). Increased fears caused more mental health problems that made resilience during the pandemic challenging, which is why optimistic people tend to have better mental health than

pessimistic people. In Norway, a population-based cross-sectional survey conducted by institutions like Oslo University Hospital and the University of Oslo found that optimists were less worried about financial issues, were less at risk of experiencing problems with COVID-19, and had fewer reports of anxiety and depression than pessimists (Schou-Bredal). Because optimists expected good outcomes to occur once the pandemic is over, they were less stressed about the situation. With less stress, it allowed optimistic people to avoid any mental health problems, making them more resilient towards the challenges associated with the pandemic.

Motivation

Optimistic people allowed themselves to become motivated, which caused them to find more purpose in their lives. This can apply to several healthcare professionals since they are the ones many people around the world depend on to respond to the adversities associated with the pandemic. In New York, throughout the pandemic, 61% of healthcare workers found that they experienced more meaningful lives (Zhang). Because many of them were treating COVID-19 patients, they felt like they had more contribution to society, so they became more motivated to make sure that their patients become healthy again. There are other motivating factors that influenced healthcare workers to stay dedicated to their jobs. Financial incentives and health checks helped influence healthcare workers' extrinsic and intrinsic motivation (Morishita). Healthcare professionals who were more optimistic about the pandemic realized that their hard work would bring great benefits, which increase their motivation. Another group that can become more optimistic about the pandemic while being motivated in their job is teachers. The factors that affect teachers' motivation are an institutional environment, a feeling of belonging in the community, and their relationships with their students (Panadero). Teachers had to work harder during the pandemic through online learning, so they had to go through problems similar to what students experienced. If teachers had good experiences in their schools and with their students, they would be more motivated to educate their students online, showing that they are optimistic about their and their students' futures after the pandemic.

Conclusion, Solutions, and Limitations

In conclusion, optimistic people had better chances of survival during the COVID-19 pandemic because their positive outlook helped them stay mentally healthy, become motivated, and improve work performance, allowing them to achieve success better than pessimistic people. Even though optimism does bring its benefits, it is important to consider those who could not accept those changes that had negatively affected their lifestyles. To fix this issue, these people could take part in acceptance and commitment (ACT) therapy, which, according to Kate Shepherd, "helps individuals engage in meaningful activities despite difficult and unchangeable circumstances." ACT therapy allows people to increase their psychological flexibility, or the ability to adapt to changes to achieve meaningful outcomes, improving well-being and coping capabilities (Shepherd). Psychological flexibility could boost a person's mental health, making them more optimistic about the pandemic and its aftermath. Although ACT therapy is very effective in changing someone's mindset, it does have its limitations. Some examples of the disadvantages of ACT therapy is that it is focused on the present instead of the past, it could not aid those with psychosis, its exercises are structured in a way that does not work for some people, and it is extremely difficult and expensive to find a certified therapist

(Jensen). These drawbacks show that ACT therapy might not benefit everyone, but it is still a helpful solution to treat those who can benefit from it.

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Implications of Forgiveness on Psychological Wellness

Nabiha Rahman, Green Hope High School

Abstract

Forgiveness is an easy way to increase one's psychological well-being. Although forgiveness has been seen as something that one must do for the sake of another, it is an action that benefits both themselves and others. A meta-analysis by Wade et al. has shown through the analysis of 54 studies regarding forgiveness as a psychotherapeutic intervention that there is a causal relationship between the duration of forgiveness as a treatment and the amount of forgiveness shown in one's life. Additionally, Toussiant et al. conducted a longitudinal study about how one's psychological health, physical health, and stress would be affected by forgiveness. They concluded an association between lessened mental and physical health symptoms and physical health symptoms as a result of the practice of forgiveness as a treatment. However, both studies were limited by their reliance on self-report measures to analyze fluctuations in forgiveness levels or psychological health, which would decrease their reliability. The results of these studies indicate that forgiveness can be used as a psychotherapeutic treatment for those facing mental challenges.

Introduction

Forgiveness is commonly seen as a demonstration of putting one's true needs over their natural desires for vengeance. The enactment of forgiveness symbolizes one's transcendence from selfishness to selflessness. Forgiveness does not mean one must disregard justice or {befriend a wrongdoer} (Weir, 2017). It simply acts as a modality for one to have peace of mind by demonstrating empathy and understanding toward a malefactor. However, forgiveness may not pertain to thinking past oneself and pardoning others for their hurtful deeds. Rather, forgiveness is not entirely something that is done selflessly. Research has proven that forgiveness can be seen as a selfish action when the psychological benefits of forgiveness are put into consideration.

Significance

Acquiring a desire to forgive others and creating a habit of forgiveness is difficult. To do so entirely, one must understand impact of forgiveness on psychological health. Scientists have provided evidence supporting the association of improved psychological health with one's increased usage of forgiveness. Forgiveness has a correlation with reduced anxiety, depression, and major psychiatric disorders (Weir, 2017). One who consistently practices forgiveness also demonstrates fewer physical health symptoms and lower mortality rates (Weir, 2017). One must know the benefits of pardoning others so they may be more inclined to do so for their benefit. The extent to which forgiveness has had an impact on the health of humans over time is still a gray area; however, recent evidence through experiments, longitudinal studies, and meta-analyses of such studies has been conducted to provide an overall consensus that there is a positive correlation between forgiveness and psychological well being.

Studies

Meta analysis by Nathaniel G. Wade, William T. Hoyt, Julia E. M. Kidwell, and Everett L. Worthington Jr studied the impact of forgiveness as a psychotherapeutic intervention. The meta-analysis analyzed 54 studies regarding forgiveness interventions (Wade et al., 2013). Measuring something like forgiveness must be done by self-report measures, which means that such reports by the individuals in the study could be influenced by social biases or the halo effect (Wade et al., 2013). The meta-analysis concluded that forgiveness is an evidence-based way to deal with transgressions. Forgiveness as a psychotherapeutic treatment for patients, proved effective, even though forgiveness did not directly address one's depression, anxiety, or other mental health conditions (Wade et al., 2013).

A longitudinal study by researchers Loren L. Toussaint, Grant S. Shields, and George M. Slavich in 2016 focused on investigating how forgiveness, stress, and health levels fluctuate and interrelate over time (Toussaint et al., 2016). The researchers of this study hypothesized that if levels of forgiveness increased, it would be associated with decreases in perceptions of stress (Toussaint et al., 2016). This would, in turn, be related to reductions in mental and physical health symptoms (Toussaint et al., 2016).

The longitudinal study took a population of 332 young, middle-aged, and older adults (16–79 year-olds) who were selected through flyers and emails posted around college campuses and their surrounding communities and kept a track of their changes in psychological health throughout five weeks (Toussaint et al., 2016). In this experiment, the time period could have been shorter or longer to account for fluctuations in forgiveness due to factors such as stress and health. Additionally, many changes can occur over more extended periods, which is also essential to investigate, especially since physical disease conditions and specific psychiatric outcomes may only be apparent with receiving more time in between assessments (Toussaint et al., 2016).

This study found that there is a significant correlation between one's mental and physical health and their ability to forgive. Greater forgiveness was commonly connected with reduced stress, leading to better mental health (Toussaint et al., 2016). This study revealed that decreases in mental health symptoms across the 5-week study period were associated with decreases in perceived stress (Toussaint et al., 2016). Ultimately, an increase in the implication of forgiveness resulted in less stress among the study participants.

Despite their differences in research methods, the two studies provide converging support for the statement that there is a positive correlation between forgiveness and one's psychological well-being. The meta-analysis study Wade et al. conducted focused on forgiveness's effectiveness as a treatment for mental disorders. In contrast, the longitudinal study conducted by Toussaint et al. had a broadened and increased focus on analyzing the variability of levels of forgiveness, stress, and one's mental and physical health over a more extended period of time (Toussaint et al., 2016).

Application

Research on the psychological effects of forgiveness has shown that when one demonstrates forgiveness, it can benefit their well-being and especially their mental health. That is why everyone should apply forgiveness to their daily lives, especially if one is feeling down about themselves. Bob Enright, Ph.D., at University of Wisconsin, Madison psychologist, said, "When people are beaten down by injustice, you know who they end up not liking? Themselves" (Weir, 2017). When one is faced with an injustice, they tend to have lower self-esteem, but when they forgive the malefactor, they can increase their contentment with themselves.

It makes people feel good about themselves when they forgive, and forgiving others also helps you handle transgressions. If one faces an injustice, forgiving their malefactor will help them take a third-person view of the situation. No longer holding resentment towards the wrongdoer would allow the person to have an easier time dealing with the injustice reasonably. Withholding resentment towards a malefactor reduces the stress one encompasses in their daily life.

Wade and his fellow researchers' meta-analysis has shown that consistently demonstrating forgiveness makes one more likely to forgive in the future. Enacting forgiveness will allow one to notice an increase in their confidence and mental health, and by being consistent with forgiving others, forgiveness will become less difficult. With lessening stress, helping deal with transgressions, and increasing one's self-esteem, forgiveness can help one have an ideal healthy psychological state of mind.

Relevance

Knowing the impact of forgiveness on one's mental health will benefit the scientific community as this will allow psychologists to change their methods of psychotherapy and how they address a patient that has experienced trauma in their life. Applying forgiveness as a treatment plan has already proven effective through the meta-analysis study conducted by Wade and other researchers, with a direct causal relationship between the use of a forgiveness treatment continuously over time and the amount of forgiveness a client had achieved in their life (Wade et al., 2013). Forgiveness as a psychotherapeutic treatment could impact the humanistic field of psychology. The final stage of Abraham Maslow's hierarchy of needs is self-actualization, which can be achieved through forgiveness. Equally important is self-transcendence, when one finds a purpose, identity, and meaning in life beyond themselves, which can also be accomplished through forgiveness. When one forgives, they are forced to acknowledge their own needs and become self-aware, to pardon another for their action fully. When one forgives, they also become confident in themselves, as they no longer feel an obligation for revenge, where they obsess over another until they feel a debt has been fulfilled.

Conclusion

In conclusion, forgiveness is undeniably an aspect of our lives that must not be ignored, as it has psychological benefits that have proven effective. Furthermore, the act of forgiveness is a relatively easy task to take up, and its benefits span beyond what we may know. As such, it is imperative to incorporate forgiveness into our own daily lives.

Personal Discussion

I am inspired to write about forgiveness as in our religion, Islam, forgiveness is emphasized in our daily lives. A quote by our prophet Muhammad (may peace and blessings be upon him), was announced by Anas b. Malik, “Neither nurse mutual hatred, nor jealousy, nor enmity, and become as fellow. Brothers and servants of Allah, it is not permissible for a Muslim that he should keep his relations estranged from his brother beyond three days.” This explains how as Muslims, we are told not to hold a grudge against a person for an extended time beyond three days. Undeniably forgiving others is not an easy task, even for myself. I wanted to see how the emphasis of forgiveness is supported scientifically. As I researched more on this topic, I found there is much evidence on the benefits of forgiveness.



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আমার চোখে বাংলাদেশ

Bangladesh Through My Eyes



Sabah Kadir

Five bags, and not one had arrived. We arrived in Dhaka as three people with just the clothes on our backs and the items in our carry-on bags. We exited Hazrat Shahjalal International Airport and into the cacophony of sound of Dhaka. With the assistance of our family, we acquired the necessary items to make it through the first leg of our tour starting the following day.

We embarked on the new Pabda Shetu, impressed with its architecture and how massively it has cut down commute time from Dhaka to Khulna. It was unthinkable that we were making this journey without taking a ferry. Over time this smooth drive transformed into the typical bumpy roads of Bangladesh, and finally, we found our way to Shyamnagar. There we were greeted by two mamas and their families with a warm welcome, delicious food, and stories galore.



The next morning, we headed out to Sundarban. My life has been filled with stories of royal Bengal tigers, boat rides, and fresh fish from these waters. I closed my eyes on the water and imagined generations of my family feeling the same breeze, full of wonderment and reverence for the expansive wilderness around them. It was a blessing to see and understand this place, and further emphasized to me the importance of conserving and protecting our natural world.



Before going back to Shyamnagar, we stopped in Vetkhali, my mom's dadabari. This is another place I've heard about my whole life -- his land went as far as the eye could see, bordered the mighty Sundarban, and the community he built lived off of this land. Now, life there is different. The people who once made the place a lively, bustling place are buried on the property. My mom's cousin, Ashik Mama, asked me if I notice an interesting similarity between his father and grandmother's tombstones. I was sad to admit that although I can speak Bangla, I cannot read or write. I came to learn that her death date and his birth date were the exact same.

After a night of eating three types of bhortha, eight fresh pukurer maach, three types of meat, and two types of mishti, we woke up ready for our next stop: Shathkhira. We have visited here in year prior, spending time with my mom's mamas. Although this time, it was only one mama, as the other had passed away recently. This was another reminder to me of the sacredness of the time we have together in these special places. In the brightly colored home surrounded by fruiting trees, we were showered in *ador* for an afternoon and continued on our journey.

Next, we went to Chuadanga, my dad's *bari*, which is another multicolored building full of love and life. My chachas, chachis, and cousins ensured that we had everything we need to be comfortable in their home. There, I spent time sitting in the beds that my dad grew up with, again thinking about all the people before me who have cycled through these rooms. We traveled to Shalda, my dad's *graamer bari*, and made dua at the graves of our deceased loved ones. From there, we went to my Dada-Dadi's home. Although I did not know them, I feel closer to them when I am close to where they lived their lives. Emotions flowed as memories came back of their life and legacy. But those emotions were not able to last long -- within minutes, the people of graam arrived with labs in hand, ready to see American doctors.

For nearly two hours, my parents saw upwards of 100 patients. The next morning, more people rented CNGs to come to Chuadanga before fajr just to talk to them. Although I know this was taxing on their energy, I was swelling with pride and in awe of the impact that they had made in such a short time.



From there, we traveled back to Dhaka and were reunited with our baggage at last. Following this brief stay, our next stop was a place of my daydreams: Cox's Bazar. As a child, I adored the photos of my parents there on their honeymoon, looking so serene and young. However, we arrived to a massive surprise as what was once, according to my parents, a moderately sized beach town lined with *jhau gaach* is now an industrialized, noisy city center. We departed on Marine Drive down to Teknaf the next morning. On this drive, Cox's Bazar's hectic backdrop faded away and the *jhau gaach* were lined up to greet us. I can only hope that its beauty is preserved. The highlight of our beach getaway was a stop to eat at Palonki. Beautifully decorated and with unreal *ilish pathuri*, this is a must-try for anyone in the area.

From Cox's Bazar we made our way to Rangamati. As we approached the area, we had to stop at the military checkpoint to confirm our identities and intentions. It was then that I realized how tense the situation is in the area between the Chakma and Bangladeshi people. After the check, we proceeded to Hotel Porjaton. This hotel was quite the experience, with small bugs filling the room and what seemed like no updates to the furniture since the 80s. Nevertheless, we made the most of our surroundings. Our next day was spent on a launch in Kaptai Lake, stopping at waterfalls and viewpoints. People travel all over the world to fill their eyes with views like this, and I was proud to be experiencing it in Bangladesh. Again, the culinary adventure here was stellar at the restaurant on a small island in the middle of the

lake, Peda Ting Ting (meaning *pet bhorti khawa*), where we enjoyed traditional Chakma food. After an eventful time in Rangamati, we flew back to Dhaka to conclude the last few days of our stay.



Upon returning home, I reflected on our journey and my connection to our homeland. We, as children in the diaspora, can fall into the trap of thinking that Bangladesh is somehow separate from who we are. However, in Bangladesh, I find a part of myself that I cannot find anywhere else. I feel lucky that I know about my culture and feel inclined to continue to learn about its history. Through Bangla arts, language, and music, I find identity, confidence, and the answers to many of the questions within. Inspired by this trip, আমি বাংলা লেখা পড়া শুরু করেছি। যদিও আমি এখানে বোরো হয়েছি, বাংলাদেশ আর আমাদের দেশের মানুষ সব সময় আমার চোখে ভাসে। I encourage the Bangladeshis reading this to share your stories with your children and to be proud of where you are from. We won't know what beauty is there unless you show and tell us. May I and my peers continue to explore, celebrate, and give back to our homeland.





My memories with Dr. Zafrullah Chowdhury.

Dabiruddin Humayun, MD (Firoz).

It was November 1976, just our final MBBS exam was over. We were hanging out with some friends in the green square of Dhaka Medical College. It was on a weekend suddenly someone came up and stood looking around in the corridor. It was Dr. Zafrullah Chowdhury. Me and my friend Akik both got startled and ran towards him.

He shouted: "What you guys are doing? Don't you have any classes?"

We answered docilely: We just finished our final professional exam. We got thrilled hearing him say, 'Great. Then come with me to Gonoshystho Kendro till your results are announced"

Sure, we will. Akik answered on our behalf. We were involved with a party named Agrogami' when we were at DMC. He was one time leader of that party. Because of that connection we worked in Bangladesh Hospital at Eskaton, Dhaka since 1972. He established this hospital to help wounded freedom fighters in India. Gonoshystho Kendro Is the continuation of that hospital.

We took two days' time to mull it over. Two days later, We four including one female classmate landed at Savar Gonoshystho Kendro. We all four (Aqikul Alam, Nazneen Begum and Mominul Alam) were from K-29. By the time we reached there it was dark. So, we went to the dorm. The following early morning we found to our amazement a darwan (caretaker) knocking at our door. He mentioned it is the time to go the land for agriculture work. With some hesitation and annoyance, we walked toward the agricultural land. We found everybody was already working in the land. It was November and we were supposed to work in the marshy land.

During the wheeling and dealing and in great disbelief we noticed that everybody was busy working including Dr. Zafrullah Chowdhury was working there. Not only that, a tall Caucasian lady and another white gentleman was also working. The white lady was a Nurse practitioner from Australia and the white gentleman was from Norway or Denmark who was the president of European pharmacopeia. I need to mention that he was planning to establish the Gonoshaystho Pharmaceutical at that time. More surprise was waiting for us.... After the field work we went back to the dorm. After shower we went to cafeteria for breakfast.

With great disbelief we found that everybody was standing in a queue with a tin plate in hand and a couple of people were distributing breakfast through the kitchen window. We did the same. I found the darwan who knocked on the door in the morning was behind me. Also found

Dr. Chowdhury standing behind that darwan with the tin plate in his hand. When I looked back, he threw a gracious smile at me. At that time, in Bangladeshi sociocultural context, it was impossible for a peon or a darwan to be standing in the same line let alone standing in front of a director or his boss of the institution. Because of that inherent ritual it surprised us but formed huge respect for Zafrullah Chowdhury. We thought that we are in the right place where we can learn something and mold and build our character of humanity and generosity.

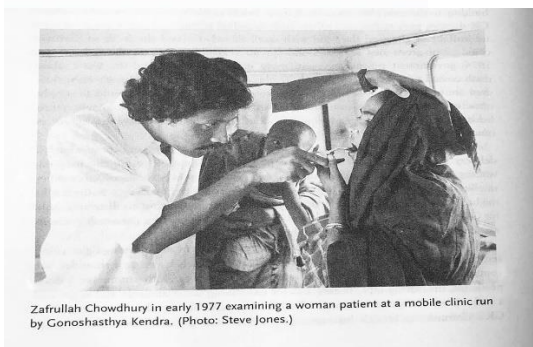
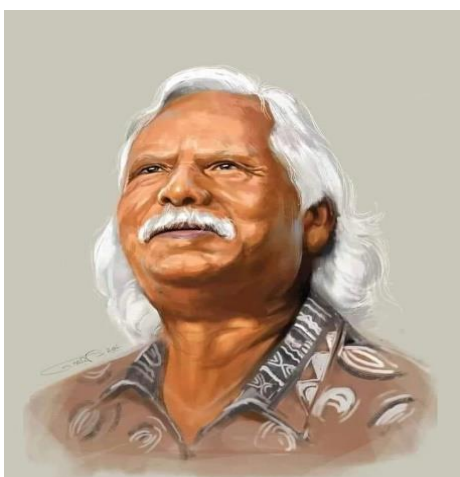
It was perchance the second week of our stay there. One morning when we were getting ready to go to the remote clinic in a mobile clinic van, we were asked to rush to Zafar bhai's office. We four went there and found a white journalist with his camera, tape recorder with a batch from BBC. Zafar bhai introduced the journalist team to us as BBC reporters who landed in Dhaka from UK the night before. The journalist was interviewing Zafar bhai and we witnessed the entire interview. At this time Gen. Ziaur Rahman was the chief martial law administrator. Later on we four were discussing among ourselves that Zafar bhai was such an important personality that BBC reporter rushed to him leaving president or prime minister aside.

This is the time when population growth was a huge challenge for newly born Bangladesh. Beside birth control pill both vasectomy and tubal ligation were very popular. So, he trained paramedics to do these two surgeries. One day we found our Gynae professor Muklesur Rahman there. He told us that he came to observe the surgery conducted by a paramedic as Lancet published an article on her with a full-page picture. So, we watched the surgery of that village girl who has not even completed her SSC exam. She did surgery in front of us with no hesitation. Prof. Muklesur Rahman sir was so surprised and told us that that girl didn't show any wobbliness performing surgery in front of a professor.

Every night after dinner Zafar bhai would sit with us and discuss his plan, different obstacles to make that plan successful. During that time Gen. Zia was forming Mukhthijoddyasangshod. Zafar bhai was attending those meetings and was very vocal. Gen. Zia was impressed and asked him to join in his cabinet. We were very excited and coerced him to accept the position. We told him that this would give you the opportunity to fulfill his dream. He said that he already said no to Gen. Zia. I asked him why did you do that. He answered that the corrupt system of the health department would make him a failure and throw him into the Bay of Bengal (metaphorically speaking). We questioned then how you would materialize your dream then. His answer was that "when his followers like us and will be behind him, then it will happen".

He was the first person to start the Health insurance program in Bangladesh during 1974-1975. As far as I can remember it was Taka 20 taka per month per family. It all started in a remote village and we had four mobile clinics given by Australia. Each mobile clinic had four rooms. One is exam room, one pharmacy, one Lab and another for the physicians. Dr. Abul Quasem Chowdhury (DMC) was second person next to Zafar bhai. One- or two-year junior to him. Dr. Laila Begum from Rajshahi Medical, Dr. Kamal Ahmed from Mymensingh medical college and Dr. Morshed Chowdhury from Mymensingh medical college. (brother of Shahadat Chowdhury, editor of weekly Bichitra) were the pioneers of this of Gonoshastho Kendro.

He was a true patriot, a freedom fighter, an ideal man, a servant of the masses and a guardian of patriotic politicians. The nation will forever be indebted to this great man who was accustomed to living a very ordinary life. Zafrullah Bhai was one of the best and bravest son of Bangladesh, a friend of oppressed people, a selfless patriot, vocal against injustice, a humanitarian with a big heart. He was an excellent example of how a simple and honest man who used to live a very simple life can walk like a lion with his head held high and his spine upright strong like steel.



Zafrullah Chowdhury in early 1977 examining a woman patient at a mobile clinic run by Gonoshasthya Kendra. (Photo: Steve Jones.)



He was born at Raozan in Chattogram on Dec 27, 1941, Zafrullah passed intermediate (high school) from Dhaka College after matriculation from Nabakumar School in Bakshibazar. After doing his MBBS from Dhaka Medical College in 1964, he travelled to the UK to pursue higher studies. As the war started in 1971, Dr, Zafrullah along with Dr MA Mobin and some other Bangladeshis burnt their Pakistani passports at Hyde Park in London during a protest against Pakistan. Zafrullah and Mobin then collected Indian travel permits and boarded a plane to Delhi just a week before their final exams, abandoning their hope of getting the degree for which they studied for four years. Late Jahanara Imam, widely revered as 'Shaheed Janani' (Martyr's mother) who started the movement for war crimes trials in the 1990s, described in her autobiography 'Ekattorer Dinguli' how Zafrullah and Mobin tricked a Pakistani colonel in Damascus to evade arrest.

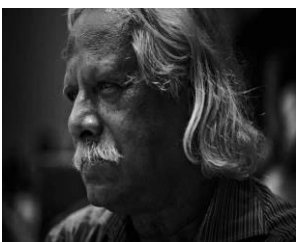
They reached the battlefield in Bangladesh via India. Zafrullah took guerrilla training at Melaghar in Agartala where he founded a field hospital to treat injured freedom fighters. Gonoshasthaya Kendra's founder and Trustee Zafrullah Chowdhury speaking to the media after visiting the victims of Narayanganj mosque AC blasts at the Sheikh Hasina National Institute of Burn and Plastic Surgery in Dhaka on Sep 6, 2020. After independence, he built a health center in Dhaka's Eskaton and relocated it to Savar with an aim to make rural Bangladesh the center of development and other activities. Half of the workers of the center, named Gonoshasthaya Kendra, were women as part of the organization's efforts to ensure women's empowerment.

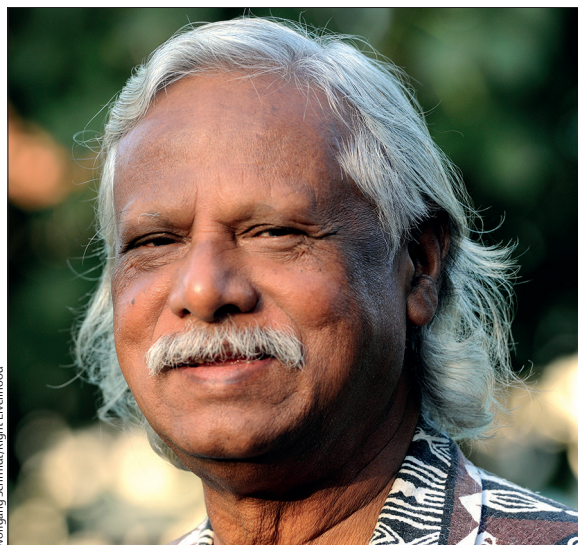
Dr Zafrullah became a member of the national committees on education and women in 1979. He played a role in making Bangladesh's National Drug Policy in 1982. During the COVID-19 pandemic, Dr Zafrullah helped Bangladesh tackle the situation. Gonoshasthaya Pharmaceuticals took an initiative to mass produce a coronavirus testing kit, but the attempt failed.

He won the Independence Award in 1977 and the Ramon Magsaysay Award, known as the Nobel award of Asia, in 1985. The Ramon Magsaysay Award Foundation said it recognized his engineering of Bangladesh's new drug policy, eliminating unnecessary pharmaceuticals, and making comprehensive medical care more available to ordinary citizens. The University of California, Berkeley honored him with the International Health Hero award in 2002.

Dr Zafrullah, the winner of the highest civilian honor Independence Award, recovered from COVID-19 after he had taken convalescent plasma therapy and kidney dialysis at home but later moved to the Gonoshasthaya Nagar Hospital for more dialysis and oxygen support.

Dr Zafrullah Chowdhury, the founder of Gonoshasthaya Kendra, died at a hospital of the organization in Dhaka at the age of 82. He had been suffering from kidney complications for a long time. After catching COVID-19 in 2020, he developed liver problems. Doctors said he had also been suffering from malnutrition and septicemia, or blood poisoning by bacteria.





Wolfgang Schmidt/Right Livelihood

Zafrullah Chowdhury

Surgeon, public health activist, and champion of health equity. Born on Dec 27, 1941 in what is now Raozan, Bangladesh, he died from chronic kidney disease complications on April 11, 2023 in Dhaka, Bangladesh, aged 81 years.

For Zafrullah Chowdhury, no challenge was insurmountable. He left his medical studies to join the 1971 Bangladesh Liberation War as a guerrilla fighter and doctor. He helped found Gonoshasthaya Kendra (GK), which reimaged community health services in Bangladesh and elevated women volunteers. He challenged the prices pharmaceutical companies charged for medicines, pushed for the expansion of educational services, and, when he developed chronic kidney disease, advocated for universal access to low-cost kidney dialysis in Bangladesh. "There was absolutely no end to what he would take on", said Beverley Snell, Honorary Coordinator of Health Action International (HAI) Asia Pacific. "If there was injustice anywhere, he would be there."

Chowdhury earned his Bachelor of Medicine, Bachelor of Surgery degree at Dhaka Medical College, but that did not stop him from exposing corruption within the institution. "He said we had to do something, so we started this fight against the problems there", said Abul Qasem Chowdhury, a fellow student at the time. Chowdhury went on to complete his MBBS in 1964 and moved to the UK for postgraduate studies in general and vascular surgery. But war erupted between former East and West Pakistan and he returned to join the Bengali nationalist fighters in East Pakistan, who ultimately secured independence. "When the revolution happened, he had to be at the forefront," said Anwar Fazal, an international civil society activist who founded HAI, of which Chowdhury

was a founding member. He soon put his medical expertise to work, helping to build a 480-bed hospital to treat injured fighters and sick refugees. That experience "gave him a very clear idea of the condition of the poor", said Abul Chowdhury, who would later serve as Executive Director of GK and Vice-Chancellor of Gono Bishwabidyalay and is now a GK Trustee.

After the war ended, Chowdhury and his colleagues moved the field hospital to the rural area of Savar, where it became GK. They transformed it into "an experimental primary health care project [for] poor people in rural Bangladesh", explained Abul Chowdhury, and recruited local women with no medical background to serve as paramedics in the community, "teaching them to provide both preventive and curative services". According to Snell, "he said these women need to have the skills the population can't do without". The Bangladesh Government would adopt this paramedic model in 1977. "He was an innovator throughout his life", said Lincoln Chen, President Emeritus of the China Medical Board. Recognising that international pharmaceutical companies were charging prices that placed basic medications out of the reach of Bangladesh's rural poor, Chowdhury "set up his own generic drug company, which lowered the cost of the drugs", Chen said. He also advised the Bangladesh Government on legislation that would codify essential medicines and ban the sale of unnecessary or harmful drugs. And he pressed WHO to craft an Essential Medicines List, which it first published in 1977. "He pioneered the global phenomenon that is essential drugs", Fazal said. Chowdhury, who kept the role of Projects Coordinator at GK, oversaw the centre's initiative to introduce a Rural Health Insurance System in 1973 and also guided GK's expansion into primary and secondary education. GK has established 187 schools in rural Bangladesh, a university, Gono Bishwabidyalay, in Savar, a technical college, and an institute of health sciences. "He believed that until and unless you educate people, it will be very difficult to improve their condition," Abul Chowdhury said.

Chowdhury also had global impact. "He was absolutely leading in proselytising for the idea of a People's Health Assembly", ensuring that the 2000 gathering, which birthed the People's Health Movement (PHM), took place at GK, said David Legge, Scholar Emeritus in the School of Public Health and Human Biosciences at La Trobe University, Melbourne, Australia, and a founding member of PHM. For his many contributions he received the 1978 Independence Day Award, Bangladesh's highest civilian honour, the 1985 Ramon Magsaysay Award, and the 1992 Right Livelihood Award. He is survived by his wife, Shireen Huq, daughter, Bristi Chowdhury, son, Bareesh Hasan Chowdhury, four sisters, and four brothers. "He was a pioneer in primary health care and health equity and health justice for the poor", Chen said. He leaves a legacy of "honesty, speaking truth to power, and a commitment to a better world, which we can all learn from", Legge said.

Andrew Green

2022 County Health Rankings: National and North Carolina State Values for Ranked Measures

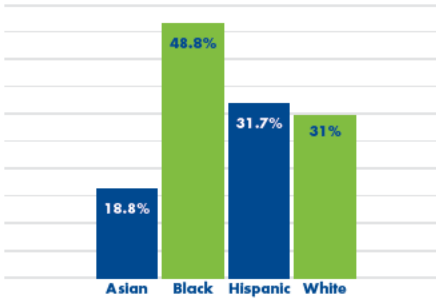
Measure	Description	US	NC	NC Minimum	NC Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	7,300	8,000	4,800	14,900
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	18%	14%	32%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.9	3.7	3.1	5.7
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.5	4.4	3.8	5.7
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	9%	5%	14%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	16%	19%	13%	29%
Adult obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² (age-adjusted).	32%	34%	28%	44%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	6.6	4.1	8.5
Physical inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	26%	26%	20%	36%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	80%	68%	11%	100%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	20%	17%	14%	21%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	26%	0%	42%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	551.0	669.9	102.9	1,292.7
Teen births*	Number of births per 1,000 female population ages 15-19.	19	21	4	47
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	11%	13%	10%	22%
Primary care physicians	Ratio of population to primary care physicians.	1,310:1	1,400:1	19,730:1	530:1
Dentists	Ratio of population to dentists.	1,400:1	1,710:1	3,770:0	440:1
Mental health providers	Ratio of population to mental health providers.	350:1	360:1	11,460:1	140:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	3,767	4,096	1,745	7,296
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	43%	48%	24%	61%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	53%	35%	62%
SOCIAL & ECONOMIC FACTORS					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	89%	89%	76%	94%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	67%	68%	29%	85%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	8.1%	7.3%	5.4%	12.0%
Children in poverty*	Percentage of people under age 18 in poverty.	16%	18%	8%	46%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	4.7	3.3	6.3
Children in single-parent households	Percentage of children that live in a household headed by a single parent.	25%	27%	10%	56%
Social associations	Number of membership associations per 10,000 population.	9.2	11.3	5.6	26.4
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	351	33	753
Injury deaths*	Number of deaths due to injury per 100,000 population.	76	82	48	131
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.5	7.5	3.5	10.0
Drinking water violations*	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	N/A	N/A
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	17%	15%	8%	22%
Driving alone to work*	Percentage of the workforce that drives alone to work.	75%	79%	65%	89%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	34%	17%	60%

*Indicates subgroup data by race and ethnicity is available; *Not available in all states

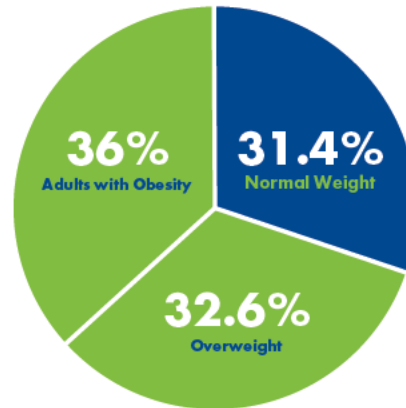
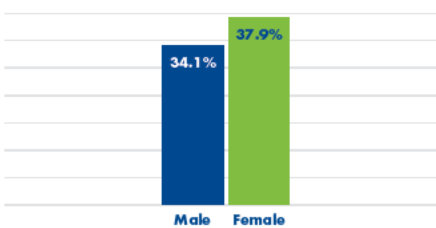


North Carolina ranks **15th** in states impacted by obesity.

Adults with Obesity by Race & Ethnicity

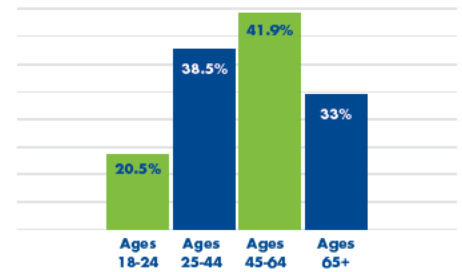


Adults with Obesity by Gender

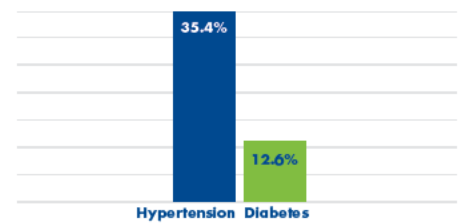


Adults with Obesity, Overweight, & Normal Weight

Adults with Obesity by Age Group



Adults with Hypertension and Diabetes



Impacts of Obesity Across the Country

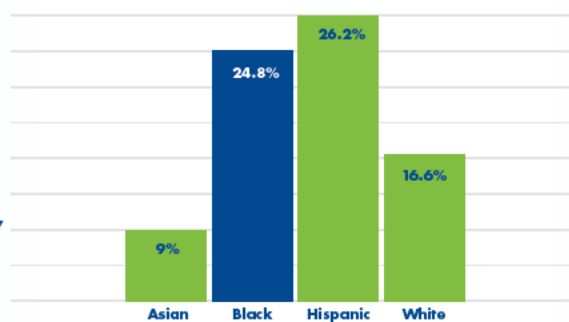


The total cost of obesity in the U.S. is **\$1.7 Trillion**.



Only one state makes weight-based discrimination illegal. Weight bias **negatively impacts those affected financially, mentally, socially and physically.**

Children 2-19 with Obesity by Race & Ethnicity



Healthcare costs are **34% higher** for people with obesity.



Healthcare coverage for obesity and weight management is **inadequate and insufficient**, and varies significantly by each health plan.

OAC's Beliefs and Demands



OAC BELIEVES THAT obesity is a complex chronic disease, not a matter of personal choice or moral deficiency.

OAC DEMANDS THAT people who are affected by obesity deserve access to affordable, individualized medical coverage for science-based treatments in the same way other chronic diseases are managed, and to be treated with the dignity, respect, and equality that is offered to their peers.



Take Action Today!

OAC works to educate the public and key decision makers about weight bias, access to care, and much more! Visit OAC's website today to learn more about how you can be involved!

ObesityAction.org

OAC's Action Center provides tools that you can use to take action today!



The Obesity Action Coalition (OAC) exists to serve the needs of and give a voice to the individuals affected by the disease of obesity while helping them along their journey toward better health through education, advocacy and support.

References: Trust for America's Health, Centers for Disease Control, Clinical Chemistry, Milken Institute, and Obesity Action Coalition. <https://bit.ly/3llyDP>

Bangladesh



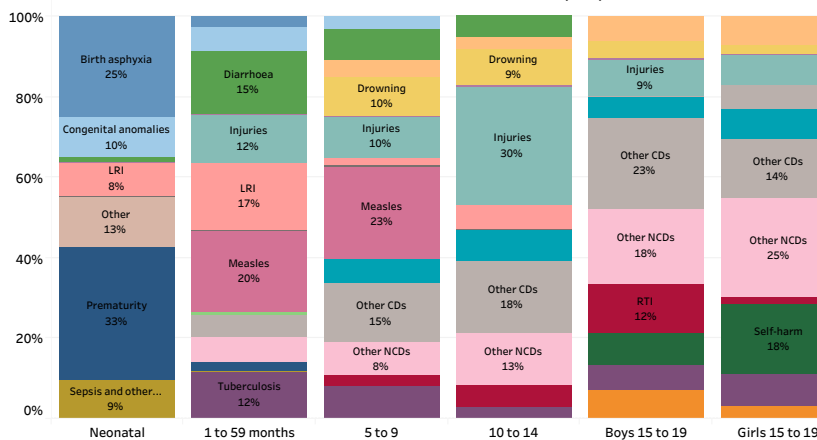
Note: CCI is only displayed for countries that have data for all eight tracer indicators available.

CONTINUUM OF CARE COVERAGE & EQUITY



Source: Re-analysis of the latest DHS and MICS survey data carried out by the International Center for Health Equity at the Federal University of Pelotas, Brazil, 2022. Notes: Demand FP (mo) = Demand for family planning satisfied with modern methods; Chart shows national-level datapoints that correspond to the equity data where available.

Neonatal, Child & Adolescent Causes of Death (2019)

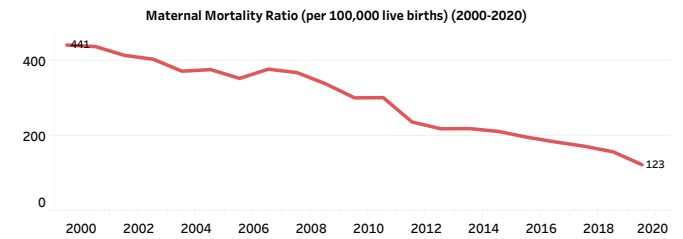


Note: Labels not shown where percentage of deaths is < 8% or when the name is long. Hovering over bars shows the name and % value. Enlarged charts can be found on page 4. Source for neonatal and children 1 to 59 months: Perin et al., 2021. Lancet Child and Adolescent Health; Source for ages 5-19: Liu, Li et al., 2021. Lancet Global Health (in press)

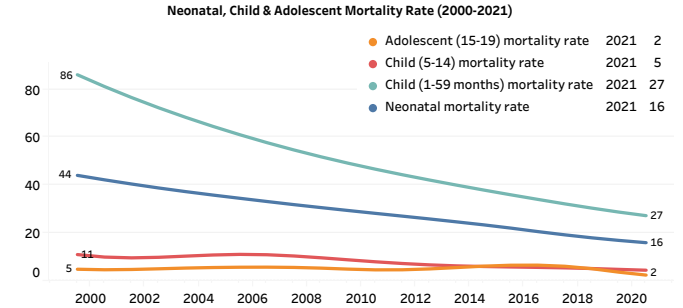
DEMOGRAPHICS

Category	Indicator	Value	Year
POPULATION	Total population (000)	171,186	2022
	Total under 5 population (000)	14,678	2022
	Total adolescent population (10-19) (000)	31,804	2022
	Urban population (%)	40	2022
BIRTH	Total fertility rate (births per woman)	2	2022
	Adolescent (15-19 years) birth rate (births per 1000 girls)	74	2019
	Total Births (000)	2,995	2022
	Birth registration (%)	56	2019
DEATH	Stillbirth rate (per 1000 total births)	21	2021
	Neonatal deaths, as % of all <5	59	2021
	Adolescent (10-19) mortality rate (per 1000 children age 10)	5	2021
	Lifetime risk of maternal deaths (1 in N)	250	2017
CONTEXT	Total maternal deaths	5,100	2017
	Total under 5 deaths	82,081	2021
	Under 5 mortality rate (per 1000 live births)	27	2021
	Early childhood development index (%)	74	2019
MORTALITY & CAUSES OF DEATH	Heidelberg Conflict Barometer (intensity 1-5)	3	2021
	Secondary completion rate, education (upper, female) (%)	27	2019

MORTALITY & CAUSES OF DEATH



Source: UN MMEIG 2022

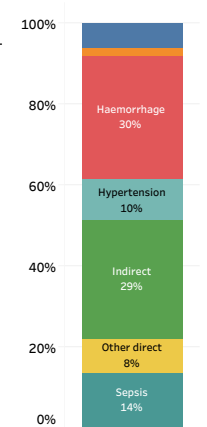


Source: UN IGME 2020

Neonatal, Child and Adolescent Causes of Death

- Birth asphyxia
- Congenital anomalies
- Diarrhoea
- Digestive system
- Drowning
- HIV/AIDS
- Injuries
- Malaria
- Maternal (girls 15-19)
- Measles
- Meningitis/ encephalitis
- Neoplasms
- Other CDs
- Other NCDs
- Prematurity
- RTI
- Self-harm
- Sepsis and other infectio..
- Tetanus
- Tuberculosis
- Violence

Maternal Causes of Death (2014)

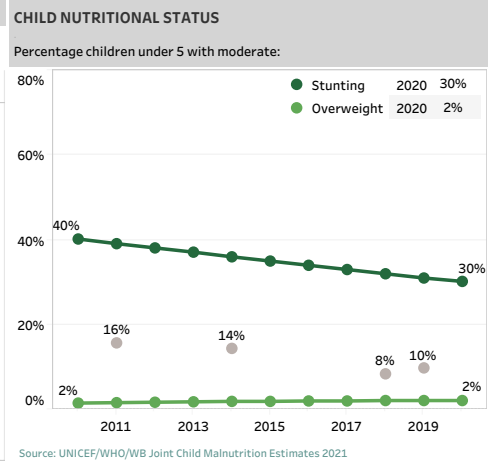
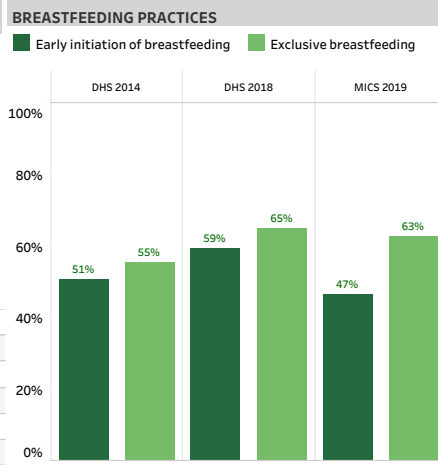


Source: Say L et al. Global causes of maternal death: a WHO systematic analysis. Lancet Global Health. 2014

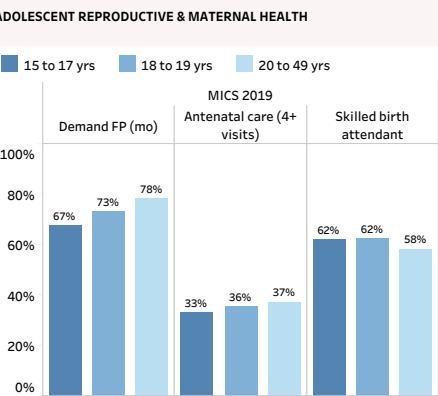
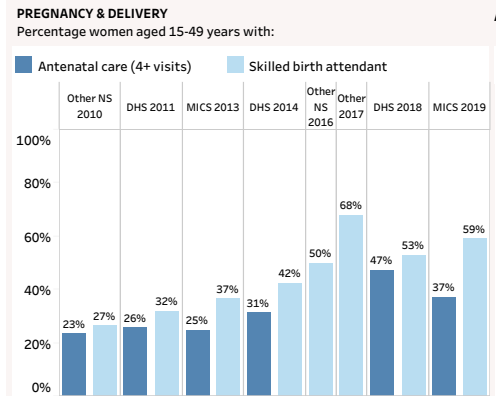
NUTRITION

Essential Nutrition Indicators

Prevalence of anemia in women aged 15-49	37%	2019
Women of reproductive age, short stature	14%	2017
Iron and folic acid supplements for pregnant wo...	46%	2017
Baby weighed at birth	32%	2013
Low birth weight prevalence	28	2015
Minimum dietary diversity	34%	2019
Women (20+) with: low BMI (<18.5, %)	23%	2016
Women (20+) with: BMI > 30 (obese)	5%	2016
Women (20+) with: BMI 25-30 (overweight)	18%	2016
Child BMI (age 5-9) Total	Overweight and obese 10%	2016
	Underweight 45%	2016
Adolescent BMI (age 10-19) Boys	Overweight and obese 9%	2016
	Underweight 52%	2016
Girls	Overweight and obese 8%	2016
	Underweight 39%	2016



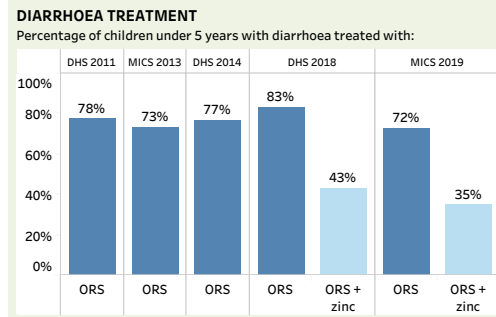
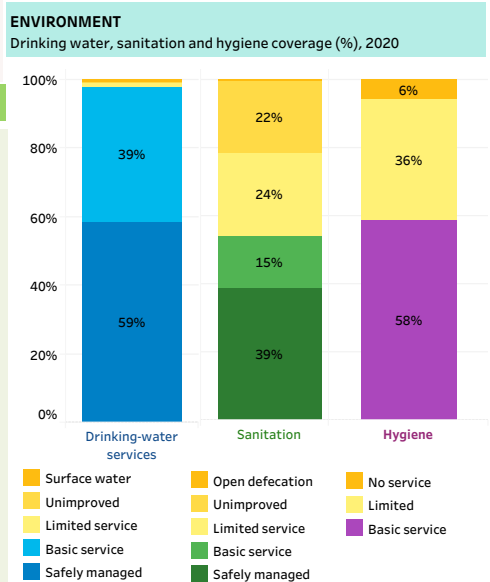
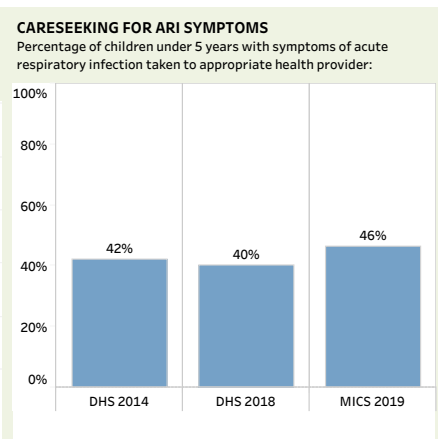
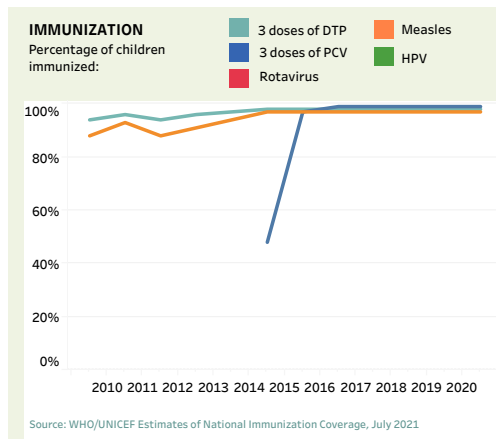
MATERNAL & NEWBORN HEALTH



ADDITIONAL MATERNAL & NEWBORN HEALTH INDICATORS (%)

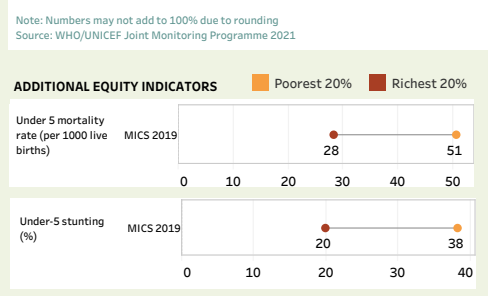
First antenatal care visit within the first trimester	75	2019		
Treatment of pregnant women living with HIV with ART*	36	2021		
Intermittent preventive treatment for malaria during pregnancy 3+	-			
Institutional deliveries	Total: 53%	Public: 16%	Private: 37%	2019
Caesarean section rate	Total: 36%	Urban: 47%	Rural: 33%	2019

CHILD & ADOLESCENT HEALTH



ADDITIONAL CHILD HEALTH INDICATORS (%)

Population sleeping under ITN or sleeping in a house sprayed by IRS (%)	-	
Children under-5 sleeping under ITNs (%)	-	
Careseeking for fever (%)	56	2019
Malaria diagnostics in children under-five with fever (%)	-	
Number of children not receiving a first dose of DTP1	30,000	2021





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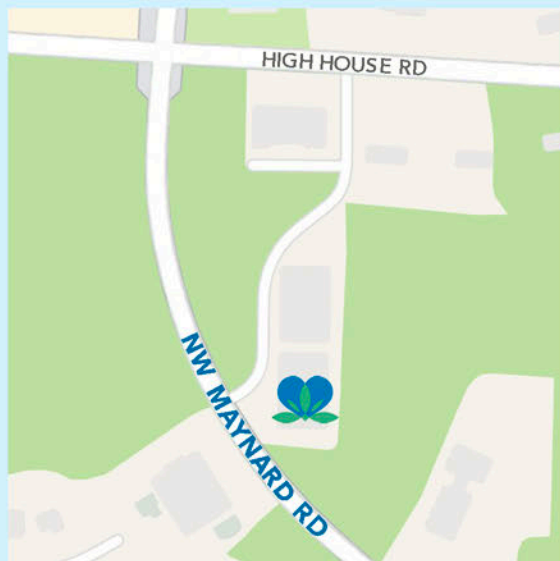
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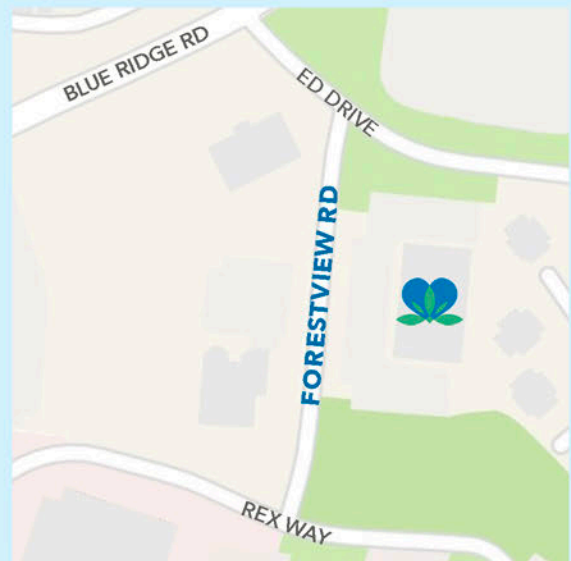
Cary, NC 27513

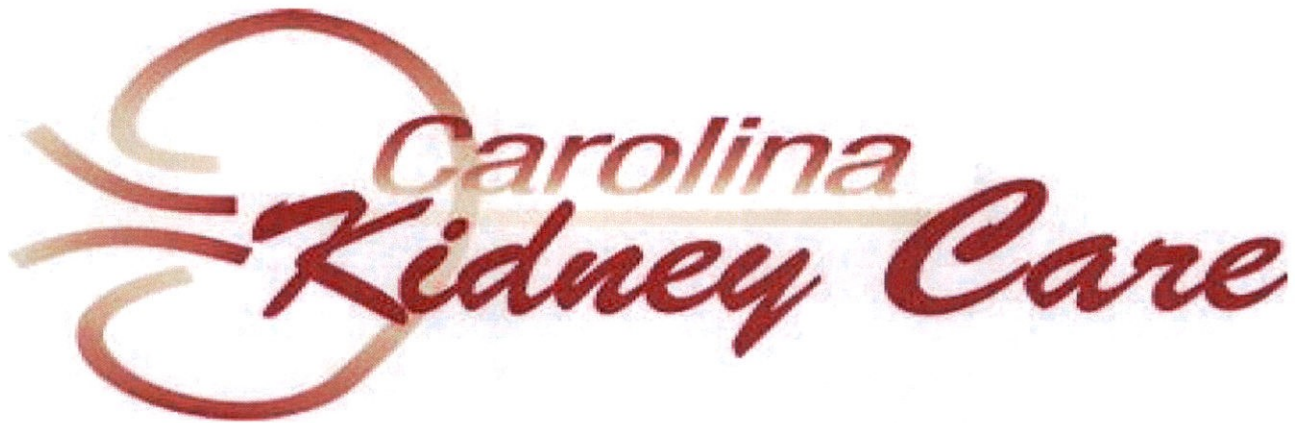


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