



2019

ANNUAL CONVENTION



April 19-21, 2019
Bangladesh Medical Association of North America-
Carolina Chapter

City of
Fayetteville
North Carolina



Executive Committee 2017-2019

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CONVENER'S MESSAGE 2019



It was an honor to serve as convener of BMANACC 2019 annual convention. This was my second time around, as the convener of the annual convention. However, one faces new challenges each time and that also comes with new learning opportunities.

Oxford Dictionary defines 'convener' as a person who arranges meetings of groups or committees. To me it seems like being a conductor in an orchestra. Each and every member has to perform his or her responsibility and the conductor is overseeing the action. I am so proud of our convention committee and executive committee, as each and every one has done their best to contribute and help out to make this convention successful. Some of the members obviously stand out from others and deserve special mention.

I want to mention my co convener Dr. M. A. Hannan for the complete and honest dedication of his services. We worked closely together, he gave advice and he has been there for me anytime as needed. Mr. Maroof Jahangir has been a great help as has always been arranging the food as part of food committee but also over all coordination and advise. Dr.Jafrul Islam and his committee has put together a well thought out cultural program. I have received complete cooperation from the executive committee of BMANACC especially our president Dr. Abu Sharifuzzaman.

Dr.Abu Imam is our founding president , he is always there with wise advice and support for all of us. We tried our best to put an all rounded education program for our members. There is learning opportunities with multiple specialty topics and topics on volunteer research. Our Education Secretary, Dr. Shahreir Mamun with the help of convention committee has worked tirelessly on it. We have multiple drug company participation as sponsors and came with exhibits. We also appreciate our physician sponsors.

We tried to keep the program interesting for spouses and our auxiliary committee have helped finding the right vendors. Lastly, our webmaster, my friend Dr. Najmul Chowdhury, has singlehandedly managed the BMANACC website to keep it current and has put together this beautiful souvenir; he deserves special thanks.

I hope people will enjoy the overall program. However most importantly it is the people, who represents the most important factor for a successful convention. The camaraderie, intensity of interest of participation and friendship are the magic recipe of a fun-filled but purposeful convention.

I appreciate all our members, spouses and children, for their full support and the encouragement shown. I hope we keep our tradition going long time in the future.



President's Message



Dear fellow members,

On behalf of our beloved organization, I welcome you and your family to our 17th Annual Convention at the historic city of Fayetteville, NC.

Dr. Maleka Ahmed, convener, and Dr. M.A. Hannan, co-convener, and the convention committee worked tirelessly to make this wonderful event. Thanks to the convener and her team for all their hard work. Thanks to Dr. Mamun Shahriar, our Education Secretary, for organizing such an informative scientific session, Dr. Jafrul Islam for the wonderful cultural event, and special thanks to Dr. Najmul Chowdhury for maintaining our web site and editing/publishing our unique, memorable souvenir.

Thanks to our members for your time and efforts in fundraising for this event. I am grateful to our sponsors for supporting this event; without your support we could not do such a great and wonderful event. I am privileged to serve as the President of this organization for the last two years. I was assisted by the EC members, which I genuinely appreciated. My sincerest thanks to Dr. Abul Imam, our founding president, for all of his advice.

I would like to thank members of the By-law committee for spending their valuable time updating our constitutions during my tenure. I will not forget these last two years, with so many memorable moments to cherish. I will miss everyone's company, love, and friendship.

The generous donations from our members facilitated our multiple philanthropic activities both home and abroad. We donated **\$60,500 from our organization in that period:**

1. \$10,000 for the Syrian Crisis, (\$5,000 to White Helmet/Syrian Civil Defense, \$5,000 to Doctors Without Borders).
2. \$10,000 for Bangladesh Floods through Ankur International
3. \$4,500 to the Red Cross for US Hurricanes Harvey/Irma/Maria
4. \$10,000 to NABIC for the Rohingya Crisis in Bangladesh
5. \$4,000 to the BMANA Disaster Fund to help the purchase of an ambulance by Hope Foundation.
6. \$4,000 to Rotatory Club of Paharpur, Noagan to fund cataract surgery for poor and blind patients.
7. \$10,000 to the NC Governors disaster fund for Hurricane Florence victims. (Thanks to BMANA for donating \$5,000 from its fund)
8. \$8,000 for the Yemen Humanitarian Crisis: \$4,000 to Doctors Without Borders and \$4,000 to Zakat Foundation of North America

I am grateful to our members because, without your contributions, it would not be possible to do any of these. We are proud of our members and of our achievements.

Thank you so much for your cooperation, dedication, support and active participation over the past two years. Together we are stronger and can fulfill our mission to make this organization an exemplary one. Long Live BMANA-CC

Best wishes.

Abu Sharifuzzaman MD

Abu Sharifuzzaman, MD, FACP
President, BMANA-CC



General Secretary's Message



It is with great pride and honor that I, welcome all of our dedicated doctors and their loving families to the annual BMANA-CC convention here in Fayetteville. I'm proud of this event; one that we host every year that serves the goal of allowing us to continue to learn about our respective fields as well as to celebrate the bountiful culture that unites us all. I'd like to thank our committee /organizing members for their dedication and hard work. Without them, we wouldn't have our informative lectures and presentations, our entertaining and quality cultural program, or the well-structured, glossy brochure that informs us of all the events going on.

I sincerely hope you enjoy our programs that we have in store for you this weekend. I am thankful that all of you are here and those of you who participated year after year. I hope that this convention is a great start to the spring season for you all. It is with great pleasure that I again welcome you to this year's BMANA-CC.

Warm regards,

Asif Wahid, MD
General Secretary
BMANACC



Dear members of BMANA-CC

My heartfelt congratulations to all members of the BMANA-CC on this special day of 17th Annual convention. It's been a privilege to be part of your auspicious event.

BMANA-CC has been a unique organization since its inception. Over the years BMANACC has emerged as one of the most disciplined and vibrant Chapter among all the Chapters of BMANA. Time and time again, BMANA-CC has come forward with philanthropic activities both at home and abroad. Recently BMANA collaborated with BMANA-CC in the rehabilitation work of disastrous Florence that rocked our Carolinas.

Since the current BMANA executive committee began its tenure in July 2017, we have worked relentlessly to improve coordination between the parent BMANA and different chapters. No organization can maximize success without the mutual collaboration. Collaboration is the key which may range from sponsoring the educational activities among respective alumni school through BMANA, setting up or sponsoring advanced technology workshop, etc. This multispecialty task force can then identify the existing deficiencies in respective alumni schools and in the process prioritize and promote assistance in those areas.

BMANA is the oldest and only ethnic organization of Bangladeshi Physicians residing in North America. It can't maximize its ongoing activity without the mass participation of its chapters' members. BMANA is progressing towards a democratic process of election with the participation of all members abiding by our constitution and NY nonprofit law. We are going to have our 39th Annual convention in Detroit Michigan on July 4th-7th 2019. An election will be held to elect our next executive committee and I am urging all of you to attend the convention and participate in the process of election to choose the executive committee.

Thank you for inviting me and looking forward to meet and greet you in Detroit, Michigan

Sincerely

Riaz Chowdhury, MD, PhD

President

BMANA

<https://www.bmana.org/>

<http://www.bmanaconvention.org/>



2019 BMANA-CC CONVENTION

MEMBER-SPECIFIC TASKS

Convention Conveners

Drs. Maleka Ahmed (Convener), M A Hannan (Co-convener).

Venue Selection

Drs. Maleka Ahmed, Sabina Hannan, M A Hannan and Mr. Maroof Jahangir

Education

Dr Mamun Shahrier, Dr. Mizanur Rahman.

Entertainment/Cultural

Drs. Jafrul Islam, Shyamol Palit, Sabina Hannan, Humayun Kadir, Mrs. Dilruba Rosy.

Entertainment/Cultural for children

Drs. Farida Yasmin, Zakiya Karim.

Fundraising

Drs. M.A. Hannan, Abu Salahuddin, M Khasru, Tahmida Jahangir, Sufia Siddique, with the help from all members.

Souvenir & Web management

Dr. Najmul Chowdhury with help from all members.

Reception and Badge

Drs. Abu Sharifuzzaman, Abul Azad.

Registration

Drs. Abul Imam, Abu Sharifuzzaman, Shabbir Chowdhury

Catering

Mr. Maroof Jahangir and Dr. Zahid Karim.

Audiovisual.

Drs. Jafrul Islam, Shamsuddin Ilias and Mr Maroof Jahangir.

Vendor

Mrs. Shireen Imam.

Accounts management.

Drs. Humayun Kadir and Abul Imam.

Awards

Dr. Abul Imam and Dr. Dabiruddin

Communication.

Dr Maleka Ahmed, Convener (cell# 641-455-1511) and Dr. M A Hannan, co-Convener (cell# 910-494-7393).

Rohingya Refugee Crisis

Aaruba Ayesha, Azraa Ayesha, Towqir Aziz

Flight of Despair

This summer, we had the opportunity to visit the refugee camps in Cox's Bazar, Bangladesh, where over 900,000 Rohingya Muslims have fled from persecution in Burma. Each of us had a unique perspective regarding our trip and came away with our own takeaways from the experience.

Aaruba, who studies Human Development and Family Studies at UNC-Chapel Hill, hopes to be a teacher in the future and spent much of her time with the children in the camps. She was particularly awestruck by the resilience of the youth, and their dedication to their education. After working alongside the children for several days, Aaruba heard the stories of how the children had arrived at the camp, and how they had lost almost everything just to make it to Bangladesh. They had lost their home, livelihood, and families. Yet, they were grateful for what they still had. During this time, Aaruba gained perspective of what she had taken for granted all these years-- and what many of us take for granted-- having an identity. Aaruba has an identity as a Bangladeshi Muslim-American, as a daughter and sister, and as a college student who has had the privilege of pursuing meaningful education throughout her life. The children at the refugee camps believe they are without such an identity-- stateless, and therefore meaningless. Having schools and providing education at the camps was the first step in breaking that mindset to prove that they are more than just stateless refugees; they are human beings. Though we live in a world where teachers are not given the caliber they deserve, Aaruba knows that education can make a difference in a person's life and is determined to be a part of that change for future generations.

Azraa, who is also at UNC completing her undergraduate career at Gillings School of Public Health, focused her efforts on the water quality and health issues at the camps. This experience allowed Azraa to put her academic training, language skills, and cultural familiarity to practical use. Azraa volunteered at a small clinic her first day at the camps and quickly realized the plethora of health disparities and diseases that afflicted the Rohingya. Not only was there infectious disease and malnutrition, but also more complex issues such as drug addiction. While it was overwhelming at first, Azraa understood that by studying water quality, she could assist in the implementation of nanocarbon filters that could significantly reduce outbreaks of waterborne illnesses like cholera and typhoid, a particularly daunting concern during the monsoon season in Bangladesh. Azraa was able to successfully utilize her academic training in a practical manner in order to bring about significant change in the communities she worked with. This invaluable experience will continue to help Azraa on her journey to further advance underdeveloped countries and increase global health equity.

Rohingya Refugee Crisis

Aaruba Ayesha, Azraa Ayesha, Towqir Aziz

Like Azraa, Towqir was finishing up his Masters in Bioethics and Science Policy at Duke University and was eager for this opportunity to observe, document, and share the story of the dire situation. Prior to arriving at the camps, Towqir shared his intentions with his family and friends and was very encouraged by their support. Buoyed by their interest, his plans evolved into a project building on Azraa's water quality work. Towqir was able to work with his sister-in-law, Arsheen, to raise \$10,000 in order to bring family unit water filtration systems to the camps. During this experience, Towqir was struck not only by the refugees' resilience but also by the host Bangladeshis' generosity. These communities, where many individuals and families are dealing with issues of poverty and insecurity themselves, have nevertheless opened their doors and their hearts to the plight of the Rohingya. Towqir found inspiration from these communities and individuals, and from the stunning natural beauty surrounding him. In his journey, Towqir was able to help serve the refugee communities as he had intended to, but also took away a new appreciation of his parents' homeland.

Each one of us was changed by our journey. In this trip to Bangladesh, we found purpose, identity, and inspiration. We were able to connect with each other and reconnect with our heritage. We felt a familial attachment and bond to our home country and its people in a way we never thought we would growing up in the United States. We anticipate this to be just the beginning of our giving back to further advance our homeland.



Rohingya Refugee Crisis

Aaruba Ayesha, Azraa Ayesha, Towqir Aziz



Picture 1 Aaruba talking to the Rohingya children



Picture 2 Azraa becoming friends with the children and their calf



Picture 3 Towqir overseeing the clean water project



Picture 4 What the Rohingya Refugee Crisis looks like 1 year later



Studying abroad: Perspective and Cultural Space

Talita Ahmed



It is well established that traveling to another country can be an adventurous and riveting experience, with often life-changing impacts. As someone who has studied abroad this past year, I can truly attest to this. It is important to note, however, that unlike simply visiting a foreign country, studying abroad offers a unique opportunity to become immersed in another culture. If the focus of one's trip solely revolves around going to renowned places and living in this exotic fantasy of world travelling, it can be rather easy to miss this opportunity and leave without truly experiencing a full view of the country's cultural identity or what it has to offer.

Arriving back home in Cary and readjusting to my social crowds and daily regimens, I reflected on my times in South Africa. The more I reflected on my experience and conversed with others, the more frustrated I became with how little about the true South Africa their questions encompassed. I often received the same questions from people asking, "Did you visit a safari?" or "Did you try South African food...was it tasty?" Of course, this not to discredit people's curiosity or at times, simply courtesy. However, I hoped they would've asked me more on topics like the personal nature of South Africans or the political climate in Cape Town. My conversations hardly served justice to what I learned in such a remarkable place.

There's a common denominator in "What kind of housing did you have?" or "How were the other international students in your program?" Every inquiry and remark concerned experiences that occurred merely through my individual lens. While these are important and can impact a person's enjoyment of time abroad, it's far more valuable to ask questions directed towards the *place of experience* rather than an *individual's perception of the experience*. It may seem obvious that questions about a place would be asked after one return from abroad, but even these frequently asked questions tend to be superficial. They ask for minor details that reveal more on the aesthetics of a country, rather than its culture or daily life. Aesthetics are acceptable for a quick trip or tour but fail to grasp the cultural immersion and subsequent experiences that can be gained from studying abroad.

Instead of narrow questions like the aforementioned ones, having someone ask to hear about a certain part of my experience would allow me to share information which, I believe, better represent South Africa and my experiences there. If someone had said, "Tell me about the people you met," instead of "Did you make any friends?", I would tell them about Kevin, a security guard, friend of mine, and father of two twins. I would describe his two-and-a-half-hour commute to work each day in Cape Town. This required him to wake up at five in the morning, in order to catch a two-hour bus ride and then thirty-minute taxi ride. If someone had asked, "What was different about your daily life when you lived in South Africa?" rather than, "Was it comfortable living over there?", I would describe how the drought crisis taught me to be conscious of

water usage in my residence (two-minute showers were quite interesting) or how lacking a car required me to travel on foot to most locations. Even if a person has no particular area of interest, an all-encompassing question like, "What did you learn about South Africa after living there?" would allow me to honorably describe the South Africa I know now from living there and participating in its culture.

So far, these questions have been mainly targeted on friends and family, but it can be equally, if not more significantly applicable to an individual studying abroad. Reflecting on these questions allow one to see what has been gained from his/her experience, and how much of an impact it has made. While abroad, navigating these questions allow one to gauge how much is being gained and if more needs to be done to enhance this experience.

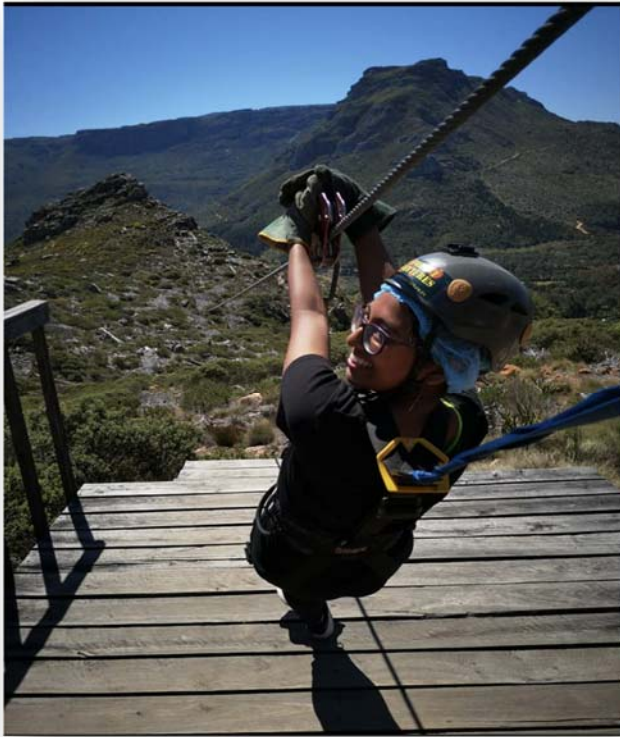
Written below are a few beneficial questions to ask oneself:

- How do you feel your presence impacted the local communities you visited during your time abroad?
- How did adapting to the cultural identity of your host country, during your time abroad, improve your relationship with these communities and the communities as a whole?
- How have the unique features of your host country influence and positively change your life, or aspects of it?
- What did you learn about the historical, political and social events of your host country, and how will this knowledge influence your perspective?

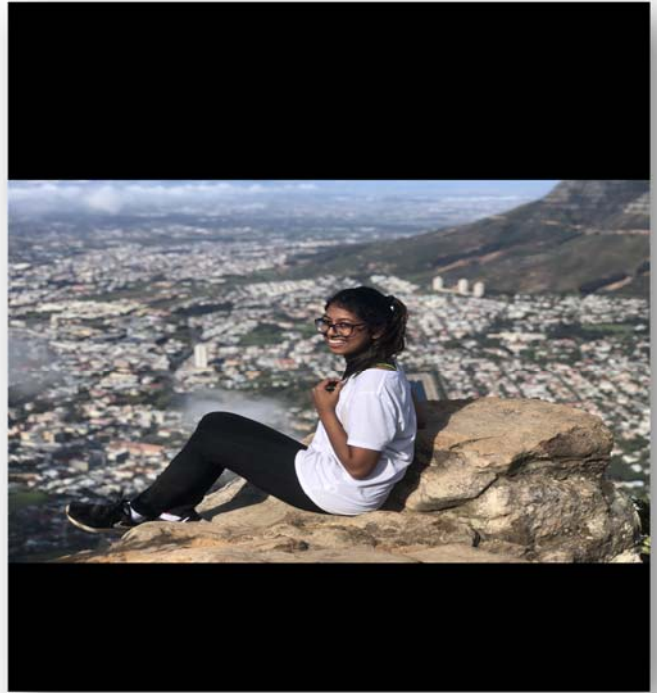
There's a degree of probing intensity in these questions, but one should consider them along his or her journey. People have different rationale for studying abroad, whether that is escaping an excessively stimulating life back home, or on a more intimate level, finding a sanctuary to grow and improve. Regardless, some motives are meant to universal while studying abroad. These include transmission of knowledge (educating yourself and others), achievement of social reciprocity (through friendships with locals and engagement within their communities), and advancement of one's knowledge and global perspective.

As a final word, I will say this: studying abroad was a genuinely amazing experience. I have several good memories, beautiful pictures, and great souvenirs from my time in South Africa. Beyond that, living and studying there gave me a greater look at the people and culture, allowing me to obtain a stronger understanding of South Africa, myself, and how I view the world around me. My experiences were unforgettable, but the new knowledge and perspective I brought back with me are irreplaceable. I highly recommend study abroad and encourage all to dive deep and learn about culture in order to truly reap the benefits from time spent there...wherever that may be.

Attached below are some visual captures of my time in South Africa.



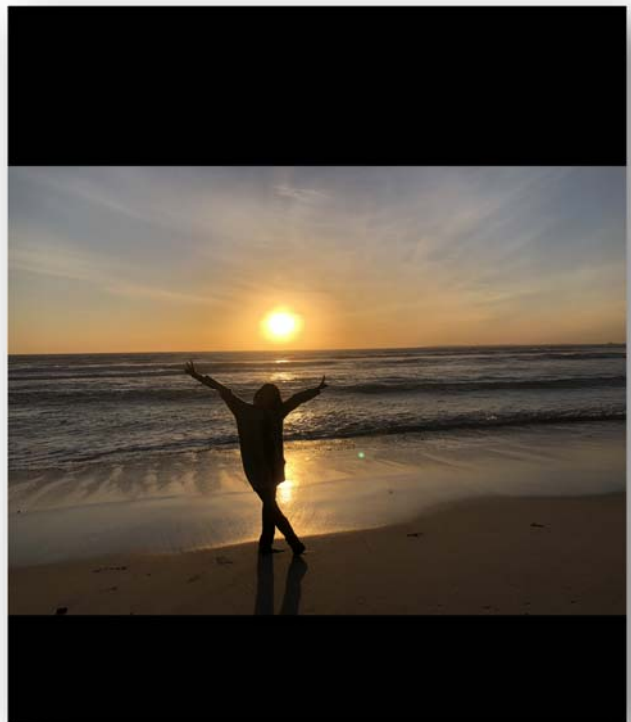
My first time ziplining in the mountains of Constantia, Cape Town.



Picture taken atop "Lion's head", a famous peak that overlooks the urban scape of Cape Town and Atlantic ocean.



Picture shot in Simon's Town, Western cape, a suburb known for its penguin beaches. Far in the back, Tabletop mountain can be seen. This mountain is one of the seven wonders of the world.



Picture taken at Bloubergstrand beach, distinctively known for its beach sunsets and also distant view of Tabletop Mountain.

The Ellis Island Medals of Honor

The Ellis Island Honors Society is the proud sponsor of the ***Ellis Island Medals of Honor*** which are presented annually to a select group of individuals whose accomplishments in their field and inspired service to our nation are cause for celebration. The Medal has been officially recognized by both Houses of Congress as one of our nation's most prestigious awards and is annually memorialized in the Congressional Record.

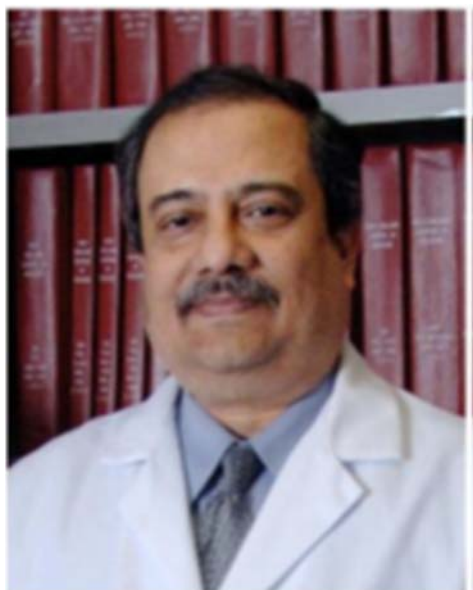
The ***Ellis Island Medals of Honor*** embody the spirit of America in their salute to tolerance, brotherhood, diversity and patriotism. Honorees may be native-born or naturalized, but most importantly, they are individuals who have made it their mission to share their wealth of knowledge, indomitable courage, boundless compassion, unique talents and selfless generosity with those less fortunate. In addition to hosting their annual gala, EIHS remains dedicated to, and has raised significant funds for, the maintenance and restoration of Ellis Island.

For the event, Ellis Island is closed to the public as honorees and their guests arrive via a private ferry. More than 300 service members participate in an opening ceremony that includes a joint-service color guard representing all five branches of the military. Medalists accept their honor on stage in front of family and friends during a black-tie dinner in the historic Great Hall.

Since the Medal was founded in 1986, EIHS has honored distinguished and diverse Americans including seven Presidents of the United States, Vice-President Joe Biden, Supreme Court Justice Sandra Day O'Connor, Nobel Laureates Elie Wiesel and Malala Yousafzai, Coretta Scott King, John Sculley, Muhammad Ali, Lee Iacocca and Rosa Parks, among other outstanding Americans.

Congratulations to our 2018 Ellis Island Medal of Honor Recipient Dr. Ziauddin Ahmed, M.D.

Professor of Medicine, Drexel University College of Medicine, Philadelphia



Dr. Ziauddin Ahmed is the son of Dr. Shamsuddin Ahmed and as the son of a surgeon and an educator Dr. Ziauddin Ahmed was destined for a career in medicine and education but his unique legacy of humanitarian service is self-made. He currently serves as Professor of Medicine at Drexel University College of Medicine in Philadelphia, USA. He has graduated from Dhaka Medical College, Bangladesh in 1976. He has earned American Medical board certifications in five specialties including Internal medicine, Nephrology, Critical care Medicine, Geriatrics and Hypertension specialist. He has trained thousands of medical students and medical

residents, 110 Nephrology fellows and served as an advisor to PhD and MPH students. He served as president of medical staff in Medical college of Pennsylvania hospital.

In 2018, as the first Bangladeshi American he received “Ellis island Medal of Honor “which is the highest civilian award in USA approved by both congress and senate committee. As the son of a surgeon and an educator Dr. Ziauddin Ahmed was destined for a career in medicine and education but his unique legacy of humanitarian service is self-made. This doctor had an unconventional beginning with a halt in medical education to join the fight in Bangladesh’s Independence war as a Freedom Fighter. After Liberation, Dr. Ahmed emigrated from the country he nearly died liberating to the U.S., obtaining his citizenship in 1985. Since arriving in America, Dr. Ahmed achieved numerous professional, community and global service accolades yet has never forgotten his journey.

Although he practices Nephrology, he is board certified in several specialties and has trained hundreds of health care providers as well as served as academic advisor to doctoral/public health degree candidates. In addition to hospital responsibilities, Dr. Ahmed serves as supervisor to medical students at the Salvation Army Free Clinic and Street Side clinics to encourage student community service and provide access to healthcare in impoverished neighborhoods. His coordination of community initiatives combatting healthcare/education disparities includes Women’s Health and Breast Cancer awareness, community health fairs, and immigrant education program and has been very impactful.

Dr. Ahmed has formed immigrant coalitions to foster professional/vocational development and citizenship in new Americans. He helped found the Bangladesh Medical Association of North America (BMANA) thus harnessing the talent of other immigrant professionals to promote cultural awareness, continued education, as well as service in the US. During his Presidency, he established alliances with other cultural/professional organizations to combine efforts to amplify the value of immigrants’ efforts and their commitment to multiple homelands. Their unique narrative was Dr. Ahmed’s key to bettering the US and these coalitions, the key to climate change initiatives, disaster relief projects, and fundraising efforts to support disasters relief worldwide. Dr. Ahmed has also taken a leading role in the initiative to coordinate and disseminate the unique cultural and literary heritage of the Bengali diaspora to enrich the American legacy. He has done this through his own personal narrative as well as by creating numerous documentaries to promote such stories.

Balancing his citizenship and roots, Dr. Ahmed organized the first World Sylhet Convention in N.Y. to re-connect the diaspora to his native region, and promote local development, and celebrate culture/dialect, and combine to improve community conditions through the efforts of expatriates. Furthermore, he has taken US medical training to promote global health- systematizing national/international symposiums adapting U.S health care models in Bangladesh including those in infection control, and emergency medicine training, and dialysis. Dr. Ahmed personally travels to Bangladesh annually to lead hands-on training courses and has established a life-saving Continuous Peritoneal Dialysis program. He routinely coordinates the donation of medical equipment and books from the US to charitable institutions in Bangladesh to further self-sustaining philanthropy through education. Alongside US based organizations, a hand book for medical trainees was created to be distributed free all over Bangladesh as well as developing the Medical Teachers Training program jointly with US based FAIMER/ECFMG. He is currently establishing a non-profit dialysis center/kidney hospital in Sylhet involving local providers and non-resident specialists.

Finally, Dr. Ahmed is the driving force in the development of a village in Bangladesh offering a second home for Non Resident Bangladeshi’s from throughout the diaspora to encourage families to re-connect with their roots while improving surrounding living conditions by creating schools, jobs and infrastructure. Dr. Ahmed’s life work embraces his Bangladeshi American identity and aims to share unique gifts from both of his homelands to perpetually better humanity.

Balancing Two Hoops: The Siloes of Medicine and Dentistry and Their Effects on Special Needs Populations

Farihah Ahmed
Columbia University College of Dental Medicine, DDS candidate

There had been two hula hoops tossed on the floor, one a foot from the other. The man who was faculty at the dental school, dual degree certified in public health and dentistry, walked over to nudge the lemon colored hoop nominally closer to the orange one. These represented, he explained to me, the siloes which were the medical and dental care systems in the United States of present day. As he spoke he moved one hoop further from the other, explaining that there would always be pushback in initiatives which proposed integrating and medical and dental care. Those who belonged to the school of thought that dentistry was a subspecialty of medicine—therein proposing the “radical” idea that the mouth is connected to the gut tube—have often been vehemently opposed by dental lobbying groups. These groups aim to keep major insurance companies from hassling dentists in the way that is perceived to have occurred in the more centralized and systemized healthcare system of the United states. These groups, the professor explained, were the reason that more fundamental ideas (such as the “radical” idea that the mouth is connected to the gut tube which is connected to a full individual: a holistic healthcare perspective) were not being conceptualized by health care providers across all systems.

The two separated hula hoops of dentistry and medicine became an issue which I more intimately understood in my time interacting with pediatric patients and providing care for them during my time in the dental clinic and operating rooms. The lack of a bridge between the two became most blatant when a boy of eight, classified as special needs due to his Autism and organ transplant, presented with his parents for an initial dental appointment. The child’s pediatrician was called in order to fully complete his medical record. The parents were surprised at this, and the medical office reacted similarly over the phone. The physician inquired as to why information such as recent blood pressure and lab values were necessary for an initial dental exam and prophylaxis, or dental cleaning. This conversation was enlightening in regards to how rare it is for the medical and dental specialties to overlap in care in this way. It also showed how important it is to have a liaison between the two.

The child's organ transplant details, according to standard dental guidelines on antibiotic prophylaxis prior to dental procedures, would be critical to obtain from the pediatrician. It would inform the dentist whether or not to prescribe antibiotics to reduce the risk of infective endocarditis, a potentially life-threatening cardiovascular condition. Furthermore, epinephrine is often found in common dental anesthetics such as lidocaine, which could also be a cardiovascular concern if the patient had a hypertensive history. In regards to behavior management, because the child had Autism, information on behavioral techniques which were effective during visits would be an invaluable resource for both parties to share. On the other end, pediatricians would be valuable in providing more information dental providers about the relationship between certain common childhood illnesses and how they manifest in the oral cavity.

The intricate relationship between the two, however, will never be as simple as tossing one hula hoop in the other. Aiming, throwing, and fitting one in another into smooth symbiosis—from one end of the room to another—has proven to be a monumentally difficult task for those few who have decidedly to aggressively pursue it. Understanding this relationship would be advantageous to the patients of both parties involved, which should always be the desired outcome in healthcare. This will be especially advantageous for vulnerable populations such as special needs patients who already have historically shown limitations in accessing health care.



Members' Ennui Towards Volunteerism

-By Najmul Chowdhury, MBBS, MPH



We all know the extraordinary impact volunteers have on creating real change in diverse communities or organizations like ours. So why is there such an indifference towards it? We are familiar with the multitude of altruistic motivations that inspire individuals to step up and lend a hand. At the same time, we also know that volunteering can be a terrific way for individuals to gain benefits both personal and professional. While we were growing up or at least when our kids were in schools, we've seen volunteers translate their service into dynamic career paths and make new friends through shared volunteer experiences. Whether they are driven primarily to do good in the world or simply to stay busy while they look for paid employment, the end result can be a volunteer experience that is life-changing for both the volunteer and the community.

Year after year, I continue to get mystified by observing the intensity of this growing dispirited attitude to volunteer for any EC position or any convention activities except a few notable ones. It takes a lot of coaxing and arm twisting to have someone participate in any organizational activity.

Encouraging Volunteers to Ask, "What's in It for Me?"

Do we need to offer incentives to get people to volunteer for organizational EC positions? Are incentives simply a nice form of recognition or do they corrode the fundamental importance of volunteering as altruism? When do we ignore the money volunteers spend over their contribution?

Our goal is to move away from volunteering being seen as a sacrifice ("I give up my time to volunteer") and into an active choice one chooses to spend their leisure time in meaningful and rewarding ways. Volunteering shouldn't be about giving up something; it should be about having everything to gain.

How do you manage volunteers who do not choose to participate in our organization, or steer those volunteers who often show up after being "bullied" into service? In other words, how do you manage the non-volunteer volunteer?

Relapse into Volunteerism: An Unsuccessful Attempt to Resign From the Field

Research years ago, showed a very high turnover rate among Coordinators or Volunteers in non-profit organization-- the figure I remember (anecdotal of course) is one out of two leaving the field every two or three years. It is a substantial percentage, anyhow. Lot of us have become part of that statistic as our organization has stepped into old age or shifted toward partisan politics.

"You can't retire from volunteerism" (that is, it isn't possible) because you can take a person out of volunteerism, but you can't take volunteerism out of a person."

One of our most significant problems as a profession is that we cannot find or motivate each other as we are humans who try to find faults more often than designing solutions. It is difficult to speak to or for a constituency we cannot always find. We don't always know where to throw our pearls of wisdom and we don't usually have the kind of numbers (of professional volunteers, that is) that impress peers, funding sources, partners/sponsors, or others we need to educate or to whom we need to advocate. As humans, we tend to follow the herd behaviors: if one acts passively, then others follow suit. A case in point: Remember the invitation for EC nomination by our very own veteran by-laws committee? I don't have to elaborate any further and rest my case. At times, I feel like it is a direct slap in the face of those who put up so much personal time into making things run smoothly.

Finally, there are a lot more professional volunteers out there that leaders could be listening to or learning from. So, how do we find them and mobilize our forces? It's easy for me to be tongue-in-cheek about this subject. And, not to mention the obvious: we have naturally different perspectives on the topic.

The Self-Employed Volunteer

Is there a big blind spot in volunteerism? Consider:

- the elderly gentleman in the park, feeding pigeons or even squirrels
- a woman regularly looking in on a sick neighbor
- a teenager teaching other young people how to skateboard
- the police officer finding time to stop for a friendly chat with a troubled young person
- the helpful giver of directions to confused tourists

...and a whole host of other such "natural helpers" and doers of daily decencies, enriching virtually every community and organization. To all these I would add the Dreamers who "go for it" to achieve their personal vision or goal. Often they are not paid for trying, just as often the goal itself is not defined primarily or at all in financial terms. So Dreamers, too, are often volunteers, though they rarely think of themselves in such terms. Moreover, my experience is that most of their goals have direct or indirect positive social implications. Even when the goals seem primarily to serve the Dreamer personally, I would argue that a happy organization can be seen in many ways as the sum of fulfilled individuals or members.

People in the above examples could be thought of as "self-employed volunteers" in the sense that their helping behavior is not just unpaid, but is also primarily "on their own": freely chosen and accomplished, without benefit for bosses, managers, supervisors, rules or regulations, and typically without significant organizational support. There is always accountability - or should be. But for the self-employed volunteer, this accountability is virtually entirely to the client or goal served, not to any leader or organization.



Some thoughts in volunteer works in Bangladesh.

By Maleka Ahmed, MD

It is hard to think of ways to help out sometimes especially in faraway places. We usually worry about money being mishandled or will reach to the intended at all or not. Going through international charity /aid organizations help some of these worries but they might not have programs for your desired places, like your home town.

In our busy mundane lifestyle here, it is hard for most of us to plan coordinate, implement and complete these detailed planned activities even though how much we are interested in it. So, partnering with people in that specific place/town/village/country will help to solve some of the issues. One has to find that person or persons with similar dedication, interest and the ability to perform the task. That person or group of people have to be trustable too.

Recently, I went to Bangladesh after four years and had opportunities to visit some of the activities we have been involved with. There is a village elementary school near my in laws place in Rajbari; it serves mostly the family of poor blue-collar workers. The school was started by a group of concerned parents of the village. Apparently nearest elementary school is few miles away. The kids sit in benches in a straw covered open sheds with earthen floors. I had no idea this form of structures for school still exists!

The school board is trying to make brick building and other improvements so eventually the school will be eligible to be taken over by government. So, the plan for growth was there, overseeing committee already there as we were already part of the funding group. We visited the school and seeing the youthful happy smiling faces really inspired me.

Another project I am proud to be part of, is a project called Bangladesh Smile Surgery Foundation headed by some of my classmates. As the name implies, they do correctional surgery for cleft lip and cleft palate, free of cost to underserved community. They do travel to different areas of the country do surgery in weekend camps, and also do perform surgery in Dhaka in the office of the plastic surgeon. The child and the mother get to stay overnight in the center for free of cost. We had the opportunity to see the few months old baby in her mother's arm after the corrective surgery. Amazing part was the next cabin had apparently a very well to do patient for cosmetic tummy tuck!

The Dhaka Medical College hospital has funds for free med for patients usually run by the physicians of different specialty. I know of these funds in pediatric urology department personally as I have visited and contributed in past More recently my daughter and niece have rotated through their program as part of their clinical rotation.

Most of us care a lot about our ancestral homeland and we end up expecting similar feelings from our children. We tend to forget how hard it is to grow up with almost two identities , one in school and in home and weekend dawats (get together). We take them for whirlwind visits in Bangladesh, which mostly include visiting relatives and more dawats and may be some sightseeing.

Sending them to stay for extended amount of time, may be without parents, to do volunteer work in Bangladesh either as part of their training in their respective fields or totally outside the field, helps them to develop the firsthand experience of the country. This does help them develop empathy for people of

Bangladesh easily, especially when they are exposed to the simple nurturing environment and easy to please general population.

I have seen this in my daughter, Nausheen Hakim, after her monthlong rotation in DMC and also short visits in ICCDBR and In Sylhet Hospitals. Now she is a full-fledged physician in training to be an Oncologist, plans to go back on her own to do volunteer work in those places.

My niece, Dr Nahreen Ahmed , has done same rotation earlier and recently made her third trip to Bangladesh as a trainer, for 'evaluation and use of bedside ultrasound for Intensive care physicians' in different hospitals in Dhaka and Sylhet. She is a board-certified Critical care and Pulmonologist. She has inspired her cousins to do work in Bangladesh and has inspired us to think outside the box.

Each time we go for visit in Bangladesh, we keep few days to see patients in our respective specialties in different hospital or at least try to give a presentation to the physicians This happens obviously with planning ahead and coordinating with people there. I give full credit to my brother Dr Ziauddin Ahmed for his endless energy for organizing this.

This year, I visited an excellent effort by Nonresident Bangladeshis from UK,in Beanibazar ,Sylhet. They built a hospital initially intending for cardiac and cancer care, however eventually general hospital section had to be added because of difficulty finding specialty physicians to work there fulltime. They have a beautiful building and planning, clean rooms and corridors and the toilets.

We took a group of four with us, two physicians, one pharmacist and a person who has worked in American Cancer society here. As they have advertised about the free cancer care visit that day by an USA trained physician, there was a long line of patients eagerly waiting for me. People came from 90 kilometers away, stayed overnight for this visit, just a for a consultation / second opinion. I was overwhelmed with the appreciation in their faces to the point I felt guilty for not doing enough.

How about nonmedical sides?

We can get involved in our local home town and villages for helping the poor by partnering with local NGO or by ourselves. Recently we got involved with buying sheeps and water pumps in the dry Haor areas in dry season. Beautiful pictures of the happy faces and green rice fields came back few months later!

We had 75th year anniversary of my junior college few years back. We had so much fun. But when I wanted to use the restroom, I could not do so as none of the toilet flushes were working or over all unusable situation. It did bring back painful memories of youth about not being able to use the restrooms the whole day.

I was lucky enough to get involved in the project of renovating all fifty restrooms in the college and dormitory. I could not have done it without the help of people right there, mainly my cousin, who will handle the money and the very cooperative and enthusiastic principal of this government college.

We all have these memories of poor hygienic conditions of our schools and colleges. Sponsoring scholarships for academically excelled or financially needy is another easy option to help out. We can directly contact the principals of schools and colleges and they are usually very happy to select the right group of students.

Most of us are now members of alumni associations of our former educational institutions, especially now in the age of social media. Let's encourage them to look into this.

Lastly but not the least, we can get involved in USA based organizations to help out. DCI (Distressed Children International) helps children through out the country by sponsoring kids for whole year for educational expenses including books and clothes and gives you back the school reports annually.

They also run an all-girl orphanage in their main office in Dhaka. I had the privilege of visiting them this time. It was so good to see little girls eager to meet you and to perform for the guests.

I am sure lot of us are involved in such philanthropic activities but wanted to share some of the specific efforts I have the good fortune to be involved with, we can help each other be sharing ideas and helping to establish contacts.

Here are some pictures that I took during this trip.





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Accomplishments

Our Mission: To promote health, education, culture, fraternity, and charitable work within Bangladeshi medical professionals and the wider community.

Donations:

- **We have donated \$60,500 from our organization during 2017-2019 period.**
- \$10,000 for the Syrian Crisis, {\$5,000 to White Helmet/Syrian Civil Defense (nominated for Nobel peace prize in 2017), \$5,000 to Doctors Without Borders (1999 Nobel peace prize winner) }.
- \$10,000 for Bangladesh Floods through Ankur International
- \$4,500 to the Red Cross for US Hurricanes Harvey/Irma/Maria
- \$10,000 to NABIC for the Rohingya Crisis in Bangladesh
- \$4,000 to the BMANA Disaster Fund to help the purchase of an ambulance by Hope Foundation.
- \$4,000 to Rotary Club of Paharpur, Naogaon to fund cataract surgery for poor and blind patients.
- \$10,000 to the NC Governors disaster fund for Hurricane Florence victims. (Thanks to BMANA for donating \$5,000 from its fund)
- \$8,000 for the Yemen Humanitarian Crisis, {\$4,000 to Doctors Without Borders and \$4,000 to Zakat Foundation of North America}

Voluntary Activities:

- Dr. Abu Salahuddin and Dr. Maleka Ahmed, two of our valued members volunteered to work in Medical Clinics at Hurricane Florence affected areas in 2018.
- Mr. Maroof Jahangir, member of Alliance committee coordinated voluntary activities at Hurricane Florence affected areas in 2018.

Academic:

- Conducted Annual educational event. Dr. Riaz Chowdhury, one of our past presidents & current BMANA President has been contributing to train physicians in Bangladesh in advanced GI Procedures.

Cultural and Diversity:

- Very high quality cultural events are presented by our members every year to enrich the culture and customs of society.



2018-2019 BMANA-CC Active Member's List *

PHYSICIANS NAME	SPECIALITY	RESIDENT CITY
A.B.M.Enayet Ullah, MD	Internal Medicine	Cary
Abdul Malek, MD	Non-Practitioner	Cary
Abu Ahmed Zahidur Rahman, MD	Internal Medicine	Cary
Abu Salahuddin, MD	Internal Medicine	Fayetteville
Abu Sharifuzzaman, MD	Internal Medicine	Raleigh
Abul K. Azad, MD	Internal Medicine	Fayetteville
Abul F. Imam, MD	Internal Medicine	Raleigh
Ashraful Hannan, MD	Internal Medicine	Fayetteville
Asif Wahid, MD	Cardiology	High Point
Dabiruddin Humayun, MD	Internal Medicine & Pediatrics	Raleigh
Farida Yasmin, MD	Non-Practitioner	Fayetteville
Fatima Hossain, MD	Internal Medicine	Cary
Ferdousi Chowdhury, MBBS	Non-Practitioner	Fayetteville
Habib A Masood, MD	Internal Medicine	Cary
Humayun Kadir, MD	Family Medicine & Geriatrics	Cary
Khwaja Hussain, MD	Family Practice	Goldsboro
Kishore R. Chowdhury, MD	Internal Medicine	Kinston
Ishtiaque Mohiuddin, MD	Cardiology	Cary
Mahfuzul Haque, MD	Gastroenterology	Durham
Maleka Z Ahmed, MD	Hematology/Oncology	Eastover
Mamum Shahrier, MD	Gastroenterology	Raleigh
Md. Abu Zahid Karim, MD	Internal Medicine	Fayetteville
Mizanur Rahman, MD	Psychiatry	Fayetteville
Mohammad A. K. Khan, MD	Internal Medicine	Raleigh
Mohammad D Hossain, MD	Internal Medicine & Pediatrics	Raleigh
Mohammad Sabur Naseri, MD	Pediatrics	Fayetteville
Mohammed A. Khasru, MD	Neurology	Fayetteville
Moushumi Shumi Ahmed, MD	Internal Medicine	Pinehurst
Nafisa Saleem, MD	Internal Medicine	Fayetteville
Najmul Chowdhury, MBBS, MPH	Public Health Epidemiology	Knightdale
NurJahan Begum, MD	Non-Practitioner	Cary
Nusrat Ara, MBBS	Non-Practitioner	Cary
Nusrat Mujib, MD	Internal Medicine	Cary
Paritosh Chowdhury, MD	Psychiatry	Kinston
Razia Hafiz, MD	Family Practice & Geriatrics	Cary
Riaz Chowdhury, MD	Gastroenterology	Raleigh
S. M. Jafrul Islam, MD	Anesthesiology	Fayetteville
Sabina Hannan, MBBS	Non-Practitioner	Fayetteville
Sagir Ahmed, MD	Cardiology	Cary
Salma Syed, DO	Pediatrics	Greenville
Sayed Hossain, MD	Pulmonology	Greenville
Shabbir Chowdhury, MD	Psychiatry	Fayetteville
Shah Alam, MD	Nephrology	Shelby
Shahnaz Ilias, MBBS	Non-Practitioner	Grensboro
Shamsul A. Khan, MD	Pediatrics	Rockingham
Shireen Islam, MBBS	Non-Practitioner	Raleigh
Shyamal Palit, MD	Nephrology	Fayetteville
Sufia Siddique, MD	Family Medicine	Goldsboro
Tahmida Jahangir, MD	Pediatrics	Fayetteville
Tanvir Islam Majumder ,MBBS	Non-Practitioner	Fayetteville
Tapon K. Gayen, MD	Internal Medicine	Winterville
Tarek Aziz, MD	Psychiatry	Greensboro
Taslim Ahmed, MBBS, MPH	Public Health-Health Administration	Knightdale
Tasneem Ishrat Islam, MD	Non-Practitioner	Cary
Zakia Karim, MD	Pediatrics	Fayetteville

* If your name is not listed here or you wish to make any changes, please contact the President of BMANA-CC

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

Title:	2019 BMANA-CC 17TH ANNUAL CONVENTION--AGENDA AT A GLANCE
Location:	Holiday Inn Fayetteville I-95, at 1944 Cedar Creek Road, Fayetteville, North Carolina, 28312
Date:	APRIL 19 THROUGH APRIL 21

FRIDAY-APRIL 19, 2019

Start	End	Program Type	Description	Room Location
4:00 PM	8:00 PM	Arrival of Members and Family	Meet and Greet Members	Hotel Rooms and Lobby
8:00 PM	8:30 PM	Break	Pizza and Coffee	Maple and Oak room
8:30 PM	12:00 PM	FAMILY ACTIVITIES	ADULTS AND CHILDREN	Maple and Oak room

SATURDAY-APRIL 20, 2019 (Scientific Session of BMANACC 2019 CONFERENCE) in Cedar Room

Start	End	TOPIC	PRESENTER	TITLE
8:00 AM	8:30 AM	Breakfast-Opening and Welcome Remarks	Dr. Mamun Shahrier, MD, FACP	Gastroenterology Consultant at Wilson Medical Center
8:30 AM	9:00 AM	Update in COPD	Dr. Rahul Kakkar, MD, FACP	Director, Prana Health Pulmonary and Sleep Medicine
9:00 AM	9:30 AM	Update in Nephrology	Dr. Shyamal Palit, MD, MSPH	Nephrologist, Fayetteville
9:30 AM	10:00 AM	Advances in Myelodysplastic Syndrome	Dr. Maleka Z. Ahmed, MD	Assistant Professor of Duke Oncology
10:00 AM	10:30 AM	Break & Booth Exhibits	Exhibit Booths	Indoor pool side
10:30 AM	11:00 AM	Update in Hypertension	Dr. Ziauddin Ahmed, MD, FACP	Professor of Medicine-Nephrology, Drexel University
11:00 AM	11:30 AM	Update in Psychiatry	Dr. Shabbir Chowdhury, MD	Psychiatry Specialists, Carolina Psychiatry
11:30 AM	12:00 PM	Infectious Disease in the Mekong	Rifat S. Rhaman	First year medical student, Harvard Medical School
8:00 AM	12:30 PM	CONFERENCE EXHIBIT AND SPONSORS' BOOTH		Indoor pool side

Start	End	Program Type	Description	Room Location
12:30 PM	2:00 PM	Conference Luncheon	Lunch	Maple and Oak room
2:00 PM	4:00 PM	Business Meeting	General meeting and Election	Cedar room
4:00 PM	6:00 PM	Networking and Family Social Hours	CONFERENCE BREAK (No Food or Drinks served)	Individual Guest Rooms
6:00 PM	7:50 PM	Conference Dinner	Dinner program and announcement of new officials	Maple and Oak room
7:50 PM	8:15 PM	Magrib prayer	Prayer Break	Cedar room
8:15 PM	9:15 PM	Cultural program by local artists	Cultural Program--First Session	Maple and Oak room
9:15 PM	10:30 PM	Guest Artist	Cultural Program--Second Session	Maple and Oak room
10:30 PM	10:50 PM	Break	Snack Time	Maple and Oak room
10:50 PM	1:00 AM	Guest Artist	Cultural Program--Third Session	Maple and Oak room

SUNDAY-APRIL 21, 2019

Start	End	Program	Program Description	Room Location
11:00 AM	2:00 PM	Plan for the Future	Brunch and Members' day Planning Meeting.	TBA



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