

نشرة الاتحاد العالمه علاجمعيات الطبية الاسلامية

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MESSAGE FROM THE PRESIDENT



Dear Members of the FIMA Family,

Sisters and Brothers,

Assalamu Alaikum

FIMA is holding its biennial ExCo meeting in Madina el Munawarrah in the first week of March 2018. The biennial meeting of executive committee is an important activity in the working of FIMA where the reports of FIMA ExCo and

Continued on Page 15

SIX EYE CAMPS HELD IN PAKISTAN BRINGING BACK THE EYESIGHT OF MORE THAN 1000 DESERVING PATIENTS

POB (a subsidiary of PIMA and FIMA) is busy holding free eye surgery camps this winter, more than six camps were arranged recently, whereby extending free cataract eye surgery to more than 1000 patients. The largest of this season's camp was held in Sheikhupura. The 3-day POB camp was a success story and an amazing experience of volunteerism of 300 students from SKZMC, AIMC, KEMU and SIMS, to witness extraordinary efforts in providing free eye-care and free operations for the poor. Prevention Of Blindness Trust (POB) in association with Sufi industries organised this free camp, facilitating 1500 patients in OPD, performing 449 surgeries and receiving countless duas and ajar. Medical students were given the opportunity to observe the whole facility and interact with the patients by providing them with follow-up instructions. The closing ceremony was graced by several philanthropists, journalists and representative heads of



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PIMA (Pakistan Islamic Medical Association) and POB. The trip ended with tour of the Sufi industries and lunch by the hosts.

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experienced surgeons performed 241 Cataract surgeries by Phacoemulsification with Intra Ocular Lens implantation.

The surgeons who volunteered included Dr. Misbahul Aziz, Dr. Asad Jawaid, Dr. Ghulam Murtuza, Dr. Zakiuddin Sabri, Dr.



Adil Saleem and Dr. Shayan Shadmani.

The patients were screened one week back from eight eye camps held in different poor localities of Karachi, a model followed monthly since last four years.









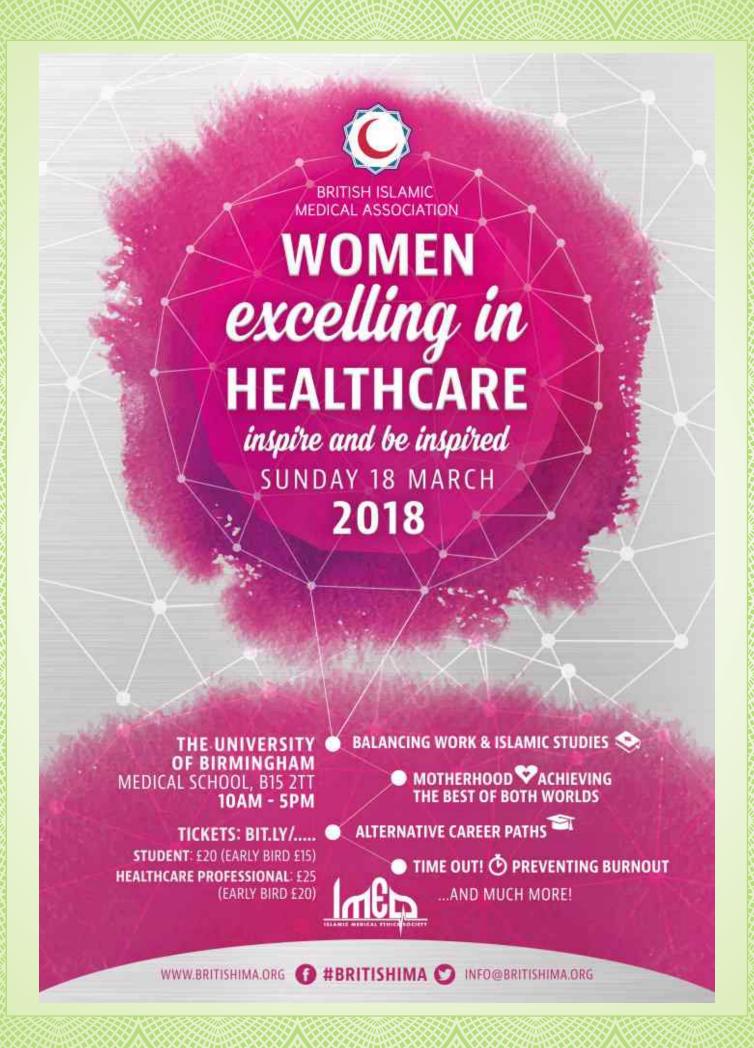












IMANA ROHINGYA TEAM SERVES IN COX'S BAZAR TO HELP THE ROHINGYA REFUGES

IMANA has sent so far three teams to help the Rohingya refugees in Cox's bazar in Bangladesh in collaboration with partners. Here is an excerpt from the diary of an IMANA member. On 25th December, Christmas Day here in Balukhali on the border of Cox Bazar, Bangladesh. While I have seen some seriously difficult places in the world. This is the worst. Hundreds of thousands of refugees running for their lives and bringing nothing with them. While most of us including my own children celebrate with gifts and family, these children have nothing... I was in tears many times today. One young man carried his brother with contractures over 4 days while all his family members were hacked to death. Anxiety, stress and just the opportunity to tell us their horrors seems abysmally challenging. We ran out of medications seeing

ve Rohingya, Mobile (

patients today. Support is really for massive support with medications and prayers that the hierarchy of politics show some compassion in helping them. This is balukali camp 2 just recently established. Water sewage and homes all over and together. Future challenge with the plague only two months away. Psoriasis and fungal infections abound, I never realized how blessed I have been working with dermatologists who have empowered me to help here.

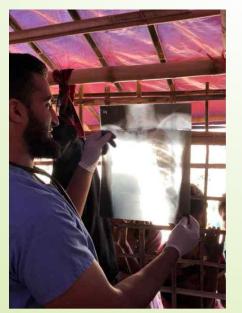
Today was day 2.Our team was joined by 2 doctors from the Islamic Medical Association of South Africa (ob-gyn & psychologist). Much of the same, despair hopelessness, with stories of death and destruction. I asked many about how they felt, would they ever return.

I had no idea that these people are truly stateless; the Myanmar govt. does not recognize them, they are not considered citizens of Myanmar officially having no actual citizenship. In Bangladesh they are simply a refugee who is restricted to the camp. I share the story of Mushida; 5 years old who with her parents and uncle was fleeing the military. She watched her mother and father shot killed, her maternal uncle save her and was able to escape. She hasn't spoken a word since (August 2017).

Dr. Tahira; Ob-Gyn from South Africa, she saw 38 pregnant women today examining each and everyone of them. Yesterday she delivered babies in the camp at a makeshift delivery room - at Balukhali Refugee Camp Cox's Bazar.













Every Wednesday the United Nations hosts cluster meetings; standard operating procedure in a crisis area. Agencies from all sectors such as social services, child protective services, water/sanitation, food delivery, logistics, you name it they meet.

Including health; the health sector meeting is hosted and coordinated by the World Health Organization. All the registered NGO'S involved in healthcare are invited and encouraged to attend. These meetings are vital to attend as important information is shared. Today's meeting really focused on updates regarding specific disease out breaks such as diphtheria.

While the team traveled to the camp I attended the three hour meeting, as always gaining important updates, sharing our field assessments.

Afterwards I traveled to the Malaysian Govt.'s field hospital;





our partner hospital where we are sending our acute and critical patients. The rest of the team met me there on their way back, as we toured this amazing facility.

The team worked hard seeing 315 patients in a very remote area of the camp.

Today's story shared with me by Dr. Khalique Zahir is of Abdul Wadur he's 9 or 10 years old, he watched his father be shot and along with his mother fled to Bangladesh.

He's been feeling ill, has had blood in his urine and an enlarging stomach. Dr. Shazia Chaudhry examined him, immediately being concerned as his abdomen was quite large especially his kidney area. Fearing it could be Wilma tumor (kidney cancer in children). He's been since transferred to the field hospital.

It's a reminder that it's not just acute





stuff and trauma, our teams being here is allowing for us to pick up on cases of disease otherwise fatal.

Day 4& 5:

Today was a busy day joined with the Ob-gyn from South Africa and a few additional local doctors we saw 538 patients. Many were critical requiring hospitalization. Saw a few patients who's diabetes was completely uncontrolled as they haven't had meds or insulin since arriving; blood glucose 600+. An elderly woman who looked as if she was going to stop breathing on us. Her oxygenation level was 70%, gasping for air and several others were transferred to the field hospital. We saw a young boy Mohd. Anos around 5-6 years old who had a high fever of 103, who was seriously ill. We weren't sure if it was measles or Scarlett fever. He also was transferred to the field hospital.

Tomorrow is our last day as our next





team will arrive. What we realized is one ambulance is not enough, the field hospital is outside of the camp and as we transfer patients we have several others who need immediate attention. This will add an additional \$20,000 to our budget so that we can purchase one more ambulance.

Over 700,000 people no home, no country, living in a camp with open sewage, no running water in conditions sub-standard for even animals. Help make a difference. IMANA and FIMA is trying to help although on a small scale, but it matters a lot.....My friend from high school, Ismail Mehr is a man sacrificing time, along with many

others, to make a difference. He has been here with a team treating and caring for a displaced population. They also have teams in PR. Please donate and help them continue to use their hard-earned knowledge to treat the downtrodden.

























#humanity4rohingya



DG MOH flag off Team A Field Hospital Malaysia on 26 Nov 2017

IMARET and our Bangladesh partners CSBD (Charity Society of Bangladeshi Doctors) have organised 52 MC (Mobile Clinics) deep in the hearts of the refugee camps, where few have accessed. Our team consisted of 8-10 doctors, 3-4 Rohingyan interpreters, 3-4 Rohingyan "village doctors" and many more Rohingyan workers (all salaried, thus taking care of their whole families).

We operated a primary health care clinic, with emphasis on maternal and child care (antenatal ultrasound included) with a view to setting up a low risk birthing centre. On average we see about 400-450

patients over a five-hour period. We need to wrap-up by 3.00pm to next ferry our sick patients to the MFH (Malaysian Field Hospital) and also not break the 5.00pm curfew.

The MFH is operated by our Ministry of Health and is a tertiary hospital with facilities for surgery, ICU, SCN, Labour Room, 50 beds, laboratory and imaging facilities. It began operations on 28 Nov 2017. Our first surgery was for I&D of a deepseated abscess in right parotid region which was referred by our FMT (Forward Medical Team). This was followed by 2 surgical clearance of bullet wounds.

Report



wages to each Rohingya youth we train, sustains a whole family



Prof Bilkis (HUKM) at extreme right. A regular volunteer with Mercy Malaysia

#humanity4rohingya

Every Wednesday the healthcare cluster meets at the International Organisation of Migration (IOM) office to share notes on the big picture of our healthcare efforts in the refugee community.

Measles & diphtheria outbreak

A major measles outbreak was averted with a rapid MR immunisation program during which 324,000 children were vaccinated. A total of 1,740 cases of measles were reported for the first 3 months.

Reports of diphtheria cases were shared at our cluster meeting at end November 2017. This very quickly registered 110 cases by 2 Dec 2017. The pentavalent vaccines only

became available in the middle of December for population usage.

I must confess that I spent more time in the refugee camps than I did at the MFHI Besides, we had an excellent emergency physician in our MFH who could even insert a pink brannula in a paediatric patientl

Support needed

Dr Priya, paediatrician from Ampang Hospital held the fort after I left, and Prof Wan Ariffin has volunteered for 2 weeks in January with Dr Priya reappearing for a second stint. I am similarly hoping to make a comeback. I bumped into **Prof Bilqis** (HUKM) who was volunteering for Mercy Malaysia.

I however cannot hide my disappointment at the lack of support from my other colleagues despite rolling out the message in BMPA and other channels. I had to recruit help from my Bangladesh paediatrician friends.

Notwithstanding the apathy, the few who volunteered were focused towards care, love and compassion for the refugee patient. And we endeavoured to diagnose and treat them with best clinical practises (or minimum accepted standards of care) peppered with mega doses of respect and honouring their dignity and humanity.



A long walk and climb to our

clinic which is perched on the hill



Field Hospital poster



Field Hospital at Ukhiya, Cox's Bazar



Multi-tasking

That is why my function and expertise as a big time (?) paediatrician & neonatologist was miniscule compared to me discharging my duties as a fellow human being. In the mobile clinics, one must be really robust and do multi-tasking. So I functioned invariably as a:

- 1. Clinic assistant, on knees, weighing the patient.
- Nurse taking the BP.
- Houseman taking the history "Naam khi?" (what's your name dear?), "Hamil?" (are you pregnant dear?)
- 4. Pharmacist dispensing the medicines with help from our "village doctor".
- 5. Psychiatrist counseling the bereaving mother or wife.

- Triage MO triage them to the red, yellow and green zones and "blues zone" for the psychologically distressed.
- 7. Father Xmas distributing cookies to the kids - it's the season to be jolly... tra la la la la la la la la...

But my best job designation was being a ...

8. Tea Lady aka PRO (Patient Relations Officer), I was blessed with the opportunity to serve the refugee patients, with a smiley face always, greet them with salams, "What can I do for you sayang (love)", "Di mana sakit?" (where is the pain?); make them comfortable. get a seat for the old and pregnant ladies, cuddle the crying babies, hold their feeble hands and lead them

to the treating doctors or pharmacist. Tak boleh buat teh, jadi beri mineral water dan kuih bangla 😉 Besar tau, job specification dan tanggungjawab Tea Lady nil

IMHO the Tea Lady is the most important person in the team. She may not have an MBBCh, MRCP, FRCP, FAMM after her name but she has these credentials: AWESOME HUMAN BEING! &

Musa Mohd Nordin

IMARET Team C MFH Team A FIMA-ICR-CSBD-Mobile Clinic

IMARET - Islamic Medical Association of Malaysia Response & Relief Team

FIMA - Federation of Islamic Medical **Associations**

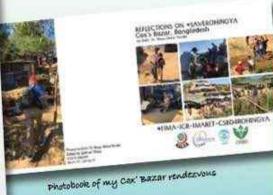
ICR - International Consortium for Rohingya

CSBD - Charity Society of Bangladeshi Doctors

MFH - Malaysian Fleid Hospital



Dr Priya, Ampang Hospital paediatrician, managed this septic newborn



Paediatrician wanted for Maiaysian Field Hospital for 15 February – 8 March 2018. Interested.

call Dr Kasuadi

+6019 319 6901

POB KARACHI EYE HOSPITAL IS FULLY OPERATION NOW, 240 CATARACT SURGERIES DONE LAST MONTH

The first Eye Surgery Camp in the new building of POB Eye Hospital Karachi, was held on Sunday 14th January 2018. A group of six experienced surgeons performed 241 Cataract surgeries by Phacoemulsification with Intra

Ocular Lens implantation. The surgeons who volunteered included Dr. Misbahul Aziz, Dr. Asad Jawaid, Dr. Ghulam Murtuza, Dr. Zakiuddin Sabri, Dr. Adil Saleem and Dr. Shayan Shadmani.

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THE DUST OF KUTUPALONG BY DR JEFFREY ABU HASSAN (PRESIDENT IMAM)

THE VOLUNTEERS

We met amazing people, heard harrowing stories of the cruelty of humankind to those of a different colour, belief and culture. But we saw too the beautiful side of humankind. Together with us were other volunteers of various backgrounds from various corners of the world who temporarily left the luxurious life to have a feel of the sufferings of the Rohingyas. The Turks, the Indonesians, the Canadians, the Germans, the American and so many others. The German nurse who left her job, travelled by bus for 12 hours from Dhaka to reach the camps. Leaves every morning at 6 am from Cox's Bazaar to reach the border to help in the relocation of newly arrived refugees. Stays in a an unfurnished

apartment and takes a tuk tuk (tom-tom) to the camps. The American Nurse who shares the austere apartment with the German nurse. Both these ladies have no relation of creed, colour or nationality with the Rohingya but sacrificed a part of themselves only for the ties of humanity. The 70 year old female American ophthalmologist, the nearly 80 year old American from Texas who sacrificed two weeks to serve the needy Rohingyas travelling a day and a half to reach Cox's bazaar. The 62 year old Egyptian with three heart stents who walked over hill and dale to visit the shelters and mobile clinics. Finally the Iraqi British surgical trainee who was backpacking through South East Asia and was

contacted to set up the clinic. He responded and built the clinic from scratch in the middle of the jungle. After four months of amazing effort it is now catering to so many of the needy Rohingyas. Sometimes I guess, it takes horrors like this to bring out the best in us human beings. May God bless them all. We wonder what will happen in the upcoming months when the monsoon starts, with the hills shaved of the plants that secure the earth, thus the potential landslides. The dust of Kutupalong may turn into rivers of mud. We ask God to succour the Rohingya for they have experienced genocide and ethnic cleansing when the world had said 'Never Again'.



IMR IS SEEKING VOLUNTEERS FOR SaveRohingya MEDICAL MISSION



PLEASE REGISTER AND HELP US RECRUIT

- EMERGENCY MED
 - INTERNAL MED •
- FAMILY PRACTICE
 - PEDS •
 - OB-GYN •

ONE WEEK MISSIONS

Mission 11: 03/02–03/10/18 Mission 12: 03/09–03/17/18 Mission 13: 03/16–03/24/18 Mission 14: 03/23–03/31/18

TWO WEEK MISSIONS

Mission 5: 02/09–02/24/18 Mission 6: 03/02–03/17/18 Mission 7: 03/09–03/24/18 Mission 8: 03/16–03/31/18



Limited openings available for February missions also

Details at: www.imana.org/saverohingya

WHITE HEARTS - EGYPT

White Hearts - Egypt establishes the first-at-all "small entertainment PLAY GARDEN for Children" of Rohingya Refugees in Kotopalong Camp inside Bangladesh for Psychological Support to alleviate some of the Refugue Shock





SOYDA LAUNCHED COMMEMORATION OF INTERNATIONAL DAY

SOYDA Launched commemoration of International Day of Zero Tolerance for Female Genital Mutilation (FGM), 6 February 2018 through community awareness engagements in Our Project Areas. Our awareness campaign started all our health facilities in Benadir and Lower Shabelle Region which aims to raise community awareness and mobilize people everywhere to bring about change through targeting Community leaders, Youth Symposium and Women entities to discuss the effects of FGM by Providing families and

COMMERGORATION OF INTERNATIONAL DAY OF INTERNATIONAL DAY OF INTERNATIONAL DAY OF INTERNATIONAL COMMENTAL C



communities with information about the harm FGM causes and the benefits to be gained by ending it. We encouraged families and communities taking action themselves and refusing to permit their girls to endure the violation of FGM.

FGM is a form of Sexual and Gender-Based Violence (SGBV) that scars girls for life, endangering their health, depriving them of their rights and the chance to reach their full potential. It is a harmful traditional practice that reflects deep-rooted inequality and is





recognized internationally as a violation of the human rights of girls and women.

Let us make this the generation that abolishes FGM once and for all - and in doing so, helps create a healthier, better world for all.











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REMAINING MESSAGE OF THE PRESIDENT

projects are presented and discussed at the length. In this meeting the planning of forthcoming FIMA convention (in Amman, Jordan this September) and events will be discussed and future plans and goals will be set.

FIMA has concluded its 36th anniversary in December 2018. FIMA, the Federation of Islamic Medical Associations was founded on 31 December, 1981 (1401 H). It is the umbrella body of IMAs and Muslim medical and relief organizations worldwide. The first FIMA Council meeting was held on 29-31 August 1981 in Orlando, Florida and was chaired by Dr. Ahamd Elkadi. Ten founding members also participated in formulation of the council and preliminary constitution was drafted and later it was approved in 2nd Council Meeting held in December 1983 in Khartoum-Sudan. Dr. Syed Mubin Akhtar was elected as the first Chairman of FIMA. The current president of FIMA is from Hayat foundation Turkey (Prof. Ihsan Karaman) and the present FIMA secretariat is in Malaysia and office of the treasurer is in Cape Town, South Africa. So far 34 meetings of FIMA Council have been held in various member countries. The 35th FIMA council meeting is scheduled in Amman, Jordan in September 2018. There are 30 full members and 20 associate members of FIMA presently. FIMA holds its Council meeting annually, hosted by one of its members and is followed by a Scientific Conference to promote continuing medical education. The FIMA International Scientific Convention is held on a biennial basis. With the passage of time a number of projects within the fold of FIMA have emerged and established themselves as separate institutions including FIMA Save Vision, CIMCO and IHC. FIMA has an advisory status with United Nations as a member of ECOSOC. FIMA is also a partner with WHO, OIC and many other international bodies.

FIMA projects including FIMA save vision and especially the backbone of this project in Pakistan heralded by PIMA, the POB (Prevention of Blindness program) held a number of camps during last two months. The IMAs are getting more involved in the global initiative for eradication of prevention of blindness.

IMAs and affiliates lead by IMANA. IMAM, IMASA and NDF of Bangladesh with visible presence of volunteers from Pakistan, Egypt, UK and other places is continuing. We needs lot of financial support to continue our ongoing relief activities. All the IMAs are urged to play their vital role at this critical juncture.

The FIMA projects include Islamic Hospital Consortium (IHC) Consortium of Islamic Medical Colleges (including ACCCME) FIMA Relief FIMA Save Vision FIMA Save Smile FIMA Save Dignity FIMA-IMANA Mobile Mother & Child Clinic FIMA Year Book HIV/AIDS Resource Center FIMA Bio - Ethics Resource Centre FIMA Hi - Tech Centre FIMASAC Students Activities FIMA International Scientific Conventions FIMA Website & FIMA enewsletter are also active and their reports will be shared subsequently.

FIMA invite bodies of Muslim doctors worldwide who share the same objectives to join hands with FIMA and they are invited to involve themselves in any of the FIMA projects. You are welcome to be a part of this international organization.

For further details visit www.fimaweb.net

Wassalam

M. Ihsan Karaman, MD
President, FIMA

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