



نشرة الاتحاد العالمي للجمعيات الطبية الاسلامية

e-newsletter of Federation of Islamic Medical Associations

Volume 44, Issue April 2018



MESSAGE FROM THE PRESIDENT



Dear Members of the FIMA Family,
Esteemed Sisters and Brothers,
Assalamu Alaikum

We are pleased to present you the
April issue of FIMA e-newsletter.

Having just started publication by the
end of last year, the International
Journal of Human and Health
Sciences (IJHHS), FIMA's online
academic journal, is now out with its
fourth issue. The Official Journal of
Consortium of Islamic Medical
Colleges (CIMCO) under the
auspices of Federation of Islamic
Medical Associations (FIMA) is
attracting more readers every day.
From now on, it is a duty for all

Continued on Page 12

FIMA HOLD ITS SEMI ANNUAL EXECUTIVE COMMITTEE MEETING IN MEDINA AL MUNAWARRAH

FIMA semi-annual executive committee meeting was held in Madina el Munawarah on 28th February and March 1st 2018. Dr Ihsan Karaman, the president of FIMA couldn't attend the meeting due to his illness. Dr. Ammar Abu Supoh, Vice President chaired the meeting. The meeting was attended by Dr. Tanveer Zubairi, Immediate Past President, Dr. Abdul Rashid Secretary General, Dr. Parvaiz Malik, Executive Director (North America), Dr. Eka Ginanjar, EXCO Member, Dr. Ibrahim Sule, EXCO Member, Dr. Atallah al Ruhaily, EXCO Member, Dr. Musa Mohd Nordin, Chairman FIMA Advisory Council, Dr. Ishak Masud, Chairman Islamic Hospital Consortium, Dr. Iwang Yusop, Chairman CIMCO, Dr. Ismail Mehr, Chairman, FIMA Relief and Dr Mahomed Khan FIMA advisory council. Reports of FIMA ExCo, Executive directors, Treasurer's report, FIMA projects including IHC, CIMCO, FIMA Relief, FIMA save dignity and FIMA Save smile were presented.



Editor in Chief Dr. Tanveer Zubairi, Ex. President, FIMA - **Editor** Dr. A. Rashid A. Rahman, Secretary, FIMA
Managing Editor Dr. Aly Mishal Executive Director, FIMA, **Assistant Editor** Sajjad Saleem

Important matters related to the working and planning of FIMA were discussed at large and important decisions were made.

It was decided to expedite the formation of FIMASAC Executive Board. The already identified IMAs must submit their candidates to be incorporated into the Board.

Date of the 2018 Umrah camp were announced from November 16-23rd with closing date on October 16th 2018.

It was also decided to expedite the organization for Summer Camp in Bandung Indonesia on 22-27th July 2018.

IMA of Jordan will host the 35th FIMA Council meeting and it was decided to hold the meeting as per following schedule:

Pre Council EXCO on the 3rd September 2018 (Monday).

FIMA Council on the 4th and 5th September 2018 (Tuesday and

Wednesday).

Dedicated workshops concurrently running for FIMA-IHC and CIMCO.

A sightseeing tour will also be incorporated.

FIMA ExCo also decided to coordinate with ICR (Rohingya) to galvanize volunteerism among IMA membership for the field hospital in Cox's Bazaar using application forms available.

The name of Prof. Dr. Omar Hassan Kasule was proposed by Dr. Ishak Masud for FIMA lifetime achievement award 2018, it was unanimously endorsed to be finally approved by the FIMA council meeting in Amman Jordan.

The report of FIMA Safe water was presented and it was briefed that the program has been successfully implemented in Malaysia. It will next be brought to Bangladesh to be deployed in Cox's Bazaar for the Rohingya

Refugee Camps. The FIMA/BIMA Life savers; the proposal involves engaging mosque to be actively involved in training the public to perform Basic Life Support in emergency situations. It has been successfully implemented in various locations in Britain. EXCO agreed to the proposal to be presented by BIMA UK at the Pre Council EXCO and subsequently presented for discussion at the 35th Council meeting.

FIMA executive committee members also met with the Rohingya doctors who were working in Saudi Arabia regarding further augmenting the efforts for Rohingya medical and humanitarian relief. An international Society called Health Human Association Center by Rohingya doctors diaspora has been established with its headquarters in Istanbul. The meeting ended with dua and vote of thanks to the chair.

*_*_*_*_*



Dr Eka Ginanger and his wife Dr Siti Asiyah both representatives of IMA Indonesia



Dr Atallah Ruhaily and Dr Zam Zami.



Dr. Tanveer Zubairi and Dr Ibrahim Sule.



Dr. Ammar Abu Supoh and Dr Abdul Rashid



Dr Musa Nordin, Dr Mahomed Khan, Dr Iwang Yusop and Dr Ishak Masud.



Dr Ismail Mehri, FIMA relief chair with hosts and Dr Atallah.

IMANA & FIMA SAVE SMILE TEAM ADDS ANOTHER 130 SURGERIES TO ITS CREDIT IN KHARTOUM, SUDAN

IMANA relief is the honored flagship of IMANA, which recently completed its 50th anniversary backed by devotion and commitment of thousands of selfless and committed medical professionals during this period for the cause of high objectives of IMANA organizing the Muslim physicians working in North America. In 2009, the first save smile camp for the repair of cleft lip and cleft palate was conducted in Khartoum, Sudan under the able guidance and leadership of Dr. Parvaiz Malik, past President of IMANA and then President of FIMA. On a FIMA visit Dr Malik was told that there was acute shortage of plastic surgeons in Sudan and no plastic surgeons was available in a number of provinces especially the remote areas. The backlog of patients was enormous and emergent measures were

necessary to clear it. More than 1000 surgeries have been performed since then and the total number of surgeons, residents, nursing staff and volunteers who served now exceeds 100, truly reflecting the spirit of volunteerism and helping the marginalized community.

The team of IMANA save smile recently visited Khartoum and finished 9th mission for Save Smile 2018 on 10th March 2018. The team completed 130 cases with zeal and dedication, some of the surgeons were accompanied with their families. This year was special as daughter of Dr. Khalique Zahir, Sara was following the footsteps of her father. The renowned plastic surgeon said, "Just as I love my daughters, I met a man who brought his own daughter from Khordufan to have her cleft

lip repaired and to get his own bilateral cleft lip surgery done in the same go. It reminded me that we love our children no matter what!! Bless all who have supported our mission with prayers and financially"

The patients came from all over Sudan covering a distance of hundreds of miles including distant conflicted areas such as Darfur.

The sight of seeing emotional parents raising their hands toward the heavens praying for all the donors, volunteers and entire team was so satisfying and rewarding.

The farewell dinner was nothing short of being awesome with live Arabic performances, saying good bye to friends who are more like family here in Sudan.



The farewell dinner was a lively evening to be remembered.



The young girls waiting outside the surgical suite to get their smile back.



Ready to go home. The doctors and volunteers with local hosts.



Dr. Parvaiz Malik after conserving the smile of the young patient



Post-operative assessment on 3rd day



The post operative bay, constant monitoring of kids by experts



Dr. Ismail Mehr, Dr. Khalique Zahir with happy parents after surgery



Sara Khalique helping in pre-operative assignments.



Surgeons & team: ready to start the surgery

IMARET ROHINGYA

The crisis that is occurring in Myanmar had caused nearly 800,000 Rohingyas to be displaced. Currently close to 500,000 of that figure are in multiple refugee settlements in Bangladesh.

IMARET had sent a few doctors to Balukhali, Nayapara, Ledha and Musoni (refugee settlement areas) to gauge the situation (Needs Assessment), organise building of temporary shelters & provide temporary soup kitchens for the refugees.

Dr Ibrahim, our IMARET doctor was there at the refugee campsite and as you can see from his video and pictures, the situation is bad. The Rohingya refugees are in urgent need of basic needs i.e shelter, W.A.S.H (water, sanitation and hygiene), food and healthcare.

The Rohingya refugees are living meal to meal, sleep in makeshift

shelters made of sticks and garbage plastic sheets placed at slopes of the hills and no toilets to cater to their needs.

Please help our fellow humans.

This Asyura day - please make dua and contribute to them. Your contribution can help us to help them!

To contribute:

Persatuan Perubatan Islam
Malaysia
CIMB ISLAMIC
8600 703 709
SWIFT CODE: CTBBMYKL

Day 1 - 3

Date: 3/3/2018 - 5/3/2018

Location:

OBAT helpers clinic, Kutupalong
Modussora (zone: UU)

The first 3 days of Team J mission

had managed to treat total number of patients up to 1465 which consist of 707 male, 750 female, 499 childrens and 34 antenatal.

Meanwhile emergency patients managed are 34.

Cases seen during outpatient clinic sessions are Respiratory infection, gastritis, musculoskeletal pain, infected wound, anaemia and infections.

Some cases that requires referrals to tertiary centers are :

1. A 3 years old boy came for with severe malnutrition.
2. 40 years old male with chronic cough for 2 weeks associated with loss of appetite.
3. A patient with Infected tooth , referred for extraction.



First official meeting between IMAM representatives and Jabatan Kesihatan Negeri Selangor (JKNS) to collaborate in organizing the upcoming 20th IMAM Annual Scientific Conference (ASC 2018).



Free Medical Camp was organized by Pakistan Kidney Center Abbottabad at Village Darwaza, UC Beer, Teh. & District Haripur on 1st Jan 2018.

Two members of PIMA ATH rendered their services in this camp.

PIMA & PKC will continue coalition & cooperation in future also.

Ibadah Friendly Hospital Seminar

CHAPLAINCY: KHIDMAT ZIARAH



PRESENTED BY,

MR KAMAL ABU SHAMSIIEH

- Chaplain and Director of Muslim Spiritual Care Services at Stanford Hospital & Clinics, USA
- Founding member, Association of Muslim Chaplains

Register NOW!

12 th APRIL 2018		8.30 am - 5.30 pm	
AUDITORIUM PPUKM, HUKM			
STUDENT	OTHERS	DOCTORS	
RM 50	RM 80	RM 150	

CONTENTS

Keynote Address :

The Achievement of Ibadah Friendly Hospital (IFH) in Ministry of Health Malaysia

Slot 1

Khidmat Ziarah Program
as an Essential Component of IFH

Slot 2

End of Life Care (*Khusnul Khotimah*)
- Prophetic Approach

Slot 3

Professional Development
of Spiritual Care Providers

Slot 4

Approach, Assessment & Documentation
of Patient Spiritual Needs

Slot 5

Understanding **Rukhsah & Darurah** In Medicine

Slot 6

Understanding **Maqasid As-Syariah**
& **Qawaid Al-Fiqhiyyah** In Medicine

For More Info



Browse or scan via
QR Code Scanning Apps

For
Registration / Inquiry

019-238 1007
(Ms. Syafiqah)



IMASA ANNOUNCES 38TH ANNUAL CONVENTION FROM 27-28TH IN GAUTENG, SOUTH AFRICA.

Sr Salatu Sule



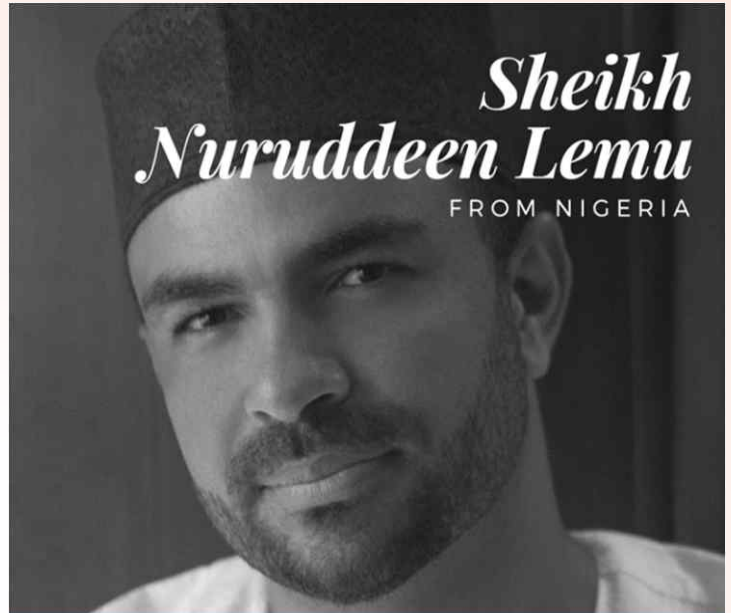
**38TH ANNUAL
IMASA CONVENTION**

Islamic Rights of a Woman in Marriage
Islamic Etiquettes Of Dealing with the Elderly
Tarbiyyah of Children (0-3yrs)

SPEAKER S'NEAK PEAK

27TH & 28TH APRIL 2018 - WANDERERS CLUB CONFERENCE
CENTRE GAUTENG

**Sheikh
Nuruddeen Lemu**
FROM NIGERIA



**38TH ANNUAL IMASA
CONVENTION**

Shariah Intelligence for Health
Workers
Treating Patients of the Opposite Sex
When Scholars Differ on your Patient
Risks & Benefits of Social Media
What Islam means for Africa

SPEAKER S'NEAK PEAK

27TH & 28TH APRIL 2018 - WANDERERS CLUB CONFERENCE
CENTRE GAUTENG

MALAYSIAN DOCTORS AND VOLUNTEERS SEND FRESH TEAMS TO HELP THE ROHINGYA REFUGEES

Rohingya crisis has forced nearly 800,000 helpless people to be displaced. Currently close to 500,000 of them are in multiple refugee settlements in Bangladesh.

IMARET had sent a number of doctors to Balukhali, Nayapara, Ledha and Musoni (refugee

settlement areas) to gauge the situation (Needs Assessment), organise building of temporary shelters & provide temporary soup kitchens for the refugees.

To contribute:

Persatuan Perubatan Islam
Malaysia
CIMB ISLAMIC

8600 703 709

SWIFT CODE: CTBBMYKL



BIMA INVITES FURTHER DISCUSSION OVER GOVERNMENT'S PROPOSED "OPT-OUT" SYSTEM FOR ORGAN DONATION AFTER DEATH IN THE UNITED KINGDOM AND ITS ISLAMIC PERSPECTIVE.

BIMA-British Islamic Medical Association has demanded further discussion over the hot debated topic of permissibility of organ donation after death in Muslim community. While there is evidence that a majority of Islamic scholars and Muslim health care professionals are proponents for it (with varying conditions needing to be satisfied), there is unfortunately relatively little clear evidence on how an "opt-out" system would influence or change these views.

The reality is that the Muslim scholarly, Muslim healthcare and general Muslim community are not homogenous. Therefore, we are likely to encounter a range of opinions for a variety of reasons. For example, there are those who are in favour of organ donation after death, but are concerned by the lack of express consent inherent in an opt-out system. Also, we cannot overstate the desire to expedite burial as a perceived practical reason to opt out of organ donation. Finally, it is likely that personal and non-religious cultural factors will be as influential as religious motivation when it comes to this sensitive issue for the bereaved.

BIMA has previously and is also currently running various seminars and workshops to address and facilitate this discussion. There is certainly an appetite within the Muslim community to engage with this process. This will require sustained engagement in order to achieve whatever outcome the community feels is correct.

In summary:

The Government should be commended for taking proactive steps to increase the number of available organs available to those who need it most. We are acutely aware that ethnic minorities tend to be under-represented when it comes to donation but are over-represented when it comes to needing organ donation. However, there is concern that legislating an opt-out system without education and engagement may have adverse and unintended consequences. We would recommend taking the following measures to help mitigate for these potentialities.

Recommendations for: **The Government:** 1. To help launch an education and awareness campaign for the Muslim community in their places of congregation (e.g.

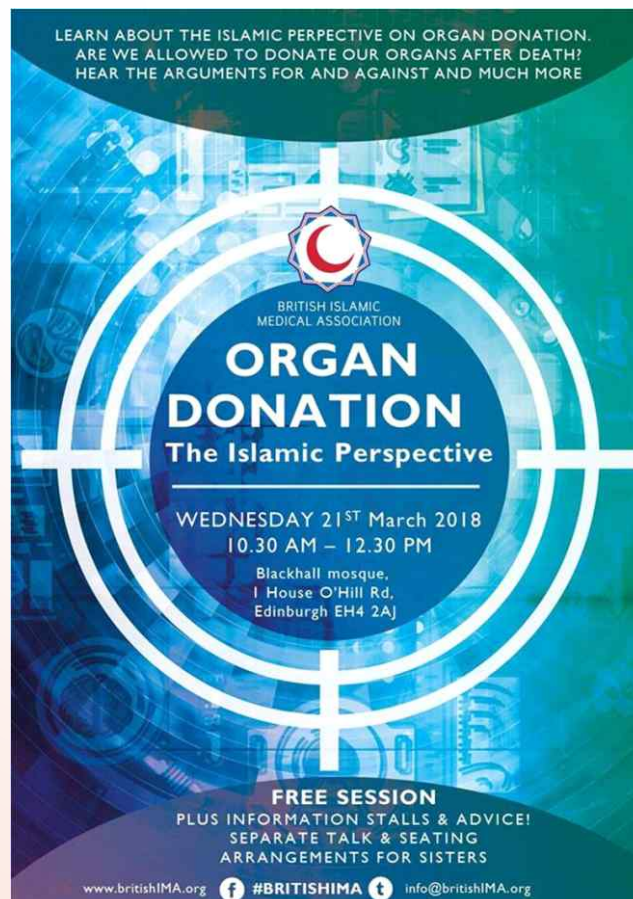
mosques) and in their native languages (e.g. Bengali, Somali, etc.). 2. To allow flexibility for those who object to their relatives organs being donated on religious grounds. 3. To engage with Muslim healthcare professionals and Islamic scholars to help address caveats/concerns around organ donation. 4. To ensure a holistic and sensitive approach to this matter and prevent vilification of any particular community.

The Medical community:

1. To organise and participate in more "outreach" sessions and public health campaigns on organ donation, particularly within ethnic minority communities where there may be a shortage of organ donors. 2. To highlight the possibility of organ donation to patients / family members at an early stage so that they can make an informed choice. 3. To respect the views of those who still refuse to donate their /their relatives' organs.

The Muslim community:

1. For the range of Islamic scholars, Islamic organisations and Islamic medical associations to provide clear guidance on this to the Muslim public. 2. To invite healthcare professionals to their mosques / places of congregation to speak to them about organ donation and its benefits as well as address any concerns. 3. To make an informed and documented choice at an early stage to prevent difficulties later on.



PROF. DR. MUHAMMAD TARIQ PASSES AWAY - DR. M. IQBAL KHAN (VICE CHANCELLOR- SHIFA UNIVERSITY ISLAMABAD)

Professor Dr Mohammad Tariq, former President of PIMA and secretary General of FIMA was great a scholar, scientist, renowned clinician and eminent neuro physician of the current era. He was an ardent worker of Islamic movement since his high school days. He graduated from Khybar Medical College Peshawar. After his house job at Abbottabad, he worked as a demonstrator at Ayub Medical College for sometimes prior to moving to Iran. In Iran he worked in a primary health care, during the time he closely witnessed the revolutionary process. Thereafter he moved to UK where he got higher training initially in general medicine and thereafter in Neurology. He worked as consultant Neurologist prior to relocating to Islamabad where he was appointed as neurologist at Pakistan Institute of Medical Sciences (PIMS). He revolutionized the neurological services, teaching and training in Pakistan. His main interest was neuro muscular disorders and he established portable plasm apheresis in Pakistan, initially in PIMS and latter in all big cities of the country free of cost through his NGO called Myasthenia Welfare Organization. He was teacher of teachers and trained several neurologists of international repute who occupy prestigious positions nationally and globally. Professor Tariq discovered the rarest gene responsible for Myasthenia and largest family suffering from inherited neuromuscular disorders in collaboration with the department of Neurology at Oxford university.

He was a man of integrity, extreme honesty, commitment and scholarship. I enjoyed cordial friendship with him for over thirty



years. He was my mentor, friend, brother and benefactor. I traveled with him around the globe and wherever we went, it remained highly focused and beneficial for humanity in pursuance of pleasure of Almighty Allah and nothing less or more. We traveled the most difficult terrains across Europe, Asia and Africa for relief purposes, I found Brother Tariq, very sound and stress sacking person where even in difficult stints, he remained always composed and never showed wrath or anxiety. He also remained the president of Pakistan neurological society, president PIMA Islamabad. I remember how he accepted General secretary ship of PIMA center and when suddenly nominated and elected PIMA president at biennial convention held in Karachi. He was not ready to take the oath of president until he was strongly persuaded by his predecessor Prof Dr Ahmed Saeed for whom he had great regards. During this period PIMA got national and international recognition. Prof Tariq remained General secretary of FIMA as well and worked hard for the expansion FIMA projects. His untiring efforts to provide medical relief during the

2005 earth quake in Pakistan will always be remembered.

Professor Tariq had in depth Knowledge of Qur'an and Sunnah and used to discuss challenging ethical issues in medical practice. Dr Tariq had a habit of doing hafiz e Qur'an all the time, never wasted his time and used to say "never opt for inferior, go ahead and take challenges with sincerity, Allah will help us". In October 2014 he was diagnosed localized prostatic cancer, we had meeting with world renowned Urologists with vast experience in prostatic diseases and ultimately, he had radical proctectomy by my best friend and very competent Urologist Prof Saeed Akhter. He was provided all sort of treatment available in Pakistan and abroad looking at the literature and best practices, we all including *Tariqbhai* remained hopeful, his last three months were really very critical where even he could not get up and move himself. He used to say *don't bother brothers, they will be disturbed because of my illness, why to grind all in my desolations*. He never complained about the disease and for all emerging situation. I remained very close to him during his illness and was the first to know about that as well but in my thirty-year clinical experience I have never encountered such patience, serenity and pious and virtuous man in my life, who was valiant enough to live with dignity and died with dignity and the day he died prayed his *maghrib* but could not attain the moment to say his *Ish'a* on that day. May Allah raise him the Highest place in Jannah bestows patience to all his concerns. I salute Mrs. M Tariq our sister and great lady, who looked after him with exemplary passion, love and affection.



BE A LIFESAVER LEARN CPR

**MASJID
LIFESAVER**

**AT YOUR
LOCAL
MOSQUE**



Completely FREE!*

Certificates Provided

Open To Men & Women

REGISTRATION : MasjidLifeSaver/TheNameofMasjid/Address/ContactPerson
send to 0812 - 2182 - 2366

**Also Learn about the Recovery Position and Choking
Period of The Program until Desember 2018**

For Further Information and details program, please Call / WhatsApp :

Dian Eka Putra S (0812 - 2182 - 2366)

#MasjidLifeSaver
#BSMIJakartaRaya
#EverybodyCanDoCPR



Sekretariat:
BSMI Jakarta Raya
Rukan Rangsangari Blok B10
Jalan Purnasakti No. 17
Kebonharan Rangsangari
Kecamatan Cempaka Putih
Jakarta Pusat 1053 - Jakarta



BSMI Jakarta Raya



@BSMIJakarta



www.bsmijakarta.or.id



0811 - 1161 - 133
0812 - 2182 - 2366



bsmijakartaraya1@gmail.com



www.facebook.com/bsmijakarta



(021) - 4261 - 735

SAVE ROHINGYA: A PHYSICIAN'S JOURNAL-BY DR. TASNEEM HOQUE, MD

The stories lying behind the tired eyes of the Rohingya refugees are enough to compile volumes, an encyclopedia of suffering. They are victims of life's cruelest plots. Overcrowding, poor sanitation, and limited access to healthcare all take their toll. The Islamic Medical Association of North America (IMANA) began medical relief missions to the Rohingya refugee camps in Bangladesh in late December 2017. 13th mission is currently offering its services and camps will be continued running through the end of April 2018 with the intention, insh'Allah, to extend missions to the end of May and beyond, if financially possible. IMANA volunteer physicians conduct mobile clinics 1-2 weeks at a time in a joint collaboration with the Islamic Medical Association of Malaysia Response and Relief Team (IMARET) and the Charitable Society of Bangladeshi Doctors (CSBD). The goal of the mobile clinic is to reach the farthest areas of each section of the camps since the farther the refugees are from the main center, the less likely they are to have contact with the locals and seek or receive medical care. Here is the account of Dr. Tasneem Hoque, a pediatric cardiologist from New York City, who spent two weeks caring for the Rohingya in mid-January 2018.

JANUARY 9, 2018: DAY 1, BALUKHALI CAMP BLOCK K9

First day completed. The conditions here are not fit for animals, let alone

humans. I saw makeshift huts jammed onto rough, muddy hillsides, water wells contaminated by nearby latrines, rapidly-spreading and easily communicable diseases given the degree of overcrowding, poor sanitation, and limited access to healthcare. It was heartbreaking to witness and today was only my first day.

Our team saw around 370 patients in the mobile clinic today, more than half of whom were children. A few cases stood out for me. There was a 15-year-old girl with progressive loss of vision over the last few years and now nearly blind, a 30-year-old woman with massive goiter (a swelling of the neck resulting from enlargement of the thyroid gland) and complaints of malaise who lost everyone in her family to military violence in Myanmar, and a 75-year-old woman who escaped Myanmar with only one surviving sister after her husband went missing, her children and the rest of her family shot and killed. The last two patients of the day were seen after clinic had ended: the 3-year-old boy with a large herpes infection of the right lip and cheek that was further complicated by a bacterial infection, and the 4-year-old boy with a cough who was in respiratory distress.

Everything that has been said about these camps is horrifyingly real.

JANUARY 10-11, 2018: DAYS 2-3,

THAINGKHALI CAMP BLOCK A
A different camp, "slightly" less crowded but the stories are the same tales from survivors of family members who were tortured and killed in front of their own eyes, gunshot wound injuries that have left irreparable soft tissue and bony damage, machete attacks that have since "healed" but left severely limited mobility in the affected limb, infants with inflammations or lung infections, and diphtheria outbreaks.

The biggest complaints are far less dramatic though stomach ulcers, anemia, fatigue, coughs, colds, body aches, weakness, malnutrition, lightheadedness, loss of appetite, and pregnancy. I did my first obstetric ultrasound since medical school. The cardiologist in me snuck in a quick scan of the fetal heart to rule out congenital heart disease! This has certainly been a crash course in primary care medicine for me, and I hope I did right by these patients.

There was a bit of levity to the day too! I introduced the kids to hopscotch and tic-tac-toe (drawn in the dirt). The male doctors in our team snuck in a game of volleyball and also a bit of soccer with the camp inhabitants. I somehow managed to acquire an entourage on my way out of the camp. An 80-year-old man got a bar of soap and said he felt like the luckiest man alive, and a 95-year-old woman kissed my forehead on her way out of the clinic.



Patient with goiter



Teaching kids hopscotch



Impromptu soccer game





Mr. Mahmud's home visit



JANUARY 12-13, 2018: DAYS 4-5, THAINGKHALI CAMP BLOCKS B & C

Brace yourself because this entry is very long.

We trekked deep into Thaingkhali Camp for days 4 and 5. Yesterday (day 5) the mobile clinic was set-up at the furthest border of the camp. What had once been an area of lush rolling hills is now reduced to dirt, dust, and plastic-sheet huts arranged in never-ending succession, the trees and greenery wiped away. To reach yesterday's clinic, it was a nearly 30-minute walk up into the hills from the last drivable road. Virtually no NGOs venture this far into the camp given its lengthy distance, lack of "roads," and difficult terrain.

A great majority of the Rohingya people we are seeing have complaints consisting of body aches, dizziness, weakness, and insomnia that rarely amount to any actual disease but are likely signs of depression, post-traumatic stress, and anxiety. However, two young babies yesterday highlighted, in neon blazing, glaring lights, the harsh realities of the Rohingya world. Despite seeing over 470 patients on each of the two days, these two young infants simultaneously captured my heart and crushed it.

JANUARY 15, 2018: DAY 7, THAINGKHALI CAMP BLOCK A

"Life's most persistent and urgent question is, 'What are you doing for others?'" ~Martin Luther King, Jr.

My response no matter what I'm doing, it doesn't seem to be enough.

After taking Sunday off, I returned to camp on Monday, the 15th, with Team 4 members from IMANA, who safely

arrived yesterday in Bangladesh. The desolation of these camps is unreal. The circumstances surrounding these people are unfathomable, yet we walk through these barren hills every morning and witness life as it should never exist.

After the mobile clinic ended this afternoon, I asked one of the local volunteers to walk me back to Mahmud's "home". It was a 25 minute hike back to Block C to their shack. When I found the mother, she was initially upset and afraid that I was back. She was quickly reassured that I wouldn't take her child away, but rather I had sought out the family to give Tylenol and oral antibiotics for Mahmud so that he would get relief from fever and maybe have a chance at clearing the pneumonia. He was still feverish at the "home" visit, still breathing fast, and still not moving air well. I am haunted by her words to me that day after I explained why I was so worried that they left the hospital on Friday without treatment:

"Well, if he dies, he'll die. God must have willed it. This is our reality."

How does one keep a straight face? I believe she was hiding her true emotions and concern as she didn't trust me. As we talked, a small crowd had gathered around us. One of the local women barked something to the mother that suddenly softened her demeanor and made her receptive to my visit. She was still firm that they would not return to the hospital. I asked her why, but received no response. I didn't press any further for fear that she would then reject my medication instructions. I so desperately wanted to ensure that Mahmud had drugs for fever control and some form of antibiotic coverage. I gave her instructions on how to give both medications and then asked her to administer the first dose of antibiotics

in my presence. At the end, she grabbed my hand as I got up to leave and nodded her head once.

I then took my leave... It rips me apart that this sweet little boy isn't getting the best treatment available to him, but I'm not sure what could have been done differently. Please, please remember him in your prayers.

As my guide, Ibrahim, and I made the 1.5 mile trek back to the clinic site for the day, I asked him what the other woman said to Mahmud's mother that relaxed her, and he sheepishly said, "Ma'am, she told her she's being a fool that the fact you came looking for them is shocking but because you're a female doctor, your maternal instincts must have brought you back here. She should not fight Allah." I am no psychologist but it offered a small glimpse into the mindsets of these people and the emotional trauma that has become woven into their DNA.

As the day ended, we collected another entourage on the trek back to our van. The children were initially so shy but so cute! They were delightfully playful and their smiles filled my heart. It was a fresh reminder of the resilience of children, the tenacity of human spirits, and more importantly, why it's so important for us to try and save an entire generation from becoming lost.

WHAT CAN YOU DO?

Monetary contributions and volunteers are always needed by FIMA & IMANA and other NGOs, that are on the ground in Bangladesh.

In addition, Burma Task Force (BTF) is a coalition of 19 US and Canadian Muslim organizations, under the parent organization, Justice For All, a 501(c)(3) nonprofit, dedicated to advocating for the Rohingya and ending the genocide in Burma.

THE TURKISH AMBASSADOR ADDRESSES THE CONCLUDING SESSION OF THE IMA

Turkish Ambassador His Excellency Mr. Irfan addressed the closing ceremony of the Cleft lip and cleft palate repair Camp organized by the Sudanese Islamic Medical Association in collaboration with Federation of Islamic medical association, Islamic Medical Association of North America, the Turkish Ministry of health and IHH (Humanitarian Relief agency-Turkey). He thanked the Sudanese Islamic Medical Association and applauded its contributions towards voluntary and humanitarian work and thanked all those who participated in this camp. He said that that Turkish President RecepTayyip Erdoğan attaches great importance to Africa, he reaffirmed his country's readiness to support and willingness in participation in various projects related to preventive and curative health in association with partners and Sudanese Government.

The Secretary-General of the Sudanese Islamic Medical Association (SIMA) Dr. Nizar Mohamed Idris Al-dinner extended his gratitude and welcomed Turkish Ambassador at this ceremony. He said that the efforts of SIMA in collaboration with her partners like FIMA, IMANA and Turkish bodies was yielding excellent results to markedly reduce the backlog of a huge number of patients requiring these complicated surgical procedures. The operations performed during the recent

camp was (250) process and the collectively (1692) surgeries were performed during these years.

The closing ceremony was attended by Mr. Mostafa Mohamed Noor and professor Amani Nuri, director of the department of free treatment of the federal ministry of health, Professor Dad, Deputy Secretary-General of the medical and health professionals board and chairman of the board of directors of SIMA and distinguished guests.



REMAINING MESSAGE OF THE PRESIDENT

members of the FIMA family to send our high-quality academic publications to the IJHHS and frequently cite the articles published in the journal to ensure that our journal will be indexed in significant international indices as soon as possible. The journal is available at <http://www.ijhhsfimaweb.info>

FIMA teams are continuing their response efforts to address the Rohingya crisis, which is an unending humanitarian tragedy. Voluntary medical relief teams dispatched by numerous IMAs are continuing to provide healthcare services in the Malaysian Field Hospital as well as in the mobile clinics set up in Cox's Bazaar, an area of dense immigrant population. Volunteering FIMA members may contact Dr. Ismail Mehr, FIMA Relief Coordinator at izzymehr@gmail.com

As the President of FIMA and IFGC (International Federation of Green Crescent Societies), I visited Nigeria last week. There, we had the opportunity to meet and strengthen our contacts with our friends who are members of IMA Nigeria. I also had the pleasure to attend and deliver a keynote speech at the two-day "International Workshop on Addiction and Its Prevention" held by Nigeria Green Crescent in Sokoto. I congratulate our brothers who are administrators of the Nigeria Green Crescent and IMA Nigeria for this successful event. During this trip, I also had the chance to visit the hospital in Abuja where vesico-vaginal fistula operations are carried out under our "FIMA Save Dignity" Project.

The hospital needs to be extended and financed immediately so that it can serve more victims of this terrible disease.

Through the pages of the newsletter, you will read examples of the activities performed by volunteering IMA relief teams in different parts of the world. Among these are also the FIMA Save Smile camp organized by IMANA teams in March in Sudan, and continuing Rohingya relief.

Furthermore, you will also find the news about the FIMA Semi-Annual ExCo Meeting held in Madinah and the "Organ Donation: Islamic Perspective" event organized by BIMA.

On the morning of 14 March, our brother Prof. Mohammed Tariq, the former president of Pakistan IMA and a professor of neurology, passed on into eternal life. In this newsletter, you will also be reading the obituary of our brother, for whom we pray that Allah may accept him with His rahmah and grant him Jannah.

We kindly ask all IMAs to send the news and photographs of the activities they perform in their own countries and abroad to the Newsletter Editor Dr. Tanveer Zubairi at tanveer.zubairi@gmail.com

Wassalam.

Prof. Dr. M. Ihsan Karaman
President, FIMA

HEADQUARTERS: 101 West 22nd Street, Suite 106, Lombard, IL 60148, USA. Phone: (630) 932-0000 Fax: (630) 930-0005

www.fimaweb.net