# 44th BMANA CONVENTION

ORLANDO, FLORIDA

**Empowering Generations, Celebrating Heritage**

BMANA

# Welcome to
# 44th BMANA Annual Convention

## ORLANDO, FLORIDA

Renaissance Orlando at SeaWorld Orlando, Florida

July 24 – 27, 2025

BMANA

**July, 2025**


# TABLE OF CONTENTS

# Editorial

**Basher M Atiquzzaman, MD**

## Empowering Generations, Celebrating Heritage

As the Bangladesh Medical Association of North America (BMANA) proudly convenes for its 44th annual convention in the vibrant city of Orlando, Florida, we are reminded of the strength that comes from unity, the legacy built through dedication, and the bright future shaped by empowering the next generation. Under the resounding theme "Empowering Generations, Celebrating Heritage," this year's gathering is more than a professional reunion—it is a powerful affirmation of purpose, identity, and service.

For over four decades, BMANA has stood as a pillar of strength within the Bangladeshi-American medical community. Its members—many of whom arrived as young physicians full of hope and ambition—have since risen to become leaders in medicine, education, research, and public service across North America. Yet, what distinguishes BMANA is not only its professional excellence, but its enduring commitment to giving back to Bangladesh, to the Bangladeshi diaspora, and the broader global community.

This year's convention brings together physicians, scientists, students, and visionaries who embody the very essence of BMANA's mission. Young professionals will have a special platform to showcase their scientific research, innovation, and clinical excellence, standing shoulder to shoulder with seasoned mentors who once walked the same path. Their presence affirms our belief that empowering the next generation is not just a priority—it is a promise.

In this publication, we will celebrate those who have gone beyond the call of duty—those whose social work, humanitarian service, and medical missions have uplifted countless lives in Bangladesh and beyond. Whether through health education initiatives, disaster response efforts, or the establishment of sustainable healthcare infrastructure, BMANA members have consistently risen to meet the needs of the most vulnerable. This legacy of service continues to grow, powered by collaboration between generations.

This convention also serves as a bridge between cultures and continents. From honoring our literary and scientific achievements to preserving our cultural heritage, we reaffirm our identity as Bangladeshi Americans. Our heritage is rich with resilience, creativity, and compassion, and BMANA continues to be a custodian of that legacy, fostering connections between the homeland we cherish and the land where we have built our lives.

We thank our dedicated executive committee, the tireless volunteers, and all contributors who have made this convention possible. Your leadership and vision uphold the values of BMANA and reflect its potential to influence medicine, culture, and society for generations to come.

To our young physicians, we say: This is your moment. Share your discoveries. Speak your truth. Lead with empathy. Know that this community is here to support you, not only as future leaders but as current changemakers.

Let this convention inspire us to continue the work of healing, educating, empowering, and uniting—because through BMANA, we not only celebrate who we are, but also shape who we are becoming.

Long live BMANA. Long live our heritage. Together, let us empower generations.

# Executive Committee

Bashir Ahmed, MD
President

Dr M Jamal Uddin
Immediate Past President

Ayesha Sikder, MD
President Elect

Md. Yusufal Mamoon, MD
General Secretary

Ahmad Morshed, MD
Treasurer

Tanvir B Hossain, MD
Scientific Secretary

Ferdousi Shilpee, MD
Social and Cultural Secretary

Saqif Hasan, MD
Young Physician Secretary

Mahmuda Alam (Koli), MD
Member

Adiba Anjum Geeti, MD
Member

Mohammed A Siddique, MD
Member

# Messages

## From Leadership & Guests

**Prof. AK Azad Khan**
National Professor of Bangladesh
Director, Bangladesh Diabetic Association

# Guest of Honor
## Message

It is with great admiration and heartfelt appreciation that I extend greetings and congratulations on the occasion of the Annual Convention of the Bangladesh Medical Association of North America (BMANA).

This convention stands as a testament to the outstanding contributions of the Bangladeshi-American medical diaspora, whose dedication has not only enriched the healthcare landscape of North America but also created meaningful bridges back to Bangladesh. Your collective efforts in building professional excellence, mentoring the next generation of physicians of Bangladeshi origin, and fostering a strong sense of community are truly commendable.
I am particularly inspired by the ongoing commitment of BMANA members to support various health and development initiatives in Bangladesh. Whether through professional collaboration, educational exchange, or philanthropic work, your contribution is a shining example of how diaspora communities can give back and uplift their country of origin while excelling abroad.

Let this convention reinforce our shared mission to enhance medical education, research, and healthcare services — both in North America and in Bangladesh. May it also serve as a platform to inspire young physicians to carry forward this legacy of service, leadership, and excellence.

**Bashir Ahmed, MD**
President, BMANA

# President Message

It is my sincere pleasure to welcome you to the 44th annual BMANA convention in the Renaissance Hotel at Orlando, Florida. As a proud, member-driven organization, BMANA thrives because of your passion, dedication, and unwavering commitment. Each year, our strength lies in our unity and our shared mission of service—both to the Bangladeshi diaspora in North America and to those in need back home.

Over the past year, our organization has continued to expand its impact through community service and outreach. Some of our most meaningful initiatives include:

1. Supporting medical care for injured students of 2024 July movements in Bangladesh through partnerships with Bangladesh Eye Hospital, NITOR, and CRP, ensuring specialized treatment and rehabilitation services.
2. Providing vital flood relief support to victims in Bangladesh via trusted organizations such as Hope Foundation, NAHAR and NABIC, helping families recover from natural disasters.
3. Facilitating cleft lip and palate surgeries for underprivileged children through BERNOSSUS, giving them not just medical aid but a chance at a better future.

In addition to our philanthropic efforts, BMANA has sustained and expanded its ongoing programs:

- Publication of the BMANA Journal, a peer-reviewed scientific journal
- Monthly CME (Continuing Medical Education) programs
- Financial planning support for our members
- Women's Empowerment Initiatives within our BMANA community

As we continue to grow, our focus remains on connecting more physicians of Bangladeshi origin across North America to share knowledge, expertise, and compassion. Our goal is not just to serve but to uplift—bridging continents with care.
To our volunteers and local organizing committee: your efforts are deeply appreciated. And to all attendees, I hope you enjoy this convention with your families and take away inspiration for the year ahead. May the Almighty bless us all.

**S M Hasanuz Zaman**, MD
Convener,
44th Annual convention Of BMANA
Orlando, Florida

# Convention Convener
## Message

It gives me immense pleasure to extend a heartfelt welcome to all our distinguished members, speakers, and all the guests attending the 44th Annual Convention Of BMANA, Orlando, Fl.

As the Convenor, I am honored to witness the coming together of some of the most dedicated members of BMANA who brought the organization up to this level. This convention is more than just a gathering; it is a celebration of knowledge, collaboration, and the relentless pursuit of excellence in our professional organization.

Over the course of this event, we look forward to insightful sessions, thought-provoking discussions, and meaningful connections that will inspire us all to grow as professionals and as a community.

I take this opportunity to express my sincere gratitude to the organizing committee, our sponsors, volunteers, and everyone who has contributed to making this convention a success. Your support has been instrumental in making this convention successful.

Let us use this platform not only to learn and share but also to reaffirm our commitment to the values that define our noble profession. Wishing you all a productive, enlightening, and memorable convention.

**Ayesha Sikder,** MD FCCP
President-elect BMANA

# President-Elect Message

Dear Members and Friends of BMANA

We welcome you to the 44th BMANA Convention with warm regards. The executive committee of the past 2 years, in cohesion with our members have held progressive cultural and scientific sessions with research, and philanthropic projects. This convention we are off to an exciting start with more expansions of our educational and cultural agenda with the addition of literary sessions. I am particularly proud to share, this year BMANA has been honored with the Outstanding Public Health Service Award by New York State Public Health Association. This recognition truly belongs to all of us.

For 44 years our members have demonstrated the profound impact of combining medical expertise with compassionate service. Bangladeshis living abroad have spearheaded many exemplary healthcare initiatives. As Bangladeshi American physicians we will continue to strive to be at the forefront of academia and the progress of medicine.

Our goal is to serve our motherland through knowledge sharing and caring missions, to support our young physicians, to inspire career building of our community, to champion gender balance and empower women and to uphold our rich cultural heritage. Our vision is to continue philanthropic services. Together we can build a legacy for future generations.

On a personal note, I thank members of the past executive committee for their dedication, celebrate the outstanding work of the convention committee, honor our founding members who have laid the foundation and above all congratulate you, the members.
I look forward to continuing this meaningful journey together.

# General Secretary Message

**MD Yusufal Mamoon**
General Secretary

Dear BMANA Members,

It is with great honor that I present the Secretary's Report for the 2024–2025 term. This year has been a period of dynamic growth, renewed community engagement, and progress in fulfilling our mission to unite Bangladeshi-origin physicians in North America and to promote medical education and service both here and in Bangladesh.

**1. Organizational Activities**

**a. Executive Committee Meetings**
- Total Meetings Held: 11
- Frequency: Monthly (virtual)
- Minutes were recorded and archived for all meetings.
- Key decisions included strategic planning, event coordination, and collaboration with other organizations.

**b. Annual Convention 2024**
- Location: Sheraton Denver Downtown Hotel, Denver, Colorado.
- Date: 07/04/2024-07/07/2024
- Record attendance of over 350 members and guests.
- Included scientific sessions, CME programs, cultural events, site seeing and awards ceremony.

**c. Membership Update**
- Total Members: 775
- New Life Members: 32
- New Active members: 11
- New Associate members: 8

**2. Key Initiatives and Programs**

**a. CME and Educational Activities**
- Hosted monthly CME webinars: 8
- Topics ranged from clinical updates to public health and AI in medicine.
- Collaborated with local chapters and universities.

**b. Community Outreach**
- Organized health fair with cultural event in NYC: Oct 5th, 2024
- Provided free medical screenings, vaccinations, and health education.
- Special attraction was Dilshad Nahar Kona, renounce playback singer from Bangladesh.

**c. Philanthropy and Global Health**
- Supported multiple medical aid programs in Bangladesh, including hospital fund disbursements and emergency assistance.
- Collaborated with local charities and coordinated funding transfers with transparency and accountability.
- Raised funds: $29,000.00 from member's donations + $25,000.00 BMANA matching pledge
- For Injured students and flood victims through CRP, NITOR, NABIC, Hope foundation and NAHAR.

**d. Youth and Student Engagement**
- Hosted virtual mentorship sessions, mock residency interviews, ERSA CV and personal statement workshop and match guidance for medical students and IMGs.
- PGY-1 Residency Bootcamp.
- Young physicians mentoring program continued under the leadership of Research Ambition partners.

**3. Communication and Outreach**
- BMANA Newsletter journal.
- Enhanced BMANA website with updated content and event registration features.
- Active presence on social media platforms (Facebook, LinkedIn, Twitter).

**Victory day celebration and International Mother Language Day Celebration**

- Held virtually in Dec'2024 and February 2025 with widespread participation from members across North America and Bangladesh.
- Included literary discussions, cultural performances, and a commemorative tribute to our language martyrs.
- Organized in collaboration with Bangladesh Medical Association writers and cultural wings.

**National Recognition:**
- BMANA National Recognition for Organizational Service
- We are proud to announce that BMANA was honored with third place in the New York State Public Health Partnership Conference held in Ithaca on May 1, 2025. Among 75 nominees, BMANA was chosen for its outstanding contributions to organizational service in the field of public health. This recognition is a testament to the hard work, dedication, and impact of BMANA members in both North America and Bangladesh. Notably the conference was attended by state legislators, high-ranking officials, and representatives from various organizations, underscoring the significance of this prestigious acknowledgment.. This marks BMANA's first national-level recognition, elevating our commitment to healthcare service, education, and global outreach.

**4. Challenges and Lessons Learned**
- Continued need for greater member engagement and volunteer participation.
- Technical challenges in hybrid meeting logistics.
- Need for broader inclusion across more regions.

**Looking Ahead**
BMANA remains committed to advancing medical excellence, cultural identity, and community support. In the coming year, we aim to strengthen chapters/alumni networks, promote leadership development among younger members, and expand our global health projects.

**5. Acknowledgments**
I extend my heartfelt thanks to the President, Executive Committee members, Chapter leaders, and all our dedicated volunteers and members. Your passion and collaboration made all of our accomplishments possible.

**6. Conclusion**
As we prepare to pass the baton to the next team, I am proud of what we've achieved and optimistic about BMANA's future. BMANA remains committed to advancing medical excellence, cultural identity, and community support. Together, we have strengthened our foundation and expanded our vision to serve, educate, and connect.

Respectfully submitted,

**MD Yusufal Mamoon**
General Secretary
BMANA, 2023–2025
Email: mamoonbmana@gmail.com

www.nychealthandhospitals.org

# Treasurer Report

It is my pleasure to present this year's Treasurer's Report as we gather for the 2025 BMANA Convention in beautiful Orlando, Florida.
As of June 1, 2025, BMANA's total account balance stands at $367,000, maintaining financial stability compared to $366,000 as of June 30, 2024. This reflects our consistent stewardship of the organization's finances and our continued commitment to responsible resource management.

**Ahmad Morshed**
MD, FACC, FASCAL, FCPS
Treasurer, BMANA

**Year-over-Year Financial Overview**

| Fiscal Year End | Account Balance |
|---|---|
| June 30, 2023 | $345,000 |
| June 30, 2024 | $366,000 |
| June 1, 2025 | $367,000 |

**Highlights of the Past Year**
This year, BMANA expanded its charitable and humanitarian footprint both at home and abroad: BD: Relief Work in Bangladesh In response to the severe flooding and student injuries in July, BMANA led a powerful fundraising campaign. $29,000 was raised, with an additional $25,000 matched by BMANA.
We partnered with Hope Foundation, NABIC, and Nahar (for flood relief and rehabilitation) and distributed food among 3000 families, medicine among 5000 people, Cash taka to 5 families to renovate the whole house, 34 goats to 34 families for livelihood.
CRP (Center for the Rehabilitation of the Paralyzed) (for injured students) for treatment of 3 students from treatment to full rehabilitation to job placement.

**Domestic Disaster Relief**
We supported hurricane victims by donation in North Carolina through the BMANA North Carolina Chapter, reinforcing our local impact.
Surgical & Reconstructive Support
BMANA partnered with BERNOSSUS to support cleft lip and palate surgeries in Bangladesh—restoring smiles and confidence in children.
Membership Drive: 53 new members joined last year.

**We are deeply grateful to:**
Our generous members and donors, without whom this work would not be possible.
The Members of New York, Florida, North Carolina, and California Chapters for leading on-the-ground fundraising and outreach.

**Commitment to Transparency**
BMANA remains dedicated to financial transparency and accountability. Our records are regularly reviewed, and all disbursements are made with careful oversight. Every dollar donated is treated with the highest level of responsibility and respect.

**Looking Ahead: Future Direction**
In the coming year, we aim to: Establish an Emergency Relief Fund to respond swiftly to future crises in Bangladesh and the U.S. Strengthen partnerships with vetted nonprofits for more effective, sustainable impact. Enhance member engagement through volunteer missions, webinars, and giving opportunities.

We invite you to become a recurring donor, Join upcoming humanitarian missions And participate in local and national chapter initiatives Let's continue building a legacy of compassion and care together.

**Tanvir Hossain,** MD, MPH (Kennedy)
Scientific Secretary, BMANA

# Scientific Secretary
## Message

Dear Friends:
As my tenure as Scientific Secretary of the Bangladesh Medical Association of North America (BMANA) draws to a close, I am honored to share a few reflections on our journey together - one marked by growth, learning and the nurturing of future leaders in medicine.
Over the past two years, it has been my privilege to organize monthly Continuous Medical Education (CME), Educational activities including lectures during our yearly conventions and organizing publications of our own journal. And this credit also goes to all the members of Executive Committee of BMANA, who helped me to execute this job.

**Monthly CME Programs:**
We organized monthly Continuing Medical Education presentations, each accredited for AMA category 1 CME hours, ensuring our members could stay abreast of developments in medicine while fulfilling licensure requirements.

**Annual Convention Lectures:**
As part of our annual conventions we curated a series of focused, high-impact CME lectures that tackled pressing clinical topics and emerging science, reinforcing BMANA's leadership in Medical education.

**Cultivating Young Physician Leadership:**
A particular highlight of my tenure has been integrating eager and talented young Bangladeshi-origin physicians into our speaker lineup. Their participation not only brings fresh perspectives but ensures that our organization remains dynamic and forward-thinking.

**BMANA Journal** (WWW.BMANAJ.ORG)**:**
I have also had the privilege of overseeing the publication process of the Bangladesh Medical Association of North America Journal. Working closely with our esteemed Chief Editor, Iqbal Munir, MD PhD, we have aimed to elevate the journal into a respected resource - showcasing Bangladeshi physicians scholarship and fostering community-wide knowledge sharing.
As I pass on the torch, I am grateful to every presenter, contributor, all BMANA members and Executive Committee members who collaborated in this mission. Your passion and professionalism have been the pillars of our success.
Thank you for entrusting me with this role. I look forward to seeing BMANA grow even stronger, continue nurturing talent, and expand its impact in medical education and practice.

With warm regards and gratitude,
**Tanvir Hossain, MD, MPH (Kennedy)**
Scientific Secretary, BMANA

**Saqif Hasan**, MD, FACP
Young Physician Secretary
BMANA Executive Committee
2023–2025

# Young Physician Message

Dear BMANA Members and Families,

Welcome to the 44th Annual BMANA Convention in Orlando!

On behalf of the Young Physician Desk, I extend my heartfelt thanks for your unwavering support in nurturing the future generation of physicians.
Over the past year, we've hosted a series of webinars on ERAS applications, crafting personal statements, interview strategies, and mock interviews—all of which are now available on the BMANA website. We also proudly launched a free platform that connects young physicians with clinical rotation opportunities across multiple states in the U.S.
Looking ahead, we are excited to expand this initiative to include youth mentorship and research guidance.
We hope you enjoy the convention here in sunny Orlando! Be sure to join us for the Young Star Program and Poster Presentation—we look forward to seeing you there.

Warm regards,
Saqif Hasan, MD, FACP
Young Physician Secretary
BMANA Executive Committee 2023–2025

# Programs & Events

# 44th BMANA CONVENTION

**Renaissance Orlando at SeaWorld**
**Orlando, Florida. July 24 - 27, 2025**

## PROGRAMS

**Day 1** | Thursday, July 24, 2025

| TIME | TOPIC |
|---|---|
| 06:00 PM – 12:00 AM | Registration Starts and Stalls open for Vendor<br>Welcoming Members of BMANA |
| 07:00 PM – 12:00 AM | Chapter Program |

**Day 2** | Friday, July 25, 2025

| TIME | TOPIC |
|---|---|
| 7:30 AM | Breakfast (Only for CME Attendees) |
| 8:00 AM – 12:00 PM | CME Program |
| 9:00 AM – 1:00 PM | Registration Open |
| 1:00 PM – 2:00 PM | Literary Session |
| 3:00 PM | Boarding Bus for Outdoor Trip |
| 6:00 PM – 9:00 PM | Starlite Ocean Cruise from Clearwater<br>Guest Performer in the Cruise |
| 11:00 PM | Return to Hotel |

**Day 3** | Saturday, July 26, 2025

| TIME | TOPIC |
|---|---|
| 7:30 AM | Breakfast (Only for CME Attendees) |
| 8:00 AM – 12:00 PM | CME Program |
| 10:00 AM – 01:00 PM | Young Star Program |
| 12:00 PM – 01:00 PM | Poster Presentation |
| 12:00 PM – 1:00 PM | Non-CME Program |
| 1:00 PM – 2:00 PM | Women Physicians Forum |
| 1:00 PM – 2:00 PM | Young Star Program and Poster Presentation |
| 2:00 PM – 4:00 PM | BMANA Business Meeting |
| 5:30 PM | Gala Night Reception |
| 6:00 PM – 1:00 AM | Gala Night & Cultural Event |

**Day 4** | Sunday, July 27, 2025

| TIME | TOPIC |
|---|---|
| 11:00 AM – 2:00 PM | Breakout and Brunch<br>End of the Convention |

# CME (Continuing Medical Education) Programs

## 44th BMANA CONVENTION

**Organized by: Bangladesh Medical Association of North America (BMANA)**

**Accredited by: University Medical Center of Southern Nevada, accredited by California Medical Association (CMA)**

**Credits: Up to 6.5 AMA PRA Category 1 Credits™**

**Day 1** | Friday, July 25, 2025

| TIME | TOPIC | SPEAKER |
|---|---|---|
| 07:30 AM – 08:00 AM | Guest Lecture | Honorable Prof. Azad Khan |

**CME Session I**

| TIME | TOPIC | SPEAKER |
|---|---|---|
| 08:00 AM – 08:30 AM | Recent developments in Extracellular Matrix and Vesicle-based therapeutic modalities in Ischemic Heart Disease | Ruhul Abid, MD PhD FAHA |
| 08:30 AM – 09:00 AM | Anxiety Disorder | Munibur Rahman Khan, MD |
| 09:00 AM – 09:30 AM | Evaluation of recurrent pneumonia in pediatric patients | Naema Chowdhury, MD |
| 09:30 AM – 10:00 AM | Updates of MASH in 2025 | Nazneen Ahmed, MD |
| 10:00 AM – 10:30 AM | Benign neutrophil disorders & inherited bone marrow failure states | Nasheed Hossain, MD |
| 10:30 AM – 11:00 AM | Diabetic Pathogenesis Model | Madhu Malo, MBBS, PhD |

**Day 2 | Saturday, July 26, 2025**

**CME Session II**

| TIME | TOPIC | SPEAKER |
|---|---|---|
| 08:00 AM – 08:30 AM | Emerging technologies in healthcare: A 21st century vision and challenges | Abdus Salam, MD |
| 08:30 AM – 09:00 AM | Recent developments in Sepsis management | Abu Sayeed Firoz, MD FCCP |
| 09:00 AM – 09:30 AM | Recent developments in Pulmonary Medicine | Tasbirul Islam, MD |
| 09:30 AM – 10:00 AM | Developments in the Management of Bipolar Disorder | Shaukat Khan, MD |
| 10:00 AM – 10:30 AM | BREAK | |
| 10:30 AM – 11:00 AM | New treatment options for Alzheimer's Dementia | Baset Khan, MD |
| 11:00 AM – 11:30 AM | An Oncologist's Guide to Cancer Prevention | Hasan Murshed, MD |
| 11:30 AM – 12:00 PM | Essentials of Point-of-Care Ultrasound in the ED | Asahi M Hossain, MD |

### Accreditation Statement

**This CME activity has been planned and implemented in accordance with the accreditation requirements and policies of the California Medical Association (CMA) through the joint providership of the University Medical Center of Southern Nevada and the Bangladesh Medical Association of North America.**

**The University Medical Center of Southern Nevada designates this live educational activity for a maximum of 6.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation.**

# BMANA Activities in Pictures



43
BMANA
WELCOME


NVENTION


Est. 1981

## Recognition & Awards

# Overview

# Introduction of
# Award Winners

## Lifetime Achievement Award

**Dr. Riaz Chowdhury,** MD

## Humanitarian award

**Dr. Waseem Hafeez,** MD

**Dr. Mohammed Nazrul Islam,** MD

## Recognition award

**Dr. Farooque Ahmed**
Bangladesh

**Dr. Rafique Mahmood,** MD

## Special Recognition award

**Dr Basher Atiquzzaman,** MD

**Dr Captain Sitara Begum**
Bir Protik

# Dr. Riaz Chowdhury

## Lifetime Achievement Award

BMANA Lifetime Achievement Award Honoring Dr. Riaz Chowdhury
The Bangladesh Medical Association of North America (BMANA) is proud to present the Lifetime Achievement Award to Dr. Riaz Chowdhury, a distinguished gastroenterologist based in North Carolina and a dedicated leader whose decades-long service has left an enduring impact on our organization and community.

Dr. Chowdhury has played a pivotal role in shaping BMANA's identity and resilience, particularly during some of the most challenging and defining periods of the association's history. As a former president of BMANA, he demonstrated exceptional leadership, guiding the organization with unwavering commitment, diplomacy, and vision. His steady hand and inclusive approach helped preserve unity, uplift morale, and ensure the continued growth of BMANA during times when its spirit needed strength the most.

Beyond his formal roles, Dr. Chowdhury has devoted countless hours to outreach, communication, and coordination — connecting physicians of Bangladeshi origin from across North America. His dedication to building bridges extended not just within the Bangladeshi community, but also to the broader South Asian diaspora. He worked closely and collaboratively with leaders from the Association of Physicians of Indian Origin (AAPI) and the Association of Pakistani Physicians of North America (APPNA), fostering regional cooperation and mutual respect across borders.

Over more than a decade, Dr. Chowdhury's leadership has amplified the voice and visibility of BMANA in the wider medical community. He has contributed immensely to the growth and sustainability of the organization and inspired future generations to engage with the association's mission of service, unity, and excellence.
For his outstanding leadership, visionary service, and unrelenting dedication to the advancement of BMANA and the Bangladeshi medical diaspora, Dr. Riaz Chowdhury is most deservedly honored with the BMANA Lifetime Achievement Award.

# Dr. Waseem Hafeez

## Humanitarian Award

Dr Waseem Hafeez is co-founder of Pediatric Education Development Society International (PEDSI Global Health), a 501(c)(3) nonprofit organization co-founded in 2014 with the mission of advancing healthcare access, equity, and education in underserved communities.
PEDSI shares its vision of promoting health and well-being for the people of Bangladesh and the global diaspora. PEDSI has carried out this mission on the ground, providing free medical education, life-saving training workshops, and clinical outreach programs across Bangladesh, the United States, Haiti, Zimbabwe, and the Philippines. All of PEDSI's initiatives are volunteer-driven and supported solely through the generosity of individual donors, free from corporate sponsorship. All services are offered at no cost to participants.

PEDSI's humanitarian work includes:

· Collaborations with BMANA chapters and local partners to provide free medical missions, health education, and life support training workshops in Dhaka, Chittagong, as well as in remote and underserved areas of Bangladesh.
· Establishing the first American Heart Association International Training Center in Bangladesh, empowering hundreds of physicians, nurses, and healthcare workers with certified PALS, BLS, and CPR courses.
· Organizing school health screening programs, maternal-child health education, and emergency care training in rural and urban communities.
· Conducting international medical missions and disaster relief work in collaboration with BMANA, including COVID-19 response, PPE distribution, and oxygen supply efforts in both Bangladesh and the U.S.
· Helping International medical graduates (IMGs) successfully navigate the complex U.S. residency matching process. Through mentorship, guidance on exam preparation, and professional development support, we have helped numerous IMGs integrate into the U.S. healthcare system and continue their medical careers.

# Dr. Mohammed Nazrul Islam
## Humanitarian Award

Dr. Mohammed Nazrul Islam is a physician, humanitarian, and founder of the MB3 Foundation, an organization he established in 2013 to break the cycle of poverty and early marriage in rural Bangladesh through education, empowerment, and sustainable development.

The journey began in his home village with the "Student-to-Student Lunch Project," an initiative that provided monthly scholarships, meals, school uniforms, and supplies to keep children—especially girls—in school. Recognizing the broader social and economic challenges facing families, Dr. Islam expanded the foundation's work into three impactful areas:

- Education Projects, including the College Fund (CF) to support students from high school through university and medical school.
- Poverty Elimination Projects, such as the Land for the Landless and Milk and Cow Project, which offer families income-generating opportunities to support their children's education.
- Women Empowerment Projects, which integrate education and business support to create financially independent and educated mothers—paving the way for a more equitable and enlightened society.

Under Dr. Islam's leadership, the MB3 Foundation became a registered nonprofit with the Government of Bangladesh in 2016, and also received 501(c)(3) status in New Jersey, USA. Today, the foundation is supported by nearly 50 global co-founders and continues to grow, with a vision of building a self-sustaining network led by its own student beneficiaries.

Dr. Nazrul Islam's work stands as a model of grassroots change—empowering individuals, uplifting communities, and inspiring the next generation to carry the mission forward.

# Prof. Dr. Farooque Ahmed

## Recognition award

Professor Dr. Farooque Ahmed is a distinguished cardiac surgeon whose exceptional career has transformed cardiac care in Bangladesh. With over four decades of service, he currently leads as Chief Cardiac Surgeon at the National Heart Foundation Hospital & Research Institute in Dhaka, where he has pioneered advanced surgical techniques—including total arterial coronary bypass grafting, minimally invasive cardiac surgery (MICS), and complex aortic procedures.

Dr. Ahmed's vision extends beyond the operating room. As a passionate advocate for equitable healthcare, he has developed cost-effective cardiac care models tailored for low-income populations, restructured surgical practices to minimize patient costs, and initiated outreach programs and free heart camps in underserved regions.

A lifelong educator and leader, he founded the Cardiac Surgeons Society of Bangladesh (CSSB) to foster professional collaboration and promote excellence in the field. He is also a founder of the Sylhet Heart Foundation and a life member of multiple professional associations.

Dr. Ahmed's unwavering commitment to innovation, access, and excellence has saved thousands of lives and elevated the standard of cardiac care in Bangladesh—making him a truly deserving candidate for this prestigious recognition.

# Dr. Rafique Mahmood

## Recognition Award

Dr. Rafique Mahmood (Helali) embodies a remarkable story of resilience, reinvention, and service. She began her professional journey as a physicist, later becoming an Electrical and Computer Engineer. For over a decade, she contributed to NASA's Space Station projects, where her exceptional performance earned her multiple accolades, including the Excellent Team Effort Award, Exemplary Performance Award, and Achievement Award as a software developer.

Despite her success in engineering, Dr. Mahmood felt a calling toward medicine—a passion deeply rooted in her from mother's legacy as an OB-GYN specialist and her own experiences witnessing preventable health issues within her family.

Defying both age and societal expectations, she made a courageous decision to change paths and pursue medicine. Dr. Mahmood earned her MD from the University of Alabama at Birmingham and completed her OB-GYN residency at Mercer University in Georgia. Today, she serves as a highly respected OB-GYN specialist in Florida and has been honored as Best Doctor at Winter Haven Hospital.
In addition to her medical career, Dr. Mahmood—alongside her husband—founded the Rafique Foundation for Education and Healthcare Inc., a nonprofit organization dedicated to supporting cancer treatment for young women and children in Bangladesh.

Education lies at the heart of their philanthropic mission. The Foundation established a school in a rural village in Cox's Bazar, Bangladesh—a deeply personal and self-funded initiative. This school now educates over 300 students, with a special focus on empowering girls in a region that previously had no access to such educational opportunities. It is not just a school—it is a transformative platform, helping underprivileged young women gain the confidence, independence, and hope to shape their own futures.

Through their continued efforts, the Mahmood family have supported countless students—many of whom now work as bankers, BCS officers, lawyers, engineers, and professionals in other sectors.
Dr. Rafique J. Mahmood's life is a testament to courage, compassion, and unwavering commitment. She exemplifies everyday leadership—leading not through titles, but through action. It is this spirit of service and perseverance that has earned her well-deserved recognition from BMANA.

# Dr Basher Atiquzzaman

## Special Recognition Award

Since 1997, Dr. Basher Atiquzzaman has been a pivotal figure in bridging the gap between global medical advancements and the healthcare system of Bangladesh. A visionary physician and healthcare leader, his career has been marked by a unique blend of clinical excellence, academic mentorship, and institutional development, particularly in the fields of gastroenterology, medical education, and healthcare innovation.

From the early days of his medical training in the United States—during his residency and fellowship—Dr. Atiquzzaman dedicated himself to mentoring young physicians from Bangladesh. Understanding the challenges they faced, he worked tirelessly to guide them through clinical rotations, secure internship and residency placements, and prepare them for fellowship programs. Many aspiring doctors found a mentor, a host, and a strong advocate in Dr. Atiquzzaman. He not only opened his home to Bangladeshi trainees but also provided them with essential hands-on training, donated medical equipment, and offered critical career guidance.
Over the decades, Dr. Atiquzzaman has trained countless physicians of Bangladeshi origin, helping them transition into the U.S. healthcare system. Through his unwavering support, he became a conduit of knowledge and technology transfer between the United States and Bangladesh. One of his most notable contributions was assisting in the development of the Gastroenterology Department at Chittagong Medical College, his alma mater. He also played a key role in strengthening the infrastructure of Bangladesh Medical University (BMU)—formerly the Institute of Postgraduate Medicine and Research—by donating advanced equipment and initiating new diagnostic facilities.

In recent years, Dr. Atiquzzaman has emerged as a global leader in healthcare innovation through his leadership in the Planetary Health Academia (PHA). Under his guidance, PHA became a robust platform connecting Bangladeshi physicians and healthcare professionals across the world. Through international summits, telemedicine programs, and AI-integrated healthcare initiatives, the organization has made significant impacts on both education and patient care in Bangladesh. He has been instrumental in fostering academic collaboration, offering hands-on training workshops, and mentoring medical students to shape future leaders in healthcare.
His efforts to expand clinical training opportunities led to the formation of the "Road to Residency" program, which has already helped hundreds of young physicians navigate the complex journey to medical practice in the United States. Through structured mentorship and clinical rotations, Dr. Atiquzzaman ensured that these future physicians were not only prepared but competitive on a global stage. His colleagues within PHA have extended similar initiatives in the UK and Australia, making the impact truly global.

One of his landmark contributions was the establishment of Bangladesh's first-ever anorectal manometry laboratory at BMU. He donated the complete equipment and trained physicians and technicians in its use. This facility has since become vital for diagnosing pelvic floor disorders and advancing surgical and gastroenterological practices in the country. His commitment to bringing in foreign experts and facilitating knowledge exchange further cemented his role as a champion of medical progress in Bangladesh.

# Dr. Captain Sitara Begum

## Special Recognition Award

BMANA Recognizes Dr. Captain Sitara Begum, Bir Protik

Dr. Sitara Begum is a symbol of sacrifice, courage and leadership— a true living legend of the Bangladesh Liberation War. She is a graduate from Holy Cross College and earned her MBBS degree from Dhaka Medical College in 1969 (K22 Batch). She was commissioned in Medical Corps in the Pakistan army in 1970 as a lieutenant stationed in Comilla Cantonment. After March 25, 1971 she and her parents escaped from Kishoreganj to Meghalaya, India. She joined in Sector 2, Mukti Bahini contributing to the war in a unique and historical way. A new field hospital, named Bangladesh Field Hospital was formed. A war hero, Dr. Sitara was the Commanding Officer of this 400 bed critical medical facility. The hospital treated not only Bengali patients and hundreds of freedom fighters, as well as injured soldiers of the Indian Army, a testament of exceptional command in war-torn environment. Her brother Major Haider was sector commander of Sector 2 and was decorated Bir Uttom.

After Bangladesh was liberated, in 1973 she was decorated with Bir Protik, one of the nation's most prestigious military honors. She is one of only two women to be awarded the gallantry award. This was in recognition of her integral part in shaping the Bangladesh Army and the Mukti Bahini's medical infrastructure.

Dr. Sitara's journey breaks stereotypes showing women's leadership in military and medical settings during war. Women have played an important role in Bangladesh Army since Liberation War of Bangladesh. As CO of a major field hospital, she led frontlines medical operations, saving scores of lives at significant personal risk. Her husband Dr. Abidur Rahman is a renowned vascular surgeon in Michigan and also a 2012 BMANA Recognition Award recipient.

BMANA is proud to recognize Dr. Sitara Begum, Bir Protik, জীবন্ত কিংবদন্তি , for her exemplary service and extraordinary bravery with the Special Recognition Award.

## BMANA Recognition

# Awards

### 2024

**Lifetime Achievement Award**
Dr. Shafiqur Rahman

**Humanitarian Award**
Dr. Nahreen Ahmed

**Recognition Award**
NABIC for Humanity, Dr. Pear Enam

### 2023

**Lifetime Achievement Award**
Dr. Chowdhury Hafizul Ahsan

**Humanitarian Award**
Valerie Taylor

**Recognition Award**
Dr. Tasbirul Islam
Dr. Md. Zohirul Islam
Dr. Aktar Zaman
Dr. Lopa Kabir

### 2022

**Lifetime Achievement Award**
Dr. Safiul Hasan

**Humanitarian Award**
Dr. Waled Chowdhury

**Recognition Award**
Engineer Syed Zahid Hossain

### 2021

**Lifetime Achievement Award**
Dr. Kiran Debnath

**Humanitarian Award**
CMC Alumni

**Recognition Award**
Dr. Ruhul Abid Lekhan

### 2020

**No Convention Held Due to Pandemic**

### 2019

**Lifetime Achievement Award**
Dr. Dhiraj Shah

**Humanitarian Award**
Prof. M. A. Fayez, Advocate Salma Ali

**Recognition Award**
Dr. Halida Hanum Akhter
Dr. AFM Ziaul Haque

### 2018

**Lifetime Achievement Award**
Dr. Abdul Hafiz

**Humanitarian Award**
Dr. A. Siddiqui

**Recognition Award**
Dr. Muhammad Saduzzaman Chowdhury
Dr. Iftekhar Mahmood
Dr. Kanak Kanti Borua

### 2017

**Lifetime Achievement Award**
Dr. Ahmad Azam

## Chapter & Alumni

# Contributions

# Bangladesh Medical Association of North America-Carolina Chapter

Mailing Address: 5013 Clyden Cove • Raleigh, NC 27612-2676
Website: www.bmanacc.org E-mail: BMANACC@yahoo.com
Telephones: 336 207 4305 (Mobile)

## 2024-2026 Executive Committee

**President**
**Humayun Kadir,** MD

**Past President**
**Najmul Chowdhury,** MBBS, MPH

**Vice President**
**Sayeed Hossain,** MD

**General Secretary**
**Kishore R. Chowdhury,** MD

**Treasurer**
**Abu A. Zahidur Rahman,** MD

**Cultural Secretary**
**Shyamal Palit,** MD

**Educational Secretary**
**Prof. Salma Sayeed,** MD

**Bylaw Committee**
**M A Hannan,** MD, FACP
**Abu Salahuddin,** MD, FACP
**Mohammad Hossain,** MD, FACP

**Members**
**Zakiya Karim,** MD
**Moushumi Shumi Ahmed,** MD
**Nusrat Mujib,** MD

## BMANA-CC Annual Accomplishments

### Monetary Donations

- We have donated $2, 70,050 from our organization since its inception in 2001.
- A total of $50,000 was donated during the 2024-2025 period.
- $10,000 to BMANA for supplying medical equipment's, holding workshop, Hand on Training in Medical Colleges in Bangladesh in 2024.
- $18,000 to MedGlobal, to support humanitarian activities in GAZA in 2024.
- $9,000 to Bdesh Foundation for Bangladesh flood affected victims in 2024.
- $3000 to BMANA for Bangladesh flood affected victims in 2024.
- $10,000 to North Carolina Medical society Foundation for flood affected victims of Hurricane Helene in western North Carolina in 2024.
- We also raised and donated over $207,000 to the family of Dr. Taslim Ahmed, our the then pres-ident who died due to COVID infection while working at a Nursing Home with COVID residents. (We are grateful to our members, their families, out of state friends and Sylhet Medical College Alumni, who contributed to Dr. Taslim's Memorial Fund in 2020).

### Voluntary donations by our members

- $29,000 raised by Dr. Maleka Ahmed and Dr. Shyamal Palit , 2 of our valued member for donation to Sylhet Kidney Foundation in 2025.

### Academic Activities

- Conducing Annual educational event. Last one was held on April 26, 2025 at Raleigh.
- Dr. Riaz Chowdhury, one of our past president & past BMANA President has been contributing to train physicians in Bangladesh in advanced GI procedures.
- Our distinguished members have given lectures at the annual

BMANA-CC conventions.

## Cultural and Diversity

- Very high-quality cultural events are presented by our members every year to enrich the culture and customs of society.
- Our members are staging Drama time to time, written and directed by Dr. M.A. Hannan, one of our member and past president. He directed a Drama " **Tawbay Mechaey Keno Eyi Ghor Badha** " performed by our members in 2024 at our annual convention.
- We arranged Members Day Gathering at Myrtle Beach, SC from September 27 to 29, 2024, where we had fun filled activities.

**Sincerely,**

**Humayun Kadir, MD**
President, BMANA-CC

# BMANA Florida Chapter

BMANAFL is an independent professional organization, however it supports central BMANA activities. BMANAFL has 91 active members. BMANAFL organizes 2 days of grand conference bi-annually and a general meeting/picnic in-between. Last grand conference was on November 22-23,2023 in Orlando, FL. We have historically 90% presence of the members in the conferences.

Besides professional engagement, BMANAFL participates in local, national and community services in Bangladesh. BMANAFL donated $5000 to central BMANA in the effort of helping Last Sylhet flood victim and to support victims in the recent student movement in Bangladesh.

BMANAFL participated in the Bangladeshi Food festival in 2024 for free Blood pressure and Diabetes screening. In this festival, 150 Digital Blood Pressure Monitors and Blood Glucose Monitors were distributed to the community members.

Each year BMANAFL provides onetime funds to the prospective Resident Physicians seeking residency in the USA. In the years 2023, BMANAFL provided $1000 to each of 3 a Resident physician, and in 2024 $ 2000 each to two Residents. Our members provide mentorship and guidance to the physicians and Dentists of Bangladeshi origin.

# Alumni Report

## Sir Salimullah Medical College
## Alumni Association Abroad Report

Dear BMANA Members and Families,
Assalamu Alaikum and warm greetings to all. It is a true pleasure to welcome you to the 44th Annual BMANA Convention in Orlando, Florida.
BMANA brings together Bangladeshi physicians in North America, helping us stay connected and united as a community. Among its vibrant member groups is our own Sir Salimullah Medical College Alumni Association Abroad (SSMCAAA), a close-knit network of proud SSMC graduates.
As a graduate of Sir Salimullah Medical College, I hold dear the legacy, tradition, and values of our beloved institution. Through SSMCAAA, we aim to preserve that spirit while building lasting bonds abroad.
Over the past two years, our alumni association has grown stronger through dedication, teamwork, and shared purpose. Some of our proud accomplishments include:

- We supported flood relief efforts in Bangladesh, raising and donating $3,551 USD (BDT 426,120) to the Chief Advisor's Fund, reflecting our commitment to humanitarian support beyond borders.
- We proudly present white coats every year to incoming SSMC medical students in Dhaka, welcoming them into the noble journey of medicine.
- We enjoyed a fun-filled Bahamas cruise on Royal Caribbean in August 2024, with over 70 enthusiastic participants, organized by our executive committee and filled with vibrant cultural activities.
- We gathered for SSMC Day on February 8th to honor our legacy and celebrate our shared memories.
- We strengthened our alumni network through multiple social gatherings, many generously hosted in members' homes.
- We continue to mentor and guide SSMC graduates as they prepare for U.S. residency, offering support and encouragement every step of the way.

A strong organization is built on unity, effort, and selfless service. I thank all SSMC alumni attending this convention for representing us with pride and spirit.
A heartfelt thank you as well to the BMANA Executive Committee and the Convention Organizing Team for their hard work in putting together this wonderful event. Wishing you all a successful, joyful, and memorable convention.

**With Warm Regards,**
Mohammed Jahangir Alam, MBBS, FCPS (Medicine)
President, Sir Salimullah Medical College Alumni Association Abroad

## Academic & Cultural

# Contributions

# Founding Moments

## Safiul Hasan MD FACG

A few lines reminiscing where we have been and where we are with BMANA.

Early in the 1980's it became evident to a few of us that there was no network of physicians of Bangladeshi origin that were scattered throughout North America. Beside some of us having our names/ addresses in the directory of Bangali's in North America, there was no directory of Bangladeshis, let alone physicians of Bangladeshi origin that we could find. As I spoke to some Indian and Pakistani physicians, and I was disappointed to discover they did not have any such directory either. So it gave me a lightbulb, perhaps we could put together a directory and be ahead of our neighboring countries colleagues.

This initiated the process of getting a core group together and starting to make lots of phone calls. It was considerably more difficult than the state of affairs today, there was no social media, even the internet was in its infancy.

To digress a little, many of my friends, colleagues and seniors who had been actively involved in the Liberation War of Bangladesh also thought it would be a good time to remember our role in the Movement. We envisioned a common bond if you will, before our memory started to fade. Furthermore we wanted to hand these memoirs to our next generation. I personally realized that our own children were quite in the dark of the Liberation Movement for which many of us sacrificed our life and blood.

Besides the past, there emerged a purpose of getting an annual get together going. It would be a forum for our children to know others of Bangladeshi origin scattered throughout USA and Canada. Even if the attendance at the annual conventions did not reflect a rapid rise, the active and affiliate membership have always shown a steady increase. Now it is upon the current leadership to continue to carry the flame forward. As much as we have been able to touch on the needs of medical care in Bangladesh, we have only succeeded to scratch the surface. Medical missions have been able to make a small impact. But the need for any kind of care, be it with equipment, professional help, or medical education, is endless. I hope we can collectively pursue our endeavor in the art of healing. Our children who were born in the US, will continue to perceive our heritage through the cultural events that have become an integral part of the conventions.

Wishing another 50 successful years of BMANA.

Hope to see you soon,

Safiul Hasan MD FACG

Founding President of BMANA

# প্রিয়

মঈনউদ্দিন মুনশী,

আমি ভূমি বা বৃক্ষ নই, তুমিও নও সমুদ্র কিমবা স্বর্গীয় পাত্র,

বরং আমরা ক্ষুদ্র প্রাণী, সব সময়ই - -

ভূমি এবং সমুদ্র একে অপরকে জানে
যখন থেকে তাদের সাক্ষাৎ।

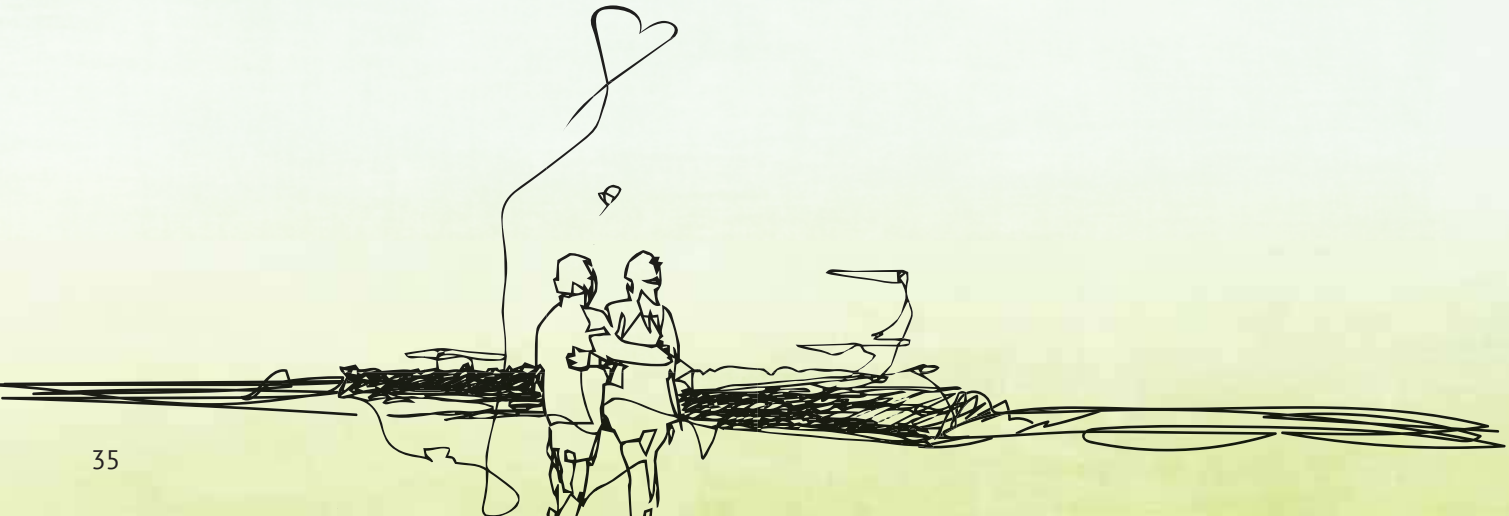
আমরা যেমন জানি একে অপরকে,
বিভিন্ন সময়ে তার কিছুটা দেখাই,
কিছুটা ইন্দ্রিয় জনিত,
কিছুটা সংবেদন।

জীবন চর্চার অভ্যাস না করে
সাড়ম্বরে দেখানোকে আমরা সম্পর্ক ভাবি,
আমরা তা বলারও চেষ্টা করি বিভিন্ন সময়ে,
একটা অনুভূতি কাজ করে।

দুটি প্রাণীর এক সাথে থাকার আলংকারিক নাম কি দাম্পত্য ?
আমরা কিছু নিত্য অভ্যাস ভাগ করে নিই,
তুমি আর আমি,
কিছু পারস্পরিক ভঙ্গিমার অনুক্রম !

এভাবেই আমি হয়ে উঠি এক বৃক্ষ,
আর তুমি এক স্বর্গীয় পাত্র !

**Moyenuddin Munshi**
497 Weston Ct, Copley, OH 44321, USA.
Email: mmoyenuddin@gmail.com



# দানিয়ার খোলা চিঠি

## সেজান মাহমুদ

তোমাদের কাছে লিখছি এ খোলা চিঠি;
তোমরা যখন আমার আগমনের আগাম খবর পেলে,
বাবা বললেন "শুকরিয়া"
মা বললেন, আমীন!
মায়ের পেটে হাত রেখে বাবা যখন বললেন,
মেয়ে হলে নাম রাখবো–দানিয়া।

হিব্রু ভাষায় যার অর্থ–
ঈশ্বর আমার বিচারক,
আরবি ভাষায়–ঈশ্বরের শ্রেষ্ঠ উপহার!

আমি মায়ের পেটে কান পেতে সব শুনে
কি আনন্দিতই না হলাম–

আহ, পৃথিবী নামের এক স্বর্গে যাচ্ছি আমি
যেখানে 'দানিয়া' ঈশ্বরের শ্রেষ্ঠ উপহার!

যেদিন আমার জন্ম হলো–সেদিন কেউ কিন্তু আযান দেয়নি,
আযানের পরিবর্তে ভেসে এলো
সাইরেনের আতঙ্কিত সুর।
আনন্দের আতশবাজির পরিবর্তে
বোমার তীব্র বিস্ফোরণ আর মানুষের চিৎকার–
আমার জন্ম হলো মৃত্যুময়
গাজার অনিশ্চিত নগরিতে!

আমি, তোমাদের 'ঈশ্বরের শ্রেষ্ঠ উপহার'
বড় হতে থাকি আশঙ্কার
বিনিদ্র রাত্রির মতো,
পরাধিনতার গানিকর শ্লাঘার মতো
বিস্মৃত ইতিহাসের খসে-পড়া পাতার মতো!

তোমরা বললে, দেখে নিস একদিন
আমাদের স্বাধীন, স্বদেশ হবে–
পৃথিবীর বড় বড় দেশ, বড় বড় নেতারা
পতাকা শোভিত রঙ্গমঞ্চে একত্রিত হয়েছেন–
দেখবি, বিশ্ব বিবেকেরা দেখে নেবেন!

তোমরা বললে–ঈশ্বর আমার বিচারক,
তাঁর বিচারে ভুল হয় না।
অথচ আমার প্রথম হাঁটতে শেখা
ভাইয়ের মৃতদেহের ওপরে পা রেখে,
প্রথম হাতেখরি বন্ধুর রক্ত আঙ্গুলে মেখে।
স্কুল বিল্ডিংটার ওপরে বোমা পড়লো–
তবু ঈশ্বর আমাদের বাঁচালেন না।

একটু ভুল বললাম–
আমার সব বন্ধুরা চলে গেল,
ঈশ্বর আমাকে বাঁচালেন!

আমাকে কোন ঈশ্বর বাঁচালেন জানি না–
তাওরাত-ইঞ্জিল-কোরানের ঈশ্বর?
বেদ-উপনিষদ, কেশমন্দির স্তোত্রের ঈশ্বর?
নাকি সামারিতান, আজটেক, ইনকার ঈশ্বর?

এখন আমি একটু বড় হয়েছি–
ধীরে ধীরে জানতে পারছি,
সাইরেন বেজে উঠলেই বাজপাখির মতো

যুদ্ধবিমান ছুটে আসে
আর বৃষ্টির মতো বোমা ঝরতে থাকে।

তখন হাত তুলে ঈশ্বরকে ডাকতে হয়,
জানি না কোন ঈশ্বর কাকে বাঁচাবেন–
ঈশ্বরের লীলা মানুষের –বাঝা দায়!

বাবা-মা, আজ আমাদের বাড়িতে বোমা পড়েছে,
আতঙ্কিত আমি তোমাদের খুঁজে
বেড়াচ্ছি ধ্বংসস্তুপে–
আমি আজ ঈশ্বরকে ডাকতেও ভুলে গেছি,
আমার ভয়ার্ত চোখে কান্নাও শুকিয়ে গেছে।

বাবা-মা, এই চিঠি তোমরা পড়বে কী না জানি না,
তবু লিখছি–
তোমাদের আদরের দানিয়া–
ঈশ্বরের শ্রেষ্ঠ উপহার।

এতোটুকু বড় হয়েছে,
এতটুকু বুঝতে শিখেছে যে–
ঈশ্বর শুধু ঐ বোমারু বিমানের পাইলটের মাথায়,
আর যারা হুকুমজারি করে তাঁদের মাথায়,
আর যারা দানিয়ার দুনিয়াকে নিয়ন্ত্রণ করেন,
তাদের মাথায় বাস করলেই
এই বোমা বন্ধ হতে পারে।

অন্য কথায়, ঈশ্বর শুধু মানুষের মাথায়
বাস করলেই এই বোমা বন্ধ হতে পারে।
তাই আজ কান্নাভরা কণ্ঠে
যার মাথায় ঈশ্বর আছেন
এমন মানুষকে ডাকছি!

# বাংলাদেশের মুক্তিযুদ্ধের
# সাহসী বন্ধু যোসেফ এল গ্যালোওয়ে

-ডাঃ জিয়াউদ্দিন আহমদে

আমরা অনেকেই জানিনা মুক্তিযুদ্ধের সময়ে কত বিদেশীবন্ধু নিজের জীবন বাজি রেখে আমাদের মুক্তিযুদ্ধের অংশ হয়েছিলেন। তেমনি একজন এর সাক্ষাৎ পেয়েছিলেন নর্থ ক্যারোলিনার রোলি শহরের রাশিদুল ইসলাম রুবেল ও তার স্ত্রী ডাঃ তাসনিম ইসলাম। তারা তাদের বাড়ীতে ছোট একটি অনুষ্ঠান করার ডাকে আমি ফিলাডেলফিয়া থকে ছুটে যাই।

তখন যোসেফ এল গ্যালোওয়ে আমেরিকাতে একটি প্রসিদ্ধ নাম। আমেরিকার যুদ্ধ ফেরত সৈনিক, বিশেষ করে ভিয়েতনাম ভেটেরানদের ন্যায্য অধিকার ও সন্মান আদায় করার সংগ্রামে তিনি হয়েছিলনে এক অগ্রপথিক। ৭৮ বছর বয়সেও তিনি তার সুযোগ্য স্ত্রী গ্রেস কে নিয়ে তিনি বিভিন্নি অনুষ্ঠানে ছুটে বেড়াতেন। তার কণ্ঠে তীব্রভাবে ধ্বনিত হত যুদ্ধ বিরোধী প্রচারনা আর ভেটেরানদেরে অধিকারের দাবি।

যোসেফ গ্যালোওয়ে (Joeseph Galloway) একজন লিজেন্ডারি সামরকি সাংবাদিক এবং পৃথিবীর বহু যুদ্ধে তিনি স্বশরীরে উপস্থিত থেকে সংবাদ প্রেরণ করতেন। পরর্বতীতে তার লেখা বইগুলো আজ বহুল প্রশংসিত। তার লেখো ভিয়তেনামের যুদ্ধের উপর এক শ্রেষ্ঠ বই (best selling book) "We Were Soldiers Once ... and Young", থেকে সিনেমা করা হলে তা নিয়ে হৈ চৈ পড়ে গিয়েছিলো।

১৯৭১ সালে গ্যালোওয়ে দুইবার ঢাকা যান। প্রথমে ১৯৭১ সালের জানুয়ারী মাস থেকে উত্তাল মার্চে মুক্তিযুদ্ধের শুরুতে এবং পরবর্তীতে ডিসেম্বরে বিজয় এর সময়।

মুক্তিযুদ্ধের সকল স্মৃতি এখনও তার মনে গভীর ভাবে রেখাপাত করে আছে, তরুণ যোসেফ গ্যালোওয়ে সাধারণ নিরস্ত্র লক্ষ লক্ষ বাঙালির উপরে পাকিস্তান সামরিক বাহিনীর গণহত্যা , নৃশংশতা এবং মানবতা বিরোধী যুদ্ধাপরাধ স্বচক্ষে শুধু দেখে সংবাদ ই পাঠাননি তিনি অনেক সাহসী ভূমিকাও রেখেছিলেন।

সাংবাদিক জোসেফ গ্যালোওয়ে ১৯৭১ সালের জানুয়ারী মাস থেকে তৎকালীন পূর্ব পাকিস্থানের ঢাকায় ইন্টারকন্টিনেন্টাল হোটেলে অন্য সাংবাদিকদের সাথে অবস্থান করছিলনে। সেই সময়ের কথা স্মরণ করে ২৫ শে র্মাচ গণ হত্যা শুরু করার পরে পাকিস্তানি সামরিক বাহিনী দেশে স্বাভাবিক জীবন বিরাজ করছে দেখাবার জন্য সব বিদেশী সাংবাদিকদের এক সফরের ব্যবস্থা করে। তারা তাদরেকে ছোট্ট প্লেনে দূর থেকে পূর্ব পাকিস্তানের কিছু এলাকা স্বাভাবিক দেখাবার চেষ্টা করে, তারপর তারা সব সাংবাদিকদের বিমানে তুলে দেশের বাইরে পাঠিয়ে দেয়। বিমান থেকে রেল লাইনের দু ধারে আগুনে পুড়ে যাওয়া বস্তি গুলি পরিষ্কার ভাবে দেখা যাচ্ছিল। গ্যালোওয়ে ঠিক করলেন তাকে আরো বেশি সংবাদ নিতেই হবে। জোসেফ গ্যালোওয়ে অভিনয় করে সৈন্যদের বললেন আমার পেটে ব্যাথা আমি

বিছানা থেকে উঠতে পারছিনা , পারলে আমাকে কোলে করে নিয়ে যাও। অগত্যা তারা তাকে রেখে সবাইকে পাঠিয়ে দেয়। জোসেফ গ্যালোওয়ে কিছুক্ষন পর ঢাকার রক্ত মাখা রাস্তায় নেমে পড়েন। তাকে অনুসরণ করে পাকিস্তানি সৈন্যরা। তিনি হেঁটে হেঁটে সেগুন বাগিচায় এসে হটাৎ করে তারা বুঝার আগেই আমেরিকান দূতাবাসের গেটের ভিতর ঢুকে পড়েন এবং ঢাকার মার্কিন দূতাবাসে আশ্রয় নেন।

সেই সময় মার্কিন দূতাবাসের কন্সাল জেনারেল বাংলাদেশের আরেক বিদেশী বন্ধু আর্চার ব্লাড পাকিস্তানি গণহত্যার এবং জঘন্য অপরাধের বিরুদ্ধে তার গভীর উদ্বেগ জনাব গ্যালোওয়ের কাছে ব্যক্ত করেন। আর্চার ব্লাড নিজের উপর ঝুঁকি নিয়ে এই সাহসী সাংবাদিকের জন্য মার্কিন দূতাবাস ভবনের একটি কক্ষ তাকে অফিস বানাতে অনুমতি প্রদান করেন। গ্যালোওয়ে শুরু করেন তার খবর সংগ্রহ ও তা প্রেরণ করার কাজ। কোন সময় নিজে লুকিয়ে আর অন্য সময় মার্কিন দূতাবাসের স্থানীয় কর্মচারী থেকে গণ হত্যা , ধ্বংস, দুর্ভোগ যন্ত্রণাদায়ক দুঃখের কাহিনী গুলো শুনে লিপিবদ্ধ করে রয়টারে পাঠাতে থাকেন। তার জন্যই বিশ্বের মানুষ তৎক্ষণাৎ জানতে শুরু করল বাংলাদেশর গণ হত্যার কথা। কিছুদিন পরে তিনি আমেরিকা ফিরে আসেন এবং লেখা চালিয়ে যান।

জনাব গ্যালোওয়ে পরর্বতীতে ১৯৭১ সালের ডিসেম্বর মাসের মাঝামাঝি আবার ঢাকা গমন করেন এবং তখন তিনি পাকিস্তানী সামরিক বাহিনীর আত্মসর্মপণের বিভিন্ন পর্যায়ে সাক্ষী হয়ে থাকলেন । শেষ সময়ে হোটেল ইন্টারকন্টিনেন্টাল কে নিরপেক্ষ রেডক্রসের আওতাভূক্ত করায় জনাব গ্যালোওয়ে তার পরিচালনার দ্বায়িত্ব গ্রহণ করেন। সেখানে সামরিক বাহিনির শেষ সাংবাদিক সম্মেলনে জেনারেল নিয়াজিকে তার সামরিক ব্যাজ ও অস্ত্র বাইরে রেখে ঢুকতে বাধ্য করেন। নিয়াজি তাকে গুলি করার হুমকি প্রদান করেন। গ্যালোওয়ে এবং আরেক জন যুক্তরাজ্যের সাংবাদিক প্রতিবাদ করে বললেন তুমি আমাদের মারতে পার তবে তাহলে তোমার সাংবাদ সম্মলেন হবেনা। বাধ্য হয়ে নিয়াজি তার অস্ত্র বাইরে রেখে ঢুকতে বাধ্য হন। নিয়াজি বলেছিলেন ঢাকার চারিদিকে আমরা সুসংঘবদ্ধ আছি যে কোন শত্রুর মোকাবেলা করতে। গ্যালোওয়ে এবং আরো কিছু সাংবাদিক সেইদিন ঢাকার বাইরে পরিদর্শণ করতে বের হলেন। তারা অবাক হয়ে দেখলেন পাকিস্তানী সৈন্যরা ঢাকায় ঢোকার সব পথে সৈন্যরা অনুপস্থিত। যুদ্ধের শুরুতেই ভেঙে পড়েছে তাদের প্রতিরোধ, তারা ভয়ে সবাই পালিয়ে গিয়েছে। গ্যালোওয়ে পুরো যুদ্ধের সময় ঢাকা থেকে খবর পাঠাতনে যুদ্ধের পর পর রায়েরবাজার বুদ্ধিজীবী হত্যার স্থান পরিদর্শন করেন এবং এই নৃশংসতাকে গভীর ভাবে সমালোচনা করেন। স্বাধীন বাংলাদেশের নয় মাসের মুক্তিযুদ্ধের সাথে এবং সুখ দুঃখ নিয়ে যাত্রার শুরুতে তিনি ছিলেন এক মহা সাক্ষী। তবে রেসর্কোস ময়দানে (এখন সোহরাওর্য়াদী উদ্দ্যান) কাদের বাহিনীর প্রকাশ্যে বিহারিদের হত্যা করা দেখে বাংলাদেশরে ভবষ্যিতে হিংসার রাজনীতির জন্য আকংখা প্রকাশ করেন। তার মনে এর বিরূপ প্রতিক্রিয়া দেখা দেয়।

৫০ বছর পরে নর্থ কেরোলিনার বাংলাদেশীদের এই ছোট ঘরোয়া অণুষ্ঠানে গ্যালোওয়ে তার বক্তব্যে ১৯৭১ সালে পাকিস্তানের প্রতি মার্কিনি নীতির জন্য তার আন্তরিক দুঃখ প্রকাশ করেন। বাংলাদেশে তখন পাকিস্তানী শাসকদের দ্বারা সংঘঠিত যে জঘন্য অপরাধ ও গণহত্যা হয়েছে তাকে আর্ন্তজাতিক পর্যায়ে এটাকে জেনোসাইড হিসাবে মার্কিন কংগ্রেসে এবং বিশ্ব স্বীকৃতি দেয়ার জন্য নিজে ভূমিকা রাখার প্রতিশ্রুতি প্রদান করেন। এক বছর পর আমরেকিার প্রেসিডেন্ট এর রাষ্ট্রীয় পদক দেবার জন্য তার নাম পাঠানো হয় সব অবসরপ্রাপ্ত জেনারেল এবং সামরিক সাংবাদিকদের পক্ষ থেকে। আমি ও রাসেল সেই মিটিং এ যুক্ত হই এবং বাংলাদেশের সরকারের পক্ষ থেকে লিখিত ভাবে এর সমর্থন আদায়ের জন্য প্রতিশ্রুতি দেই। দুঃখের বিষয় বার বার যোগাযোগ করেও তৎকালীন পররাষ্ট্র মন্ত্রী কোনো কিছু লিখিত দিতে অস্বীকার করেন, বলেন আমি তাকে চিনিনা। আমরা পরে নিরুপায় হয়ে তৎকালীন ওয়াশিংটনে বাংলাদেশের রাষ্ট্রদূতকে অনুরোধ করি। একজন সাহসী রাষ্ট্রদূত নিজ দায়িত্বে তিনি বাংলাদেশে তার অবদানের জন্য ধন্যব্যাদ জানিয়ে একটি সুন্দর চিঠি লিখেন। যদিও সেই লিখাটি তার পদক পাবার কাজে ব্যবহার করা যায়নি তবুও আমরা স্বস্তি পেয়েছিলাম। সবচেয়ে সন্মান জনক আমরেকিার প্রেসিডেন্ট পদক ঘোষণা হবার আগেই আমাদের বন্ধু জোসফে গ্যালোওয়ে এই পৃথিবী ছেড়ে চলে গেলেন। যেখানেই থাকো ভালো থাকো আমাদের জো।

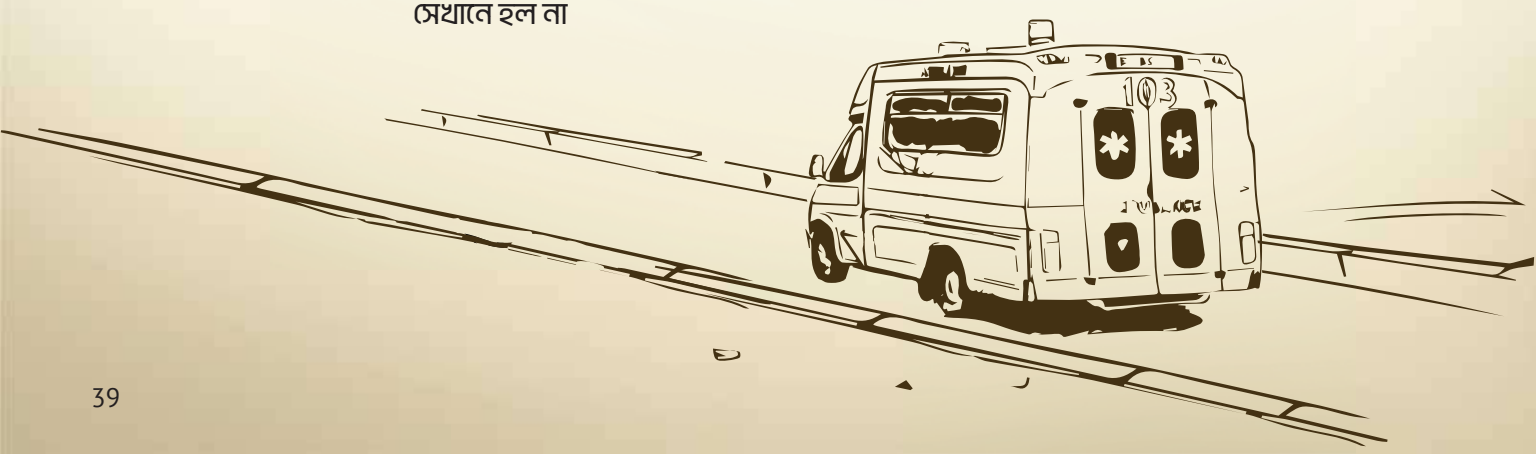
# ঢাকার এম্বুলেন্স

নূপুর

ম্যাজিকের প্রয়োজন ছিল
ওরই সবার থেকে বেশি;
আর দরকার ছিল
খানিকটা শুভ্রতার
যাতে করে
শুশ্রূষার দেবদূত হয়ে
সে উড়ে যেতে পারত
হাসপাতাল পানে, অথবা
নিজেই হতে পারত
দশভুজা, মমতাময়ী নার্স

অথচ
দৈবের মত এই জ্যামে
থমকে আছে অনন্ত
কেউ করছে প্রেম,
কেউ বা হাওয়া থেকে
টপাটপ লুফে নিচ্ছে মোহর,
কেউ কেউ এই ফাঁকে
নিয়ম মাফিক
পড়ে নিচ্ছে
ঢাউস উপন্যাসের
পঞ্চাশেক পাতা

কেবল এম্বুলেন্সের পেট থেকে
লাল রক্তের মত সময়
গলগল গড়াতে গড়াতে
মিলিয়ে যাচ্ছে
ঢাকার রাজপথে
অবিরল
ম্যাজিকের কোন স্থান
সেখানে হল না



# সুদর্শন স্বপ্নের দেশে

## শাহাব আহমেদ

লাইলাকের দেশে লাইলাক ফোটে আর হিজলের দেশে হিজল ফুল। অথচ লাইলাকের দেশে যার সাথে দেখা হল, তাকে আমার হিজল ফুলের মতই মনে হতো। এমনিতেই। আমার এমন হয়, কৈশোর পেরুতে না পেরুতেই চলে গিয়েছিলাম, অনেক দূরে, এতদূরে যেখানে মানুষের যেতে হয় না। স্বজন ছেড়ে দূরে পড়ে থাকা দিনগুলো মনে হয়েছে বছর, আর বছরগুলো শতাব্দী। একদিন আচমকা সেই সময়টাও অতিক্রম হয়ে গেল এবং দেখা গেলো পৃথিবী জুড়ে এত এত পথ, যে পথ ধরে হারিয়ে যাওয়া যায় কিন্তু ফিরে আসার নির্দেশনা চিহ্নগুলো নড়বড়ে।

যাকে হিজল ফুল মনে হতো ভাবিনি আর কোনোদিন দেখা হবে। অথচ হাওয়ায় দুলিয়ে যাওয়া আইভি লতার মত সংশয়ে দুলে উঠলো মন, "তি লি এতা, তি লি?" ( তুমিই কি সে, সত্যই তুমি?) হ্যাঁ, সে-ই! এত লোকের মধ্যেও একে অন্যকে চিনতে পাই, সে হাত আর গাল বাড়িয়ে দেয়, বন্ধুত্বের চুম্বন, আর আলতো আলিঙ্গন।

মেডিকেল কলেজ থেকে পাশ করার ৩০ বছর পরে দূরের দেশ থেকে এই মিলন-মেলায় আসতে গিয়ে সুপ্ত আকাংখা ছিল, যদিই সে আসে, যদিই দেখা হয়ে যায়। কত অসম্ভব সম্ভব হয় জীবনে, কত বিস্ময় উঁকি মারে বিপ্রতীপ জানালায়!

কেমন আছো? ভালো, ভালো আছি, তুমি? আগের সেই শান্ত, স্থির হাসি, স্ফটিকের দ্যুতির মত। আমিও ভালো আছি-চোখে রোদ চিক চিক করে। কোথায় আছো? বলি। তুমি? জার্মানিতে। পৃথিবী কত ছোট হয়ে গেছে। আগে কেউ রাশিয়া ছেড়ে কোথাও যেতে পারতো না, দেয়াল ছিল উঁচু, আলো ও খরখরিহীন। এত লাইলাক ফুটেছে এবার, এত এত কাশতান! দেখেছো? যেন ফুলেল উৎসব। কোথা থেকে এল এত ফুল! আগে তো ছিলো না। ছিল, উৎসব ছিল যৌবনের, হাসির, আর ঘড়া ভরা অনুভূতির। তোমার দৃষ্টি অন্ধ-বন্ধ ছিল, মনের দরজা জানালাগুলো ভেজানো, খুব একটা দেখতে পেতে না। ফাউস্টের মত একাগ্র ছিলে অন্য জগতে। অনুভূতি ছিলো না, একটুও। ছিল। তোমার? বলো কী? শুনলে লোকে হাসবে, তোমার বন্ধু মেফিস্টোফিলিস হেসে কুটি কুটি যাবে। এটা কিন্তু তোমার ভীষণ অন্যায়, আমি প্রতিবাদ করি। সে তখন খুব শান্ত মৃদু গলায় এমন কিছু বলে যে সত্তার গহীনে ঝাঁকুনি লাগে। সত্যি? বলোনি কেন? কেন টোকা মারোনি দরজায়?

কী জানি, বলবো বলবো করেও বলা হয়নি। তুমি দেশ দেশ করে পাগল...দেশ আর হিজল "ফুখ্‌ল"... হ্যাঁ, হিজলই তো, বার বার বলতে। ওর ফুলের উচ্চারণটা ভারি মজার, বাঙালির 'ফ' ওদের কণ্ঠ-তারে বাজে না, ফ এর সাথে খ মিলে রুক্ষ্ণ হয়ে যায়। আমার হাসি পায়, কিন্তু ভালো লাগে, ভীষণ ভালো লাগে। তার মানে রুশ-জার্মান-ইংরেজি শব্দের জঙ্গলে বাংলার হিজল ফুল, আজও ফোটে।

বাহ্ মনে রেখেছো তুমি, কী অদ্ভুত! আমার বিস্ময়ের সীমা থাকে না। মনে রেখেছি কারণ মনে হতো ওই ফুলটা আমার প্রতিদ্বন্দী। দেশ আর ওই ফুলটা তোমার সমস্ত অস্তিত্ব জুড়ে ছিল। দেশে ফিরে যাবে, বিপ্লব করবে, ইয়াডা...ইয়াডা...ইয়াডা আমার স্থান সেখানে ছিলো না। জানো, সেই কলেজের ফাঁকে মহিন্দ্র এল একদিন; বলে, তোর তো ওর সাথে খুব খাতির, একটু বলে দে না, আমার ওকে খুব পছন্দ। সে তোমার পুরো নামটি উচ্চারণ করেনি, নামের আদ্যাক্ষর টুকু বলেছিল। তাই নাকি? ওর চোখে যেন আধো বিস্ময়! মহিন্দ্র কে? হ্যাঁ, ছিল এক 'চুদাক', ভীষণ পিকুলিয়ার, ছোট খাটো পিগমির মত, মনে নেই? চিনতে পেরেছি, হ্যাঁ পেছনে খুব ঘুর ঘুর করেছে কিছুদিন, সম্পূর্ণ তোমার বিপরীত। তুমি থাকো তন্ময়, আর ওর ছিল আরজিনার চোখ। মনে হতো যেন ঘিন ঘিনে জিভ দিয়ে গা চাটছে। তা তুমি কী বললে?'তোর পছন্দ, তুই-ই বল। আমাকে জড়াস কেন? মনে মনে ভাবি শালা, দিই পশ্চাতে উনপঞ্চাশমণি উষ্ট্রাঘাত। ও হাসে খিল খিল করে। আগেও হাসতো মণি-মুক্তা ঝরিয়ে। দিলে ভালোই করতে কিন্তু।

বিয়ে করেছো ? হ্যাঁ, ৮৮ সালে পরিচয়, বিনির্মাণ দলে, পূর্ব জার্মানির ছেলে, পাশ করে বিয়ে, তারপর থেকেই বার্লিনে, ভালো আছি, সুখে আছি। তুমি? আমিও ভালোই আছি। বিয়ে আমিও একটা করেছিলাম, অবশ্য মনে মনে। শোনো, তোমাকে আমি অনেক খুঁজেছি। অনেক ! তাই? ওর চোখের মণি বড় হয়ে ওঠে। কেন ? এমনিতেই।

# এ জীবন পূণ্য করো

## বি. এম. আতিকুজ্জামান

### ১. চোখের আলোয় দেখেছিলেম

রোগামতো একজন যুবক সেদিন সন্ধ্যায় "সন্ধানীর" অফিসের দোরগোড়ায় এসে দাঁড়ালেন। খোঁচা খোঁচা দাড়ি। ফ্লানেলের চেকের শার্ট আর খাকি রঙের প্যান্ট পরা। পায়ে মোজার সাথে চপ্পল। হাতে কয়েকটা বই। আমাদের বিলেত ফেরত হাশেম মামা গরমের মাঝেও মোজা পড়ে থাকতেন। উনাকে দেখে আমারই গরম লাগতো। সেদিন ঠান্ডা পড়ছিল। তাই তার মোজা পরা দেখে গরম লাগলো না। তিনি খানিকক্ষন বসলেন। সন্ধানীর পরবর্তী রক্তদান কোথায় হবে জানতে চাইলেন। তাকে খুব ক্লান্ত মনে হলো। খানিকক্ষণ পর তিনি চলে গেলেন।

সন্ধানীর বড় ভাই রতন ভাই আমার সাথে ছিলেন সে সন্ধ্যায়। তিনি আমাকে শিখাচ্ছিলেন কিভাবে সন্ধানী রক্তদান অনুষ্ঠান করে। তিনি বললেন এই যুবকের নাম আবদুল্লাহ ভাই।
শুনলাম আবদুল্লাহ ভাই বেশীদিন বাঁচবেন না। তাঁর দুরারোগ্য ব্যাধি। আমি হতবাক হয়ে গেলাম। এর আগে এ রকম পরিস্থিতিতে পড়িনি। একজন জলজ্যান্ত মানুষ কদিন পর একেবার হারিয়ে যাবে এটা হয় নাকি!
একজন প্রতিভাবান অপার সম্ভাবনাময় তরুন বেশীদিন বাঁচবেন না। শুনতেই মনটা কেমন যেন হয়ে এলো।

কদিন পর শুনলাম আবদুল্লাহ ভাই অসুস্থ। হাসপাতালের স্টুডেন্ট ওয়ার্ডে আছেন। আমি তাকে দেখতে গেলাম। শুনলাম তিনি কিছুদিন পর পরই ভর্তি হন হাসপাতালের স্টুডেন্ট ওয়ার্ডে। চট্টগ্রামের শহরেই থাকতেন তার পরিবার। তবে শরীর খারাপ হলে তিনি ভর্তি হতেন। বন্ধু এবং পরিচিতদের সান্নিধ্যে তিনি ভালো বোধ করতেন।
আবদুল্লাহ ভাই লাল রঙের কম্বল গায়ে হাসপাতালের বেডে বসে স্যুপ খাচ্ছিনেন। বললেন বাসা থেকে এসেছে। আমাকে বললেন কমলা খাও। আমি হেসে বললাম রেখে দিন। পরে খাবেন। আরো রোগা হয়ে গেছেন তিনি। বললেন আমি " মরণোত্তর চক্ষু দান" করছি। আমি ভ্যাবাচ্যাকা খেয়ে তার দিকে তাকিয়ে রইলাম। সেদিন হোস্টেলে ফিরে মনটা খুব খারাপ হয়ে গেল। এ রকম একটা ভালো মানুষ চলে যাবে!

কদিন পরেই শুনলাম আবদুল্লাহ ভাই আর নেই। ঘুমের মাঝেই পরম শান্তির দেশে চলে গেছেন তিনি। মনে আছে সেদিন আমাদের ক্লাস বাতিল হলো। আমাদের কেন্দ্রীয় মসজিদে তার প্রথম জানাজা হলো। মানুষের ঢল নেমেছিল সেদিন। জানাজা শেষে উদভ্রান্তের মতো একা একা হেঁটে বেড়িয়েছিলাম সারা ক্যাম্পাস জুড়ে সেদিন। মনে হয়েছিল কি যেন নেই। কি যে নেই সেটাও বুঝতে পারিছিলাম না। শুনলাম তার কর্নিয়া তিনি দান করে গিয়েছেন। একটি ছোট মেয়ে সে কর্নিয়ার বিনিময়ে খুঁজে পেয়েছে তার দৃষ্টি। মেয়েটিকে দেখার খুব ইচ্ছে হলো।

ক'দিন পরই সন্ধানীর কেন্দ্রীয় সম্মেলন হচ্ছিল আমাদের চট্টগ্রাম মেডিকেল কলেজে। উদ্বোধনী অনুষ্ঠানের উপস্থাপক ছিলাম আমি। অনুষ্ঠানের শুরুতে মঞ্চের পর্দা উঠার সাথে বাঁশীর সুর ভেসে এলো। মঞ্চে একটি মেয়ে বসে আছে। একা।

আমি মঞ্চের আড়ালে দাঁড়িয়ে বললাম, এই মেয়েটি আজ আপনাদের দেখতে পারছে। ও দেখছে পৃথিবীর আলো, সবুজ, আকাশ আর প্রিয়জনের মুখ। আমাদের আবদুল্লাহ ভাইয়ের চোখের আলোয় আজ আলো দেখছে এ মেয়েটি। তিনি আছেন। আমাদের মাঝেই আছেন। আমাদের অনুপ্রেরণার মাঝে আছেন।

এর কদিন পর মেডিকেল কলেজের ঢুকবার প্রধান সড়কটির নাম করা হয় তার নামে।" আব্দুল্লাহ সরনী "।

## ২. রতন

আমি তো ক্যাপলানের লাইব্রেরীতে রতন ভাইকে দেখে অবাক। সেই হাসি ভরা ফর্সা মুখ। অল্প কথায় জানালেন আমেরিক-ার মেডিকেল লাইসেন্স পরীক্ষা পাশ করেছেন। পার্ট টাইম ট্যাক্সি চালান। তাতে খরচটা উঠে যায়। বললেন ভাইয়ের বাড়িতে আছেন। বাসার ঠিকানাটা দিলেন। রোববারে রাতে খাবার দাওয়াত দিলেন।

রতন ভাইয়ের ভাইয়ের বাড়িতে যেয়ে দেখলাম তারা সবাই দেশে বেড়াতে গেছেন। তিনি নিজেই রান্না করেছেন। খিচুড়ি, ইলিশ ভাজা এবং খাসির মাংস। অবাক হলাম তার রান্নার হাত দেখে।

সময় নষ্ট না করেই আমাকে জানালেন কিভাবে তাড়াতাড়ি পরীক্ষা পাশ করতে হবে। ভেটেরান হাসপাতালের একজন অধ্যাপক, পিটার ফিঞ্চের খবর জানালেন তিনি। সেখানেই আমার ক্লিনিক্যাল এটাচমেন্ট শুরু হলো। রতন ভাইয়ের নিজ থেকে যেচে পড়ে পরোপকার করার একটা অসাধারণ গুন ছিল। আমি তার কাছে চির কৃতজ্ঞ।
সেদিন জানালেন তাঁর প্রেমিকার সাথে বিয়ে ঠিক হয়েছে। রেসিডেন্সি পেলেই তিনি দেশে যাবেন।

কিছু কিছু মানুষকে দেখলেই মনে হতো তিনি প্রেম করতে পারবেন না। সবার সাথেই ভালো সম্পর্ক। তবে কারো সাথেই গভীরে কোন সম্পর্ক নেই। তেমন একজন মানুষ ছিলেন রতন ভাই।
রতন ভাই কাজ পাগল মানুষ ছিলেন। যাকে বলে ম্যান ইন মিশন। লেখাপড়ার পাশাপাশি সন্ধানী করতেন এবং নিও ক্লাব করতেন। রাজনীতির ধার পাশ দিয়ে যেতেন না। তার কাজের জন্য লিডারশিপ পজিশনটা এমনি এমনিই চলে আসতো।

রতন ভাই খানিকটা নিঃশব্দে মেডিকেল কলেজের গন্ডি পেরিয়ে চলে গেলেন। আর দেখা হলো না। আমিও মেডিকেল কলেজের পাঠ চুকিয়ে আফ্রিকা ঘুরে নিউ ইয়র্কে এলাম। ভাগ্য আমাদের মিলিয়ে দিল।

এরপর আরেকদিন ডাকলেন আমাকে তার বাড়িতে। বললেন, রেসিডেন্সির এপ্লিকেশন প্যাকেজ রেডি করতে হবে। বললেন এসে দেখে যাও প্রসেসটা। সেদিন মুড়িঘন্ট খেয়েছিলাম তার বাড়িতে। একই সাথে শিখেছিলাম কিভাবে এপিকেশন করতে হবে।

আমাদের বিয়েতে দাওয়াত দিতে গেলাম তাকে। আসতে পারেননি। শুনলাম দেশে যাচ্ছেন। মৃদু হেসে বলেছিলাম বিয়ে করবেন তো? তিনি সেই পরিচিত হাসিটা দিলেন। সেটাই শেষ দেখা।

এলমহার্স্ট হাসপাতালে রেসিডেন্সি পেয়েছিলেন। রেসিডেন্সি শুরু হবার কদিন আগেই হঠাৎ করে অজ্ঞান হয়ে গিয়েছিলেন বাসায়। জানতাম না তার ব্রেনে কলয়েড সিষ্ট ছিল। সার্জারি করার কথা ছিল। ভেবেছিলেন রেসিডেন্সিতে ঢুকে তিনি অপারেশনটা করাবেন। তার আগেই আংকাল হার্নিয়েশন হয়ে গেল। বেশ কিছুদিন আর্টিফিশিয়াল ভেন্টিলেটরে ছিলেন।

তার মৃত্যুশয্যার পাশে আমার নববধুকে নিয়ে গিছিলাম। রতন ভাইকে বলেছিলাম, ভাই আপনাকে ধন্যবাদ। সিলভিকে দেখাতে নিয়ে এসেছিলাম।

তিনি তার দুদিন পর আমাদের সবাইকে ছেড়ে চলে গেলেন। তার নববধুর কথাটা জানা হয়নি।

ফিরোজ হুমায়ুন

# আই লাইক টু টেক
# মাই দাদা হোম

জীবন পথে চলতে চলতে কিছু দৃশ্য চোখে পড়ে, যা স্মৃতির পাতায় চিরদিনের জন্য স্থান করে নেয়। সেই স্মৃতিরা বার বার ফিরে আসে চোখের কোণে অশ্রু হয়ে। তেমনি আমার ডাক্তারি জীবনের একটা স্মৃতির কথা বলছি:

নার্সিংহোমে ঢোকার মুখে রিসিপশনিস্ট ডেরেক নিজের ডেস্ক থেকে উঠে দৌড়ে এসে বলল :
-ডাক্তার, তোমাকে লং টার্ম কেয়ার থেকে বার বার ওভার হেড পেজ করছে। তাড়াতাড়ি যাও। মনে হয় কোনও এমার্জেন্সি। অন্যদিনের তুলনায় আজ একটু তাড়াতাড়ি এসেছি। কারণ জন খুব মুমূর্ষ অবস্থায়, যে কোন সময় মারা যেতে পারে। যেতে যেতে চোখ পড়ল গেটের অদূরে পরে থাকা খালি হুইল চেয়ারটা যেখানে বসে জন প্রতি দিন অপেক্ষা করতো করো জন্য। শর্ট টার্ম , ইন্টারমিডিয়েট টার্ম , পার হয়ে নার্সিংহোমের শেষ মাথায় লং টার্ম কেয়ারে ইউনিট, যেখানে বয়স্ক রোগীরা থাকে আমৃত্যু। কেউ দশ, কেউ বিশ বছর ধরে। এটাই তাদের ঘর বাড়ী। জন তাদেরই একজন।
খুব দ্রুত পৌঁছে গেলাম সেখানে। জনের রুম নং ৩০৪। তার রুমের সামনে জটলা, রুমে ঢুকে যে দৃশ্য দেখলাম তার জন্য প্রস্তুত ছিলাম না। জনের ডেড বডিটি ধরে বসে আছে জ্যানেট আর তার দুগাল বয়ে অশ্রু ঝরে পড়ছে। জ্যানেট এই ইউনিটের স্টাফ নার্স। সাধারণত এমন দৃশ্য দেখা যায়না। বরং উল্টো। কোনও মৃতুর পর সে সবাইকে তাড়া করতে থাকে। যাকে যা করার কথা তা যেন তাড়াতাড়ি ও ঠিকমতো করে।
জন একজন ভারতীয়। সে গোয়ার অধিবাসী। ক্রিশ্চিয়ান। একজন রিটায়ার্ড কলেজ শিক্ষক। স্ট্যাটিসটিক্স পড়াতো এখানে এক কলেজে প্রায় পয়ত্রিস বছর ধরে। এদেশে এসেছিল আশির দশকের প্রথম দিকে। জনের একটাই ছেলে। নাম রবীন। সে আই টি ইঞ্জিনিয়ার, খুব ভাল চাকরি করে। এই শহরেই থাকে। জনও এই শহরেই অন্য প্রান্তে স্ত্রীর সঙ্গে বসবাস করতো। বছর পাঁচেক আগে জনের স্ট্রোক করে। কোমর থেকে নিচের দিকে প্যারালাইসিস। সে হাত দিয়ে খেতে পারে কিন্তু টয়লেট, ক্লিনিং এসব কিছুই করতে পারে না। তার স্ত্রী তার থেকে বছর সাতেকের ছোট। সেই তাকে দেখাশোনা করতো। কিন্তু হটাৎ কোভিড এসে তার স্ত্রীকে ছিনিয়ে নিয়ে গেল বছর খানেক আগে। জন কোনও অবস্থায় নার্সিংহোমে যাবে না। তাই বাধ্য হয়ে ছেলে রবীন তাকে তার কাছে নিয়ে আসে । ছেলে রবিনের দুই সন্তান। বড়টা ইউনিভার্সিটি অব মিশিগানে ফ্রেসম্যান। ছোটটা তিন থেকে চার এ পড়ল। নাম বান্টি। বান্টির মা সাদা। এখানে এক ছোট কোম্পানিতে ম্যানেজারিয়াল জব করে। সাদা আর ব্রাউনের মিশ্রণে অপূর্ব রং বান্টির। ফোলা ফোলা গাল। কোঁকড়ানো বাদামী চুল। দুষ্টু মিষ্টি হাসি। দেখলেই মনে হয় একটু কোলে নিয়ে আদর করি। সেই যখন থেকে সে হাটতে শিখেছে তখন থেকে দাদার কাছেই তার সময় কাটে। ভোর বেলা ঘুম থেকে উঠতেই থপ থপ করে হেটে দাদার কাছে চলে আসে। দাদা তাঁকে এ তে apple, B তে Ball ,আবার কখনও রাইমস শোনায়। টুইংকেল টুইংকেল লিটিল ষ্টার ....। কিছু হলেই, কিংবা কিছু দেখলেই ভাঙা ভাঙা কথায় দাদাকে এসে শুনতে হবে সেটা। দাদা তার বেস্ট ফ্রেন্ড।

বান্টি হচ্ছে তার দাদার প্রাণ। ছোটবেলায় রূপকথায় পড়েছিলাম যে ওই দৈত্যের জীবন থাকে ওই প্রাণভোমড়ার ভিতরে। ঠিক তেমনি দাদার প্রাণভোমরা হচ্ছে বান্টি। তাঁকে ছাড়া দাদা কিছু চিন্তা করতে পারেনা।

এর মাঝে হয়ে গেল দ্বিতীয় বিপত্তি। জনের দ্বিতীয় স্ট্রোক হলো। প্রথম স্ট্রোকে যেটুকু

বাকি ছিলো তাও চলে গেল। এখন সে কিছুই করতে পারে না। বাধ্য হয়ে তাঁকে এই নার্সিং হোম দিতে হলো। তাঁকে বলা হলো এটা খুবই সাময়িক এক দুই সপ্তাহে ইমপ্রুভ করলেই সে বাসায় চলে আসবে। কিন্তু তা আর হলো না।
এদিকে দাদার অভাবে বান্টি বার বার অসুস্থ হতে লাগলো। তার পেডট্রিশিয়ান কোনও অসুখ খুঁজে পায়না। বান্টির বাবা কিছুটা আঁচ করতে পারে। তাই সে বান্টিকে বার বার নার্সিংহোম আনতে থাকে দাদার কাছে। তাতে হিতে বিপরীত হয়। যতক্ষণ দুজনে একসঙ্গে থাকে খুব ভালো থাকে। চলে গেলে দুজনে আরো অসুস্থ হয়ে যায়।
জনের কোন কিছুর প্রতি কোনও আগ্রহ নাই। সে নিজের রুমে থাকতে চায় না। সে নার্সিংহোমের মেইন এন্ট্রান্সের পাশে হুইল চেয়ারে বসে অপেক্ষা করতে থাকে সারা দিন। বান্টি আসবে। দিন দিন জন কঙ্কাল সার হয়ে গেল। প্রায় প্রত্যেক মাসেই হসপিটালে যেতে হয়। একটার পর একটা প্রবলেম আসতে থাকলো। কখনও হার্ট , কখনও লাংস, কখনও কিডনি আর কখনও বা সুগার। তার উপর সে ছিলো DNR (Do not resuscitate )। আমেরিকায় এটা পেশেন্টের একটা উইল। অর্থাৎ যখন আমার মৃত্যু আসবে আমাকে যেতে দাও। আমাকে নিয়ে টানাটানি করোনা। অন্যদিকে আমেরিকার আইনে কেউ খেতে না চাইলে জোর করা যাবে না। এদিকে ফিডিং টিউব দেওয়া যাবে না কারণ তার উইল আছে ওসব না করার। তা করা বেআইনি। মনে হয় সে না খেয়ে মারা যাবে।

এর মাঝে হঠাৎ একদিন দেখি স্টাফ নার্স জ্যানেট খুব খুশি কারণ তার খাবার যা সে বাসা থেকে নিয়ে আসে নিজের জন্য। সে ট্রাই করেছে এবং জন পেট ভরে খেয়েছে। আসলে ব্যাপারটা অন্য রকম। জ্যানেটের বাবা মা নাই। ছয় বছর বয়সে মায়ের সঙ্গে এখানে চলে আসে ইমিগ্র্যান্ট হয়ে মেক্সিকো থেকে। তারপর স্টেপ ফাদার এর কাছে বড় হয়েছে। এখানে আসার পর নিজের বাবাকে আর কোনদিন দেখেনি। কিন্তু বাবার একটা পুরনো ছবি ও কিছু স্মৃতি মনে আছে। জনের চেহারা নাকি তার বাবার মতো। তাই জনের ভিতরে সে তার বাবাকে দেখতে পায়। তাই জনের প্রতি তার এত মায়া। সে নার্সিং স্টেশনের সামনে একটা ইজি চেয়ারে তাকে বসিয়ে রাখে। যাতে তাঁকে চোখে চোখে রাখতে পারে সারাদিন। পরে জেনেছি জ্যানেট জনকে বলতো বাবা। আর জন তাঁকে বলতো মা। তারপর থেকেই জ্যানেট এর খাবারই খেত। এমনকি সে অফ থাকলেও বাসা থেকে খাবার নিয়ে আসতো। এত কিছুর পরেও ওয়েট লস বন্ধ করা গেল না। বিপত্তিটা বাজলো থাঙ্কসগিভিং এর সময়।

আজ আজ প্রায় ৬/৭দিন হল জন কিছুই খাচ্ছে না। এমনকি ওষুধপত্রও না। তার প্রচন্ড অভিমান সবার প্রতি। অভিমান মানুষের প্রতি, অভিমান এই পৃথিবীর প্রতি, অভিমান সৃষ্টিকর্তার প্রতি । সে বসে থাকে হুইল চেয়ারে জড় পদার্থের মত। কে আসলো, কে গেল। দিন না রাত। কি হচ্ছে চারপাশে কোন খেয়াল নাই। কমপ্লিটলি উইথড্রোন।গত দুদিন সেই হুইল চেয়ারেও বসতে পারেনি। কারন এত দুর্বল যে বিছানা থেকেই উঠতে পারে না। রবীন বাসায় বসে সব খবর পাচ্ছিল। জ্যানেট তাকে প্রতি ঘণ্টায় আপডেট করছিল। সে জানে তার বাবার সময় ঘনিয়ে এসেছে। কিন্তু তার চিন্তা সে বান্টিকে সামাল দেবে কিভাবে। এই সব চিন্তা করতে করতেই আজকে বান্টিকে নিয়ে সে তার দাদার কাছে এসেছে। হয়তো হতে পারে এটাই তার শেষ দেখা।বান্টি এসে দেখে দাদা ঘুমাচ্ছে। অন্য দিনের মতোই দাদার বুকের উপর লাফিয়ে পড়ল। দাদা কিন্তু নড়ছে না। চোখ মেলে একটু তাকালো। তারপর আবার ঘুমিয়ে গেল। নিশ্চয় দাদা দুষ্টুমি করছে। এবার গলা জড়িয়ে ধরল। আবার দাদা একটু চোখ মেলে একটু তাকালো। আবার ঘুমিয়ে গেল। না এতো তার দাদা না। আর এদিকে জন প্রচন্ড চেষ্টা করছে তার চোখ দুটো খুলতে। কিন্তু পৃথিবীর সব ঘুম যেন তার চোখের পাতায়। কোনভাবেই চোখের পাতা মেলতে পারছে না।

রবীন আর বান্টি আসতেই জানেট রবীনকে নিয়ে তার অফিসে গেল এবং তাকে পুরোপুরি ভাবে পরিস্থিতিটা বুঝিয়ে বলল। বলতে বলতেই জ্যানেট হু হু কেঁদে ফেললো। রবীন বুঝতে পারল এই অবস্থায় বান্টিকে এখানে রাখা ঠিক হবে না । এটা তার জন্য খুব ট্রমাটিক হবে। তাকে যত তাড়াতাড়ি সম্ভব এখান থেকে নিয়ে যাওয়া দরকার। রবীন দেরি না করে জনের রুমে গেল। বাবাকে দেখে বুক ফেটে কান্না আসছিল। কিন্তু না তা করা যাবে না। সে বান্টিকে কোলে নিয়ে ৩০৪ নং রুম থেকে বেরিয়ে এলো।

কিন্তু বান্টি তার দাদা ছাড়া কিছুতেই যাবে না। কারন এর আগেও তার বাবা প্রমিস করেছিল যে দাদাকে বাসায় নিয়ে যাবে। কিন্তু সে তা রক্ষা করেনি। তাই আজ সে তার দাদাকে ছাড়া কিছুতেই যাবে না। বান্টি কোনও উপায় খুঁজে না পেয়ে ফ্লোরে শুয়ে পরে চিৎকার করে কাঁদতে লাগল। রবীন তার ছেলেকে বুকের মাঝে প্রাণপণে জাপটে ধরে নিয়ে যাওয়ার চেষ্টা করছে। আর বান্টি তার সর্ব শক্তি দিয়ে হাত পা ছুঁড়ে চিৎকার করে কাঁদছে । সে এক বেদনা বিধুর পরিবেশ চারিদিকে। রবীন একটু বিরতি দিয়ে আবার জোর করে বান্টিকে নিয়ে যাচ্ছে আর ছোট্ট শিশুটি চিৎকার করে কাঁদছে আর বলছে "আই লাইক টু টেক মাই দাদা হোম "। নার্সিংহোমের ডিমেন্টেড পেশেন্টগুলো শিশুর মতো ফ্যাল ফ্যাল করে তাকিয়ে সে দৃশ্য দেখছে। নার্স , নার্স অ্যাসিস্ট্যান্ট জেনিটার সবাই কাঁদছে। আর আস্তে আস্তে শিশুটির কান্না দূরে চলে যাচ্ছে। কিন্তু তখনও দূর থেকে ভেসে আসছিলো বান্টির কান্না মাখা আকুতি "আই লাইক টু টেক মাই দাদা হোম "।

# From Smoker to Marathoner-and Back to Running After CABG: Beating the Odds of Family History

**Dr. Farhad Karim**

This article isn't just about my experience undergoing
Coronary Artery Bypass Grafting (CABG)-and then being able to resume running-as a lifelong runner. It's also about the challenges of diagnosing coronary artery disease in athletes, the importance of regular exercise, and what motivates me to keep running every day. I hope it also offers useful insights for healthcare professionals counseling patients about smoking cessation and the benefits of physical activity. Before I started running, I was a smoker with a troubling family history of heart disease. My father suffered a myocardial infarction at age 42 and passed away at 52. Premature heart disease was common in my family, and despite knowing my risk, my first attempt to quit smoking failed.

During my allergy fellowship in 1980, I decided to quit smoking for good-to set an example for my children and my patients. I quit cold turkey but needed something to manage the cravings. Believing that smoking and exercise were incompatible, I began running-just short loops around the block at first, gradually increasing distance. It worked. The longer I ran, the more I wanted to protect that effort and avoid relapsing.

Running quickly became part of my daily routine. I discovered that morning runs fit best with my schedule, and I settled into a consistent habit of six miles each day. Beyond physical benefits, running brought mental clarity. My thoughts would enter a meditative state, often leading to creative solutions I hadn't considered before.

About five years later, I became intrigued by the growing popularity of road races. I ran my first 10K in 1985. As my performance improved, I wondered whether running could help me overcome my genetic predisposition to heart disease. When I read that marathoners tend to have the highest median HDL levels, I decided to become one. I increased my weekly mileage from 42 to 63 miles and ran my first marathon in 1986. It was the first of 14, including the Boston Marathon, which I qualified for with a time of 3 hours and 23 minutes.

My father had his first cardiac event at 42. I told myself that if I made it past that age without one, running might have changed my trajectory. And if I lived beyond 52, it might mean that regular exercise could truly override genetic fate. By the time I surpassed 52, I felt confident that I had beaten the odds.

However, at age 61, after a regular 6-mile run, I developed shoulder tightness and felt unusually fatigued-as if I had run a marathon. Prompt evaluation, including cardiac stress testing, revealed normal myocardial perfusion and function. Over the next two years, I struggled with my running and noticed that my breathing felt "out of sync," requiring me to stop frequently, concentrate on my breathing, and try to match it with my stride-yet I still had difficulty sustaining it. I knew my heart had recently been evaluated as normal, so the ongoing symptoms became increasingly frustrating without a clear cause.

I finally consulted a pulmonologist. A cardiopulmonary stress test initially appeared normal-until the very end, when an ST segment change emerged. A coronary angiogram revealed severe multivessel disease: ten blockages ranging from 70% to 100%, though my heart had developed good collateral circulation. I underwent urgent six-vessel CABG and recovered quickly.

The news shocked everyone who knew me as a dedicated runner. Some questioned the value of exercise. But I

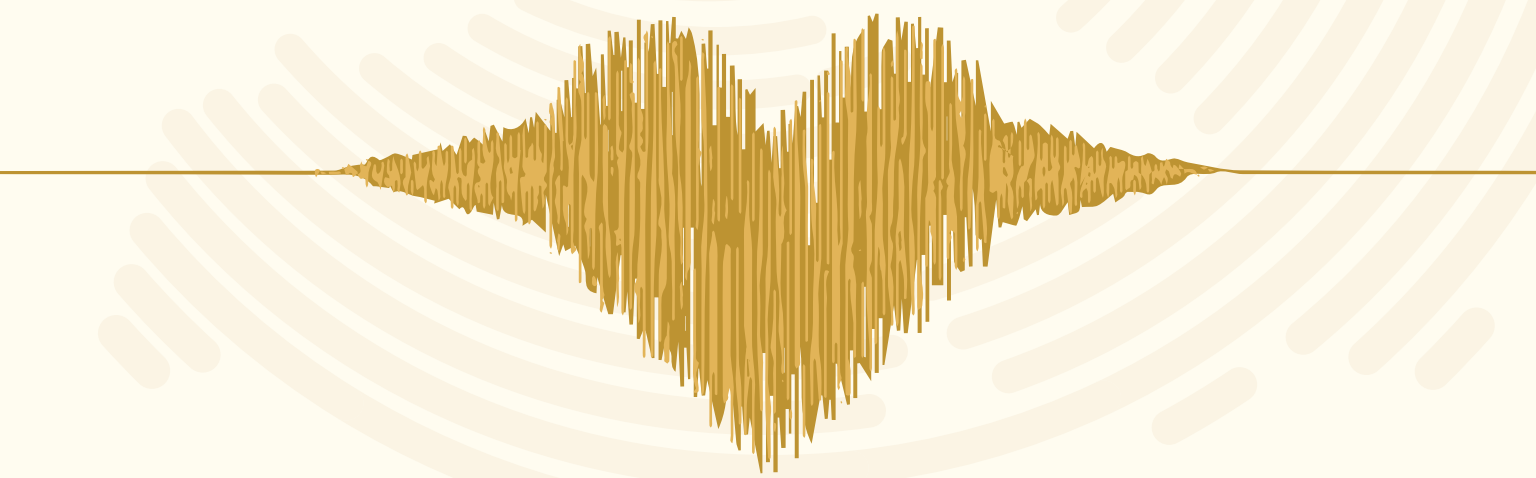
assured them that running had delayed the disease by at least 20 years, helped me avoid a heart attack, and preserved heart muscle through collateral circulation.

With cardiac rehabilitation and careful monitoring, I gradually returned to running and eventually resumed my daily 6-mile routine. Before participating in any races again, I underwent an evaluation by Dr. Aaron Baggish-an elite marathoner and founding member of the Cardiovascular Performance Program at Massachusetts General Hospital. I was cleared to run without limitation, provided I followed these five guidelines:

1. Prepare adequately for events.
2. Warm up and cool down properly.
3. Skip workouts during respiratory viral illnesses.
4. Build in a three-month off-season annually.
5. Stay alert to warning signs of recurrent coronary artery disease

I continued running 6 miles every day and was content with that, with no plans to run another marathon. But in 2017, the opportunity arose to join "The Bourbon Chase," a 206-mile relay with the Lexington Medical Society. I trained by increasing my mileage to 63 miles per week, as I had always done in preparation for my marathon. After the race, I felt ready-and ran another marathon later that year, at age 70, 20 years after my last. Before that race, I was once again evaluated at MGH and cleared to run. Today, I still run 3 to 4 miles daily and plan to continue as long as I can. At MGH, I learned that symptoms of heart disease in runners can differ from those in sedentary individuals-more likely to present as chest burning or the kind of "breath out of sync" experience I had. People often ask why I still run daily. My answer: I fear that if I allow myself to skip one day, I'll find reasons to skip another-and eventually stop. If I stop running, I fear I might be tempted to smoke again. Even after 45 years, the craving lingers. I still have nightmares that I'm smoking. That fear keeps me motivated. I've shared this story with patients and encouraged them to find an activity to help them resist the urge to smoke. For many, it has made a difference and helped them quit smoking. There's no better tool than exercise to fight addiction.

Running isn't for everyone, and it's essential to get medical clearance before starting any exercise program, especially after major surgery like CABG. But almost anyone can incorporate regular physical activity into their life. Carving out 30 to 60 minutes a day-by watching less TV or spending less time on social media-can yield profound benefits. I don't advocate starting exercise post-CABG without proper guidance. But whenever I have the opportunity, I try to inspire others to embrace regular physical activity, using my journey as a living example. I hope readers find value in this story-for themselves and for the patients they care for



# Scientific Papers & Abstracts

## Examining problematic internet use and its psychological consequences

Dr Sharmin Rahman

**Introduction:**
Problematic Internet Use (PIU) is a growing global concern, with significant implications for mental health, social functioning, and productivity. This study aimed to investigate patterns of PIU and its associated psychological and behavioral impacts among individuals from diverse demographic backgrounds.

**Methods:**
Using a cross-sectional design, data were collected through an online survey platform from 47 participants. The questionnaire included items on demographics, internet usage patterns, and PIU indicators, such as difficulties in limiting usage, psychological responses to reduced internet access, and concealment of internet habits.

**Results:**
The sample consisted primarily of females (85.1%), with age groups spanning from 18 to over 55 years. The majority were in the 35–44 (42.6%) and 18–24 (38.3%) age brackets. Educational attainment was diverse, with 63.8% holding a bachelor's or master's degree. Internet usage for non-work activities was prevalent, with 42.6% spending 4–6 hours daily, and 44.7% reporting 1–3 hours. Smartphones were the dominant device for online activities (78.7%), followed by laptops (14.9%).

Key findings revealed notable behavioral and psychological patterns associated with PIU. A significant portion of respondents often prioritized online activities over sleep, with 34% reporting this behavior frequently and 40.4% doing so sometimes. Regarding psychological distress, 27.7% reported feeling moody or depressed when offline, with 36.2% sometimes and 8.5% often experiencing relief upon reconnecting to the internet. Attempts to limit internet usage were frequently unsuccessful for 31.9% of participants, with 17% always or often failing to reduce time spent online. Concealment of internet habits was reported by 25.5% of respondents often and 36.2% sometimes. Additionally, 34% reported frequent complaints from others about their excessive internet use.

The study also highlighted gender and educational differences in PIU, with females and those holding higher educational qualifications showing distinct usage patterns and reported impacts. These findings suggest that PIU behaviors correlate strongly with psychological distress and social conflict.

**Conclusion:**
This study underscores the pressing need to address PIU through targeted strategies such as digital literacy programs, behavioral interventions, and mental health support. The findings provide valuable insights into the multifaceted nature of PIU and its impact on well-being, emphasizing the importance of comprehensive prevention and intervention measures. Future research should explore longitudinal impacts and evaluate the efficacy of tailored interventions across different demographic groups.

## Stiff Person Syndrome with Multisystem Complications: A Case Report and Literature Review on Recent Advances in Treatment and Management

Aurpy Das | Chowdhury Shakhawat Jahan | Mohammad Monwar Husain

**Background:** Stiff Person Syndrome (SPS) is a rare autoimmune neurological disorder characterized by progressive rigidity, muscle spasms, and fluctuating stiffness, primarily affecting the truncal and limb muscles. As the disease progresses, patients can become severely disabled, experiencing multisystem complications such as recurrent falls, infections, difficulties with swallowing and speech, and psychiatric manifestations. Here, we present a case of a 70-year-old woman diagnosed with SPS, who experienced significant worsening of her condition, including fractures, recurrent urinary tract infections, dysphagia, and depression. We then present the latest breakthroughs in treatment and rehabilitation for patients with advanced SPS and highlight the critical need for early recognition, continuous monitoring, and a multidisciplinary approach to managing SPS.

**Case Presentation:** A 70-year-old woman with a 6-year history of Stiff Person Syndrome (SPS) presented with fever, dysuria, and chills. She was admitted for a urinary tract infection (UTI). Her past medical history included asthma, diabetes, hypertension, and hyperlipidemia. SPS was diagnosed based on clinical findings and positive anti-GAD antibodies. Over time, she developed progressive stiffness and painful spasms, leading to gait instability, fractures, and eventually complete immobility. She became wheelchair-bound and later bedridden, also developed dysphagia requiring gastrostomy, recurrent UTIs, pressure ulcers, and psychiatric hospitalizations due to depression. Despite treatment with diazepam and baclofen, her SPS symptoms continued to worsen. She was managed for UTI with IV cefepime and improved clinically. Given her advanced disease and poor functional status, she was referred to neurology and considered for intravenous immunoglobulin (IVIG) therapy.

**Discussion:** This case highlights the debilitating course of advanced SPS, the high risk of complications, and the need for multidisciplinary care and consideration of advanced immunotherapy. First-line treatment for Stiff Person Syndrome includes benzodiazepines like diazepam and baclofen for spasticity. For refractory cases, IVIG is effective, while other options include GABA-modulating drugs, immunosuppressants, botulinum toxin, and plasmapheresis. Rehabilitation is essential in SPS management, and physical therapy enhances flexibility, balance, and functional mobility.

## Lipids determine the toxicity of human islet polypeptide aggregates in vivo

Ferdhousi Teresha | Jadon Sitton | Davis Pickett | Axell Rodriguez | Dmitry Kurouski

**Abstract:**
The onset and progression of type 2 diabetes is linked to the accumulation and aggregation of human islet amyloid polypeptide (hIAPP) in the pancreas. Amyloid oligomers and fibrils formed as a result of s aggregation properties of this peptide remains unclear. In this study, we investigate the effect of sphjingophospholipid and anionic and zwitterionic phospholipids with different lengths of fatty acids on the aggregation of hIAPP. We found that anionic lipids drastically accelerate peptide aggregation, whereas this effect was substantially

weaker for sphjingophospholipid and zwitterionic phospholipid. Biophysical analysis revealed that the presence of lipids resulted in substantial differences in morphology and secondary structure of hIAPP fibrils compared to the protein aggregates grown in the lipid-free environment. We also found that zwitterionic phospholipids drastically increased cytotoxicity of hIAPP aggregates, whereas this effect was less evident for sphjingophospholipid and anionic phospholipid. Our results showed that drastic differences in lipid-determined cytotoxicity of hIAPP aggregates were linked to molecular mechanisms of autophagy, exocytosis, and unfolded protein response. These findings suggest that molecular candidates that could disrupt protein–lipid interactions would allow for deceleration of the onset and progression of type 2 diabetes.

## Alterations in vitamin D metabolic enzymes in pancreatic cancer

**Farjana Masud | Fareha Rezwana | Sadia Afrin Naurin | Salma Khan**

[1]The Grand Rehabilitation and Nursing at Rome, NY 13440, USA
[2]Sylhet Women's Medical College, Bangladesh
[3]Ibrahim Medical College, Bangladesh
[4]Loma Linda University School of Medicine, Loma Linda, CA-92354, USA.

Correspondence: Salma Khan, MD/PhD, E-mail: salmakhan@llu.edu; Address: Associate Professor, Center for Health Disparities & Molecular Medicine, Loma Linda University School of Medicine,11085 Campus St., Loma Linda, CA 92354, USA

**Background:** Pancreatic ductal adenocarcinoma (PDAC) is a lethal malignancy with limited treatment success. Altered vitamin D metabolism, especially dysregulation of enzymes like CYP24A1 and CYP27B1, may influence PDAC progression, therapy resistance, and patient outcomes.
Methods: A systematic review of PubMed, Medline, and Google Scholar through May 2025 identified human studies examining the expression or polymorphisms of vitamin D metabolic enzymes (CYP24A1, CYP27B1, CYP2R1) and the vitamin D receptor in PDAC, assessing their links to clinicopathological features, therapy response, and survival.

**Results:** Recent studies highlight the pivotal role of cytochrome P450 (CYP450) enzymes in pancreatic ductal adenocarcinoma (PDAC). CYP4F2 and CYP4F3 are significantly upregulated, especially in males and younger patients. CYP1A2 and NAT1 genotypes interact with smoking in women, while NAT1 variants synergize with dietary mutagens in men. CYP3A5 drives therapy resistance in exocrine-like tumors; its inhibition restores cisplatin sensitivity. Gemcitabine induces CYP1B1 and CYP2A6, with CYP1B1 inhibition enhancing efficacy. Maintenance cyclophosphamide prolongs survival (20 months) with minimal toxicity. Epigenetic studies identify 1,658 differentially methylated loci and novel aberrantly expressed genes. COMPASS-like alterations are associated with poor prognosis and KRAS/TP53/SMAD4/CDKN2A mutations. A CYP450 pathway signature predicts prognosis and chemo-efficacy, especially in classical PDAC. Combined immunotherapy achieves median overall survival (20.4 months), while the CLFT regimen (cyclophosphamide, leucovorin, 5-FU, tamoxifen) shows modest benefit (median survival: 8.5 months). These findings emphasize the significance of CYP450 enzymes in PDAC biology and treatment outcomes.

**Conclusions:** Cytochrome P450 enzymes significantly impact PDAC. CYP4F2 and CYP4F3 are upregulated and linked to clinical features, while CYP3A5 drives drug resistance in exocrine-like subtypes. Genetic variants in CYP1A2 and NAT1 influence PDAC risk, and CYP-mediated metabolism emerges as a key prognostic factor. These enzymes hold promise as diagnostic, therapeutic, and prognostic markers.

# Rebooting the Fear Circuit of the Brain: Vagus Nerve Stimulation helps the Brain to Heal from PTSD-Related Trauma.

**Nubaid Zaid Mridha**

Department of Biochemistry and Biophysics, University of Houston, TX

Post-traumatic stress disorder (PTSD) is a mental health condition in which individuals continue to experience fear and anxiety long after a traumatic event. This often occurs because the brain struggles to "unlearn" or reduce the fear responses tied to traumatic memories. Recent research has explored the use of Vagus Nerve Stimulation (VNS)—a technique that gently activates the vagus nerve, which connects the body to key brain regions—as a way to support fear extinction and emotional recovery. When VNS is applied during exposure-based therapy or learning sessions, it helps reduce fear responses more effectively. This is likely because VNS enhances communication between critical brain areas involved in fear regulation, such as the amygdala and prefrontal cortex. It also increases levels of important neurotransmitters like norepinephrine and serotonin, which play key roles in mood and memory. Overall, VNS may help “reboot” the brain’s fear circuit, offering a promising complementary tool in the treatment of PTSD-related trauma.

# “Know Before You Pour” Assessing Mustard Oil Use and Cardiovascular Risk Awareness in the Bengali Community of Jamaica, Queens

**Rayan Hasan | Marufa Khatun MD**

1 Jericho High School, NY 11753, USA
2 One Brooklyn Health, NY 11203, USA

**Introduction:** Mustard oil is widely used in South Asia but contains erucic acid, linked to heart disease. Despite a 2016 FDA ban, awareness of its health risks is low in Bengali immigrant communities like Jamaica, Queens. This study explores usage habits, awareness, and willingness to adopt healthier alternatives.

**Methods:** This study surveyed adult Bengali patients at a clinic in Jamaica, Queens, focusing on mustard oil use in this community. The questionnaire covered usage frequency, purpose, health risk awareness, and FDA ban knowledge. Afterward, participants viewed an educational poster in English and Bengali about mustard oil’s dangers and regulations and were asked if they were likely to reduce or stop usage. Healthcare staff recorded responses on-site.

**Results:** A total of 69 adult Bengali participants were surveyed at a clinical setting in Jamaica, Queens. The majority (76.8%, n = 53) reported consuming mustard oil, while 23.2% (n = 16) did not. Among consumers, the most common frequency of use was “multiple times per week” (60.4%, n = 32), followed by “rarely” (32.1%, n = 17), and “daily” (7.5%, n = 4). In terms of application, 90.7% (n = 48) used mustard oil as an additive in food rather than as a primary cooking oil (9.3%, n = 5).
**Conclusion:** Awareness of health risks associated with mustard oil consumption was notably low, with 88.4% (n = 61) of all participants indicating they were not aware. Similarly, knowledge of the FDA ban on mustard oil was minimal; 91.3% (n = 63) of participants were unaware of the ban. However, after the interventional poster,

77.4% (n = 41) of consumers indicated they would stop or reduce their mustard oil use. These findings suggest that a targeted educational intervention can significantly influence health-related behavior within the Bengali community.

## The Vitamin D Receptor in Pancreatic Cancer: Implications for Tumor Biology and Targeted Therapy

**Tasnim Rahman | Anika Tabassum Shorme | Salma Khan**

1Holy Family Red Crescent Medical College, Dhaka, Bangladesh 2Research Ambitions, Bangladesh Medical Association of North America, USA; 3 Shaheed Suhrawardy Medical college, Dhaka, Bangladesh; 4Loma Linda University School of Medicine, Loma Linda, CA-92354, USA.

Correspondence: Salma Khan, MD/PhD, E-mail: salmakhan@llu.edu; Address: Associate Professor, Center for Health Disparities & Molecular Medicine, Loma Linda University School of Medicine,11085 Campus St., Loma Linda, CA 92354, USA

Pancreatic ductal adenocarcinoma (PDAC) is a highly lethal cancer with a 5-year survival rate of just 13%, primarily due to its dense stroma, late diagnosis, and resistance to chemotherapy. Recent evidence highlights the vitamin D receptor (VDR) as a key regulator of the PDAC tumor microenvironment. This review summarizes current findings on VDR's role in PDAC prevention and treatment, based on a literature search via PubMed focusing on VDR gene expression, mutations, methylation, and clinical trials.

VDR is expressed in pancreatic stellate cells (PSCs), and its activation promotes a quiescent state, reducing fibrosis and improving drug delivery. It also downregulates oncogenic pathways such as FOXM1 and MUC1, contributing to reduced tumor growth and chemoresistance. A functional VDR polymorphism (rs2853564) is associated with improved survival in advanced PDAC; patients with the GG genotype exhibit enhanced VDR activity, altered IRF4 binding, and greater benefit from vitamin D and gemcitabine combination therapy.

Preclinical studies show that VDR activation enhances response to gemcitabine and synergizes with chemotherapy and photodynamic priming (PDP). A novel therapeutic approach combining VDR ligands with PDP improves chemotherapy delivery, reduces toxicity, and allows a 75% dose reduction of nal-IRI without loss of efficacy by targeting the CXCL12/CXCR7 axis. This strategy uses three FDA-approved agents with non-overlapping toxicities, supporting clinical feasibility.

However, recent findings suggest a dual role: VDR may promote immune suppression by upregulating CCL20, leading to recruitment of M2 macrophages and diminished anti-tumor immunity. Thus, VDR's effects are context-dependent—offering therapeutic promise while also posing immunological risks.

In summary, VDR modulates fibrosis, drug delivery, and oncogenic signaling in PDAC, positioning it as a promising yet complex therapeutic target. Further research is needed to optimize strategies that maximize its benefits and mitigate its potential to promote immune evasion.

## Community Awareness and Prevention of Alzheimer's Disease

**Zariya Mridha,** Shadow Creek High School, Pearland, TX 77584 USA

Alzheimer's disease (AD) is a devastating brain disorder that slowly robs individuals of their memory, independence, and ability to recognize loved ones. It not only affects the person diagnosed but also places a heavy emotional and financial burden on families and caregivers. As the most common cause of dementia, it progresses with no known cure.

By fostering understanding and collective action, we can help protect cognitive health and build a more informed and compassionate society. Therefore, making early awareness and prevention critical. Community awareness is essential to dispel myths, reduce stigma, and encourage early detection and support. Prevention efforts through education, healthy lifestyle promotion, and community engagement can empower individuals to protect their brain health and foster a more compassionate, informed society.

## Vitamin D Binding Protein and Pancreatic Cancer: Exploring Associations and Therapeutic Possibilities

**Farhana Binta Awal Oeshe | Sultana Akter | Sabrina Sifat | Salma Khan**

1 2 3 Research Ambitions, Bangladesh Medical Association of North America, USA
4Loma Linda University School of Medicine, Loma Linda, CA-92354, USA
Correspondence: Salma Khan, MD/PhD, Email: salmakhan@llu.edu
Address: Associate Professor, Center for Health Disparities & Molecular Medicine, Loma Linda University School of Medicine, 11805 Campus St., Loma Linda, CA-92354, USA

**Background:** Pancreatic cancer is the fourth leading cause of cancer-related death in the United States, with a five-year survival rate of 5–15%. Ecological and epidemiological data suggest a role for vitamin D in pancreatic cancer risk modulation. Vitamin D Binding Protein (DBP), a key transporter of vitamin D metabolites and a modulator of immune and inflammatory responses, has emerged as a potential biomarker and therapeutic target in pancreatic cancer. DBP is encoded by the group-specific component (GC) gene, located on chromosome 4q13, which produces various DBP isoforms that may influence vitamin D bioavailability and immune functions.

**Methods:** We reviewed clinical, epidemiological, systemic reviews and experimental studies of PubMed and Google Scholar assessing serum DBP levels, DBP gene polymorphisms, gene expression profiles, and the biological activity of DBP-derived macrophage-activating factor (DBP-MAF) in pancreatic cancer. Key studies include nested case-control analyses, proteomic profiling, gene expression analyses using tumor databases, and preclinical in vitro and in vivo investigations.
Results: Evidence remains conflicting regarding the protective role of DBP. Some studies report that high DBP levels lower pancreatic cancer risk, particularly in individuals with elevated 25(OH)D levels, possibly by reducing free circulating vitamin D, which may otherwise promote tumorigenesis. Conversely, other studies find no significant association between DBP levels and pancreatic cancer risk, while proteomic analyses demonstrate decreased DBP in pancreatic cancer patients. Gene expression studies reveal that GC, the gene encoding DBP, is often downregulated in pancreatic tumor tissues compared to normal pancreatic tissue, suggesting a potential tumor-suppressive role. Preclinical models show promising anti-tumor and anti-angiogenic effects of DBP-MAF, mediated through immune activation, inhibition of angiogenesis, and induction of tumor cell apoptosis. Genetic polymorphisms in DBP (e.g., rs4588, rs7041) also influence vitamin D metabolism and cancer susceptibility.

**Conclusions:** While DBP and its derivatives show potential as biomarkers and therapeutic agents in pancreatic cancer, human data remain inconclusive. Downregulation of GC gene expression in tumors and the immunomodulatory effects of DBP-MAF warrant further investigation. Large-scale genomic studies and clinical trials are needed to clarify DBP's role in pancreatic carcinogenesis and its possible integration into prevention or treatment strategies.

# A Survey-based Discovery of the Source of Metacognition

Zahin Ibnat

***Abstract*—Over time, people understand their learning abilities and what tools are necessary to facilitate learning; however, it is generally unknown from what part of the brain people develop that understanding. The prefrontal cortex of the brain is largely responsible for metacognition, the awareness of how one thinks. Although extensive research has shown the involvement of the prefrontal cortex in this process, the research is not usually survey based. This study aims to explore whether the prefrontal cortex as the developmental area of metacognition for coding through personal surveys from college students within the computer science department.**

**To expand on how this research was conducted, a semester of students of an undergraduate data structures class were analyzed through retrospective surveys conducted at the beginning and end of every semester as well as reflection papers submitted alongside quarterly projects.**

**The goal was to show a correlation between class performance and metacognitive learning methods, e.g. reviewing course material, practicing outside of class. After performing such tests, the results did not show a significant correlation between the actions students took and their class performance; however, metacognition does not necessarily facilitate a higher score in a class but can mean long term retention.**

***Index Terms*—metacognition, reflection, learning, prefrontal cortex**

## I. Introduction

THE purpose of this research is to find the source of metacognitive ability in computer science students with the analysis of surveys.

### A. Motivation

My motivation to pursue this research question was from the desire to see how my peers and I gain problem solving skills from our programming classes. Relative to other industries, the computer science industry is fairly new, and not much is known about how programmers process the information they are taught in school or university. That being said, it is generally known that problem solving is at the core of programming. How these skills are honed can be explained by metacognition; however, understanding the process of improving metacognition is still a new field of thought.

The goal of the research is to find a source for metacognition according to student behavior indicating that the prefrontal cortex is the most active. If this part of the brain was to be discovered as the source of metacognition from a more behavioral angle, like student activity, then the set of behaviors students can do to improve metacognition can be researched.

### B. Literature Review

Before going into the methodology for the research, it is important to look at other research conducted on the similar subject matter in discovering the source of metacognition, but in vastly different ways than my tests. Most of the papers have agreed to the fact that the prefrontal cortex is the source of metacognition, a fact that I based my own research on. The disagreement comes from pinpointing the source of metacognition within the prefrontal cortex based upon behaviors the researchers deemed to be most indicative of metacognition within their research samples.

Early analysis of metacognition is important to analyze to see why studies are conducted in understanding learning processes. The most well-known analysis comes from John Flavell in his multiple papers of highlighting the significance of metacognition in areas such as problem solving, comprehension, memory, and many more [1]. According to Flavell, there exists two categories in learning associated with metacognition: metacognitive knowledge and metacognitive experiences. The knowledge is about the different factors that can interact to affect cognition, and the experiences are the involved actions of attempting to solve a problem, for example. These two ideas are not separate from one another; metacognitive knowledge is what lets a student act on the feelings born from the metacognitive experiences.

Since the basics of metacognition have been established, it can be seen how these ideas are then further analyzed in research studies. With the use of fMRI (functional MRI) brain imaging, research has shown that the right rostrolateral prefrontal cortex (rlPFC) is the source of metacognition, or at least, satisfies the constraints of metacognitive decision making, mainly dealing with confidence in decision making [2]. Metacognition only begins to develop with continued confidence in problem solving. If there is not confidence in the solutions produced, the method to approaching the answer is unclear; however, there also needs to be a mechanism of evaluating one's decision making.

In other research, the experiments tested for how confidence can be coupled with contextual information to produce behavioral control [3]. Again, brain imaging with fMRI was used, but to state that the general anterior prefrontal cortex was responsible for this ability. It is clear that measuring behavior based upon a confidence scale seems to be

In addition to measuring brain activity, this type of research into metacognitive behavior is largely experimental psychology because people have to be applied to a situation that requires a solution but need to find the source of their answer [4]. This analysis of subjective measures focuses on the idea

that if people do not know the source of their solution and have likely guessed, it is plausible that the solution came from unconscious knowledge. Metacognition can be described as unconscious knowledge until people come to know how to utilize it, which is what I aimed to discover with my research.

### C. Methodology

To conduct this study, data from student responses to questions targeting how they solved coding problems were collected onto an Microsoft Excel spreadsheet and plotted against their final grades in the class, using t-tests and analysis of variance (ANOVA) tests. The participants were 130 students in a Data Structures and Algorithms course. The data involved drawing correlations comparing between average exam grades and learning methods such as, practicing problem solving, reviewing course material, studying for tests, programming outside of class, having years of coding experience, and possessing a level of comfort for the course material. Data and tests are subdivided into grade quartiles with the first quartile consisting of students with the highest grades on the final exam and the fourth quartile consisting of students with the lowest grades on the final exam. The null hypothesis is that no correlation exists between final grades and the answers to the survey.

## II. Data

### A. t-test

The first part of the survey analyzed was the question: ”Have you engaged in activities to improve in areas you have identified as weaknesses in your last in-class required reflection?” This question directly targets the reflective aspect of metacognition because if students see a gap in their learning, it is possible for them to attempt to improve their learning. This is the sole question where a t-test was applied because it was a yes or no question.

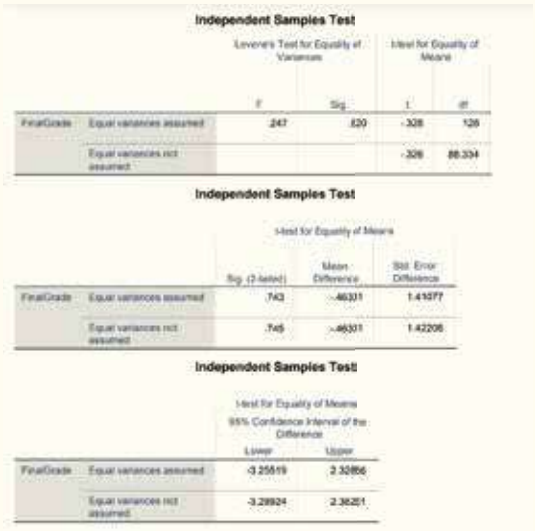



Fig. 1. 1st Quartile: t-test Results

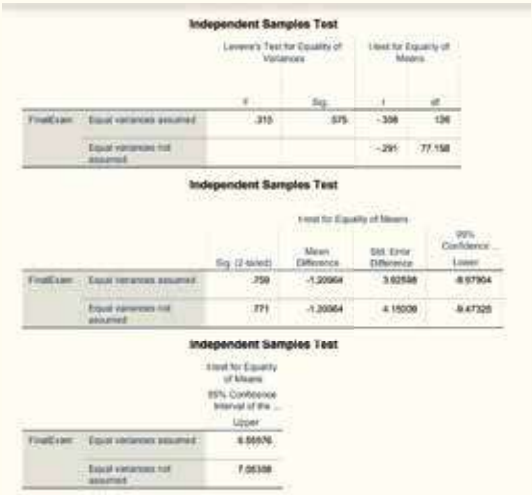



Fig. 2. 4th Quartile: t-test Results

### B. ANOVA test

Following the t-test, all other questions were analyzed with ANOVA tests.

*1) Comfort Levels with Timed Tests:* In this category, students were asked to rate their level of comfort while coding during a timed assignment or test. This question was chosen because if the confidence aspect of metacognition is present in the students, then a relative level of comfort should be present under somewhat intense conditions.

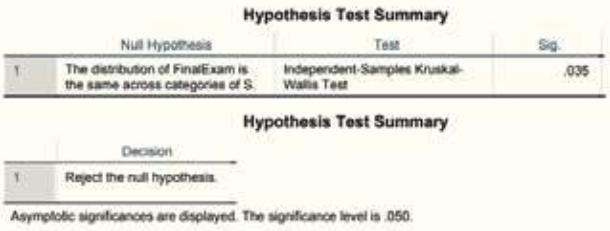



Fig. 3. 4th Quartile: ANOVA Results of Comfort Level of Timed Assignment vs Final Exam Grades

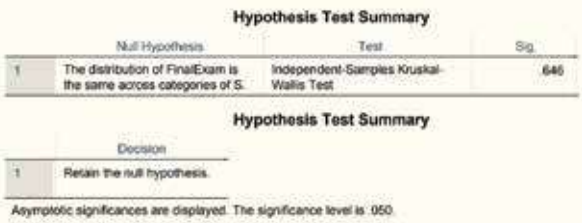
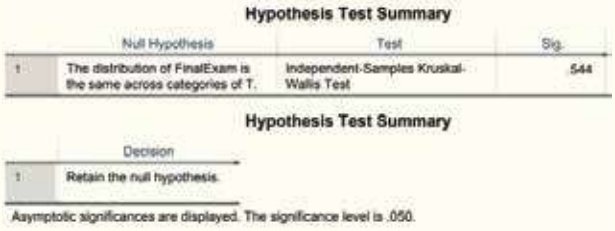



Fig. 4. 2nd Quartile: ANOVA Results of Comfort Level of Timed Assignment vs Final Exam Grades

*2) Comfort Levels with Verbal Explanation:* Continuing with the level of comfort in tasks, the next question asked

students to rate their comfort in verbally explaining their problem solving to their peers. This question, like the previous, targets confidence because if students are confident in their methods, then they can easily explain their problem solving to their peers. A level of metacognitive knowledge is also involved in the comfort rate because students would not comfortably piece together factors for cognition to explain back to their peers if they lacked the knowledge to do so. The study also included analysis of the level comfort in verbally communicating with a teaching assistant or professor and in an interview.



**Hypothesis Test Summary**

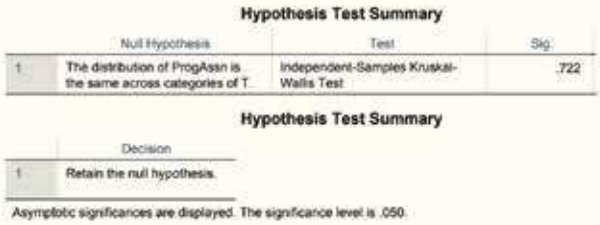
| | Null Hypothesis | Test | Sig. |
|---|---|---|---|
| 1 | The distribution of FinalExam is the same across categories of T. | Independent-Samples Kruskal-Wallis Test | .544 |

**Hypothesis Test Summary**

| | Decision |
|---|---|
| 1 | Retain the null hypothesis. |

Asymptotic significances are displayed. The significance level is .050.

Fig. 5. 4th Quartile: ANOVA Results of Comfort Level of Verbally Speaking to Peers vs Final Exam Grades



**Hypothesis Test Summary**

| | Null Hypothesis | Test | Sig. |
|---|---|---|---|
| 1 | The distribution of ProgAssn is the same across categories of T. | Independent-Samples Kruskal-Wallis Test | .722 |

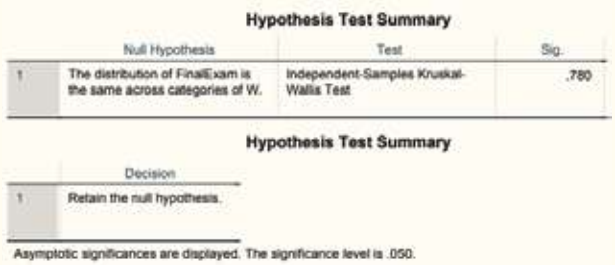
**Hypothesis Test Summary**

| | Decision |
|---|---|
| 1 | Retain the null hypothesis. |

Asymptotic significances are displayed. The significance level is .050.

Fig. 6. 3rd Quartile: ANOVA Results of Comfort Level of Verbally Speaking to Peers vs Final Exam Grades

*3) Importance Rating:* The last two questions analyzed involved the importance in doing typical student tasks: studying and practicing. The two tasks are less about confidence and more about developing the tools necessary for better problem solving skills. Depending on each person's learning style, one or both of these tasks are helpful.



**Hypothesis Test Summary**

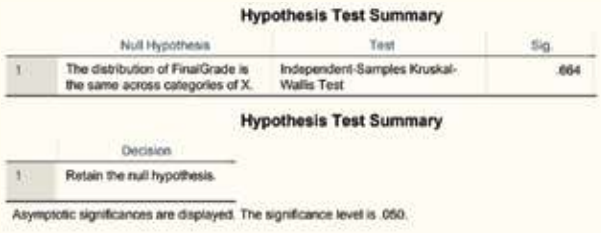
| | Null Hypothesis | Test | Sig. |
|---|---|---|---|
| 1 | The distribution of FinalExam is the same across categories of W. | Independent-Samples Kruskal-Wallis Test | .780 |

**Hypothesis Test Summary**

| | Decision |
|---|---|
| 1 | Retain the null hypothesis. |

Asymptotic significances are displayed. The significance level is .050.

Fig. 7. 4th Quartile: ANOVA Results of Importance of Studying vs Final Exam Grades



**Hypothesis Test Summary**

| | Null Hypothesis | Test | Sig. |
|---|---|---|---|
| 1 | The distribution of FinalGrade is the same across categories of X. | Independent-Samples Kruskal-Wallis Test | .664 |

**Hypothesis Test Summary**

| | Decision |
|---|---|
| 1 | Retain the null hypothesis. |

Asymptotic significances are displayed. The significance level is .050.

Fig. 8. 1st Quartile: ANOVA Results of Importance of Practicing vs Final Exam Grades

## III. Discussion

Looking at the significance of the statistical tests for these questions indicates that there is no significant correlation between students' final grades and the answers to the survey questions. The t-test on the question "Have you engaged in activities to improve in areas you have identified as weaknesses in your last in-class required reflection?" would have leaned towards a "yes" answer for students with higher grades to show that the initiative to improve their metacognitive skills had a good outcome. Moreover, engaging in activities to improve gaps in learning is largely a prefrontal cortex behavior because they are actions to improve problem solving skills.

The ANOVA tests on the level of comfort would have showed statistical significance if students with higher grades showed a high level of comfort for the tasks asked about, and the opposite would be true for students with lower grades. Comfort generally comes from confidence in problem solving, and to be confident in a task would require the metacognitive knowledge to recognize the factors to piece together. This type of behavior again indicates the prefrontal cortex as the influence to conduct these actions.

Lastly, the ANOVA tests for the level of importance in performing typical student behaviors of studying and practicing would have showed statistical significance if a high level of importance was indicated for these actions by high ranking students. Studying and practicing adapt the prefrontal cortex so that students can solve any problems that follow the same general method. The two behaviors would also allow students to have metacognitive experiences as well as building up their metacognitive knowledge.

Metacognition is not necessarily absent from the students but rather not significant to reject the null hypothesis.

## IV. Conclusion

Based on the results, it is difficult to say if the prefrontal cortex is the source of metacognition. There are some places where data retrieval can be considered as a point of confusion because if the research group was only taken into consideration. These results could be due to not well-thought out answers from the students or it could be due to lack of student understanding of their own learning methods. Both of these theories are equally viable and possibly happened simultaneously. Holistically, it is possible that the results are a cause of the limitation of the sample. The participants were students in a Data Structures and Algorithms undergraduate

class, which is a high-intensity class and very pivotal in the computer science and computer engineering majors.

Regardless of the results, the literature review indicates that the general consensus agrees to the prefrontal cortex being the source of metacognitive abilities. To improve upon the survey-based approach to this question, students could be analyzed some time in the future well after they have taken the class to see the after effects of the class on the students' metacognition in other classes or even in a job setting.

## Acknowledgment

The author would like to thank Cheryl Resch for being a helpful research advisor and the committee chairs, Dr. Eric Schwartz and Dr. Nicole Dorey, for reviewing the work.

## References

[1] J. H. Flavell, "Metacognition and cognitive monitoring: A new area of cognitive-developmental inquiry.," *American Psychologist*, vol. 34, no. 10, pp. 906–911, Oct. 1979.

[2] S. M. Fleming, J. Huijgen, and R. J. Dolan, "Prefrontal Contributions to Metacognition in Perceptual Decision Making," *Journal of Neuroscience*, vol. 32, no. 18, pp. 6117–6125, 2012.

[3] J. Morales, H. Lau, and S. M. Fleming, "Domain-General and Domain-Specific Patterns of Activity Supporting Metacognition in Human Prefrontal Cortex," *Journal of Neuroscience*, vol. 38, no. 14, pp. 3534–3546, 2018.

[4] Z. Dienes, "Subjective measures of unconscious knowledge," *Progress in Brain Research Models of Brain and Mind - Physical, Computational and Psychological Approaches*, pp. 49–269, 2007.

# BMANA Emergency Aid Initiative for 2024 Flood Victims

## Report by Hope Foundation, the implementing partner

In response to the devastating floods that struck Bangladesh in 2024, the Hope Foundation for Women and Children mobilized a swift emergency aid initiative aimed at supporting affected communities in greater Kumilla and Noakhali. The focus was to alleviate the immediate hardships faced by vulnerable families and assist them in navigating the aftermath of this disaster.

Thanks to the unwavering support from Bangladesh Medical Association of North America (BMANA)—Hope Foundation successfully implemented several critical relief measures during this urgent response:

1. **Food Assistance:** Ensured the distribution of vital food supplies to families suffering from hunger and malnutrition, providing nourishment to those in critical need. (Dry food -Rice, Oil, Dal, Onion, Potato, salt) distribution, Cooked food distribution = total 4819 people)
2. **Clothing support:** Supplied clean, appropriate clothing to flood-affected individuals, helping them regain a sense of normalcy and comfort. (Clothes distributed 100 Sharee, 30 Lungi and 30 Panjabi)
3. **Livestock Replacement:** To aid in the restoration of livelihoods provided support to families by replacing livestock lost in the floods, which is essential for their economic recovery. (Distributed 34 Goats among 34 families)
4. **Direct Financial Aid:** Cash assistance to families to meet their immediate needs, in this challenging period. (Distributed Cash among 19 families)
5. **Home Restoration Support:** Initiative included efforts to assist families with repairing homes damaged by the floods, ensuring they had safe and secure living environments. (Tin distributed for house renovation, Distributed 24 Ban Tin among 24 families)
6. F**ree Medical Camp:** organized with free medicine, consultation and free medicines distributed among 2480 people)

This emergency response underscores the importance of community and collaboration in times of crisis. The flood affected community is deeply grateful to BMANA for their generous contributions, which allowed them to deliver timely aid and bring relief to those affected by this disaster. The flood support has been pivotal in restoring hope and stability to these families during their time of need.

## About Hope Foundation:

The HOPE Foundation for Women and Children of Bangladesh is a US based non-profit dedicated to improving the health and well-being of underserved communities in Bangladesh, with a special focus on women, children, and refugees. Established in 1999. At the core of its work is a commitment to serving marginalized communities . HOPE runs a network of healthcare facilities, including HOPE Hospital, rural birth centers, mobile medical units, HOPE Field Hospital for Rohingya Refugees in Cox's Bazar. These services deliver critical maternal, reproductive, and general healthcare to hundreds of thousands of people each year.
In addition to clinical care, HOPE is a national leader in midwifery education through its Midwifery Institute for Bangladeshi girls, which builds sustainable healthcare capacity from within local communities. The Foundation also addresses emerging public health needs through mental health services, comprehensive programs for non-communicable disease and humanitarian response programs.

Grounded in equity, dignity, and sustainability, HOPE's integrated approach ensures that vulnerable populations not only receive life-saving care but are also empowered to take part in shaping their own health outcomes.

Website: www.hopefoundationbd.org
Contact: Dr. Iftikher Mahmood,
President & Founder, Hope Foundation
Life member, BMANA
Email: iumahmood@gmail.com

# Humanitarian, Academic and Philanthropic Work Highlights

## Planetary Health Academia

Planetary Health Academia (PHA) is dedicated to advancing global health through education, research, and humanitarian initiatives. PHA strives to empower healthcare professionals with the knowledge and skills needed to address complex health challenges in a rapidly evolving world. PHA collaborate with leading institutions and organizations to improve health outcomes—especially for underserved populations and regions facing critical healthcare challenges, with a special focus on Bangladesh.
PHA: Three major areas of impact:

**1.Global Platform for NRB Academics and Clinicians:**

PHA has successfully created a global platform that unites academic and research-oriented physicians of Bangladeshi origin living abroad. This platform fosters collaboration across 25+ clinical specialties through regular webinars, training sessions, and mentorship. It also facilitates structured programs for Bangladeshi postgraduates and early-career physicians to engage in advanced training with international experts.

**2.Specialized Hands-on Training and Fellowships:**
Over the past five years, PHA has organized a Unparallel Glo
bal Summit, numerous hands-on training sessions in areas such as critical care, Colorectal surgery, plastic surgery, gastroenterology, hematology, cardiothoracic surgery, surgical oncology, pulmonary critical care, Obstetrics and Gynecology, biostatistics, and medical education etc. PHA also launched a Travel Fellowship Program, enabling selected Bangladeshi medical graduates to train at world-renowned institutions and return home better equipped to serve their communities.

**3. Career Development and Future Readiness for Bangladeshi Physicians:**

Supporting the career growth of young Bangladeshi physicians—both locally and globally—is a core mission of PHA. We provide guidance, resources, and training in essential life-saving skills such as BCLS, ACLS, and Advanced Trauma Support, helping them prepare for both national and international career opportunities.

Contact: www.planetaryhealthacademia.org

## DHAF (Diabetes and hypertension awareness foundation)

A nonprofit DHAF (Diabetes and hypertension awareness foundation) is being run for 4 years providing primary health care services, senior citizens allowance and stipends for poor students in the community. DHAF also provided food, PPE and awareness programs in the community during COVID 19 pandemic situations. In last year DHAF directly helped in flood areas in Bangladesh provided health services, medicine, food and clothing through DHAF team costing 4.5 K $ for essential supplies.
Source of funding- My extra shifts / locum job and donations. If anyone could contribute adding to these projects would be appreciated.

Contact: Aktar Jaman MD, FACP, SFHM.

## CMED: Intelligent General Practitioner (iGP) Model: Reimagining Healthcare for All

Bangladesh and many other Low & Middle-Income countries (LMICs) across the world face a critical intersection of health inequality and poverty, coupled with limited access to primary healthcare, fragmented health systems lacking health records and acute shortage of healthcare providers. A dire lack of access to healthcare in Bangladesh with low Universal Health Coverage (UHC) Index (52%), where 6.1 million people are pushed into poverty due to out-of-pocket health expenditures (74%). In Bangladesh, health workforce remains severely under-resourced, with only 9.9 doctors, nurses, and midwives per 10,000 people—far below the global median of 48.6 (WHO standard ratio of 1:3:5, where Bangladesh currently stands at 1:0.7:0.7). This shortfall, coupled with inadequate emphasis on preventive management, exacerbate poor health outcomes contributing to overburdened higher-tier healthcare facilities in the country. Inadequate attention to preventive care contributes to preventable yet high Maternal Mortality (136 per 100,000-live births) & Infant Mortality (24 per 1,000-live births) rates. The growing burden of Non-Communicable Diseases (NCDs)—diabetes (12.5%) & hypertension (28%)—accounts for 67% of all deaths. These often remain undetected until complications arise, especially among working-age adults, leading to reduced productivity, premature death and deepening economic vulnerability.

Despite being the first point of contact for millions, Community Health Workers (CHWs) in LMICs remain under-supported, lacking screening tools, structured triage systems & proper training. Single-focus interventions through CHWs fail to address diverse household health needs, exposing the limitations of one-size-fits-all approach. This undermines early detection & quality care, exacerbating the systemic inefficiencies of the healthcare system. Compounding these challenges, most healthcare in LMICs is delivered through the private sector, a significant portion of which is provided by unregulated, untrained informal providers. Due to inefficiencies and inaccessibility of public services, communities are forced to rely on these profit-driven providers, resulting in widespread misuse of medicines, delayed referrals, and preventable health complications. Catastrophic out-of-pocket healthcare expenditures continue to exacerbate poverty across LMICs, revealing an urgent need for integrated, people-centered, and preventive primary healthcare models that are accessible, affordable, and sustainable.

To address these challenges CMED Health developed Intelligent General Practitioner (iGP) model, an AI-powered, patient-centered, Community Health Workers (CHWs) driven model with an integrated GP Center in the community designed to deliver comprehensive preventive and primary healthcare including referral and follow-up at people's doorsteps for enhancing well-being, productivity & happiness.

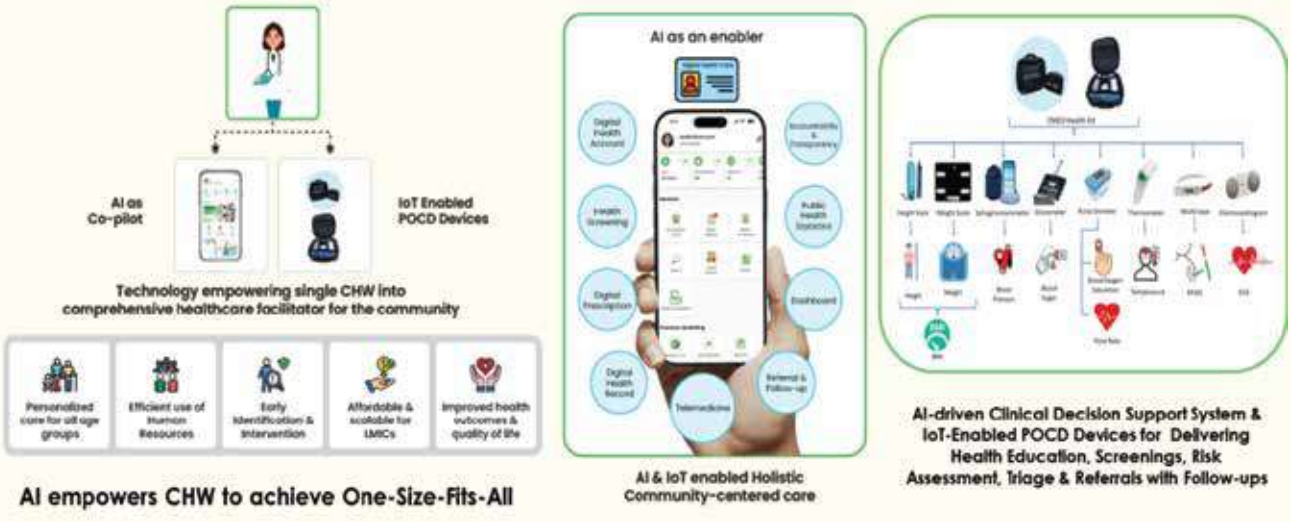



**Figure 1: AI-powered, CHW-driven Patient-Centered Healthcare at Doorstep of the Community**

The model creates a digital health account for every citizen & ensures periodic health check-up for early dentification & timely intervention of health issues, transforming sick-care into proactive preventive care for reducing catastrophic-health-expenditure to alleviate poverty. CHWs, empowered & equipped with AI-driven clinical decision support system with IoT based Point-of-Care-Diagnostic (POCD) devices, visit households in the communities to deliver health education, conduct periodic screenings, risk assessment, triage and provide referrals with follow-ups. This ensures every family member (new born, children, adolescents, adult, pregnant women & elderly) receives personalized preventive and primary healthcare with proactive management. This innovative AI-powered approach ensures one CHW addressing diverse health needs of every household in the community and empowering them to achieve one-size-fits-all as well as mitigate acute shortage of providers. When necessary, patients are connected to 24/7 audio or video teleconsultation services for immediate management of health concerns. The model also integrates a physical clinic within the community staffed with General Practioner (GP), Nurse, Paramedic, Midwives and other support staffs with necessary medical equipment to deliver comprehensive primary healthcare aligned with Essential Service Package (ESP) and emphasis on NCDs, Maternal Health Services and Normal Deliveries. The physical clinic ensures quality GP consultations (~10 Minutes) with empathy and other preventive and primary care services. This integrated solution able to manage 90% of health issues within the community with tracking the satisfaction of the beneficiaries and the providers. When higher-level care is required, iGP facilitates timely referrals and connects users to the right resources at secondary or tertiary facilities with in the hospital networks. The model enhances to establish digital health ecosystem for ensuring continuity of care by regular health monitoring, proactive management with follow-ups, boosting user confidence, and promoting better health and wellbeing. By adaptation of AI, community outreach, and an integrated digital healthcare platform, iGP delivers equitable, accessible, affordable, and quality healthcare for all towards achieving UHC.

iGP model is a transformative, tech-enabled, and people-centered healthcare delivery solution that reimagines how preventive and primary care is provided—especially to the last mile. Unlike traditional digital/telemedicine-focused platforms, the solution delivers comprehensive, family-centered healthcare through a hybrid (offline/online) approach. As Bangladesh's only patented IoT-enabled, AI-powered platform of its kind, this initiative is capable of managing up to 90% of health issues directly within the community—making healthcare more accessible, affordable, and equitable for all. What sets iGP apart is its personalized, proactve, and predictive approach, built on a foundation of human empathy and digital

equipped with an AI-powered mobile app, IoT-enabled Point-of-Care Devices (POCDs), iGP facilitates doorstep health education, screenings, and risk assessments in homes, workplaces, and underserved communities. The platform integrates a multilingual Generative AI co-pilot, Susastho.AI, to empower CHWs and ensure users are guided through the entire continuum of care, including timely referrals to appropriate health services. Drawing inspiration from Bangladesh's successful community-based initiatives like family planning and immunization, iGP leverages 4IR technologies to address fragmentation in the health system. It includes clinically validated screening tools for Autism, Breast Cancer, Dementia & Alzheimer's Disease, Parkinson's Disease, and Eye Care—bringing early detection and intervention to populations that are often left behind. By capturing and analyzing individual and household/population-level health data, iGP supports data-driven decision-making, enables predictive analytics for public health planning, and lays the groundwork for establishing AI-powered social health protection in resource-constrained settings. The model's end-to-end accountability, enabled by real-time, trackable data, ensures greater systemic efficiency. Mirroring Bangladesh's success in mobile and financial inclusion, iGP promotes "Health Inclusion" (2021–2030), making it not only a scalable and adaptable model for UHC but also a game-changing innovation for low-resource settings worldwide.

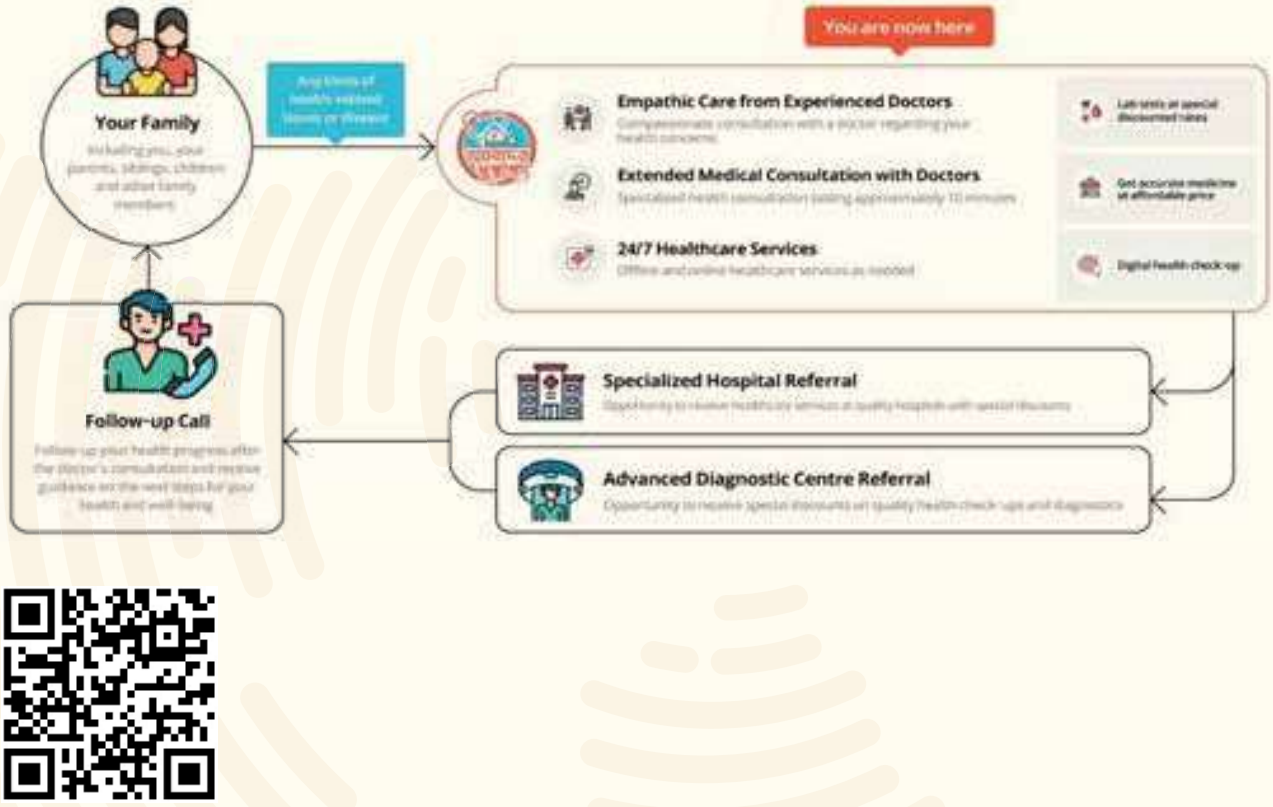



**Figure 2: Comprehensive Preventive and Primary Healthcare Platform to Ensure Patient-Centric Healthcare Service Delivery with Referral and Follow-up in the Community**

Over the decades, CMED health has impacted 3.5+ million lives through the creation of digital health accounts and providing patient-centered comprehensive preventive and primary healthcare solution by working directly with community health workers, serving both rural & urban populace, employees & factory workers, adolescents, adults, women & aging population to understand their pain points and tailor iGP solution accordingly. With support from NGOs & partners (UNICEF, ILO) iGP model has reached across 100+ catchment areas, supported 3K+ female health workers, ensuring 99.5% satisfaction. These implementations were supported by donor

funding, creating an opportunity for CMED to learn & optimize the model. Building on this, we established a self-sustaining version of iGP model (Amader Susastho) to deliver healthcare in a catchment area. iGP model offers services just at $1/rural family and $3/urban family towards ensuring long□term viability. We aim to scale this nationally with government partnership and expand globally across LMICs & advance equitable, quality healthcare for all.

Be a part of our mission to create a world where everyone has access to affordable, timely, and quality healthcare. Join us in this noble cause by supporting the implementation of iGP model in a catchment area of over 6,000 families—enhancing well-being, extending lives, and advancing UHC through equitable, community-centered healthcare.

Contact: Dr. Basher Atiquzzaman, MD

## AYAT Care
## Redefining Elderly and Home-Based Care in Bangladesh

Dr Atiquzzaman and Dr Parvez Karim are advisors to a Bangladesh-based elderly healthcare service, named AYAT Care.
AYAT Care was launched in 2019 to deliver international-standard, compassionate home-based care services—designed to serve the growing population of older adults and give peace of mind to family members living abroad.

### Our Services Include:

- Caregiving (daily assistance, companionship)
- Physiotherapy (in-home rehab and mobility care)
- On-Demand Nurse Support
- Doctor Home Visits & Hospital Assistance
- Telemedicine Services

All services are delivered by trained and certified caregivers through a quality-controlled service platform.

### Innovation through Technology

In collaboration with mPower Social Enterprises, AYAT Care is developing a digital care coordination platform that connects caregivers with physicians using real-time electronic medical records (EMR).
This platform will improve care quality by enabling:

- Timely symptom tracking
- Medical alerts and intervention reminders
- Referral systems and decision support tools

The goal is to enhance continuity of care, reduce medical risks, and provide caregivers with the tools they need to act quickly and responsibly.

### Proven Track Record

- 557,320+ hours of caregiving delivered
- 447+ caregivers trained and certified
- 608+ caregivers in active pool
- 478+ clients served with dignity and personalized care

### Driven by Education, Backed by Global Partners

AYAT Care is powered by AYAT Education, a purpose-driven social enterprise committed to improving lives through high-quality health education and services.

- Through its AYAT College of Nursing and Health Sciences, in partnership with Massachusetts General Hospital (MGH) and Simmons University, AYAT trains the next generation of nurses and caregiving professionals.
- AYAT also operates a Caregiving Training Institute, including specializations in palliative, geriatric, and child care.

### Global Engagement

AYAT Care is a member of the Global Alliance for Care, a first-of-its-kind global platform uniting governments, civil society, international organizations, and the private sector to advance care as a human right and public good.

Contact: Dr Parvez Karim and Dr. Basher Atiquzzaman, MD

+88 01841 441530

www.ayatcare.com

info@ayatcare.com

# Support & Sponsorship

# 44th BMANA CONVENTION

ORLANDO, FLORIDA

## Renaissance Orlando at SeaWorld

Thanks to all sponsors

### GRAND SPONSORS

Dr Bashir Ahmed
Dr Rubayat Rahman Raka
Dr Hasan Zaman
Dr Tanvir Hossain Kennedy
Dr Adiba Geeti
Dr Mahmuda Alam
Dr Md Yusufal Mamoon
Dr Ahmad Morshed
Dr Ayesha Sikder
Dr Rajib Hossain
Dr Mohammad Zaman DDS

### PLATINUM SPONSORS

Dr M Ziaur Rahman
Dr Maksud Chowdhury
Dr Zakia Hossain
Dr Ferdousi Shilpee
Dr Mujib Rahman
Dr Romi Rahman
Mr Khaled Khuda
Millennium Group

### GOLD SPONSORS

Dr Abu Sayeed Firoz
Dr Rafique Mahmood
Dr Abdul Baset Khan
Dr Kamal Kali Hossain
Dr Safiul Hasan
Dr Khaza Chowdhury
Dr Azizul Quader
Dr Nuveed Loqman
Home Care Partners LLC
MDLand
Dr Selim Sheikh
Dr Tohmina Begum
Dr Munshi Moyenuddin
Dr Basher M. Atiquzzaman, MD
Mr Johirul Quader
Mr Lokeman Gani Chowdhury
Mr Mohammed Rumi
Vax Care

resura.
realestate

# Invest in Dubai real estate with expert guidance

- ✓ One of the world's best performing markets
- ✓ Top 5 safest cities globally
- ✓ 100% foreign ownership & strong investor protection

## Why work with Resura?

We help international buyers make confident, well-informed decisions in one of the world's most dynamic property markets. Led by Dubai real estate expert Muhammad Rahman, our team combines deep market knowledge with strategic insight and a client-first approach. From identifying the right opportunities to handling every step with care and clarity - we're here to make the process seamless.

## Book your consultation

+971561577707

m.rahman@resurarealestate.ae

New projects available

---

TRUSTED. KNOWLEDGEABLE. COMMITTED
BUYING. SELLING. INVESTING. RENTING

## SHAHRIN ALAM (PAULA)

**REALTOR**
**COLDWELL BANKER REALTY**
**407.668.0445**
shahrin.alam@cbrealty.com

**CALL ME ANYTIME FOR ALL YOUR REAL ESTATE NEEDS**

COLDWELL BANKER | REALTY

# INDEPENDENT HOSPITALIST GROUP

One of the top practices providing care to the communities of Central Florida!

**Dr. Asm Rahman**
CEO and Lead Physician
Chairman, Department of Medicine,
at UF Health Leesburg Hospital

**Dr. Jawad Ahsan**

**Dr. Maged Ghaly**

**Dr. Amirul Islam**

**Dr. Fahmida Yesmin**

**Centcha Cimeus,** ARNP

**Amanda Eason,** ARNP

**Nichola Ricketts,** ARNP

**Amanda Warren,** ARNP

**Neeta Mauskar,** PA

**Eva Malek,** Office Manager

**Ashley Tonetti,** Clinical Practice Manager

# JOIN THE LARGEST DIRECTORY FOR SOUTH ASIAN DOCTORS

*Where Culture Meets Care — Connect with Patients Who Want the Best*

**Why List With Us?**

- Reach over 5.4 million South Asians in the U.S. actively seeking culturally compassionate providers
- Showcase your expertise — whether you're a primary care physician, psychiatrist, gastroenterologist, or any healthcare professional
- Showcase your latest research, publications, medical innovations, and advancements in AI and technology to demonstrate your expertise and impact
- Enjoy a 6-Month free listing with promo code SACWELCOME

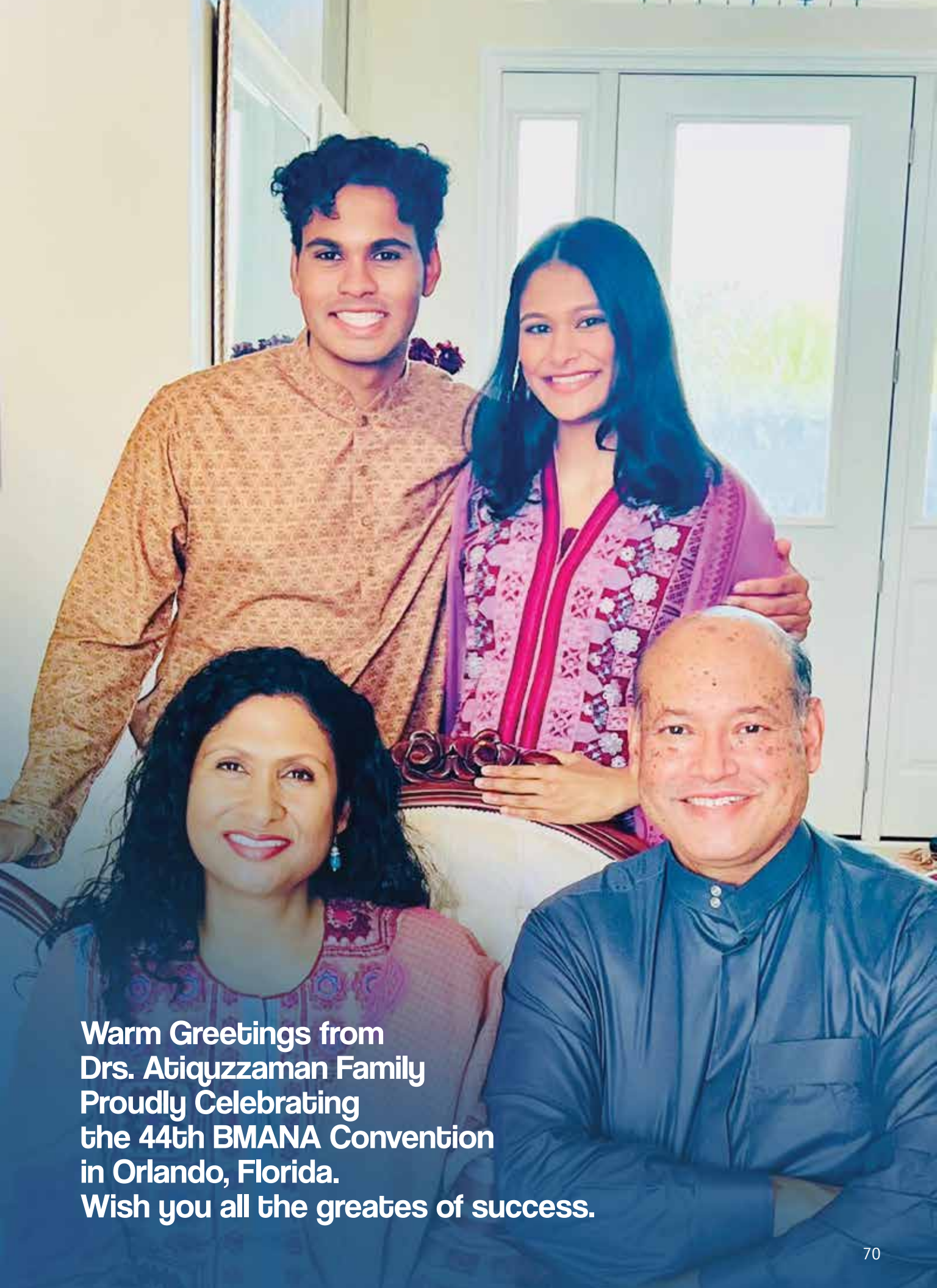
**Visit www.SouthAsianCare.com to sign up. Create your profile and start connecting with patients.**

South Asian Care

YOUR CARE, OUR COMMITMENT.

## Celebrating the Triumph of Unity and Excellence The 44th BMANA Convention Shines in Success!

Ayesha Sikder LLC
Pulmonology, Critical Care and Pulmonary Rehabilitation services


Warm Greetings from
Drs. Atiquzzaman Family
Proudly Celebrating
the 44th BMANA Convention
in Orlando, Florida.
Wish you all the greates of success.

# Best wishes for 44th Bmana annual convention

**Rubayat Rahman Raka**
**Mosharraf Hossain Monnu**

**BEST WISHES,**
From
Jacksonville Medical Services

# Wish a grand success of 44th BMANA convention

**Dr Mohammed Amzad Hossain Rajib**

*Wishing a Successful Convention in 2025!*

# FLORIDA DENTAL IMPLANT
& AESTHETIC CENTER
***One Stop Center***

Google
4.9 Star Customer Rating
★★★★★

## For the most beautiful teeth that look, feel and function like your natural teeth

- **1 Day Teeth Replacement**
- **All-On-4® Dental Implants**
- **Single & Multiple Implants**
- **Crown & Bridge Restoration**
- **Implant Dentures**
- **Same Day-Extraction & Denture**
- **Full Mouth Reconstruction**

**ALL TREATMENTS IN ONE PLACE**

***Actual Patients***

**Zirconia Fixed Bridge**

★*One-Stop Center for Dental Implants* ★*Financing Available*

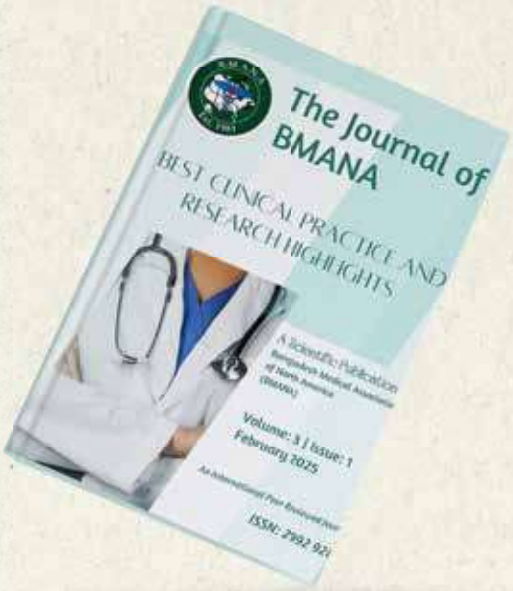
**M.K. Zaman, DDS MS FIAOMS** **S. Rashid, DDS**

**407-988-0132**
746 STIRLING CENTER PLACE
STE 1100, LAKE MARY, FL
www.FLDentalImplant.com

Dr. Zaman has the exceptional privilege of having his Residency in Oral & Maxillofacial Surgery, Prosthodontics and Periodontics. He has a private practice in Lake Mary, Florida. He holds a faculty position at the Dept. of Prosthodontics at Nova Southeastern University and is a Fellow of the International Association of Oral and Maxillofacial Surgeons.

# Celebrating the Triumph of Unity and Excellence The 44th BMANA Convention Shines in Success!

BMANA




BMANA Journal
in the convention magazine

www.bmana.org