





40th



BMANA Annual Convention 2021 Dallas, Texas

Hosted by:
Bangladesh Medical Association of North America

 www.bmana.org

 www.bmanaconvention.org

ABOUT **BMANA**

BMANA is a nonprofit, nonpolitical, educational and charitable organization of medical professionals of Bangladeshi descent. **BMANA** was incorporated in Michigan in **1981**. Since then 18 chapters of **BMANA** have been established across the United States.

In addition to educational, cultural and charitable events organized by the individual chapters, **BMANA** sponsors a national convention annually. 37 national conventions have been held in a variety of North American cities. The conventions feature a unique blend of educational, cultural, social and humanitarian activities.



BMANA currently produces one publication, the **BMANA** Newsletter. Plans for a journal that will cover a broad range of association events and educational and cultural topics is in development. **BMANA** Newsletter currently focuses on association news and members.

The **BMANA** Disaster Fund, established in the mid **1990**'s, is the main component of the charitable and humanitarian arm of the association. The association's various committees may request grants from the fund to facilitate projects that are consistent with the association's guidelines for educational and humanitarian medical projects.

The **BMANA** Alliance committee encourages charitable, educational and cultural enrichment and assists in enhancing local and national programs. Membership is open to the spouses of members of **BMANA**



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PRESIDENT'S MESSAGE

Dear Colleagues,

It is my great pleasure and an honor to welcome you to the 40th BMANA convention in Dallas, Texas. The past two years were engulfed mostly by obstacles of the pandemic. During this difficult time, I am proud of the aid we provided our local and Bangladeshi communities and our petition to President Biden to provide relief to Bangladesh. This convention is an opportunity for all health care providers from all over North America to celebrate our professional society's distinguished history of domestic and international education, philanthropy, and community building. This convention is also an opportunity to gather, learn and further inspire each other. It is my hope that this legacy will continue.

In the wake of the COVID pandemic, many of us in the Bangladesh Medical Association of North America lost beloved family, old friends, and dear colleagues. In this unprecedented period of loss, I offer my prayers to the departed souls and my deepest condolences for the families they leave behind.

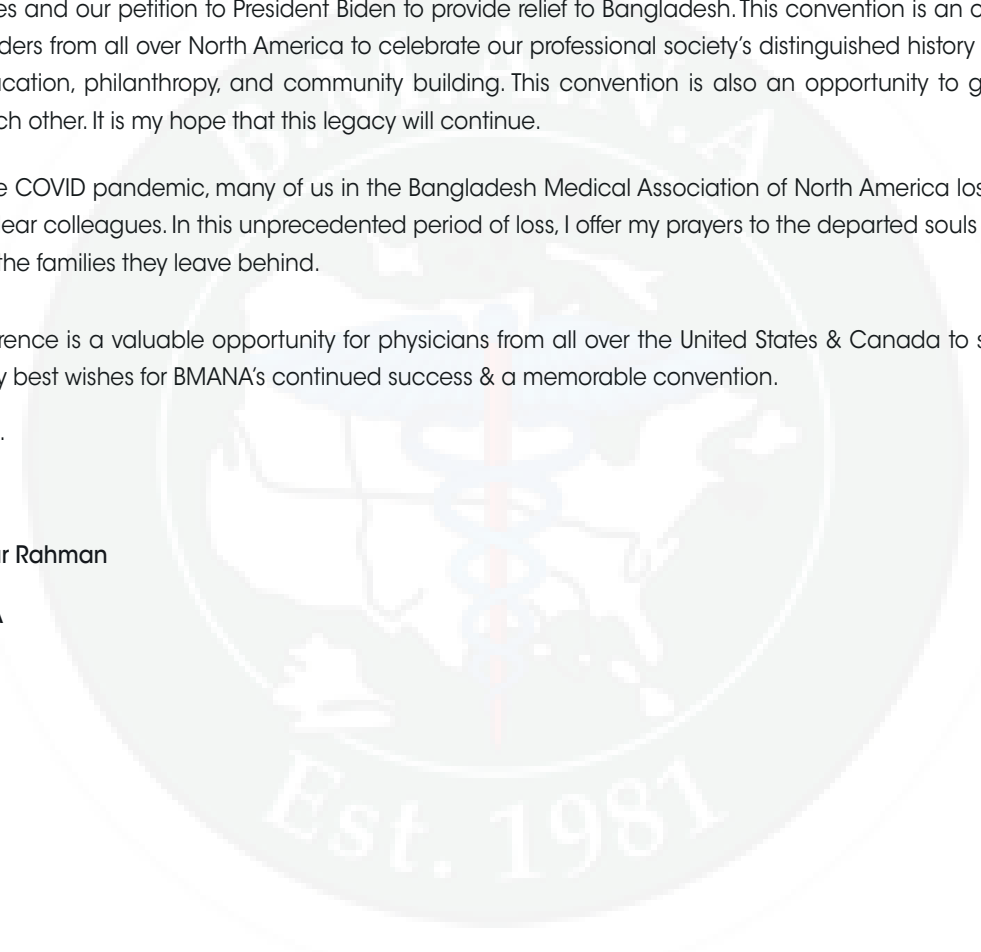
I hope this conference is a valuable opportunity for physicians from all over the United States & Canada to socialise & learn. Please accept my best wishes for BMANA's continued success & a memorable convention.

With best regards.

Sincerely,

Mohammed Ziaur Rahman

President, BMANA





40th Annual Conference of BMANA in Dallas, Texas.

Message from the Chief Co-Ordinator:

It is my greatest pleasure to welcome you to the 40th annual convention of BMANA. This past year, we have faced a global public health crisis known as COVID-19 pandemic. This pandemic has affected over 180 million people, causing over four million deaths. In the United States, over six hundred thousand people died. Overnight, we became the first responders in a war for human life in unexpected, unprepared, and somewhat political war. I watched families, friends, patients, co-workers taken down by COVID-19. My two-close friends from medical school passed from this virus. I could not begin to fathom the suffering and pain each and every one has faced.

Our organization, as students of science, took the responsible and serious decision in holding off the convention scheduled in 2020, with the national lockdown in effect. In Texas, COVID-19 was spreading at an unacceptable rate, which needed be corralled. Members throughout this nation faced lockdown restrictions that discouraged travel and promoted staying at home as guided by the CDC.

Despite all the obstacles, local and national health officials and the efficacy of the new COVID-19 vaccine, the time had come where we could safely and responsibly hold our long overdue 40th Annual Convention. The current Executive Committee, headed by Dr. Mohammad Ziaur Rahman Dr. Bashir Ahmed and others took very courageous and bold step to go ahead with the Convention in 2021. Yes, challenges were faced with the short time to prepare effectively—as in every challenge we have risen to the occasion! Never had Ghandi's words ever ring truer: "Together we can face any challenges as deep as the ocean and as high as the sky."

In the year of isolation, my job as coordinator became a little more delicate and trickier. I was able to get in touch with everyone, get them onboard, and helped the Executive Committee attain their goal. We were able to retain the services of Tas Islam (Nibir) as event specialist. This would not be possible without the help of our Convenor Dr. Mostaque Chowdhury, who was an invaluable asset. I want to personally thank all the members of the Convention Committee, without their hard work and sacrifice, the 40th Annual Convention would not even be possible. It is my sincere hope this BMANA Convention in Dallas will be the best in recent history

I hope that you will enjoy the entire program. We have made it in a way that our members do not get bored with just talks and educational materials. We have arranged tour programs, social activities, and entertainment programs. There will venues for those who love shopping as there will be a vendors for saris and jewelries.

Please take the time to enjoy your surroundings as well. There are over 10,000 people of Bangladeshi origin in North Texas—many of which began arriving in North Texas in the early 1970's, after independence was declared in 1971. Dallas boasts multiple Bangla schools, Bangla Theater, and hold a yearly National Mother Language Festival.

Lastly, I would like to state that we have tried to address and then minimize any discomfort our members, especially those who are traveling from a distance. If anything is overlooked as an oversight, I would like to apologize in advance.

Thank you.

Abdul B Khan, M.D.

Asst. Professor in Clinical Neurology,
at UTMB and Clear Lake Specialties,
at Webster, TX 77598.
abdkhan@utmb.edu.



Convenors Message

Dear Friends and Colleagues,

It is my greatest pleasure and delight to welcome each and every one of you to the 40th Bangladesh Medical Association of North America 2021 to be held on 1st July- 4th July, 2021 at Westin Galleria, Dallas.

I truly believe that this auspicious event is a great platform for all physicians with the same vision and mission. It will be a convention to share, discuss and network, while also improving our delivery of high quality and competent care to all our patients.

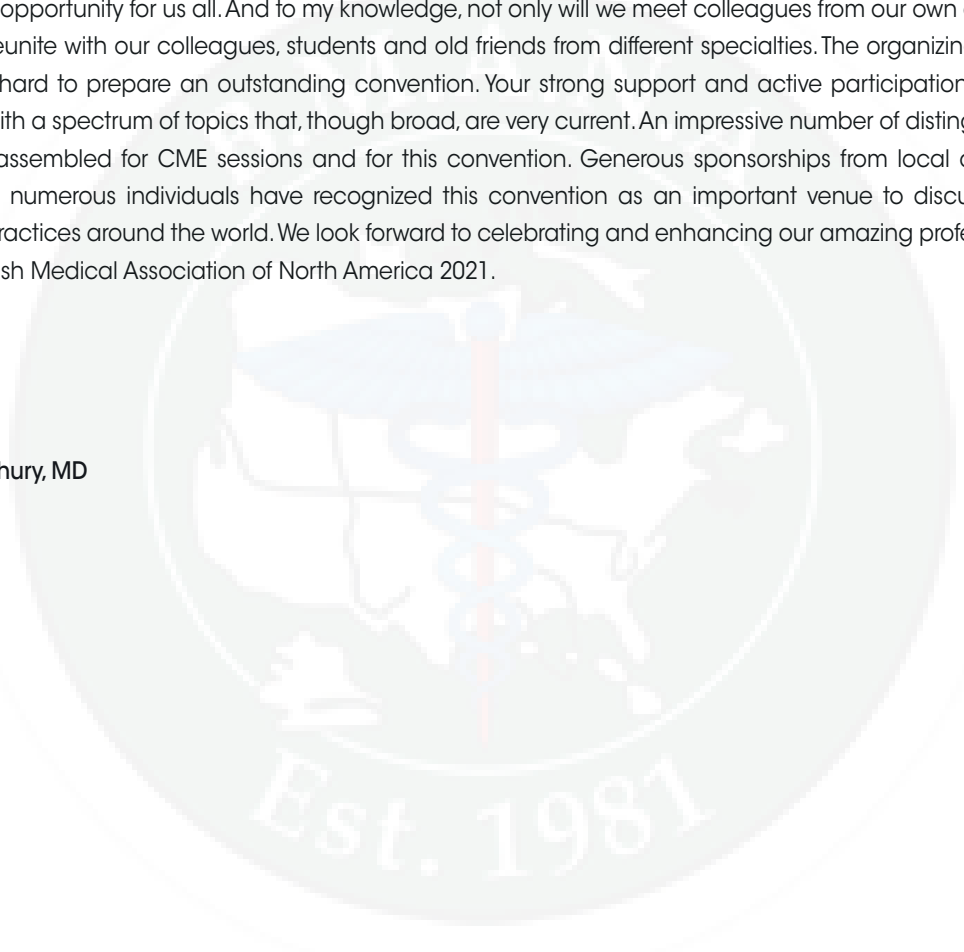
I am so pleased to see so many colleagues, professors and friends from all over the country, all in one venue. This convention provides a unique opportunity for us all. And to my knowledge, not only will we meet colleagues from our own area of expertise, but we can also reunite with our colleagues, students and old friends from different specialties. The organizing committee has worked extremely hard to prepare an outstanding convention. Your strong support and active participation have made the convention alive with a spectrum of topics that, though broad, are very current. An impressive number of distinguished speakers nationwide have assembled for CME sessions and for this convention. Generous sponsorships from local and international organizations and numerous individuals have recognized this convention as an important venue to discuss scientific and evidence-based practices around the world. We look forward to celebrating and enhancing our amazing profession with you at the 40th Bangladesh Medical Association of North America 2021.

With best wishes,

Sincerely,

Mostaque Chowdhury, MD
Convenor

BMANA 2021





Message from the Treasurer

It is my immense pleasure to serve you as the elected treasurer of BMANA for the term of 2019-2021. I am thankful to all BMANA members for their generous support during the COVID 19 crisis with a donation of approx. 66K dollars. BMANA also made one time contribution of 50K from own funds. Together with you, we were able to save many lives in Bangladesh. As chair of the BMANA fund raising committee I coordinated distribution of 10 high flow nasal canula, 20 Oxygen concentrators to different hospitals in Dhaka, 25 K worth of PPE through Bangladesh Lung Foundation, surgical and KN-95 masks in USA Physician and Bangladeshi community, donation to other charity, helped deceased Physician family and distressed young Physician, awareness program and many more.

My promise was during campaign of 2019 to increase BMANA membership to 1000 and I am proud to share that our current membership is 1018 per final voter list. There were many more things to accomplish, but due to COVID pandemic we had to pause and delay our 2020 convention. With the overwhelming interest in membership, especially second generation Bangladeshi American graduate we are financially in very good shape and current BMANA funds are even richer than pre pandemic level. I am confident that our next committee will be able to do many more educational, charitable, and scientific activities with the support of strong BMANA funds. I am really grateful to you for allowing me to serve you.

Dr Bashir Ahmed
Treasurer, BMANA





Message from the Chief Guest

Bangladesh Medical Association of North America is going to hold the 40th Annual Convention at Dallas, Texas from the first to the fourth July, 2021. I feel very privileged to be able to attend this Convention and I express my gratitude to the organization for inviting me. I have known the BMANA for many years and have attended a number of its Annual Conventions. American doctors of Bangladeshi origin come together through this organization to exchange knowledge and ideas. This benefits the doctors themselves and the American Society. In addition, the organization also strives to help Bangladesh. Bangladesh being a less developed country, lacks state of the art technology and skills. BMANA and its dedicated members have helped leading institutions and specialists in Bangladesh with training in new skills. They have even donated valuable equipment to several institutions. I have personally known these members and their work in Bangladesh and I have the greatest praise for them. The institutions that they have helped are grateful for their contributions. I am confident that the good work will continue to help their country of origin and I wish the 40th Convention all the success.

National Professor Dr. Mahmud Hasan

MBBS, PhD(Edin), FCPS(Ban), FCPS(Pk), FRCP(Lond), FRCP (Edin), FRCPS(Glas)

Former Professor of Gastroenterology and Vice Chancellor, Bangabandhu Sheikh Mujib Medical University

Former President Bangladesh Medical Association.

President, Bangladesh Gastroenterology Society and Bangladesh Gastro-Liver Foundation.



COMMITTEE

➤ **President** : Mohammad Z Rahman, MD

➤ **Past President** : Riaz Chowdhury, MD

➤ **President Elect** : M. Jamal Uddin, MD

➤ **Secretary** : Fazlul H Yusuf, MD

➤ **Treasurer** : Bashir Ahmed, MD

➤ **Scientific & Social Secretary** : Md. Yusufal Mamoon, MD

➤ **Young Physician Secretary** : Adiba Anjum Geeti, MD

➤ **Members-at-Large** : Mujibur Rahman Majumder, MD

➤ **Members-at-Large** : Ferdousi Shilpee, MD

➤ **Members-at-Large** : Ahmad Hossen Morshed, MD



BMANA Executive Committee

President, BMANA-Chair	Dr. M Ziaur Rahman
Past President, BMANA	Dr. Riaz Chowdhury
President-Elect, BMANA	Dr. M Jamal Uddin
Secretary, BMANA	Dr. Fazlul H Yusuf
Treasurer, BMANA	Dr. Bashir Ahmed
Scientific & Social Secretary, BMANA	Dr. Md Yusufal Mamoon
Young Physician Secretary, BMANA	Dr. Adiba A Geeti
Members-at-large, BMANA	Dr. Mujibur Rahman Majumder Dr. Ferdousi Shilpee Dr. Ahmed Hossen Morshed
Past -President, BMANA	Dr. Nazmul Khan
	Dr. Golam Mostofa Kanchan, Pennsylvania, Dr. Ahmed Nawaz Khan Celal, Maryland, Dr. Motahar Ahmed, Michigan

BMANA Convention Committee

Chief Co-ordinator	Dr. Abdul Baset Khan, Houston, TX
Convener	Dr. Mostaque H Chowdhury, Dallas TX

Finance Committee

Dr. Bashir Ahmed, Co-ordinator, Florida	Dr. Riaz Chowdhury, North Carolina.
Dr. Mostaque H Chowdhury, TX.	Dr. Rafique Ahmed, Maryland.
Dr. M Ziaur Rahman, NY.	Dr. Abdul Baset Khan, TX.
Dr. Fazlul H Yusuf, NY.	Dr. Mohammad Hossain, Michigan.
Dr. M Jamal Uddin, Alabama.	Dr. Syed S Rahman, New York.
Dr. S M Hasanuzzaman, Florida	

CME Committee

Dr. Md Yusufal Mamoon, Co-ordinator, NY	Dr. Iqbal Munir, California.
Dr. Mohammad Alam, New York.	Dr. AMK Hossain Monnu, Florida.
Sinha Mansur, New York.	Dr. Adiba Geeti, Connecticut.
Dr. Rubina Najeeb, California.	Dr. Ahmed Hossen Morshed, New York
Dr. Shah Giashuddin, New York.	

Young Physician Forum

Dr. Adiba Geeti-Co-ordinator.	Dr. Nurul Anwar, Arkansas.
Dr. Ahmed Hossen Morshed, New York.	Dr. Sadeka Tamanna, Mississippi.
Dr. Sirajum Munira, Virginia.	Dr. Mamudun Nabi, Texas.
Dr. Prodip Kumar Paul, New York.	Dr. Mohammad Rahman, Texas
Dr. Chandan Mitra, Iowa.	Dr. Anindita Ahmed, Texas.
Dr. Abu Nasser Khan, Iowa.	Dr. Aziza Sarker, Texas.

Entertainment Committee

Dr. Ferdousi Shilpee-Co-Ordinator.	Dr. Basher Atiqzaman, Florida.
Dr. Md Yusufal Mamoon, New York.	Dr. Salma Khan California.
Dr. Husna Siddique, New York.	Dr. Tanvir Hossain Kennedy, Nevada.
Dr. Rakib Uddin, Texas.	Dr. Syed S Rahman, New York.
Dr. Mohammad Azad, Texas.	Dr. Rabi Alam, California.
Dr. SM Hasanuzzaman, Florida.	

Magazine Committee

Dr. Basher Atiqzaman, Co-ordinator, Florida.	Dr. Salma Khan California.
Dr. Rubayat Rahman Raka, Florida.	Dr. Iqbal Munir, California.
Dr. Md Yusufal Mamoon, New York.	Dr. Adiba Geeti, Connecticut.
Dr. Mostaque H Chowdhury, TX.	Dr. Shah Giashuddin, New York.

SCHEDULE

40th BMANA Convention, 2021

Schedule 1-4 July, 2021

Thursday, July 1, 2021

1:00 PM-6:00 PM	:	Registration for convention, Socializing, Music, Tea & Samosas
4:00 PM-Midnight	:	Booths Open
7:00 PM-Midnight	:	Bangladeshi Night/Chapter Night
7:00 PM	:	Welcome & Grand opening US National Anthem/Bangladesh National Anthem Opening Remark: Mostaque Chowdhury, MD-Convener of BMANA Convention M.Ziaur Rahman, MD- President of BMANA
7:30 PM-8:30 PM	:	Dinner (Boxed), Followed by
Cultural Program	:	Program by Executive Committee Young Physician Program Program by other Chapters
10 PM-12 AM	:	Desserts and Music

BMANA National Convention, 2021

Friday, July 2, 2021

7:00 AM-9:00 AM	:	Breakfast for CME attendees
7:30 AM-1:00 PM	:	CME- Dallas Ballroom
1:00 PM-2:00 PM	:	Lunch (Boxed)
9:00 AM-3:00 PM	:	Convention Registration
7:00PM-9:00 PM	:	Convention Registration
10:00AM-Midnight	:	Exhibition Booths Open
1:30PM- 2:30 PM	:	Jummah Prayer Break
2:00 PM- 3:30 PM	:	Young Physician Program

1:30 PM-4:30 PM	:	Sports: Carom, Table Tennis, Ludu
3:30 PM-7:00 PM	:	Dallas Tour by Bus (Southfork Ranch and Historic Places)
8:00 PM-9:00PM	:	Buffet Dinner Dallas Ballroom
09:00 PM-Midnight	:	Entertainment Show Dallas Ballroom.

BMANA National Convention, 2021

Saturday, July 3, 2021

7:00 AM-9:00 AM	:	Breakfast for CME attendees
7:30 AM-1:00 PM	:	CME- Dallas Ballroom
1:00 PM-2:00 PM	:	Lunch (Boxed)
9:00 AM-2:00 PM	:	Convention Registration
4:00 PM-6:00 PM	:	Convention Registration
9:00 AM-5:00 PM	:	Election Booth Open
10:00AM-Midnight	:	Exhibition Booths Open
9:00 AM-12:00 PM	:	Auxiliary program
11:30 PM-1:30 PM	:	Poster Presentation
1:30PM- 2:00PM	:	Young Physicians Workshop
2:00 PM- 3:30 PM	:	Business Meeting
3:30 PM- 4:30 PM	:	Alumni Meeting
1:30 PM-4:30 PM	:	Sports: Carom, Table Tennis, Ludu
6:00 PM-12:30PM	:	Gala Night with Celebrity Artist

Sunday July 4, 2021

Departure

CME SCHEDULE

Friday July 2

1	<p>Opening: Tanvir Hossain Kennedy, MD and Yusufal Mamoon President's remark: Moderator: Dr Ziauddin Ahmed and Dr Iqbal Munir. 7:30am -8:15a: Simply Speaking 8:15am-9:00am</p>
2	<p>Shaukat Khan, MD, Associate Clinical Professor of Psychiatry, Yale University Staff Psychiatrist, VA Connecticut Health Care System Topic: 'Mental Health Effects of COVID-19 Pandemics: Are we ready for next disaster?' 9am:9:45am</p>
3	<p>A. Mosharraf Hossain, MD, MPH Staff Physician Division of Hematology and Oncology BayCare Health Systems, Florida Topic: 'Hematology Oncology Emergencies for Primary Care' 9:45a-10:30am</p>
4	<p>Sameer Islam, MD Gastroenterologist, Lubbock, TX. Topic: 'Updates on Gastroenterology' 10:30a—11am Advance Pharma Non-CME 11am:11:45am</p>
5	<p>Bazlur Rashid, PhD Associate Professor of Biology and Biotechnology, College of Science & Engineering University of Houston-Clear Lake Atiar Rahman, MD, FACC Conroe, Texas Atiar Rahman, MD Cardiology 'Cardiac involvement in COVID-19'</p>
6	<p>11:45am-12:30pm Asad Zamann MD, MRCP (England), MSc (England) Topic: 'COVID and Acute kidney injury' 12:30a-1:00pm Non CME</p>
7	<p>Mahfuz Hoq MD, MPH Assistant Clinical Professor, Yale School Of Medicine Executive Director, Clinical Operations, YNH, Connecticut Bridgeport Hospital, Connecticut Chief Medical Officer, Augusta health, Virginia Title: Quality Science in Health Care</p>

8	<p>Opening: Tanvir Hossain Kennedy, MD and Yusufal Mamoon</p> <p>President's remark:</p> <p>Moderator:</p> <p>Dr Ziauddin Ahmed and Dr Iqbal Munir.</p> <p>7:30am -8:15a: Simply Speaking 8:15am-9:00am</p>
9	<p>Auxiliary: 1:1:30 PM Dr Azad Kabir Azad Kabir, MD MSPH (Tulane SPHTM) Internal Medicine Board Certified Lighthouse Clinics</p> <p>Topic: How Doctors Think?</p> <p>Saturday:</p>
10	<p>Moderator: Riaz Chowdhury, MD Rafiq Ahmed MD</p> <p>Saturday July 3: 7:30-8:15 Simply Speaking 8:15-9PM</p>
11	<p>Iqbal Munir, MD PhD CHIEF OF ENDOCRINOLOGY CHAIR, IRB Riverside University Health System Medical Center Associate Professor</p> <p>Topic : 'Advances in the management of Type 2 Diabetes Mellitus'</p>
12	<p>9-9:45</p> <p>Nazneen Ahmed: MD Assistant Professor of Medicine, FRI Division of Gastroenterology University of Tennessee Health Science Center, Memphis TN</p> <p>'Colon Cancer Screening: Optimizing Quality'</p>
13	<p>9:45-10:30</p> <p>Ruhul Abid, MD Topic: Advanced COVID-19 Clinics Management Certification Course for Bangladesh DGHS" Stem cell-derived extracellular vesicles from human bone marrow in cardiac tissue regeneration'.</p>
14	<p>10:30-11—Non-CME Begum Rokeya Nari-o-Shishu Shasthya Unnayan Sangstha (BERNOSSUS)</p>
15	<p>Lopa S. Kabir-Islam MBBS, MD, MBA, FACP Clinical Adjunct Professor University of Wisconsin School of Medicine and Public Health (UWSMPH) Department of Internal Medicine Marshfield Clinic Health System</p>
16	<p>Zahin Ibnat Topic: "Prospective Career Paths from a PhD Student" PhD student at University of Florida Computer Engineering</p>
17	<p>11:-11:45</p> <p>Rezwan Islam, MD, FACP Clinical Associate Professor Medical College of Wisconsin</p>

'Identifying Oncologic Emergencies in Primary Care'

11:45-12:30

Dr. Muhammad Alam

Clinical Assistant Professor of Medicine

Donald and Barbara Zucker School of Medicine

at Hofstra/Northwell

'Treating COVID-19: What are the options!'

12:30-1PM: Non-CME POSTER PRESENTATION

12:30-1PM: Emran Rouf, MD, MBA, FACP

12:30-2PM: Auxiliary program CME+ Young Physicians workshop



ARTICLES

Scientific and Social Secretary, Central BMANA

Md Yusufal Mamoon

Assistant Clinical Professor of Medicine, Icahn School of Medicine, Queens Hospital center, Jamaica, New York



Dear respected members of Bangladesh Medical Association of North America (BMANA),

I, Md Yusufal Mamoon, from New York, have held the position of "Scientific and Social Secretary" in the Central BMANA committee from 2019-2021. I graduated from Rajshahi Medical College in 1993 and have been working in Academia and Clinical Medicine in the USA for the past 10 years.

I want to express my deepest sorrow for all friends and colleagues of BMANA that we have lost during the COVID Pandemic. As a survivor of Covid myself, I personally know how mentally and physically challenging the last year has been. During this time I have been instrumental in the BMANA covid task force and continue to do as much as I can to help people around the world overcome this pandemic. Beginning as early as February 2020, I even arranged a series of webinars that helped thousands of viewers in Bangladesh learn more about combating the virus from the words of esteemed healthcare professionals in America and all over the world. I also coordinated the production of a Covid-19 management handbook that was produced by a team of BMANA members. As I continue to participate in this activism, I routinely involve young Bangladeshi physicians to help advance their careers and increase our impact. With their help, we were able to conduct a survey that analyzed the effects of the covid virus pandemic among the Bangladeshi population in America and in Bangladesh, marking one of the first times that a survey was conducted on the health consciousness of Bangladeshis.

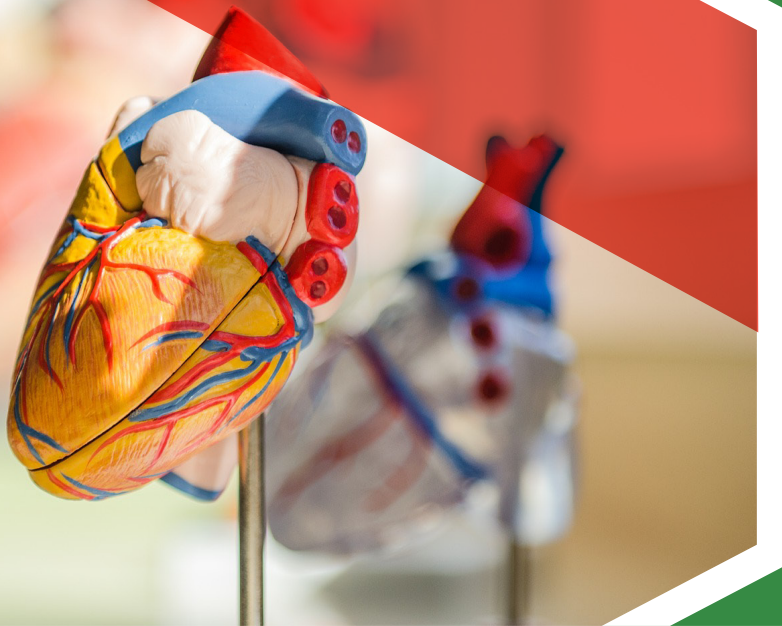
Throughout the past two years, I have dedicated my time in the central executive committee to completing projects such as those mentioned above which increase BMANA's reputation as an academic organization, increase the health awareness of the general Bangladeshi community, and help the Bangladeshi physicians who are trying to start their careers in the USA. The fruits of my efforts over the last few years include the acceptance of two posters produced by a BMANA research group with more than 150 physicians and mentors with 5 publications between them, into the American Public Health Association (APHA) annual meeting in 2020 and 2021. This was the first time a BMANA research group was accepted into an international mainstream academic conference. Under my supervision, BMANA members were also able to publish the first journal from BMANA in 2020 and the exchange of scientific information between Bangladeshi's all across the world was stronger than ever before. For the first time in any alumni and BMANA history, physicians of Bangladesh origin, from USA, Australia, the UK and Bangladesh collaborated on presenting guidelines for covid 19 management, book writing and policy management at the Bangladesh Government level. This elaborate combination was initiated as well as maintained by BMANA central. Improvements in our pursuit of academic excellence can also be demonstrated by our annual conventions which currently include a poster session for young physicians. This year 18 posters will be presented during the convention.

Under my guidance as young physician secretary from 2017-2019 and as scientific and social secretary from 2019-2021, hundreds of young physicians were able to enhance their applications through participation in webinars or from one on one guidance with established BMANA physicians. I have personally integrated many young physicians into the US healthcare system and have mentored countless who were able to gain clinical rotations through a nationwide integrated observership program. Many have also been able to sharpen their resumes and applications overalls by participating in BMANA research projects where they were able to connect with esteemed faculty members from all over the USA.

In addition to these academic accomplishments, I have also strengthened the unity and social connections within the BMANA community by hosting numerous virtual gatherings during the pandemic. This encouraged many to greet each other over zoom while enjoying a much needed moment of happiness and unity when we were losing so many of our dear ones to covid. These events also gave us the perfect opportunity to commemorate and to pray for those that we lost. Other noteworthy events that I organized include meetings for Eid, New Years, and the 50th anniversary of the independence of Bangladesh. These recent events were significant in the way that they helped people unite and feel a greater sense of normalcy after being forced to isolate during the pandemic. I also orchestrated the formation of a magazine with testimonies from noble freedom fighters in preparation for the 50th anniversary of the independence of Bangladesh celebration. These actions helped cement their legacies, educated younger generations about their heroism, and allowed us to pray for those that we lost during the revolution. In this way, BMANA was able to be more connected within itself and to the general population of Bangladesh under my tenure in the executive committee.

Thanks, and best regards,

Md Yusufal Mamoon
Scientific and Social Secretary



COVID-19 and its Impact on Maternal Health

Dr. Hazera Hussain^{1,2}, Dr. Ruhina Tasnim², Dr. Kazi I. Ahmed², Dr. Moshaffayata J. Joty², Dr. Supti D. Nath², Dr. Ummul B. Zakia², Dr. Sawsan Tawfeeq², Dr. Sabrina Afrin, Dr. Preeti Agarwala, Dr. Salma Khan^{1,2,3,4,5}

¹Department of Neurosurgery, Montefiore Medical Center, Bronx, NY, ² Bangladesh Medical Association of North America, 20707 Hillside Ave, Jamaica, NY, ³Division of Otolaryngology, ⁴Department of Internal Medicine, Center for Health Disparities & Molecular Medicine, Loma Linda University School of Medicine, Loma Linda, CA, USA

Aim: The rapid outbreak of coronavirus disease 2019 (COVID-19) across the world has tremendously affected our health and lives with uncertainty. During this pandemic, pregnancy with its significant physiological changes is at potential risk of infection to both the mother and the fetus. Changes in the cardiovascular function, the coagulation cascade, immune system, respiratory system may play a major role in progression of COVID-19 disease. As this is a novel virus, the management, treatment, and prevention of COVID-19 is still evolving in general and let alone in obstetric patients. In the interim, it becomes very crucial to study its effect on pregnancy and how providers adapted new practices pragmatically without any prior scientific data. Moreover, due to the shift of social and healthcare practice to a new norm, there has been an increase in mental stress during the prenatal period, which passively affects maternal health. There are limited studies highlighting these areas, which led us to explore the impact of COVID-19 on pregnancy.

Methods: We reviewed literature to identify peer reviewed articles on pregnancy related to COVID-19 infection. Search terms were COVID-19, coronavirus, pregnancy, and maternal health using google scholar, Centers for Disease Control and Prevention (CDC) and PubMed.

Results: We were able to demonstrate the direct and indirect impact of COVID 19 on maternal health including physical, mental, and social effects. We primarily highlighted case series, cohort studies discussing the course, management, and outcomes of COVID-19 infection in pregnant women.

Conclusion: We discussed the physiological, pathological, and mental health changes taking place in pregnant women with COVID-19 infection and the current evolving management plans, treatment approaches, and preventive measures to combat the disease. Global effort in further research is essential to determine and minimize the impact of COVID-19 on pregnant women and their outcomes.



Alzheimer's disease – A Case Study

Authors: Dr. Tahsin Tabassum, Dr. Md Rockyb Hasan, Dr. Tanzin Tabassum, Dr. Salma Khan

Institution: Morgan State University School of Public Health, Texas Tech University Health Sciences Center School of Medicine, Loma Linda University School of Medicine, Young Physician Desk Central BMANA

Introduction: Alzheimer's Disease is a neurodegenerative disease characterized by β -amyloid plaque deposition and development of neurofibrillary tangles of hyperphosphorylated tau protein in the brain. We came across an interesting case of Alzheimer's disease which is elaborated in this abstract.

Method: A 66-year-old Bangladeshi woman presented with a history of loss of spatial orientation, lack of comprehension of speech, aphasia, urinary incontinence for 4 years, and progressive anterograde dementia, cognitive impairment for 11 years. For the last 4 years, she has had full-time caregivers assisting her with eating meals, toileting and getting dressed.

Her cranial nerve, planter reflex examination revealed no abnormality. Her MRI of brain showed generalized cortical atrophy suggestive of a neurodegenerative process, dilatation of the ventricles, prominent sulci and sylvian fissures, and lacunar infarcts at bilateral basal ganglia, paraventricular region and at subcortical white matter.

Result: A diagnosis of Alzheimer's disease was made based on clinical features and MRI. EEG was planned. She was started on a cholinesterase inhibitor – rivastigmine and memantine. The average age of onset for Alzheimer's disease for both sexes is 65-74 years. In this case, the symptoms started manifesting at the age of 55 years, which makes it quite intriguing.

Discussion: Ever since the patient started taking rivastigmine and memantine, she has been experiencing sleep disturbance, vomiting, and loss of appetite. Besides, she has yet to show any clinical evidence of slowing of the disease progression. In this respect, the recent FDA approved drug Aducanumab could prove to be useful which requires further evaluation.

Idiopathic systemic capillary leak syndrome

Khadija Tul Kubra, MD; Matthew German, MD,

Infectious disease, Internal Medicine, St. Luke's Hospital, Saint Louis, MO

Abstract: Idiopathic systemic capillary leak syndrome is a rare disorder characterized by episodes of severe hypotension, hypalbuminemia, and hemoconcentration. During attacks of capillary leak syndrome, profound derangements of the vascular endothelium develop, which results in leakage of plasma and proteins into the interstitial compartment. Episodes may vary in severity and frequency and may be fatal. We present a case of idiopathic capillary leak syndrome in a 47-year-old male with syncope, abdominal pain, and shortness of breath complicated by sepsis. Patient responded well with high doses of intravenous immunoglobulin.

A Literature Review Illustrating the Role of Obesity in Progression of Ovarian Cancer and Therapeutic Implications

Dr. Sabrina Afroz¹, Dr. Azma Parhin¹, Dr. Shamima Akter Somi¹, Dr. Khadija Tul Kubra¹, Dr. Marufa Marium¹, Dr. Anahita Sadat¹, Dr. Abu Bakar Siddik¹, Dr. Muntarin Tumpa¹, Dr. Sanzida Salekin¹, Dr. Chowdhury Fariha Zaman¹, Dr. Nasrin Jahan¹, Dr. Salma Khan^{1,2},

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Aim: Obesity is an unrivaled threat in causing a public health crisis globally. Physiological and metabolic health are greatly impacted by the alteration caused by obesity, interconnecting several diseases. 11.2% female out of 36% of obese adult population are obese. Being one of the most fatal heterogeneous gynecological pathologies among the females of the developed world, ovarian cancer has no exception to the rule as obesity induced inflammatory cytokines/chemokines substantially progresses the development of ovarian cancer. The objective is to relate dysregulation of inflammatory, immunological, metabolic, hormonal, and genetic pathways mediated by obesity induced cytokines in modulating ovarian cancer and the inefficiencies of the in vitro, in vivo studies in these pathways exploiting therapeutic interventions.

Methods: We have collected literature from the last ten years and discussed the data on obesity-induced cytokines and female hormones, their signaling pathways: in vitro, in vivo, clinical trials, FDA-approved drugs currently used to enhance our understanding and determine the future niche in the obesity-research.

Results: We demonstrated the pathways between obesity-induced cytokines and hormones to the occurrences of ovarian cancers and the available clinical trials for these overweight patient populations.

Conclusion: In this review article, we provide studies on the expression of novel inflammatory markers that may provide essential clues for the detection, prognosis, prevention, and therapeutic implications of obesity-linked ovarian cancer.

Abstract



Role of Obesity-Induced Inflammatory Cytokines on Breast Cancer & Therapeutics.

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According to WHO, obesity, a global pandemic, is an important cause of cancer. Obesity-induced adipose tissue expansion is associated with infiltration of immune cells which cause secretion of adipokines, chemokines, cytokines like IL-1,2,6,8, TNF- α , etc. The purpose of this study is to provide a comprehensive review of the effects of obesity-induced inflammatory cytokines on breast cancer while discussing available therapeutics & chemotherapy in the treatment of breast cancer. We discussed the identification of inflammatory biomarkers released by adipose tissue, and alterations in their pathway in the pathogenesis of breast cancer. Our study helps in improving diagnostic accuracy, identifying targets of therapy, and suggesting useful lifestyle behaviors for this aspect. We conducted our research in PubMed to identify relevant journal articles published within the last 10 years. We extracted pertinent data and discussed major signaling pathways regulated by inflammatory cytokines and adipokines in mediating breast cancer. Obesity involves different changes that may contribute to the development of breast cancer, such as excess inflammatory cytokines and chronic inflammation, hyperinsulinemia, insulin resistance, and raised leptin and estrogens. It leads to a low-grade chronic inflammatory state in the body, which leads to increased estrogen and aromatase, increased growth proliferation, and angiogenesis. All of these contribute to the development of breast cancer, mostly ductal breast cancer and ER-positive breast cancer. Leptin antagonist, Adiponectin agonist, aromatase inhibitors, and lipid-lowering drugs have shown favorable results in the treatment of breast cancer. Metformin inhibits the IL-6 mRNA expression and activates the IL-1R expression which acts as an anti-inflammatory cytokine. In breast cancer cells, Metformin interferes with mTOR pathway signaling and decreases the expression of HER-2 protein. Weight loss with exercise and reduced calorie intake reduces the risk of breast cancer in both premenopausal and postmenopausal women. Early detection using "biomarkers" shows a promising improvement in the survival rate.

Role of Obesity-Induced Inflammatory Cytokines on Thyroid Cancer Therapeutics

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Abstract: Over the past few decades, the incidence rate of thyroid cancer (TC) has increased substantially with a parallel increase in obesity, elevating the incidence rate of TC from 5.8% to 13.3, while the prevalence rate of obesity from 30.5% to 42.4% in the past 20 years. Obesity is one of the leading causes of cancer, including thyroid cancer. Increased adiposity in obesity is associated with the infiltration of immune cells such as T-cells and macrophages with pro-inflammatory phenotypes and subsequent secretion of cytokines like Interleukin-1,2,6,8, Tumor Necrosis Factor Alpha, chemokines, adipokines, leptin. The main objective of this review is to summarize the recent clinical data to understand the role of obesity-induced inflammatory mediators in the development and progression of TC and to discuss the management and prevention resources of TC. We performed a comprehensive literature search in the electronic database PubMed to identify relevant journal articles by using the combinations of keywords "Thyroid Cancer," "Obesity," and "Inflammatory-Cytokines." We discussed different inflammatory markers secreted from the adipose tissue and their signaling pathways, alteration of which can lead to thyroid cancer. Obesity is associated with several molecular changes that can contribute to thyroid tumorigenesis, including oxidative stress, increased pro-inflammatory cytokines, metabolic factors, and altered immune response. Leptin plays a vital role; the higher the leptin level, the more aggressive the tumor is. Insulin resistance, a metabolic factor, also plays a crucial role in tumorigenesis. However, nowadays, several drugs, from antidiabetic (Metformin) to cancer chemotherapy, have shown their effectiveness in battling TC. Lifestyle modifications such as regular physical activity, low-calorie intake, judiciously controlled weight loss can also help prevent obesity-induced thyroid cancer. We strongly believe that this review reinforces future research, contributes to identifying targeted therapies and helps to create awareness among the general population to maintain a healthy weight.

Effect of COVID-19 in Cancer Patients

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Introduction: Cancer patients have always been a population of interest belonging to a special group requiring greater attention for their management of optimal clinical outcomes. With the vicious COVID-19 pandemic, greater emphasis must be given to the care of cancer patients as they are particularly vulnerable due to the immunosuppression by cancer itself and the use of multiple immunosuppressives for their management along with physical status, lower blood counts, and specific receptors favoring COVID-19 infection.

Method: We reviewed the literature to identify peer-reviewed articles on COVID-19 infection in cancer patients to date. We searched terms combining COVID-19, coronavirus, cancer, and neoplasms using PubMed and google scholar.

Results: We were able to demonstrate the bidirectional relationship of cancer on COVID-19 infection including its prevalence, clinical course, and outcome. We further tried to provide an outline of the treatment and the vaccination recommendation in this patient group. We found COVID-19 to be more prevalent in cancer patients compared to the general population with severe clinical courses requiring more comprehensive management protocols. Cancer patients who are male, aged greater than 65 years, and having active malignancy were associated with a higher risk of severe events in COVID-19. Lung cancer is the most frequent type of neoplasm with this infection. We also found that fatigue and dyspnea are the most common symptoms of COVID-19 in cancer patients. Among the cancer treatments, chemotherapy poses an increased risk of infection while radiotherapy does not. RNA Vaccine is recommended promptly for cancer patients to protect against infection.

Conclusion: Cancer patients with COVID-19 require a more extensive, multidisciplinary approach in their management for a superior clinical outcome. The goal of our review was to shed light on the matters to ensure better prognosis and to expose the challenges of management protocols in this patient group.

Obesity-Induced Inflammatory Cytokines and their Therapeutic Implications in Endometrial Cancer

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Abstract: Obesity is a pandemic issue globally. According to the studies conducted by WHO, over 4 million individuals died every year from the complications of obesity or overweight. More than 36% adults are obese worldwide and among them almost 11% women are morbidly obese and are prone to the development of obesity-induced cancers. Among these, endometrial cancer is the sixth most common cancer in women worldwide. In this paper, we have reviewed the literatures over 10 years to accumulate the data and pathogenesis of cancer caused by obesity and the possible treatment modalities to treat obesity induced endometrial cancer. We studied the role of inflammatory markers in the development of endometrial cancer. We found out that obesity related inflammatory markers such as adipokines, pro-inflammatory cytokines (TNF- α , IL-6) and acute phase protein (CRP) increase the risk of endometrial cancer. On the other hand, anti-inflammatory markers, such as: IL-13 and IL-21 inhibits the risk of developing endometrial cancer. In addition to that, leptin, which is also raised in obesity, has an implication in developing endometrial cancer. Leptin stimulates cellular proliferation, angiogenic activity and estrogen production by activating aromatase P450 in endometrial fibroblasts. In this review article, we have also studied the effects of metformin, bevacizumab and chemotherapy to treat obesity induced endometrial cancer by reducing endometrial cell proliferation, aromatase expression and proinflammatory cytokines level, and increasing leptin sensitivity.



Coping Psychologically with Social Distancing in the Era of COVID-19: How are Bangladeshi-Americans and Native Bangladeshis doing?

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Context: Global data prior to the COVID-19 pandemic indicated that around one in every five people had one or more mental disorders. According to the United Nations, the psychological suffering has increased since this specific viral outbreak began. As social distancing (SD) is one of the key measures to prevent the spread of the disease, we analyzed and compared how this measure has made its mental health impact among Bangladeshis living in Bangladesh (BD) and the United States (US).

Methods: Data on socio-demographic characteristics, stressors, and depression were collected through an online bilingual (English/Bengali) survey [n=2,929: US = 861 (29.40%), BD= 2068 (70.60%)] during June-July 2020 in the US and BD. We used the PHQ-9 score to look at the depression severity during the COVID-19 pandemic. We investigated the sociodemographic characteristics and pandemic-related factors associated with the severity of depression among the participants of both countries with bivariate analysis (Chi-square test) and ordinal logistic regression. All analyses were conducted using SAS 9.4. **Results:** In the bivariate analysis, COVID-19 related depression severity was found to be significantly associated with age group (p<0.0001), gender (p=0.0001), highest level of education (p<0.0001), annual household income (p<0.0001), area of residence (p<0.0001), and being a healthcare professional (p=0.01). In the univariate ordinal regression analyses, US participants who are older [UOR, 95%CI: 0.37 (0.19-0.70) for 35-64 years old, 0.36 (0.16-0.78) for 65 years or more], have higher annual income [UOR, 95%CI: 0.52 (0.35-0.75) for \$42,000 – \$126,000; 0.55 (0.32-0.94) for \$126,000–\$188,000; 0.37 (0.21-0.66) for \$188,000] and live in the suburban [UOR, 95%CI: 0.30 (0.16-0.57)] and urban areas [UOR, 95%CI: 0.32 (0.17-0.61)] are significantly less likely to be in the higher category of COVID-19 related depression severity. On the other hand, BD participants who are 18-34 years old [UOR, 95%CI: 1.82 (1.31-2.51)] vs. <18 years old, female [UOR, 95%CI: 1.33 (1.14-1.56)] vs. male, completed university or professional education [UOR, 95%CI: 1.20 (1.02-1.42)], are a healthcare professional [UOR, 95%CI: 1.24 (1.04-1.48)], and live in the urban areas [UOR, 95%CI: 1.41 (1.06-1.87)] are significantly more likely to be in the higher category of COVID-19 related depression severity. Ordinal logistic regression analyses adjusted for age, gender, highest level of education, and previous diagnosis of depression showed significant positive association between Boredom d/t SD [US: AOR, 95%CI = 1.65 (1.29-2.13), BD: AOR, 95%CI = 1.67 (1.43-1.96)]; Mental stress out of fear of life/ uncertainty [US: AOR, 95%CI = 3.23 (2.50-4.17), BD: AOR, 95%CI = 2.78 (2.36-3.28)]; Financial hardship [1.92 (1.42-2.60), BD: AOR, 95%CI = 1.67 (1.40-1.98)]; strains in marital [US: AOR, 95%CI = 2.52 (1.63-3.91), BD: AOR, 95%CI = 2.00 (1.46-2.75)] and non-conjugal familial [US: AOR, 95%CI = 2.23 (1.54-3.23), BD: AOR, 95%CI = 1.96 (1.55-2.47)] relationship and friendship [US: AOR, 95%CI = 1.88 (1.32-2.68), BD: AOR, 95%CI = 2.23 (1.73-2.86)]; Loss of trust on authorities [US: AOR, 95%CI = 2.42 (1.83-3.20), BD: AOR, 95%CI = 2.06 (1.75-2.43)] and COVID-19 related depression severity for participants from both countries. On the other hand, following the recommendations of SD [US: AOR, 95%CI = 0.09 (0.04-0.23), BD: AOR, 95%CI = 0.86 (0.44-1.66)] was significantly negatively associated with COVID-19 related depression severity for participants from both countries. Having a family member with symptoms of COVID-19 [AOR, 95%CI = 1.48 (1.23-1.79)] was significantly positively associated with COVID-19 related depression severity among BD participants. **Conclusion:** The mental health impact of SD among Bangladeshis living in Bangladesh (BD) and the United States (US) during the COVID-19 depends on factors such as age, gender, education, income and area of residence. Having more awareness of the disease led to lesser severity of depressive illness during the pandemic. It is critical to conduct further research to explore this field. Other populations sharing cultural identities should be studied as well.

A Cross-Sectional Study among Native Bangladeshis and Bangladeshi Americans: Is Understanding of Social-Distancing Regulations Related to the Highest Level of Education?

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Context: Social Distancing has been the primary response in taming the COVID-19 pandemic. Our study compared the understanding of social distancing regulations (USDR) among Bangladeshis living in Bangladesh (BD) and the United States (US).

Methods: Data on sociodemographic characteristics (SDCs) and USDR were collected through a cross-sectional survey (n = 3009; BD=2209, US=800) using social media platforms during June and July 2020. From a list of social distancing regulations participants were asked to correctly identify as many elements as possible. To investigate the relationship between USDR and the highest level of education, bivariate analyses (Chi-square test) and logistic regression were conducted separately for participants living in two different countries. All analyses were conducted using SAS 9.4.

Results: Bivariate analysis shows among participants from both countries USDR is significantly associated with highest level of education (US: $p < 0.0001$, BD: $p = 0.006$) and area of residence (US: $p = 0.008$, BD: $p = 0.003$). Being a healthcare professional ($p = 0.0004$) and type of trusted COVID-19 related information sources (p -value-) were associated with USDR only for participants from BD. On the other hand, being aware of government order to maintain social distancing ($p < 0.0001$) and following the social distancing rules ($p < 0.0001$) were strongly associated with USDR for participants from the US. Logistic regression shows in both countries, participants with a university/ professional degree are significantly more likely to identify SDRs correctly (US: AOR = 2.15, 95% CI = 1.32-3.48; BD: AOR = 1.26, 95% CI = 1.01-1.57) compared to participants with school education only. For BD participants having a better USDR is also associated with being an urban (AOR, 95%CI: 1.61, 1.16-2.24) vs. rural resident; being a healthcare professional (AOR, 95%CI: 1.35, 1.10-1.64); and trusting informal sources for COVID-19 related information (AOR, 95%CI: 1.76, 1.42-2.18).

Conclusion: Higher education is a major contributor in the better USDR related to COVID-19 pandemic. Moreover, in a population of the same ethnic origin, additional factors contributing to the USDR may vary depending on the primary country of residence.

The Frequency of Reported Barriers during the COVID-19 Pandemic towards Compliance of Social Distancing Among Native Bangladeshi and Bangladeshi Americans

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Background: Social distancing (SD) has been one of the most effective measures in containing the COVID-19 spreads. It is imperative to identify the barriers to SD to improve community adherence and combat the pandemic.

Methods: Data on reported barriers and socio-demographic characteristics (SDCs) were collected in the United States (US) and Bangladesh (BD) through an online bilingual (English-Bengali) cross-sectional survey (n=3009, BD=2209, US=800) using different social media platforms during June & July 2020. We compared the barriers toward compliance to social distancing among the Bangladeshi participants residing in two different countries by stratifying the frequencies of the reported barriers according to primary country of residences. All analyses were conducted using SAS 9.4.

Results: The highest reported barriers are employment issues (76.44%: US 75.13%, BD 76.91%), followed by financial issues other than employment (58.76%: US 55.63%, BD 59.89%), and household issues (45.66%: US 41.63%, BD 47.13%). Additionally, boredom (33.50%: US 40.13%, BD 31.10%), lack of literacy (32.04%: US 30.63%, BD 32.55%), and overconfidence (25.06%: US 27.38%, BD 24.22%) have been reported as barriers towards compliance to SD. 28.75% BD vs. 21% US participants reported lack of support from the government as a barrier. Lack of trust in the government (16.22%: US 14.38%, BD 16.89%) and lack of trust in healthcare agencies/ physicians (23.99%: US 21.00%, BD 25.08%) are also reported as barriers.

Conclusion: Although social distancing is the most effective way of preventing COVID-19 transmission, the study has identified few indiscernible obstacles that had a pivotal role in its effectiveness among Bangladeshis residing in Bangladesh and in the USA. Overall, employment issues were highlighted as a crucial challenge in both populations. Limitations in government support has shown to have impeded the compliance of social distancing among Bangladeshis living in Bangladesh. On the contrary, Bangladeshis in the US, have indicated factors related to staying indoors like boredom as troublesome. Therefore, these circumstances should be taken into consideration for future aspects of social distancing and hence prevention of transmission of any communicable diseases.

Public Health Awareness among Bangladeshi Americans and Bangladeshis during the COVID-19 Pandemic

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Background: COVID-19 pandemic, a medical and public health challenge is considered to be a “great equalizer,” capable of harming anybody regardless of age, gender, race/ethnicity and social status. Data about the impact of COVID-19 on different group could help local, state, and national policymakers to identify the need for resources that include education and support to implement recommended public health practices. Bangladeshi Americans are part of the fastest growing Asian American subgroup in United States (US). English proficiency of Bangladeshi population in the US among foreign born vs. US born is 47% and 89% respectively. New York has the highest number of Bangladeshi Americans in USA. During the pandemic, important public health measures are hand washing, physical distancing and wearing face masks in public places.

Purpose: To assess the public health awareness on COVID-19 pandemic among Bangladeshi Americans and Bangladeshis.

Methods: In the middle of worldwide COVID-19 pandemic, during February – March 2020, an online survey was conducted using e-mail and social media (Facebook) in the US and Bangladesh (BD). Questionnaires developed in English and Bengali (google forms) were distributed and 1604 responded (US=850, BD=754). Participants responded from 39 states in USA and 7 divisions of Bangladesh. Questions were focused toward assessing participants’ awareness on the public health measures to prevent spread of COVID-19 virus.

Results: 72.8% and 65.5% of Bangladeshi and Bangladeshi American respectively were found to be unaware about the appropriate time to wear face mask. The importance of taking care of mental health during the pandemic were unknown to 35% and 22.1% Bangladeshi (BD) and Bangladeshi American in USA respectively. 72.2% Bangladeshi respondents faced difficulties to gain valid information about COVID-19 compared to 51.8% of their Bangladeshi American counterpart.

Conclusion: Data on immigrant population can be helpful in disseminating public health messages to combat a pandemic. More health education is needed for both Bangladeshis and Bangladeshi Americans about specific measures to prevent the spread of COVID-19. Further research is necessary to address the varying needs that may lead to improved public health measures and health education among people of Bangladeshi origin.

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Gaps in Awareness about how to Prevent COVID-19 in Bangladeshis and Bangladeshi Americans

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Background: COVID-19 caused a global pandemic with high morbidity and mortality in most countries in the world, developed and developing. Awareness and prevention are key to preventing the spread of this disease.

Purpose: This study assessed the knowledge about awareness and prevention of COVID-19 among Bangladeshi Americans and Bangladeshis.

Methods: Data were collected with an online survey during February-March 2020 in the United States (US) and Bangladesh (BD). Two bilingual (English and Bengali) questionnaires (Google Form) were disseminated through emails and social media (Facebook).

Results: The study has 1,604 respondents (US=850, BD=754). The respondents are country-wide (US=39 states; BD=7 divisions). The majority of the respondents are ages 18-34 years (US 74%, BD 70%). When asked who should prepare and take action for preventing Covid-19, the response differed greatly by country: Bangladeshis said that this is the responsibility of healthcare facilities but Bangladeshi Americans said everyone is responsible - healthcare facilities (US 89%, BD 91%), home (US 87%, BD 71%), K-12 schools (US 78%, BD 57%), universities (US 82%, BD 61%), workplaces (US 86%, BD 61%), faith-based organizations (US 70%, BD 49%). The top source of information was social media (US 35%, BD 53%); the second largest source was CDC for Bangladeshi Americans (30%) and websites for Bangladeshis (21%). In both populations, only 3% received information from physicians and <1% from faith-based organizations.

Conclusion: It is critical to understand these similarities and differences in these two populations to take appropriate steps to prevent the spread of COVID-19. Social media is an important tool for raising awareness about COVID-19 prevention.

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Fulminant Hepatic Failure Secondary to Kava Kava Chronic Ingestion

Samin Rahman OMS-IV

The herbal tea market has undergone significant growth in the United States due to a wave of health consciousness and desire for natural remedies. Herbal teas are regulated as dietary supplements, not drugs under the FDA. [1] As patients consider them natural remedies, they often do not disclose their use to their physician and can consume them in large doses. [2-4] The Drug-Induced Liver Injury Network (DILIN) attributes herbal drug supplement use to 15 to 20 percent of all drug-induced liver injury (DILI) while other sources suggest ingestion of hepatotoxic drugs and supplements compromise the second leading cause of acute hepatic failure [5,6] One such herbal tea, Kava Kava, has been linked to several cases of hepatotoxicity. [7-11,16] The following is a case of a young woman who presented to the Emergency Room with the early symptoms of liver failure following chronic Kava Kava ingestion.

CASE REPORT: A 35-year-old African American female presented to the Emergency Room for one day of heartburn despite antacids. She reported she had eaten a spicy meal the night before and had had heartburn since. The morning of presentation, patient noted 30-60 minutes of chest fullness, severe nausea and an episode of nonbilious emesis. Patient denied medical history, surgical history, and denied any medications beyond Pepto-Bismol. Triage EKG showed no ischemic changes. Physical exam on initial presentation was significant only for mild epigastric tenderness, no guarding, no rebound

Initial laboratory evaluation indicated aspartate aminotransferase level of 13,222 U/L, alanine aminotransferase of 10,448 U/L, alkaline phosphatase of 139 U/L, total bilirubin 3.7, and lipase 93. Additional labs ordered yielded INR 4.81, lactate 6.1, venous pH 7.36, negative acetaminophen level and negative gallbladder ultrasound. Additional history was taken from the patient. Patient denied tylenol use, history of hepatitis, blood transfusion, or foreign travel. Upon further inquiry she admitted to herbal supplements including GABA tabs, rosemary, phentermine diet pills, and two or more cups of kava kava tea daily for one month.

Upon the recommendation of Gastroenterology, the patient was started on n-acetylcysteine protocol, received q4h blood draw for CMP, INR, fibrinogen, and was transferred to an outside hospital with transplant services. There patient received additional two rounds of n-acetylcysteine and ultimately did not require liver transplantation.

Elucidating the Intriguing Association Between Systemic Lupus Erythematosus and Cardiovascular Disease

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Introduction and Background: Cardiovascular disease (CVD) is the leading cause of morbidity and mortality, both in developed and developing countries. Systemic lupus erythematosus (SLE) is a chronic, autoimmune disorder with a variable clinical course involving multiple body organs. SLE patients have demonstrated a higher risk of developing cardiovascular disease (CVD), resulting in it being one of the leading causes of death in SLE patients. Therefore, a systematic review was conducted in an attempt to unravel the association of CVD in SLE patients.

Method: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed to search the PubMed database starting from March 2021 systematically. The Quality in Prognostic Studies (QUIPS) tool was used to assess the risk of bias.

Result: Strong epidemiologic evidence of SLE patients having an increased relative risk of CVD compared to controls was found while reviewing the ten included studies. One study found that the odds of having a Coronary Artery Calcification (CAC) score greater than zero in SLE patients aged less than or equal to 45 years was 12.6 times higher than patients in the Coronary Artery Risk Development in Young Adults (CARDIA) cohort (control). This finding was made after age, hypertension, total cholesterol levels, and aspirin use were adjusted, and the study was restricted to women. Another study assessing the progression of CVD in SLE patients found CAC progression at follow-up to be in 27 cases (18.1%) compared with 16 controls (12.9%).

Conclusion: Although conventional risk factors increase CVD prevalence, SLE itself also dramatically increases the prevalence of CVD. Therefore, we recommend that SLE should be treated as a "CVD risk equivalent". SLE patients should be managed more extensively with greater emphasis given to cardiac health for better clinical outcomes.

In pursuit of an expert artificial intelligence system: Comparing Doctor Ai® and Babylon Health for diagnostic reasoning and triage decision making

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Background: The DOCTOR Ai® system is a patent-protected software and includes a combination of automated chatbot functions, which uses a Natural Language Processing (NLP) algorithm to both collect patient history using open-ended questions and algorithms to emulate the physician's thinking process. Babylon Health, a U.K.-based startup that developed Ai-based patient triage systems, using a chatbot that is currently used by the U.K.'s National Health Service to help diagnose ailments.

Objectives: This study compares the Doctor Ai and Babylon Health Ai systems to evaluate their efficacy, using the time needed to (1) find a diagnosis and (2) conduct triage decisions.

Setting: The study was conducted in a laboratory setting to reduce variability related to patient demographics in order to compare the Ai performance.

Participants: Both the Ai systems and the three board-certified physicians evaluated a total of fifteen textbook presentations of clinical scenarios.

Primary and secondary outcome measures: The primary outcome of the study was to measure the time needed to confirm a diagnosis or to provide a disposition decision. The secondary outcome of the study was to compare the accuracy of the Ai decisions with that of physicians.

Results: The study found that both Ai systems agreed on patient disposition decisions for 93% of cases (14 out of 15 cases; $P < 0.08$) with no statistically significant difference with physicians, which indicates that both Ai systems are equally effective in terms of patient triage decisions relative to the physicians. The Doctor Ai system agreed with the physicians on the final diagnosis for 73.3% (11 out of 15) of the cases, while Babylon Health Ai only provided a final diagnosis on 53% (8 out of 15) cases. For the critical clinical cases, Babylon Health did not disclose the diagnosis or could not determine it. In this study, Doctor Ai used 7.8 (± 2.08) computer screens to reach a diagnostic confirmation compared to Babylon Health's 22.1 (± 9.29) screens ($P < 0.001$).

Conclusions: Doctor Ai takes less time to find a final diagnosis or provide triage decisions and also provides better diagnostic accuracy compared to Babylon Health. Either of the Ai systems can provide accurate triage decisions, relative to triage decisions made by physicians.

Title: Is Anticoagulation the Answer in Treating Non-Critical COVID-19 patients?

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Background: All autopsy studies demonstrated widespread thrombosis and alveolar-capillary microthrombi as the cause of death among patients with COVID-19. The autopsy studies are considered to be the gold-standard for diagnostic accuracy and therapeutic strategies for any clinical scenarios. The author initially observed that patients already taking therapeutic dose oral direct factor Xa inhibitors for an unrelated reason, have significantly better survival rates than those not taking any anticoagulants. This influenced the author to conduct a pilot study with anticoagulation among the hospitalized COVID-19 patients.

Method: Its standard of care to give patients a prophylactic dose of anticoagulation for any hospitalization. However, the author used a higher dose of anticoagulation with permission from the patients.

Results: The author observed the following treatment strategies have the highest survival benefits among patient with COVID-19 who are admitted to the hospital's floor for treatments: 1. If any high-risk patients get diagnosed with COVID-19 but not eligible to be admitted to hospital, then start Apixaban 5 mg PO BID for 2 months. 2. If the patient is diagnosed with hypoxia on presentation, admit the patient to a hospital, and titrate Enoxaparin dose based on serum D-Dimer and patient's BMI. Consider low or intermediate dose 2. anticoagulation if patients with COVID-19 has high bleeding risk. 3. Start Dexamethasone 10 mg intravenous daily, concomitantly, if the patient is requiring oxygen. 4. If D Dimer is more than four times the upper limit of normal, then start Enoxaparin 0.5 mg/kg subq twice a day. 5. Consider intermediate-dose Enoxaparin (40 mg subq twice a day) if the patient's BMI is higher than thirty (>30) even when the D-Dimer level is low. 6. Adjust enoxaparin doses based on kidney function (eGFR). 7. Consider Heparin drip for a patient with chronic kidney disease or end-stage renal disease instead of Enoxaparin (based on D-Dimer). 8. Trend D-Dimer daily as it accurately predicts changes in oxygen requirements after 24 hours. These trends provide an early opportunity to titrate up or down Enoxaparin dose before the patient's status changes. 9. Patients with COVID-19 are less likely to die if their D-Dimer level is low. 10. Request permissions from patients and family member when you start high dose anticoagulation as there is a bleeding risk. 11. If patients were on anticoagulation at home for an unrelated reason gets admitted to hospital with COVID-19, start full dose Lovenox instead of continuing home anticoagulation. In addition, start Dexamethasone 10 mg IV daily, concomitantly. 12. When patients with COVID-19 are ready for discharge, send the patient home with Apixaban (not Coumadin or Rivaroxaban) for one to two months (for prevention of DVT, PE, stroke, or post-COVID-19 syndrome).

Conclusion: Based on autopsy studies and the author's personal experience working on the COVID floor, death rates are negligible among patients with COVID-19 who are already taking therapeutic dose oral direct factor Xa inhibitors for an unrelated reason. It is essential to design studies to demonstrate the effect of early initiation of therapeutic anticoagulation. The question now is whether we should start high dose anticoagulation upon diagnosis of COVID-19 using low molecular weight heparin (Enoxaparin) among hospitalized patients with high D-Dimer or start direct factor Xa inhibitors in ambulatory care patients without any hypoxia to prevent DVT, PE, or stroke. It is also important to evaluate whether high-risk populations (essential front-line workers and high-risk patients) should consider starting direct Xa inhibitors at the diagnosis of COVID-19. These questions need to be addressed through rigorous, well-designed studies to reduce mortality and morbidity related to COVID-19.

Title: Is the key to predicting a country's economic rank hidden inside the combined effect of emotional intelligence and intelligence quotient?

Author: Raeed Kabir; Jebun Nahar; Ritesh Sengar; Azad Kabir

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Background: Intellectual quotient (IQ) is a measure of intellectual "ability" of performing, comprehension, and learning. Previous study reported that intelligence measures predict various measures of job performance and income. Emotional intelligence (EI) is considered to be the capacity of awareness, controlling and expression of one's emotions, seeking more feedback, and managing one's emotion to handle interpersonal relationships judiciously and empathically. These characteristics are also very important for personal and professional success.

Objective: This study tests a hypothesis whether the combined effect of population's average intelligence quotient (one's ability to perform and learn) and emotional intelligence (emotional ability to express and handle interpersonal relationships) hold the key to any country's economic rank.

Method: The population average intelligence quotient, emotional intelligence, and indices of good governance, which include democracy Index, electoral process and pluralism, functioning of government, political participation, civil liberties and corruption perception index for each country was obtained from public data sources. The outcome variable for this study was the economic rank of a country based on gross national income. All the variables that are significant in univariate analysis were included in the multivariate regression analyses but excluded from the final model if they were not significant.

Result: The total number of countries included in the final analysis was 88 because of missing values in different variables. The product of intelligent quotient (IQ) score and emotional intelligence (EI) were found highly correlated at -0.72 ($p < 0.05$) with the economic rank but IQ did not correlate with EI with a correlation coefficient of 0.04 ($p \text{ value} > 0.05$). The independent effect of intelligence quotient (IQ) score and emotional intelligence (EI) was found not significant but their interaction effect (the product of IQ and EI) was strongly significant after adjustment of measures of good governance. Though the democracy index strongly correlates with other measurements of good governance such as functioning of government, political participation, and corruption perception index; these variables were found significant in the multivariable model and the R square value of the final model was 0.60 .

Conclusion: The product of emotional intelligence and intelligence quotient is the strongest predictor of a country's economic rank. Future studies in molecular genetics and neuroscience are recommended to investigate whether educational goals in the school should be focused on development of emotional intelligence, and intelligent quotient or emotional intelligence alone.

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BMANA Life Time Achievement Award



BIOGRAPHY

NAME: KIRAN S. DEBNATH M.D.

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PLACE OF BIRTH: GAFARGAON, MYMENSINGH

SSC: 1964, GAFARGAON ISLAMIA HIGH SCHOOL

HSC: 1966, ANANDA MOHAN COLLEGE, MYMENSINGH

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1971: WORKED AS MEDICAL OFFICER IN BANGLADESH HOSPITAL, BISHRAMGANJ, AGARTALA, CONTINUED FOR A YEAR IN SAME HOSPITAL AFTER SHIFTED IN DHAKA.

MBBS 1972

D.A. (DIPLOMA IN ANESTHESIA): 1975 FROM ROYAL COLLEGE OF SURGEONS AND PHYSICIAN, LONDON,

ANESTHESIA RESIDENCY: 1976 TO 1978 AT UNIVERSITY OF CINCINNATI, OHIO

OB ANESTHESIA FELLOWSHIP: 1978 TO 1979 IN UNIVERSITY OF CINCINNATI, OHIO.

PUBLISHED PAPER IN ASA JOURNAL "SAFETY OF EPIDURAL ANALGESIA IN PRE ECLAMPTIC-PATIENTS IN COLLABORATION OF THE DEPARTMENT.

RECEIVED SECOND AWARD 1979 FROM INTERNATIONAL ANESTHESIA RESEARCH SOCIETY ABOUT SELDINGER TECHNIC FOR EPIDURAL ANESTHESIA IN COLLABORATION WITH THE DEPARTMENT.

1979 JOINED A PRIVATE ANESTHESIA GROUP IN PORTSMOUTH, VIRGINIA. FORMED THE FIRST ANESTHESIA DEPARTMENT IN MARYVIEW HOSPITAL AND BECAME THE FIRST CHAIRMAN OF THE DEPARTMENT IN PORTSMOUTH, VIRGINIA.

1983, FOUNDER OF PORTSMOUTH ANESTHESIA ASSOCIATES, PORTSMOUTH, VIRGINIA, EMPLOYED ABOUT 15 ANESTHESIOLOGISTS AND 30 CRNA.

RETIRED IN 2019 AFTER 40 YEARS OF PRACTICE.

LIFE MEMBER OF BAMANA SINCE 1981.

HOBBY: FINE ART PHOTOGRAPHY, PLAYING GUITAR, MAKING MUSIC, CREATING TRAVEL AND MUSIC VIDEO IN YOUTUBE CHANNEL

BMANA AWARD



Ruhul Abid, MD, PhD is an Associate Professor in the Division of Cardiothoracic Surgery, Rhode Island Hospital and Brown University Warren Alpert Medical School. After completion of a Fellowship in Vascular Medicine at Beth Israel Deaconess Medical Center, Harvard Medical School in 2001, Dr. Abid began his career as an Instructor in Medicine in 2002, rising to the rank of Assistant Professor in 2006 at Harvard Medical School. He joined Brown University Alpert Medical School in 2011 and established his vascular biology lab at the CVRC of Rhode Island Hospital. He serves on the Executive Committee at Brown Global Health Initiative and as an Affiliated Faculty at the Center for Human Rights and Humanitarian Studies (CHRHS).

Dr. Abid has combined careers in research on cardiovascular diseases and in global health. He is the recipient of the *International Werner Risau Investigator Award in Vascular Biology* in 2011 from the American Heart Association, and the Stars in Global Health from the Grand Challenges Canada in 2018. Since 2013, Abid's non-profit (501c3) organization Health and Education for All (HAEFA) (www.haefa.org) has provided free healthcare and medicines to more than 30,000 ready-made-garment factory workers, and cervical cancer screening to 12,000 women in Bangladesh. Since 2017, Dr. Abid and his medical teams have been providing healthcare to more than 170,000 Rohingya refugees from Myanmar. His technological innovation NIROG, a solar-powered, offline capable, portable EMR has enabled health workers to screen, treat and follow up patients with chronic diseases among the disadvantaged and displaced populations in hard-to-reach areas. His collaboration with CHRHS and Project HOPE has provided 'COVID-19 Competency TOT' to more than 2,600 healthcare professionals at 35 organizations in Bangladesh in 2020. HAEFA was nominated for Nobel Peace Prize in 2020. In June 2021, Dr. Abid has led an international clinician, academic and IT team comprised of experts in COVID-19 in the USA and Bangladesh to develop and launch a web-based, self-paced *Advanced COVID-19 Clinical Management Certification Course for Bangladesh*. This online, interactive clinical training course is available on the DGHS, Bangladesh website: <http://covidlearning.dghs.gov.bd:8080/>

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Young physician Secretary's Report,
Central BMANA, 2019-2021

ADIBA GEETI MD, MSPH, FCCP, FACP

Attending Physician, Internal Medicine and Pulmonary Medicine
Associate Program Director, Ambulatory Medicine, Internal Medicine and Pulmonary
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Assistant Clinical Professor of Medicine, Yale School of Medicine.
Medical Director, City of Bridgeport, Connecticut.

I am happy to share what I have worked towards supporting physicians who wanted to start their career here in the USA. During this pandemic, zoom sessions brought us together and record number of Bangladeshi physicians have started their residency in past 2 years. My two-year goals included, but were not limited to:

- Involve more physicians and second-generation young physicians with Bangladesh origin to BMANA
- Guide young physicians here in research and educate on methodology
- Involve chapter members in all states to create a network of BMANA members to facilitate communication and foster support amongst members, especially with regard to residency applications
- Arrange clinical rotations in the USA for Bangladeshi Medical students

With all of your support I was able to create networking among mentors and mentees to have a successful experience for young physicians in research, publication and residency.

The platform to reach people is mainly a Facebook page.



Our first conference was directed towards young physicians in July as soon as took office. It was just before the 2020 application phase and when ERAS started to download application materials. During the application process, our first lecture was dedicated towards resume preparation, how to write a personal statement and interview skills.

Speakers were;

Dr. Walled Chowdhury, past BMANA central and New York chapter president.

Dr. Salma Khan

Dr. Yusufal Mamoon

Dr. Ferdousi Shilpee



Young Physician Desk Central BMANA was live.

Published by Md Mamoon · July 20, 2019

US Residency Workshop.



Pic: Dr. Salma Khan speaking on How to write CV for residency

At that session we have assigned mentor for almost 20 applicants and more later on for correction of personal statements and resume. After that session I was contacted by many here and from Bangladesh to guide for the application process. This program was viewed by candidates from many different countries on Facebook live.

Next few months our expert mentor groups started to help everyone to correct their resume and guide to have a nice personal statement.

After this, we had another session in September to start work on interview preparation workshop

Interview preparation workshop:

1. Started to talk to each person independently to see where they are in their application process.
2. Lectures on interview techniques: do's and don'ts
3. MOCK interview with different candidates and Q/A
4. Each candidates were assigned distinguished mentors to practice interviews with them individually and guidance for total application process. The personal approaches were well recognized by the candidates.

Similar sessions were arranged in October 2019 and December 2019.



Young Physician Desk Central BMANA was live.

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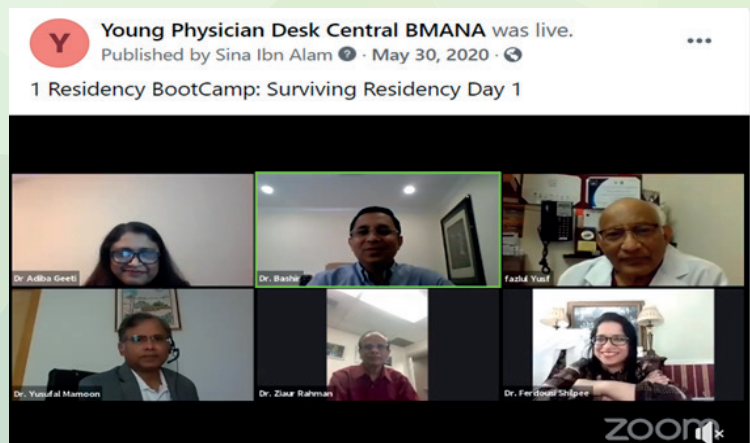
Interview season, before, during after.

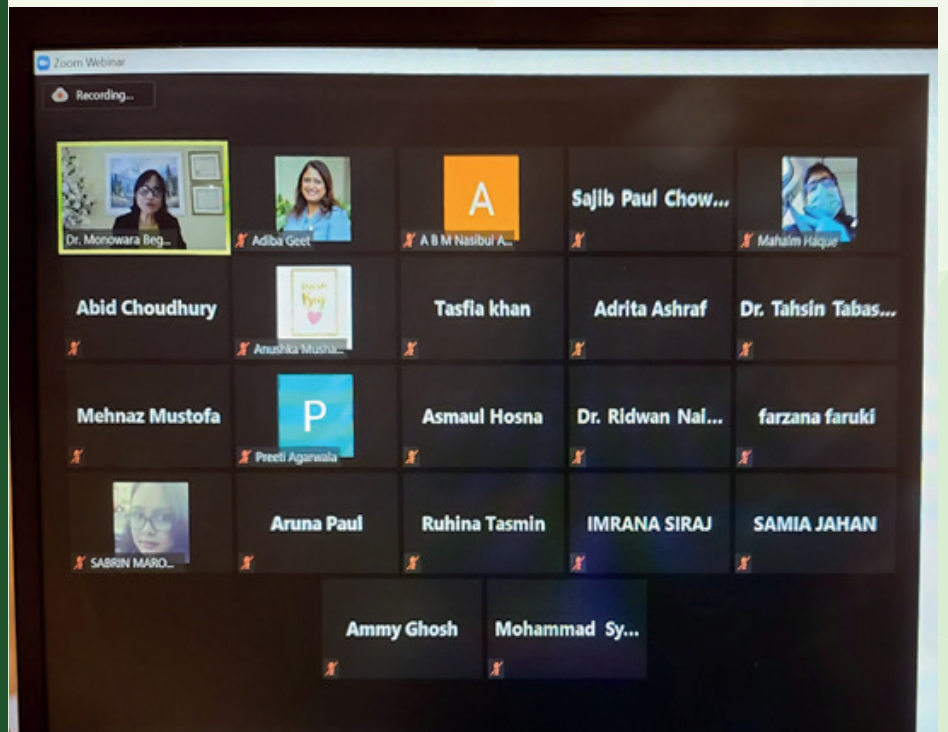
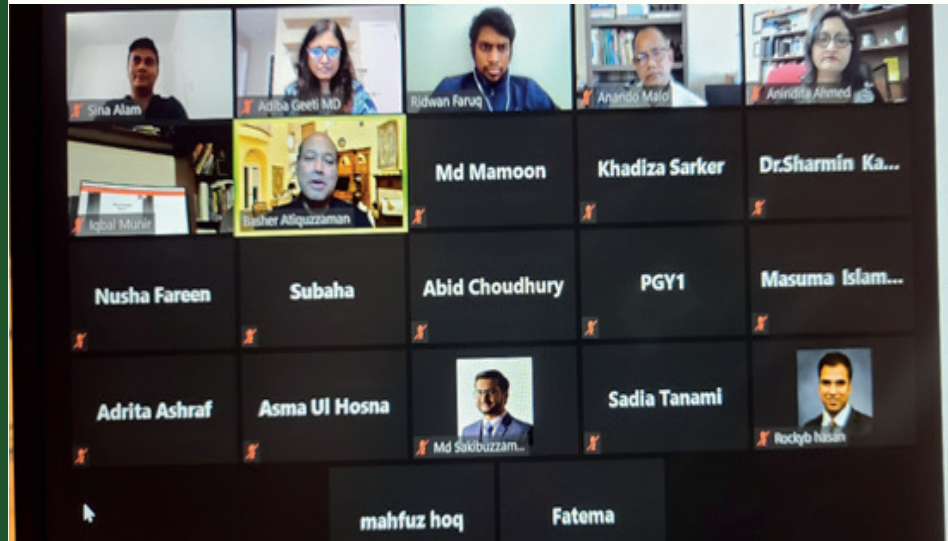


As we were progressing towards the New Year's, candidates were traveling for residency interviews. Mentorship was one to one to practice skills. It was a great experience. In January 2020, news of Covid-19 epidemic in China came out. In February we had a session on this virus. In March Covid-19 was a pandemic and New York became the epicenter. The young physicians started working as volunteers to add in the work force in New York. One of the bright person wanted to study Bangladeshi population and their perception of the pandemic here and in Bangladesh. This succeeded into the Young physician Research Platform. This platform now has more than 5 publications from this study and presented at American Society of Public Health. This was possible by mentorship of many dedicated towards research and the hard working young physicians. To name few was Dr. Suhaila Khan, Dr. Salma Khan, Dr. Tabassum Feroz and Dr. Naquib. Scientific and Social Secretary Dr. Mamoon then created a research group and ongoing studies.

During this pandemic, one great news the Match result in March with highest number candidates getting residency. For the first time, a month long lecture series was arranged for this to train them guidance for a successful residency and educate on key points for all topics of internal medicine.

As Pandemic continued, we had to arrange all of our sessions by zoom. This was more productive as our audiences grew in number and we had more speakers in multiple session for residency application and interview preparations. Another match cycle had a huge success. Continued post match sessions and encouraging all to "Pay It Forward".





We are still working for the 2022 match and will work towards interview preparation. This was priceless experiences. I want to thank our countless mentors to make this platform a success.



Literature:

Professor Dr. Ziauddin Ahmed, Drexel University

মুক্তিযুদ্ধের স্মৃতি

ডাঃ জিয়াউদ্দীন আহমদ

ফিলাডেলফিয়া, আমেরিকা।

সময়টা ৭১ এর এপ্রিল মাসের মাঝামাঝি। লেফটেনেন্ট হেলাল মুর্শদের (অবঃ মেজর জেনারেল) নেতৃত্বে ১৪ জন সৈনিক

নিয়ে একটা স্পেশাল প্ল্যাটুন গঠন করা হয়েছে। যার দায়িত্ব হবে অনবরত শত্রুর কাছাকাছি বিচরণ করা এবং সুযোগ

বুঝে বার হামলা চালানো। সারাক্ষণ শত্রুকে ব্যাস্ত রাখলে তারা দুর্বল হয়ে পড়বে এবং রেগুলার বাহিনী নিয়ে ক্যাপ্টেন

নাসিম সহজেই মুখোমুখি যুদ্ধে শত্রুকে ঘায়েল করতে পারবেন। আমরা ছাত্র তিন বন্ধু ছাড়া আর সবাই ২য় ইস্ট বেঙ্গল

রেজিমেন্টের বাছাই করা যোদ্ধা। ক্যাপ্টেন নাসিম (অবঃ লে জেনারেল ও সামরিক প্রধান) মাধবপুরে ঘাটি করেছেন

শত্রুর মুখোমুখি। ঠিক হল শাহবাজপুর ব্রীজে দখলকৃত পাকিস্তান বাহিনীর ঘাঁটির উপর রেইড করতে হবে। স্পেশাল

প্ল্যাটুনের এবং তার সাথে আমার প্রথম অপারেশন। স্থানীয় একটি ছেলে পথ দেখিয়ে নিয়ে যাবে। আমাদের চলতে হবে

রাতের অন্ধকারে। কাক পক্ষীতেও যেন টের না পায়। শত্রু কে পাশ কাটিয়ে পিছনে গিয়ে অতর্কিতে চালাতে হবে

আক্রমণ তারপর দ্রুত ফিরে আসতে হবে ঘাঁটিতে। সেদিন ছিল অমাবস্যা, নিকষ কালো রাত। বৃষ্টি থেমে গেছে ততক্ষণে,

কিন্তু মেঠো পথ কাদায় একাকার। সমস্ত রাত আমাদের হাটতে হবে পথ। গ্রামের ভিতর দিয়ে, মানুষের উঠান পেরিয়ে,

কখনো ঘরের কিনার ঘেসে সন্তর্পনে নিঃশব্দে এগিয়ে চলেছি আমরা। পরনে আমাদের লুঙ্গি ও সার্ট এবং খালি প্যা।

পিঠের মাঝে আমার ঝুলানো চাইনিজ লাইট মেশিনগান ও দুইটি ভারি ম্যাগাজিন, কোমরে আটা দুটি গ্রেনেড। কথা বলা বা

শব্দ করা বারন তাই একজনের পিঠে রাখা আছে আরেকজনের হাত নাহলে নিঃছিদ্র অন্ধকারে দল থেকে হারিয়ে যাওয়ার

সম্ভাবনা। ঝানু সৈনিকদের হাঁটার সাথে তাল মেলাতে না পেরে দুবার আমি হারিয়ে গেলাম। বাধ্য হয়ে পাখীর ডাকের

সঙ্কেত দিয়ে আবার মিলিত হলাম। ভোর হওয়ার আগেই আমরা শাহবাজপুর ব্রিজের কাছে চলে এসেছি। আগের

পরিকল্পনা অনুযায়ী একটা টিনের মসজিদের ভিতর সবাই আশ্রয় নিলাম। গ্রামের বেশির ভাগ মানুষই পালিয়ে গেছে।

প্রচুর বাড়ি ঘর ভস্মীভূত। বুঝলাম শূন্য গ্রামে এই পরিত্যক্ত মসজিদই দিনের আলোতে গা ঢাকা দেয়ার জন্য সবচেয়ে

নিরাপদ স্থান। আমাদের অপেক্ষা করতে হবে রাতের জন্য। লেঃ মুর্শেদ দুজন সাহসী হাবিলদারকে রেজি করতে

পাঠালো। তারা চাষীর ছদ্মবেশে দুটো গরুকে তাড়িয়ে ব্রিজের কাছে গিয়ে শত্রুর ঘাঁটির অবস্থা, মেশিন গানের পোস্ট এবং

আমাদের উত্ৰলের (নির্গমণের) সম্ভাব্য পথ নির্ধারন করে আসলো। সারা রাত ভারী অস্ত্র কাঁধে নিয়ে পথ চলে

শক্ত ধূলিময় মেজেতে অনায়াসে ঘুমিয়ে পড়লাম। বিকেলে যখন ঘুম ভাঙল তখন দেখলাম কলা পাতার উপর গরম ভাত

আর ডাল বাড়া হয়েছে। গ্রামের কারও বাড়ি থেকে চুপিসারে রান্না করে পাঠানো হয়েছে। খাবার পর লেঃ মুর্শেদ আমাদের

সবাইকে যার পজিশন বুঝিয়ে দিল। অন্ধকার নেমে আসছে, মোমবাতির ক্ষীণ আলোকেও ঢাকা দেবার চেষ্টা চলেছে, নিচু

গলায় ফিসফিস করে কথা বলছে কেউ কেউ। শক্ত করে ধরে থাকলাম আমার হাতের এল, এম জি তাকে, এই মুহুর্তে

আমার সবচেয়ে বিশ্বাসী বন্ধু। শীতল ইম্পাত থেকে বিদ্যুত প্রবাহিত হতে লাগলো আমার রক্তে। বিস্কিটের টিনের মত

গোল আর মসৃণ ম্যাগাজিনের উপর কয়েকবার হাত বুলালাম। ধীরে মনে পড়তে লাগলো বাবা, মা, ভাই, বোন ও বন্ধুদের

কথা। ২৫ মার্চের পাকিস্তানীদের নারকীয় হত্যা যজ্ঞের সাথে পাকিস্তানের মৃত্যু হয়েছে। বঙ্গবন্ধু অনেক চেষ্টা

করেও গনতান্ত্রিক উপায়ে শেষ রক্ষা করতে পারলেন না। পাকিস্তানের বেঈমানির মুখোশ খসে পরেছে।

প্রথম কয়েকদিন অবিশ্বাস্য দুস্বপ্নের মত কেটে গেল। সিলেট শহরের রাজপথে নিরীহ মানুষের লাশ বাড়তেই লাগলো।

হঠাত মেজর জিয়ার স্বাধীনতা ঘোষণায় যেন সম্বিত ফিরে পেলাম, এবার বাঙ্গালী সৈনিকরাও জেগেছে। একটা দুর্বার

সাহস ফিরে পেলাম। কি করবো বুঝতে পারার আগেই শুনলাম পাঞ্জাবিরা নিজেদের রেজিমেন্টের দুজন বাঙ্গালী অফিসার

লেঃ ডা; মইন ও কেপ্টেইন মাহবুব কে গুলি বিদ্ধ করে সিলেট মেডিকেল কলেজ হাসপাতালে ফেলে গেছে। কার্ফু ভাঙ্গার

সাথে হাসপাতালে ছুটে গেলাম। অদূরে অপারেশন থিয়েটার থেকে বেরিয়ে এসে দাড়ালেন সার্জারীর প্রধান অধ্যাপক ডাঃ

শামসুদ্দীন আহমদ, আমার বাবা। আমার দিকে চোখ পড়তেই নিস্পলক তাকিয়ে থাকলেন কয়েক মূহূর্ত।
তাকে মনে হল

অনেক ক্লান্ত ও চিন্তিত। মেডিকেল কলেজ হাসপাতাল এখন ডাক্তার শূন্য, সবাই আকস্মিকতায় দিশেহারা।
অথচ

হাসপাতালে আহত মূমূর্ষু অসহায় রোগীদের সংখ্যা বেড়েই চলেছে। অধ্যাপক ডাঃ শামসুদ্দীন হাসপাতালে
সারাক্ষন

থেকে যাবার মনস্থ করেছেন। তার জীবনের সবচেয়ে বড় পরীক্ষা। প্রানের ভয় থেকে বড় দায়িত্ববোধ। এই
ভয়ঙ্কর

দুঃসময়ে বুকের মধ্যে আগলে ধরে রাখলেন হাসপাতালকে। যে করেই হোক খোলা রবে এর দ্বার। কানে
বাজতে লাগলো গত

রাতের তার কথাগুলো। হানাদারদের এখন চ্যালেঞ্জ করতে হবে সমরাস্ত্র দিয়ে, তীর, বল্লম আর গাদা বন্দুক
দিয়ে

নয়। বেশি দেবী হলে বাঙ্গালী জাতী ধ্বংস হয়ে যাবে। তৎক্ষনাত ঘুরে দাড়ালাম, পিছন ফিরে আর একবার ও
তাকালাম

না। তখন বুঝতে পারিনি এটাই আমার বাবাকে আমার শেষ দেখা। ৫ দিন পর ৯ এপ্রিল এই হাসপাতালের
ভিতর মুমূর্ষু ও

আহতের সেবার করার সময় পাকিস্তানী হানাদারদের হাতে তিনি কিছু সাথীদের নিয়ে শহীদ হন।

কয়েক ঘন্টার মধ্যেই সালাম (অবঃ কর্নেল), আনিস ভাই (অবঃ মেজর), বুলু ভাই (চিকিতসক), আর আমি
প্রথম বর্ষ

মেডিকেলের ছাত্র, সিলেট শহর থেকে রওয়ানা দিলাম অজানার পথে। যেহীন, ফয়সল, শাহরীয়ার, বাবুলু,
আতিক (অবঃ

মেজর) ও অন্যান্য বন্ধুদের সিলেটে অপেক্ষা করতে বললাম পরবর্তী নির্দেশের জন্য। প্রথম লক্ষ্য সিলেটের
অদূরে

বিয়ানীবাজার থানার দিকে কারন সেখানে আর্মী তখনো গুথানে যায়নি এবং বাঙ্গালী পুলিশরা তখনো
অস্ত্রজমা দেয়নি।

পরিকল্পনা হল পুলিশদের কাছ থেকে রাইফেল যোগাড় করতে হবে, প্রয়োজন বেধে ছিনতাই করে হলেও।
তার পর ছাত্র

জনতাকে প্রশিক্ষণ দিয়ে সংগঠিত করতে হবে প্রতিরোধ। কিন্তু তার প্রয়োজন হলনা, দেখা হয়ে গেল কর্নেল (অবঃ)

রবের (অবঃ মেঃ জেনারেল) সাথে। শুনলাম আজ রাতে ২য় বেঙ্গল রেজিমেন্টের সৈনিকরা কেপ্টেইন আজিজের (মেঃ

জেনারেল) নেতৃত্বে সিলেটে হানাদার বাহিনীর উপর হামলা চালাবে। তিনি আমাদের ষথশিষ্ম তেলিয়াপাড়া চা বাগানে

জমায়েত বেঙ্গল রেজিমেন্ট এর কাছে রিপোর্ট করার জন্য নির্দেশ দিলেন।

বিয়ানিবাজারেরে সাব ভাই এর সাহায্যে আমরা ভারতে পৌছলাম। অপরিচিত কয়েকজন উতসাহী ভারতীয় তরুনের

সাহায্যে করিমগঞ্জ হয়ে আগরতলার বর্ডার দিয়ে পরদিনই আবার বাংলাদেশের ভিতর তেলিয়াপাড়াতে এসে পৌছলাম।

তেলিয়াপাড়াতে তখন বাঙ্গালী সমরনায়কদের প্রথম ঐতিহাসিক বৈঠকে মুক্তিযুদ্ধের নক্সা তৈরী হচ্ছিল।

ব্রাহ্মণবাড়িয়া তখনও বাঙ্গালী সৈনিকদের দখলে। দুদিনের মধ্যেই হাতে সাবমেশিন গান রাইফেল, লাইট মেশিন গান

আর গ্রেনেড ছোড়ার ট্রেনিং নিয়ে আমরা চার জন ছাত্র মিশে গেলাম ২য় বেঙ্গল রেজিমেন্টের সাথে। ২য় বেঙ্গল

রেজিমেন্টের কমান্ডার মৃদুভাষী মেজর শফিউল্লা (অবঃ লেঃ জেনারেল, সেনা প্রধান) ছোট্ট করে একটা দৃঢ় বক্তব্য

রাখলেন। অন্যায় ভাবে বাঙ্গালীদের উপর হত্যা, ধ্বংস ও বর্বরতা শুরু করেছে পাকিস্তানী সৈন্যরা। এখন জাতীয়

কর্তব্য হবে দেশকে শত্রু মুক্ত করার জন্য প্রানপনে যুদ্ধ চালিয়ে যাওয়া। কতদিন যুদ্ধ চলবে জানিনা তবে অন্যায়ের

বিরুদ্ধে জয় আমাদের হবেই।

কিছুদিন সালাম আমি আর আনিস ভাই কে নবগঠিত পুলিশ, ইপিআর ও ছাত্র জনতা তৈরি কোম্পানি গুলির কমান্ডার

হিসেবে দায়িত্বভার দেয়া হল। আমাদের কে আর্মি ক্যাডেট হিসেবে পরিচয় করানো হল সাংগঠনিক সুবিধার্থে। তখন

মুক্তিযুদ্ধের মাত্র প্রথম পর্যায়ে এবং ভারতের সাথে পূর্বের কোন বোঝাপড়া না থাকায় ভারতের কাছ থেকে তখনই

কোন সামরিক সাহায্য পাওয়া গেল না তাই বেঙ্গল রেজিমেন্ট স্বল্প লোকবল ও সীমিত অস্ত্র নিয়ে হানাদারদের

মরিয়া হয়ে প্রতিহত করার চেষ্টা করছিল। আর আমরা ক্যাম্পে রনক্ষেত্রে যাবার জন্য সারাফন উদ্‌গ্রীব হয়ে

থাকতাম। তখনই একদিন হঠাত করে হাজির হল এক তরুন সুদর্শন বাঙ্গালী লেফটেনেন্ট, তার এক হাত প্লাস্টারে

ঢাকা, যুদ্ধের সময় শত্রুর গুলি লেগে ভেঙ্গে গেছে। তাতে সে দমবার পাত্র নয়, আরেক হাত তো এখনো আছে, অনায়াসে

ছুডতে পারবে গ্রেনেড অথবা চালাতে পারবে সাবমেশিঞ্জান। মুর্শেদ জানালো তার স্পেশাল প্ল্যাটুনের পরিকল্পনা।

পরীক্ষার ভাবে বোঝালো এই বুকির মর্মার্থ। আত্মঘাতী অভিযান। আমি যেন এতদিন তারই জন্য অপেক্ষা করছিলাম।

তক্ষুনি কোম্পানির দায়িত্ব আমার সহকারি ওয়াকারের (বর্তমানে অবঃ কর্নেল) কাছে দিয়ে মুর্শেদের সাথে চলে

এলাম শত্রু হননের দুর্বার স্বপ্নে। একের পর এক দ্রুত ভাসতে থাকলো স্মৃতিগুলি।

হঠাত করে তন্দ্রা ভাঙলো, দেখি সবাই তৈরি হয়ে গেছে। এখনই বেড়িয়ে পড়তে হবে। এল এম জি টা হাতে নিয়ে উঠে

দাড়লাম, গ্রেনেড গুলি চেক করে নিলাম। একটা প্রচলিত শক্তি অনুভব করলাম। আজ আমার প্রথম অপারেশন।

চঞ্চলতা নেই ভেতরে, ভয় যেন কোথায় হারিয়ে গেছে, অদ্ভুত অব্যাক্ত এক অনুভূতি। শত্রুর গুলি আজ আমাকে

কিছুতেই স্পর্শ করতে পারবেনা বলে এক দৃঢ় বিশ্বাস জন্মেছে। হঠাত করে আবার বাবা মা ভাই ও বোনদের কথা মনে

পরলো, বন্ধুদের মুখ ভেসে উঠলো। কে কোথায় কিভাবে আছে বা নেই কিছুই জানিনা, কোনদিন কাউকে দেখতে পাব কিনা

তাও জানিনা। চিন্তাটাকে দূর করার জন্য মনে করতে চাইলাম সামনের শত্রুকে আক্রমণ করারি এই মুহুর্তে আমার

জীবনের একমাত্র লক্ষ্য।

নিঃশব্দে সবাই আবার গাঢ় অন্ধকারে বেরিয়ে পরলাম। শত্রুর ছাউনির দিকে ক্রমাগত এগিয়ে যেতে থাকলাম। কাদায়

ভরে গেছে পথ। জল আর কাদায় অতি সন্তর্পনে হাটলেও প্যাচ শব্দ হতে লাগলো। হঠাত নিস্তব্ধতা, খানখান করে,

পাকিস্তানীরা আকাশে সার্চ পিস্তল ছুড়লো। আগের নির্দেশ মত নিঃশব্দে সবাই মাটিতে শুয়ে পড়লাম। সাদা আলোতে

চারদিক আলোকিত হয়ে গেল কিছুক্ষনের জন্য। সব চুপচাপ, মনে হল তারা টের পেলনা আমাদের উপস্থিতি। সন্তর্পনে

আবার রওয়ানা হলাম শহর ছাউনির দিকে খুব ধীর গতিতে। আরো কাছাকাছি আসার পর লেঃ মুর্শেদ দুজন করে

পূর্বনির্ধারিত পরিকল্পনা অনুযায়ী সবাইকে যার পজিশনে বসিয়ে দিল। আমি লাইট মেশিনগানটা নিয়ে সবার ডান দিকে

বসলাম। হাত ধরে ইশারায় সে দেখালো আমার প্রথম টার্গেট, শত্রুর ভারি মেশিনগানের ব্যাঙ্কার। নিকশ অন্ধকারে

কিছুই পরলোনা চোখে। ব্যাঙ্কার কত দূরে বোঝা গেল না। ট্রিগারে আঙ্গুল রেখে শুয়ে অপেক্ষা করতে লাগলাম

সঙ্কেতের। দুই ইঞ্চি মর্টার দিয়ে মুর্শেদের আক্রমণের সাথে সাথে আমাদের ও শুরু করতে হবে ব্রাশ ফায়ার। ঘুটঘুটে

অন্ধকারে সামনে কতক্ষন তাকিয়ে আছি জানিনা, হঠাত যেন অন্ধকার ভেদ করে আমার দৃষ্টিতে ধরা দিতে থাকলো

কিছু রেখা। ব্রীজটা, ছাউনি, শত্রুর ট্রাকগুলো সব কিছু যেন এখন ঠাহর করতে পারছি। হঠাত দেখি সামনে খুব কাছে দুটো

ছাড়া নড়ে উঠলো। মনে হল ছাউনি থেকে বাংকারে আসছে দুজন শত্রু সেনা। তক্ষুনি আক্রমণের সংকেত, মুর্শেদের

মর্টার গর্জে উঠলো, ছাউনিতে আঘাত করেছে শেলটি। আমার নিশানা ততক্ষনে দুটি ছায়ার দিকে নিবন্ধ,
ট্রিগারে

আঙ্গুল চেপে ধরলাম সব শক্তি দিয়ে। শুরু হয়ে গেল অ্যাটাক। আচমকা পিছন থেকে এই আক্রমণে হৈ চৈ
পড়ে গেছে

পাকিস্তানিদের মধ্যে।

অনবরত সয়ংক্রিয় অস্ত্রের শব্দে কাঁপতে থাকলো সমস্ত এলাকা। মাঝে মাঝে মর্টারের শব্দ। শত্রুরা
কিছুটা সামলে

নিয়ে পালটা আক্রমণ করেছে। হঠাত দেখি সামনের বাংকার থেকে প্রচলিত শব্দে ভারী মেশিনগান গুলো
গর্জে উঠলো,

আমার মাথার খুব কাছ দিয়ে ছুটেতে লাগলো গুলি। বুঝলাম বাংকারে যারা ছিল তাদেরকে এফুনি স্তব্ধ করে
দিতে হবে।

গ্রেনেডের পিনটা খুলে ছুড়ে দিলাম অন্ধকারে মেশিনগানের ফুলকির দিকে লক্ষ্য করে, তারপর কানে হাত
দিয়ে পজিশন

নিলাম। গ্রেনেডের বিস্ফোরনের সাথে সাথে স্তব্ধ হয়ে গেল শত্রুর বাংকার। তথাপি, আবার ব্রাশ ফায়ার
করতে

থাকলাম আরো কিছুক্ষণ সেই দিকে। তারপর ছাউনির দিকে ঘুরিয়ে ধরলাম নিশানা। সেদিক থেকে বেশ
কিছু স্বয়ংক্রিয়

অস্ত্রের গুলি আসছিল। আবার গর্জে উঠলো আমার এল এম জি। অনবরত ঠিকরে বেরুচ্ছে আগুন, উত্তপ্ত
হয়ে গেছে

ইস্পাতের শরীর। ধারে কয়েকটা গ্রেনেড ফুটলো।

কতক্ষণ গুলি চলছে খেয়াল নেই, ধীরে ধীরে শত্রুর গোলাগুলি কমতে লাগলো। হঠাত দেখি ডানদিকে
রাস্তায় হেডলাইট

বন্ধ করে এগিয়ে আসছিল একটি গাড়ি, মুহুর্তে লাইটটা জ্বলে আবার নিভিয়ে দিল। ঐদিকে তৎক্ষণাত
ঘুরিয়ে নিলাম

এল এম জি' র নলটি, আবারো কিছুক্ষণ চেপে ধরলাম ট্রিগার। গাড়ি থেকে কোন গুলি আসলোনা। মুর্শেদ
ততক্ষনে

সংকেত দিয়েছে ফিরে যাবার। মেশিনগানটা হাতে নিয়ে কুলিং করে পিছু হাটতে থাকলাম। একটা বাড়ির
আড়ালে এসে উঠে

দাড়ালাম সোজা হয়ে। দুটো এল এম জি থেকে শত্রুরা তখনও অনবরত চালিয়ে যেতে থাকলো গুলি। বেশ কয়েকবার বাশির

মত শব্দ করে খুব কাছ দিয়ে উড়ে গেল গুলি, ভ্রুক্ষেপ না করে চলতে লাগলাম। মুর্শেদ দেখে নিল আমাদের কেউ হতাহত

হয়নি। অজানা একটি আনন্দে ভরে উঠেছে বুক। আমরা লাইন করে এগিয়ে যেতে লাগলাম মাধবপুরে আমাদের ঘাটির

দিকে। (গ্রামের লোকজন পরের দিন ২২ জন শত্রু সেনার লাশ ট্রাকে করে নিয়ে যেতে দেখেছে।)

ধীরে ধীরে পূর্বাকাশ আলোকিত করে অন্ধকার কাটতে লাগলো। এতদিনের একটা অব্যাক্ত অসহায় যন্ত্রনা, ক্রোধ ও

ঘৃনার সংমিশ্রনে ভরা বুকটা একটু হালকা মনে হল। বুক ভরে জোরে জোরে কয়েকবার শ্বাস নিলাম। বেশ হালকা লাগছে।

অনেকদিন পর ভোরের বাতাসের ঘ্রান নিলাম। সামনে তাকিয়ে দেখলাম চোখ জুড়ানো সবুজ ক্ষেত আর একে বেকে চলে

গেছে মেঠো পথ, অনেক দূরে দিগন্তের দিকে, হঠাত মনে হল কবে শেষ হবে এই পথ।





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ভিক্টর যখন কথা শুরু করে, তা চলতেই থাকে। অনেকটা লক্ষহীন ভাবে। মিশেল তখন স্নেহ ভরা কণ্ঠে ভিক্টরকে থামতে বলে।

আজকাল কোনো প্রশ্নের সরাসরি উত্তর ভিক্টর দেয় না। এই যেমন তাকে জিজ্ঞেস করলাম, গত সাত দিন ঘুম কেমন হয়েছে? ভিক্টর বললো, ‘ঘুম তো খুব দরকার। ঘুমালে ভালো লাগে। ছোটবেলায় মা আদর করে ঘুম পড়িয়ে দিতেন। ‘ তখন মিশেল বললো, ডাক্তার, ওর ঘুম ভালো হচ্ছে।

ভিক্টর আর মিশেল কে আমি গত পনেরো বছর ধরে চিনি। ভিক্টরের বয়স এখন আশি ছুঁই ছুঁই। মিশেলের পঁয়ষট্টি। মিশেল কিছুদিন আগে তাঁর চাকরি থেকে অবসরে চলে গিয়েছে। ভিক্টর অবসরে গিয়েছে বছর দশেক আগে।

অসম বয়সী এ দম্পতি আমার খুব প্রিয়। ভিক্টর কৃষ্ণাঙ্গ। জর্জিয়ার এক ফার্মে তাঁর জন্ম। বাবা ছিলো একজন দাস। অল্প লেখাপড়া করে সেনাবাহিনীতে নাম লেখালো সে। ভিক্টর ভিয়েতনামের

যুদ্ধ থেকে ফিরে এসে কানেটিকাটের একটি ছোট্ট শহরের এক কারখানাতে প্রকৌশলী হিসেবে কাজ শুরু করলো। সেনাবাহিনীতে থাকাকালীন সময়ে সে লেখাপড়া করে একজন প্রকৌশলী হয়ে যায়। একদিন সেই শহরের একটি পাবে তাঁর সাথে পরিচয় হয় মিশেলের সাথে।

মিশেল শেতাঙ্গ। নিউ ইয়র্ক এর আলবেনি শহরে তাঁর জন্ম। সৎ বাবার লোলুপ দৃষ্টি থেকে বাঁচবার জন্য বাড়ি ছেড়ে পালিয়ে কানেটিকাট অঙ্গরাজ্যের ছোট এক শহরে পাবে কাজ নিয়েছিল সে। ভিক্টর তাঁকে স্কুলে যাবার জন্য উৎসাহিত করতো। অবশেষে রাজি হয়ে গেলো সে। ততদিনে মন দেয়া নেয়া শুরু হয়েছে তাঁদের। কলেজ শেষ করার পরপরই মিশেল তাঁকে বিয়ের প্রস্তাব দিলো। নতুন জীবন শুরু হলো এ যুগলের।

মিশেল বিশ্ববিদ্যালয়ের গন্ডি পেরিয়ে অধ্যাপনা শুরু করলো। তাদের একমাত্র সন্তান গ্রেগ হার্ভার্ড বিশ্ববিদ্যালয়ে পড়াশুনা শেষ করে সেখানেই অধ্যাপনা শুরু করলো। সুখী এ দম্পতি অরল্যান্ডোতে এসেছে দু দশক আগে।

বই পড়তে আর ভ্রমণে তাঁদের মহা উৎসাহ। গত এক বছর হলো ভিক্টরের স্মৃতি শক্তি লোপ পাচ্ছে। কিন্তু সে একজন বুদ্ধিমান মানুষ হিসেবে সেটা লুকোবার চেষ্টা করছে। সব ভুলে যাওয়া প্রশ্ন গুলো সে ‘গল্পকরণ’ করে ফেলে। সে মানতে রাজী নয় যে তাঁর স্মৃতিভ্রংশ রোগ হয়েছে।

আমি একজন প্রিয় বুদ্ধিমান মানুষের স্মৃতিভ্রংশ দেখছি। ভিক্টর আস্তে আস্তে অনেক কিছু ভুলে যাবে। অনেক আপন জনকে চিনতে পারবে না। ভাবতেই মনটা খারাপ হয়ে যায়।

প্রতিদিন ভোরে বাসা থেকে কাজে আসার পথে আমার বাবার সাথে কথা হয়। তিনিও ভুলে যাচ্ছেন অনেক কিছু। তা থেকে হতাশা জন্ম নিচ্ছে তার আর আশেপাশের সবার। স্মৃতিভ্রংশের ওষুধ শুরু করেছেন তিনি। সে ওষুধ সহ্য করতে কষ্ট হচ্ছে তাঁর।

কাজ শেষে সূর্যাস্তে বাড়ি ফিরছি। চারদিক অন্ধকার হয়ে আসছে। আস্তে আস্তে আমিও স্মৃতিভ্রংশের দিকে যাবো হয়তো একদিন। হঠাৎ করে আজকের সূর্যাস্তটা আরো গভীরভাবে উপভোগ করতে ইচ্ছে হচ্ছে।





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জলছবি

মঈনউদ্দিন মুনশী

ধূসর সকাল, বৃষ্টি ভেজা অন্ধকার
জানালায় কম্পিত, রূপসী জলভার।
গ্রিল বারান্দায়, আঁচলে ঢেকেছে চুল
দুলছে কানের দুল, নন্দিনীর ফুল।
ধূসরতা লুকিয়ে রেখেছে তার নীল
বৃষ্টি ফোটা চুলের ডগায় আছে ঝুল।
ধুলো উড়ছে কোথাও, তাঁর হাঁটা পথ
বাতাস নাড়িয়ে দিলো, গাছের সঙ্কেত।
ভেসে ভেসে কাজ নেই, অচেনা নদীর
কুয়াশা রোদুর, কতদূর তারপর
দেখিনি কেমন তাঁর বিছানা কবর
জোছনা, কুয়াশা, আলোকিত শবধারা।



বাতাসে আকাশ আছে, তাঁর নিঃশ্বাস
পাখীর বিকেল, রোদ যায় নিরুদ্দেশ।
সবাই দেখছে, মনে মনে ভাবনার
বারান্দায় ভেজা তার বৃষ্টির শরীর।
ভেবে দেখো, আসছে, আসলে যাচ্ছে ঝরে
হুইসেল সারাক্ষণ, ট্রেন যাচ্ছে দূরে।
এভাবেই যায় সময়, শব্দের খাতা
বৃষ্টি ঢেকে দিলো আকাশ, চোখের পাতা।

মৃন্ময়ী নদীর হৃদয়

মঈনউদ্দিন মুনশী

চোখে তার ঝর্ণা, রাতের তারায় নীল
চাঁদে ঝরে বন্যা, মেঘের কান্নায় ঝিল।
বৃক্ষে সুললিত প্রাণ, শিশিরে ভোরের আলো
পাতায় পাখীর ঘ্রাণ, সমুদ্রে মেঘের কালো
মাটিতে মৃন্ময়ী সুর, বাঁশী জাগায় নদী
মেঘের দুঃখ বধির, বৃষ্টির স্নেহে সুগন্ধি
বিষাদে রূপসী ফুল, জ্যেৎম্নায় লতানো গান
উত্তাল নদীর কুল, নৃপুরে ভরেছে প্রাণ
আকাশে ধূসর আধার, ভালোবাসা ফুরালো সুবাস
বিষণ্ণ প্রাণের মর্মর, বেদনার মৌসুমি আভাস।

বোধ

মঙ্গলউদ্দিন মুনশী

(নবিছউদ্দিন ও নুরুন্নেছা কে)



বাবা নেই, এই আমি আছি, এতো তাঁরই অস্তিত্ব,
তাঁর চলার পথে ধূলোর শোক
আমি না থাকলে কে বুঝতো
মা নেই, এই দেশ আছে, এতো তাঁরই হৃদয়,
আমাকে আগলে রাখে.....
দেশ আমার চোখের জল
ধুলো আমার রক্ত কণিকা
এই মাটি আমার বাবা-মা
ওদের শরীর আর এই দেশ একাকার.....
আমি নিঃস্ব, ঝরে গেছি জলের উপর
ফাগুনের কৃষ্ণচূড়া, শ্রাবণের জল
যেখানে ভাসিয়ে নেয় নিক।



Chowdhury H. Ahsan, M.D., F.A.C.C. F.S.C.A.I.

Director of the Cardiology Fellowship program, University of Nevada School of Medicine MBBS from Dhaka Medical College

শুনতে কি পাও?

শুনতে কি পাও? -পৃথিবীর আরেক প্রান্তে আমি নির্নিমেষ তোমারই অপেক্ষায়
পাথরে পাথরে অহরহ সুচিৎকার দেই
আর শূনি ধবনিপ্রতিধবনিময় তোমারই নাম
শুনতেকি পাও

আমি ত বেবাক ছেড়েছি সব, বৈভব,
শূন্য করে দিয়েছি যা ছিল আমার নিজস্ব মতন--
ডাক টিকিটের অ্যালবাম, খেলনা গাড়ি, ডানা ভাঙা হেলিকপ্টার, যা কিছু সুখস্মৃতি
চরম দুঃখ দিনে আমাদের প্রাণের ঐক্যতান, ভাললাগা গান
আমি ত নির্বিকার ছেড়েছি দাবী -মনে আছে একদা
মিলিটারির বুনো অত্যাচার আর ভিটে মাটি ছাড়া দিশেহারা দিনের সংগ্রামী প্রতিজ্ঞা
অকস্ম্যাৎ - কোন দুর্বিপাকে ছুটেছি পশ্চিমে, আমি নির্বিকার
ছেড়েছি দাবী, আমাদের নিজস্ব ভূখন্ডে দাঁড়িয়ে থাকবার
আমাদের আজীবনের স্বপ্ন অহংকার ।

দূর দূর ফেলে দিয়ে চলে এসেছি যা ছিল কর্কশ দিন, ভালোবাসাময়
ফি বছর বন্যা আর দুর্ভিক্ষের ভয় ভরা ভয়াত সংসার
জনস্রোত ভেঙে ভেঙে সারাদিন ঘর্মান্ত, কর্ম ক্লাস্ত, বাবা
প্রতিটি দিনের অহরহ জীবন তাড়না, আনন্দ বেদনায় সয়লাব
অস্তিত্বের ভূভাগ চিরে অনন্তর দাঁড়িয়ে থাকা উন্মাতাল, মমতাময়ী মা --
একটাই ত আমাদের পৃথিবী, অখন্ড আকাশ চাঁদ আর নক্ষত্রের এত আয়োজন
বলবে কি সন্নেহে, কখনো এসে কাছে, দ্যাখো, দ্যাখো তুমি, ইথারে ইথারে আমাদের হৃদয় সব গাঁথা
হয়ে আছে ॥



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আমরা বাঙালী

মোরা সোনার দেশের
সোনার মানুষ
ভাতে মাছে বাঙালী
বলার সময় অনেক বলি
করার সময় পিছে চলি
কথা বেশি কাজ কম
আমারা বাঙালী
পারি বা নাইকো পারি
কোনো কিছু করতে
বড় মোরা পটু শুধু
সবার ভুল ধরতে
মাথায় কত বুদ্ধি আসে
ঘুরে ঘুরে ফিরে যায়
পাছে লোকে কিছু বলে
আমরা বেশি ভয় করি মানুষের, আল্লারে নয়
তাই সত্য কথা সত্য চিন্তা ফিরে যায় হৃদয়ের তোলে
মোরা ছোট হতে নাই চাই
যে ভাবেই হোক জিততে হইবে
কথার যুদ্ধে চিৎকার হোক
করিয়া গলার স্বর উর্ধ্বে
যতনা দেই তার চেয়ে বেশি আশা করি

তাই দিনে দিনে রাগ আর হিংসা দিয়ে হৃদয়ের কলস ভরি
আমরা বাঙালী মুসলমান কথায় কথায় ধর্মের কথা
শুনাইতেছি যারে তারে
ছাত্রের চেয়ে শিক্ষক বেশি তাই দরকার নাই শূনিবারে
প্রশ্নের চেয়ে উত্তর বেশি
দেখিতে গিয়ে মোরা দেখা দিয়ে আসি
উপরে থাকিব সকল কাজে
গৌরব মোর চাই
তাই বাড়িতেছে শুধু আত্মীয়স্বজন পাড়া প্রতিবেশী
বন্ধু নাহিকো পাই।
হিংসা লোভ জেদী হৃদিভড়
করিতে চাহিলে সম্মান
জেগে উঠে শুধু পরশ্রীকাতর।
যুগে যুগে মানুষ এসেছে গিয়েছে
কেহবা হেসেছে কেহবা কেঁদেছে
ভালো যে জন ভালো যে বেসেছে

মুঠি মুঠি আদর ভালোবাসা
করে গেছে দান
মরিতে হয়েছে তাকেও
পাইতে সম্মান।।



On the History of Bangladesh- my thoughts

Shaukat A.Khan, MD

During a casual conversation about some historical facts of the world, my son told me, "remember dad, 'history is written by the victors.'" I am not a historian. My interest in history is not more than my usual quest for enhancing my general knowledge, but I somehow liked the statement. I found this statement somewhat true in the context of Bangladesh.

Since the independence, we have not been able to give our children a 'real' unbiased history of Bangladesh. For various reasons we are not able to come to consensus about our true history. Every time an election is held in the country, a new government is formed, and the history is re-written. Bangladesh is a small and poor country, but its history is rich, especially the history of our independence movement. The struggle for the independence was based on a strong and noble cause and went through a logical, stepwise escalation process from a mass awareness, to a spontaneous opposition to autocrat governments, a political movement and negotiation, and, finally, a mass upsurge which culminated in arms struggle involving people of armed forces and general population. To me it's a perfect example of a struggle for independence of a nation from oppression, exploitation and foreign rule.

This history involves many important personalities. Some of them were involved with process from the beginning, and some of them joined the in the different stages of the movement. Some of these great personalities had pre-determined mind-sets to make historical changes for the greater cause of the general masses, were ready to make any sacrifices, and some of them became great by their involvement during a historical necessity for their actions. All of these persons, however, tried to fulfill their commitment to an emerging new country on the world map, and all of them played their own unique role in the history of Bangladesh.

As I have mentioned earlier, Bangladesh's independence struggle went through several stages, sometimes not so well defined. These stages are full of events, some of which are very important and may be considered milestones in the history of our independence. When we teach our children the history of Bangladesh, we should, at least, let them know all the major events and important persons associated with those events. When we describe an individual event, it should be based on facts, not lies or fictions. When we describe the contributions of different leaders to our independence struggle, we should be honest. Sometimes telling the truth is painful, but, it is needed and right thing to do. Events may be analyzed in different perspectives. Different people may find different motives about describing the contributions of the historical personalities to these events. It is true that immediately after the independence all things in a new-born country did not go right, mistakes were made, corruption were there. Discussions about all these issues are fair as long as they are based on objectivity. For the children, however, the goal should be clear- to teach them the simple facts of historical events, the persons related to those events and the sacrifices they made. It will help to instill a sense of patriotism and help to find true identity in the new generation. This will, in turn, inspire them to love their own country and help them to grow up as good citizens of that country.

Unfortunately, that did not happen in Bangladesh for a long time, because, again, because, history is written by the victors. In this case, the victors are not the attackers, the occupiers or the settlers from outside. They are the people of Bangladesh themselves. They are the elements of Bangladesh's political battles; winners of a political process, we call an 'election'. When the political parties came into power in the past, they avoided to present the true history or even, engaged in changing the history of the country. This madness is not understandable. What good they were doing to the country or its people by unnecessarily glorifying some people while unscrupulously demonizing others? History of Bangladesh was not written only by these 'victors', sometimes it was written by 'losers' too. The losers here are those who had opposed the liberation war of Bangladesh and were actively participated to defeat or at least weaken the process. The result was a lot of omissions and even distortions of the events that took place during the long period of Bangladesh's independence movement. Samuel Butler once said, "God can not alter the past, but the historians can". These people are always integral parts of our society, and after many years of independence, they became a formidable force in Bangladesh's politics. Gaining grounds by groups who once opposed independence or collaborated with occupying forces is not unprecedented in a free democracy where politics is controlled by the majority, but what is frustrating is their unwillingness to accept the reality, untruthfulness to the history which they themselves witnessed and their attempts to distort it.

The true history of our language movement, in which people sacrificed their lives for the right to speak in their mother tongue, started just after the formation of Pakistan in 1947. Bengali's strive for freedom from exploitation by the western province of Pakistan, the deception by military and civilian rulers of Pakistan and that Bengali's struggle for autonomy which eventually turned out to be a struggle for independence, needs to be told to our children. They should know the roles of the founder of Bangladesh, Sheikh Mujibur Rahman, the other national leaders, their contributions in the different stages of Bangladesh's struggle, and the sacrifices they made. The undisputed leader of Bangladesh history, Sheikh Mujibur Rahman was in incarceration most of his political life due to the uncompromising nature of his struggle for the cause of his people. The spontaneous popular up rise of 1969 to bring their leader out of jail, the overwhelming Awami League majority in the general election 1970- which was a clear mandate of the people for the autonomy chartered in famous 6-points and 11-points demands, honest but unyielding negotiation of Mujib with the rulers from West Pakistan for the emancipation of the rights of the people of East Pakistan- these are all parts of our history that we witnessed. We saw how the struggle for autonomy was changing into the movement for Bangladesh's complete independence. Momentum was building up fast among the people for commitment to an all-out war for independence. During this time, passionate call came from Sheikh Mujib during his historic speech, "This struggle is the struggle for freedom. This struggle is the struggle of independence". According to some historians, the speech delivered by Sheikh Mujibur Rahman on March 7, 1971 from Paltan Maidan in Dhaka was 'the most memorable speech in the history of this nation'. It was the call for the preparation of the liberation war, the final step of our independence movement with clear guidance how to start it. I still remember how eagerly people all over the country were waiting for this speech, and how they were glued to the radios when it was being delivered. In this speech Mujib specifically mentioned, "If I can not give any order- if my associates are not available by your side - you must continue the struggle". Upon the order of Shekih Mujibur Rahman, the people of East Pakistan started complete non-cooperation with Pakistani government.

Finally, when the Pakistani Army started attacking innocent people from Army barracks in different parts of East Pakistan, Bengali Army personnel in the Pakistan Armed Forces and people from all strata took up arms to defend themselves and fight for their liberation. On the early hours of March 26, 1971, Bangladesh's independence was declared by Bongobandhu Sheikh Mujibur Rahman. On March 27, on be-half of Sheikh Mujibur Rahman, a read out declaration of independence was made by Major Ziaur Rahman. Historical needs of the moment gave birth to numerous valiant freedom fighters. The liberation war continued for nine months. Heroic fighting by the people, with the help of friendly countries, was able to make it possible for Bangladesh to earn its freedom. Victory for Bangladesh was declared on December 16, 1971. But like any other freedoms, our freedom was not free. 3 million people gave their lives, and 10 million people crossed the border to save their lives. Bangladesh came in to being based on four basic principles.

The liberation war brought unprecedented unity among the Bengalis, but the unity did not last long among the supporters of freedom. On the other hand, the forces who opposed the liberation were able to make a more lasting unity; after all, the issue was the survival of their political future. The result is, even after many years of liberation Bangladeshi's did not have a consensus history written for Bangladesh, although most of us have seen the history in its makings. This issue persisted for such a long time it could not considered as simple diversion or distraction created by some people. Controversies about the well known facts of our liberation movement were raised by some known groups. There may be various motives for this distortion; some felt jealous for not being able to be the part of the history, some wanted to change the founding principles of Bangladesh although they failed to stop its formation. It was therefore the time for the thoughtful liberal-minded persons to come out of their political barriers and say 'no' to the repetitive self-defeating changes in Bangladesh's history.

Now with the political changes in Bangladesh in which the pro-liberation forces in the power and with the increasing awareness of the patriotic people about the true history of Bangladesh, is the right time to resolve this issue once for all. If it is needed, a national dialogue should be initiated, so that, in the future, with change in politics the glorious history of independence of Bangladesh does need to suffer from distortion and our children learn a history which is untrue. It should be done soon because 'the history of every country begins in the heart of a man and woman,' (Willa Cather) and if the men and women who made the history or those who witnessed it being made by others acquiesce, then one which may not be the real history will be written by the winners in politics.

Young freedom fighter

The year 1970, I was 15 years old.

The year 1970, I was 15 years old.

I was a student in the Bindubashini Govt. High school in Tangail. December of 1970, we got our admit cards for SSC exam for April 22nd of 1971.

In 1970, Bangladesh was the then East Pakistan. We were fighting for rights, justice under the leadership of Sheik Mujibur Rahman. Whole country rose in one voice, “we want our rights.”

Awami league won huge parliamentary majority with mandate of people in the Parliament of Pakistan. The then Pakistani Military Junta was to crash the dream of people of Bangladesh.

Whole the then E. Pakistan was heated with fury, mistrust and fear of deception.

In 60's and 70's students were always in the frontline in the pollical movements of Bangladesh.

Dhaka university was pioneer in students' movements Ripple effect was spread everywhere from Dhaka.

Tangail by default was always a place of politically conscious highly motivated people. Many great leaders and freedom fighters were born in Tangail. Our High School ground was the center point of gatherings by local and national pollical leaders. We used to attend them and got inspired to fight with bold young hands.

Yahia khan was playing games with Sheik Mujib and Bengalis. Speech of Bongobondhu of March 7th, 1971, set fire on to the movement of the Self-determination of whole nation.

I was the 1st boy of the Class in school and the eldest son of my family. My family and school were expecting a lot from me in the ensuing exam. But I could not pay attention to studies. My mind had been floating with the mass of peoples on the street.

April 4th of 1971, Tangail fell to Pak army. Tangail was in terror. Many people were spanked, killed and beaten for not knowing Urdu. My house was on the Main street of Tangail, and my father advised us not to go out. I was also scared of going out of my house because I could not speak single word of Urdu.

Army wanted to make sure that SSC examination to had been held on time. Schools and parents were under tremendous pressure.

I was looking for ways how to show my protest to the regime by skipping SSC examination. How to convince my parents who had a lot of dream with me.

In Tangail, Freedom fighters were still in molecular level but was growing rapidly. I got a letter from unknown source threatening to boycott examination. I got a great excuse to show my dad that “my life is at risk if I sit for SSC exam.” My dad was very much aligned with the liberation Movements silently and told me that “Go to school and decide with others”

I was very excited and undecided too. On One side was, dream of my family and the school and other side was my country and my protest.

April 22nd of 1971, we were in the school. 30 minutes before the start of examination, all the students came to me, “Baset , make a decision.” Should we sit for examination or not? “For a moment, I was spell bound and I felt an electric impulse that” I have to defy Army, no matter what”. “I was in an illusion of imagining a huge war field and I was a general surrounded by soldiers waiting for a command.” I could not express in words that feeling and shiver. Still, I could not fathom how I had done that.

We all walked out and boycotted the examination. News spread in a second to other3 schools of Tangail City. They also walked out following us.

Aftermath was not good, and Army got news that Bindu Bashini led the boycott. Friends of my father advised him to keep me hiding. My father got information that I would be excused “if I sit for the rest of the examinations.” From 3rd, day I sat for the examination.

I feel proud for what I have done in my young life with young brain for my country.

“Am I a freedom fighter?” question comes to me on several occasion but could not dare to claim. You, the reader can judge but I feel that I did my best what came to my young brain for my country.

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Social outreach programs

BMANA California Chapter The Rohingya Camp Visit January 2019



The Rohingya Camps



BMANA California Chapter Physicians at the Camp



Dear Fellow BMANA Physicians,

In response to the Rohingya Crisis, BMANA California Chapter, by partnering with Hope Foundation and its founder Dr. Ifkikher Mahmood, started an initiative to support the refugees who are taking shelter in Bangladesh. This January 2019, BMANA-CA visited The Rohingya Camps to provide them with medical help and donation

1. A van picked us up from the hotel at 9 am and we reached Hope Field Hospital in Madhuchara Camp 14 in Chittagong at 10 am.





2. Educational Lectures : 10:00 A.M.- 12 P.M. Doctors participated in lectures pertaining to their specific field to Hope Physicians, Nurses, Midwives and volunteers there



3. Patient Care: Doctors started seeing patients in clinic from 10:30 am- 3:00 pm.



3. Patient Care: Doctors started seeing patients in clinic from 10:30 am- 3:00 pm.

BMANA CA Doctors brought along much needed medication for the Refugees. BMANA CA Doctors at work and dispensing medication



BMANA CA Doctors at work dispensing aid and seeing patients.

4. Visit to Hope Maternity & Fistula Center after 3 p.m. :BMANA CA doctors visited Hope Maternity and Fistula center where there is access to Telemedicine, Operation Theater, Lab, and Maternity Wards.






May we always act so as to preserve the finest traditions of our calling, and may we long experience the joy of healing those who seek our help.

This we believe !!!!
BMANA California Chapter.

ALBUM OF YOUNG PHYSICIAN DESK ACTIVITIES:

Y Young Physician Desk Central BMANA was live.
Published by Md Mamoon [?] · July 20 · 🌐

US Residency Workshop.
⚙️ Provide translation to Bengali



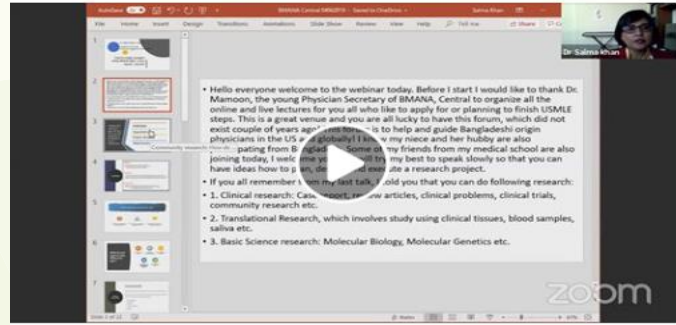
1,008 People Reached 266 Engagements [Boost Post](#)

To see the video please press Ctrl and click the following link:
<https://www.facebook.com/BMANA.USA/videos/396664177641341/>

Y Young Physician Desk Central BMANA was live.
Published by Sina Ibn Alam [?] · April 6 · 🌐

How to make a project using clinical data, a case report, a poster and Anatomy of a journal article ""
Speaker: Dr Salma Khan;

Please share this live stream;
⚙️ Provide translation to Bengali



2,322 People Reached 468 Engagements [Boost Post](#)

To see the video please press Ctrl and click the following link:
<https://www.facebook.com/BMANA.USA/videos/438633610217551/>

Y Young Physician Desk Central BMANA
Posted by Md Mamoon
June 29 · 🌐

Md Mamoon is with Salma Khan and 5 others.
June 29 · 🌐

Arranging our last webinar as central young physician secretary, with the help of BMANA California chapter and their president Dr. Rubina Najeeb, invitin... See More

Webinar on "How to Write Up Data" - By Suhaila H. Khan, MD, MPH, PhD

Arranged by Young Physicians Desk Central BMANA
On 06/30/2019, Sunday, 1pm-2pm USA Eastern Time

We are excited to introduce Dr. Suhaila H. Khan - a physician and health economist by training with over twenty-five years experience in public health program, policy, research, and evaluation.


She studied at Dhaka Medical College, Harvard and Tulane Universities.

With a vast experience working for underserved communities in multicultural settings in the US, Asia, Africa, and Latin America, Dr. Suhaila H. Khan currently manages Alameda County Public Health Department's largest project connecting children to dentists.

Dr. Suhaila H. Khan's webinar is going to focus on utilizing the data collected during the 3 community-based research projects conducted by Young Physicians Desk Central BMANA for publication purposes.

Link to the live webinar will be available on the Young Physicians Desk Central BMANA Facebook page and will also be posted on other Facebook pages, Viber and WhatsApp groups.

Everyone is invited to attend.



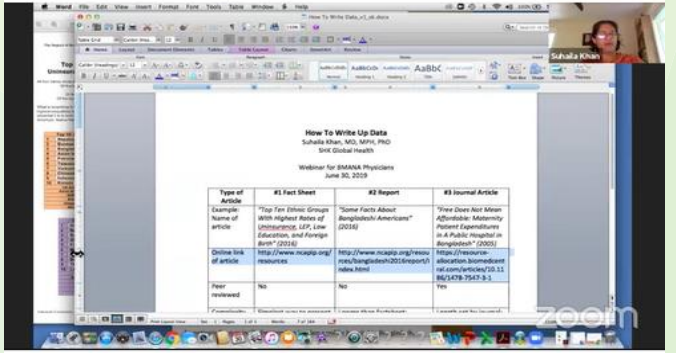
1,100 People Reached 235 Engagements [Boost Post](#)

17 4 Comments 7 Shares 709 Views

To see the video please press Ctrl and click the following link:
<https://www.facebook.com/BMANA.USA/videos/500234440721159/>

Y Young Physician Desk Central BMANA was live.
Published by Md Mamoon [?] · June 30 · 🌐

Webinar on How to write Data. Live streaming now.
⚙️ Provide translation to Bengali



1,100 People Reached 235 Engagements [Boost Post](#)

17 4 Comments 7 Shares 709 Views

To see the video please press Ctrl and click the following link:
<https://www.facebook.com/BMANA.USA/videos/500234440721159/>



Young Physician Desk Central BMANA



Posted by Md Mamoon

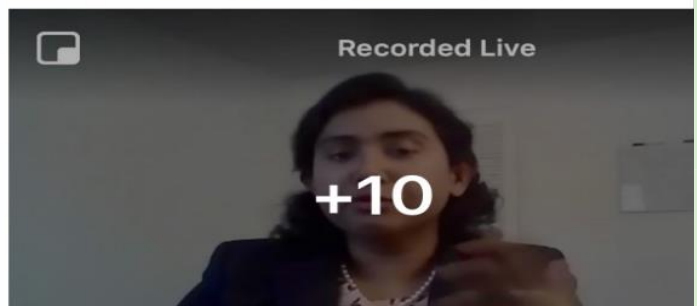
February 25 • 🌐



Md Mamoon is with **Salma Khan** and **6 others**.

February 25 • 🌐

The 24th February, 2019 was an amazing day for young physicians as 12 speakers spoke, about 50 doctors attended, and there were more than 1500 on... See More



To see the video please press Ctrl and click the following link:

<https://www.facebook.com/BMANA.USA/videos/355471705044232/>

Y Young Physician Desk Central BMANA was live.
 Published by Adiba Geeti [?] · September 22 · 🌐

Interview preparation; Young physicians desk, central BMANA.

⚙️ · Provide translation to Bengali



4,704 People Reached **1,033** Engagements **Boost Post**

👍❤️😮 23 12 Comments 11 Shares 2.1K Views

To see the video please press Ctrl and click the following link:
[:https://www.facebook.com/BMANA.USA/videos/711748756313659/](https://www.facebook.com/BMANA.USA/videos/711748756313659/)

Y Young Physician Desk Central BMANA added an event.
 February 18 · 🌐



SUN, FEB 24

US residency and scope of observership and research.

★ Interested

Poster presentation session at our Detroit BMANA convention in presence of several program directors. Our young doctors have presented 3 posters on behalf of Young physician desk central BMANA.



Md Mamoon is with **Salma Khan** and 5 others.
 July 5 · 🌐

Poster presentation session at our Detroit BMANA convention in presence of several program directors. Our young doctors have presented 3 posters on behalf of Young physician desk central BMANA.

👍❤️ Farida Khatun and 74 others 5 Comments 2 Shares

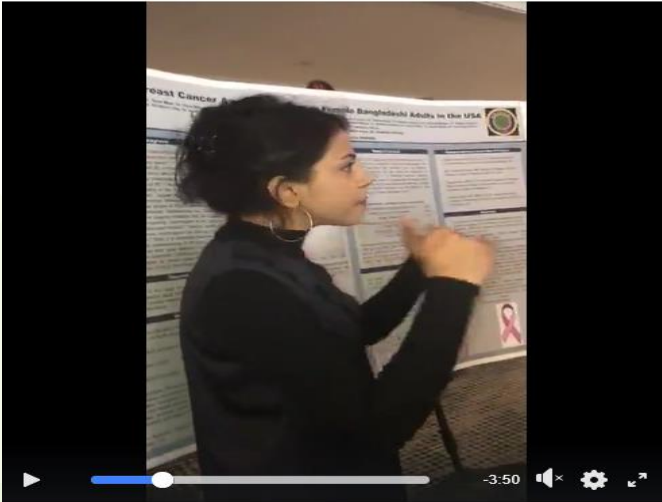
👍 Like 💬 Comment ➦ Share



Y Young Physician Desk Central BMANA
 Published by Md Mamoon [?] · July 5 ·

Poster presentation at BMANA convention by Tania Miah to our honorable judges on young physician Desk project " Breast Cancer Awareness among female Bangladeshi adults in USA. Was an excellent presentation.

⚙️ - Provide translation to Bengali



624 Views

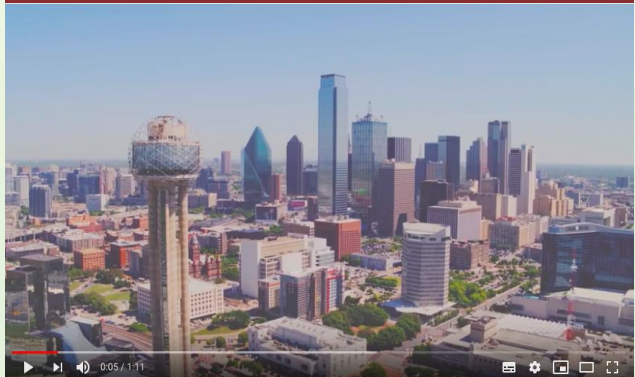
To see the video please press Ctrl and click the following link:
<https://www.facebook.com/md.mamoon.9/videos/2075884672521169/>



Dr. Adiba Geeti with young doctors



BMANA CONVENTION 2020



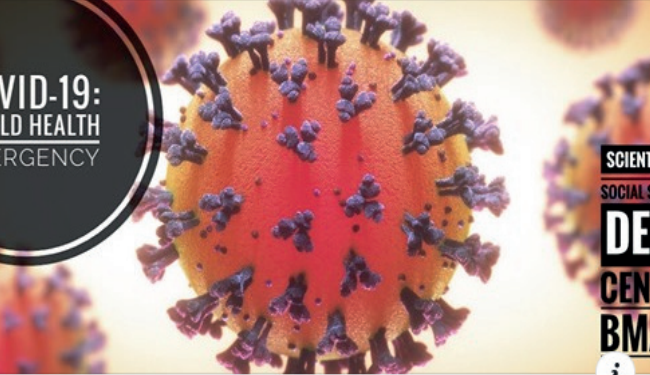
To see the video please press Ctrl and click the following link:
<https://www.youtube.com/watch?v=QduGgiwT7Tg>



Scientific And Social Secretary Desk, Central BMANA

Md Mamoon
March 6 · 🌐

Inviting everyone to join our first Webinar on "Covid19- world health emergency" from 10 PM EDT tonight by clicking following link. Also will be live here and in Facebook.



ZOOM.JS ✓

Welcome! You are invited to join a webinar: COVID-19: World Health Emergency. After registering, you will receive...

Md Mamoon
March 7 · 🌐

Scientific and Social Secretary and Young Physician Secretary Desk, Central BMANA will conduct a Community-based coronavirus prevention awareness survey on the Bangladeshi community living in the USA. While conducting this survey, BMANA will also help educate the community on the actions they should be taking to prevent the spread of the coronavirus. Any doctors or students can help coordinate and share this survey with the Bangladeshi community and be a part of the study. Doc... See More

DOCS.GOOGLE.COM

Survey on Preparedness for potential novel corona virus (COVID-19 virus)...
Project is conducted and supervised by: - Scientific & Social Desk, Bangladesh Medical Association of North America (BMANA) - Centr...

Md Mamoon is with Rumi Ahmed and 13 others.
March 26 · 🌐

BMANA tv advisory



নভেল করোনা ভাইরাস কিভাবে প্রতিরোধ করবেন?

ভাইরাসের নামঃ SARS-CoV-2 রোগের নামঃ COVID-19 নির্দিষ্ট প্রতিবেশক বা গুরুত্ব নেই

রোগটির লক্ষণ

- সচরাচর লক্ষণগুলো - জ্বর, কাশি, শ্বাসকষ্ট
- জীবাণুর সংস্পর্শে আসার ২-১৪ দিন পর দেখা দেয়

রোগটি ছড়ায় যেভাবেঃ

- আক্রান্ত রোগীর হাচি, কাশি, কফ, সর্দি, ঘুথু ইত্যাদির মাধ্যমে।
- এমন কক্ষের সংস্পর্শে আসলে যার উপর রোগীর হাস বা কাশি থেকে জীবাণু ছিটকে পড়বে।
- রোগে আক্রান্ত না হলেও মুখ থেকে সূঁচ বাকি সমাজের একজন থেকে জীবাণু বহন করে অন্যদের দিতে পারে। (Community Spread)।

কি কি করলে COVID-19 সহ যে কোনো সংক্রামক রোগ প্রতিরোধের সম্ভাবনা বেশিঃ

- কমপক্ষে ২০ সেকেন্ড ধরে সাবান-পানি দিয়ে নিয়মিত হাত ধোয়া। পানি না থাকলে ৬০% এলকোহলযুক্ত হ্যান্ড-স্যানিটাইজার ব্যবহার করা।
- নিজের চোখ, নাক এবং মুখ স্পর্শ না করা।
- করমর্দন করা থেকে বিরত থাকা।
- প্রক্রিয়িত খাবার স্পর্শ করা জায়গাগুলো যেমন অফিস, বাজী বা এপার্টমেন্টের গেট, লবি, সিঁড়ি, এলিভেটর বাটনগুলো জীবাণুনাশক তরল দিয়ে পরিষ্কার করা।
- অসুস্থ ব্যক্তির সংস্পর্শ এড়িয়ে চলা। অসুস্থ ৬ ফুট দূরত্ব রাখা।
- নিজে অসুস্থ হলে চিকিৎসা নেবা এবং ব্যক্তিগত পুরো সমস্তই বার্তা থেকে ধাক্কা। (COVID-19 সন্দেহ হলে ডাক্তারকে আসে যেন দিবে।)
- কাশি বা হাঁসির সময় টিস্যু ব্যবহার করা, তারপর টিস্যুটি ডাস্টবিনে ফেলে দেয়া। (টিস্যু না থাকলে কন্ডুই দিয়ে ঢেকে কাশি দেয়া।)

এই রোগটি মোকাবেলার আপনার দায়িত্ব কি?
প্রারম্ভিকের আগে পরিকল্পনা তৈরী করা আর প্রারম্ভিক দেখা দিলে সেই পরিকল্পনা কার্যকর করা।

সুজব বন্ধ করতে সহায়তা করুন - প্রকৃত তথ্য জানুনঃ

- উপসর্গ থাকলে তাইই কেবল মাস্ক পরুন। মুখ মানুষের মাস্ক পরামর্শ কোন স্বাস্থ্যসেবাগোষ্ঠী যেমনি।
- COVID-19 রোগ থেকে সেরে ওঠা রোগীদের সাথে সোলোমেন্ট করা যাবে।
- চাইনিজ খাবার থেকে রোগটি ছড়ায় না। হিমায়িত খাবার থেকে এটি ছড়ায় না।
- পরমশেষে ভাইরাসটি কম ছড়াবে কিনা সে ব্যাপারে বিজ্ঞানীরা এখনো নিশ্চিত নন।
- কোন বিশেষ সম্প্রদায়ের মানুষ রোগটিতে বেশি আক্রান্ত হয় না বা রোগটি বেশি ছড়ায় না।
- চীম থেকে আসত প্যাকেজ বা চিঠি থেকে রোগটি হবার প্রমাণ পাওয়া যায়নি।

লক্ষণ দেখা গেলেই কি ধরে নিতে হবে COVID-19 হয়েছে?
উপসর্গ হলেই চিহ্নিত করার কারণ নেই। অন্য কিছুও হতে পারে। হালকা উপসর্গ থাকলে, ট্রিনিং বা হাসপাতালে না যেয়ে পরবর্তী পদক্ষেপের জন্যে আপনার ডাক্তারকে ফোন দিন।
উপসর্গ মারাত্মক হলে সময় নষ্ট না করে হাসপাতালে যাবেন।

বিশেষ অনলাইন জরিপ
কোনো ভাইরাস নিয়ে যুক্তরাষ্ট্রে বাস করে পরিচিতদের সত্যতাভাষা যাচাই করতে এই লিঙ্ক শেয়ার করুনঃ
<https://forms.gle/8idJqFvXoLUumJw8>

প্রচারেঃ
Bangladesh Medical Association of North America (BMANA)
বাংলাদেশ মেডিকেল এসোসিয়েশন অব নর্থ আমেরিকা



CORONAVIRUS ADVISORY/TREATMENT/PROTOCOL/BEST PRACTICES


Coronavirus Advisory

📍 Coronavirus Advisory - 1

📄 COVID 19 Management /Treatment Protocols

✓ Coronavirus Best Practices

Asian & Pacific Islander American Health Forum INCLUDES OUR POSTER.

 Su Haila is with Ehsan Syed Ahmad Moosa and 5 others. April 9 · 🧑‍🤝‍🧑

More than 20+ Asian American, Native Hawaiian, and Pacific Islander language resources on Covid19 compiled by APIAHF. Includes Bengali.

This community library is a collection of Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) in-language resources on the novel coronavirus (COVID-19). The resource links have been submitted by community members, leaders and national and community-based organizations that are actively working to improve the health & well-being of AA and NHPI communities. This project is community-powered and community-driven directly for communities.


Disclaimer
APIAHF makes no representation as to the accuracy of the information provided via the resources and links. To the best of our ability we are confirming the origin and accuracy of the links and resources. If you have a concern about the accuracy of any resources and links please contact us at info@apiahf.org.

Share Resources!
If you have in-language resources about the Coronavirus (COVID-19) please share them. Here's a link where you can do that: <http://bit.ly/ShareCOVID-19Resources>

Thank You
This page will continue to be updated with resources so please check back frequently. The success of this project relies on your contributions. Thank you for helping to keep our communities informed.


About Us
The Asian & Pacific Islander American Health Forum (APIAHF) is a national policy organization that advocates to improve the health and well-being of Asian American, Native Hawaiian, and Pacific Islander

DOCS.GOOGLE.COM ✓
AA and NHPI In-Language Resources for Coronavirus (COVID-19)

 Md Mamoon is with Rumi Ahmed and 5 others. April 29 · 🌐

Scientific and Social Secretary Desk, central BMANA conducted a great collaborative webinar last Sunday. More than 20 very distinguished speakers participated from the USA and Bangladesh. It was a 4 hour long session and a huge number of doctors from Bangladesh and the USA (more than 2K) viewed it. The chat room was flooded with comments. Some one even compared the information in the webinar to an encyclopedia for Covid19 management. You can see how many doctors already view... See More

Ever-Changing Landscape of COVID-19 management; Scientific and Social Secretary Desk, BMANA.



5.5K Views



Scientific and Social Secretary Desk, BMANA Central was live.

Posted by Sina Ibn Alam
Yesterday at 11:09 AM · 🌐

COVID 19 management.
Scientific and Social Secretary Desk BMANA

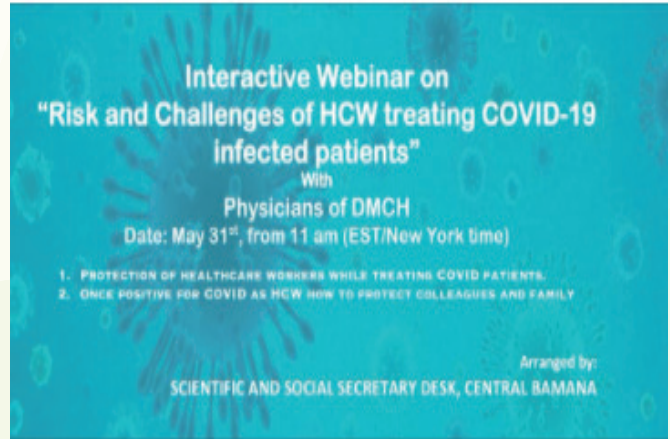


7.5K Views



Md Mamoon is with Zakia Hossain and 6 others.
May 30 · 🌐

<https://us02web.zoom.us/j/85088078121> ✓



👍🗣️ Bashir Ahmed, Su Haila and 16 others 1 Comment 1 Share





Scientific and Social Secretary Desk, BMANA Central was live. May 31 · **COVID on HCW** Webinar on COVID management. 59 24 Comments 8.5K Views

Like Comment Share

Comments Hide

Most Relevant

Muhammad Tabriz · 0:18
I see a lot of questions on plasma therapy. I've said in my comment on treatment. Plasma therapy likely will work during viral replication phase, that is early on- probably within first 2 weeks of symptoms in most cases. It works as neutralizing the vi... See More

Like · Reply · 30w

Parveen Ghani · 2:55
Very useful discussions all you are arranged thanks but out of this we will be benefited. Thanks Naser and thanks all of your colleagues.

Like · Reply · 30w

View 22 more comments

Always Know When Scientific and Social Secretary Desk, BMANA Central Goes Live

699 followers

Get All Live Notifications



Md Mamoon is with Arman Rahman and 7 others. June 15 ·

USA-তে সাধারণ মানুষের মধ্যে ডিপ্রেশন-এর হার ১০%। UK-তে ডিপ্রেশন আর দুশ্চিন্তার সম্মিলিত হার ১৯.৭%। Scientific/Social Secretary and Young Physician Secretary Desk, Bangladesh Medical Association North America একটি জরিপ চালাচ্ছে এটা দেখার জন্যে যে করোনা-র কারণে গত কয়েক মাসে বাংলাদেশের এবং যুক্তরাষ্ট্রে বাংলাদেশী বংশোদ্ভূত মানুষদের মধ্যে কেমন অর্থ-সামাজিক-মানসিক প্রভাব পড়েছে। জনস্বাস্থ্য-বিষয়ক যেকোনো সমস্যা সমাধানের মূল ভিত্তি হচ্ছে তথ্য। আমরা জরিপ চালাচ্ছি এই উদ্দেশ্য নিয়ে য... See More

Your Thoughts On The Effects of Social Distancing For The Coronavirus (COVID-19 virus) / করোনা ভাইরাস (কোভিড-১৯)-এর প্রাদুর্ভাবের সময় সামাজিক দূরত্ব বজায় রাখার সম্ভাব্য প্রভাবগুলো সম্পর্কে আপনার চিন্তাভাবনা

Survey on the perception of social distancing to prevent the spread of novel Corona Virus (COVID-19 Virus) among the Bangladeshi diaspora in the US and people living in Bangladesh (Part: Effects of social distancing)

গুরুত্বপূর্ণ ও মাসবেশে বঙ্গদেশের বাসগোষ্ঠী অধ্যয়ন সম্পর্কে যথেষ্ট সংখ্যক প্রশ্নাবলি (মোটক ১৯) তালিকাভুক্ত রয়েছে। প্রতিবেদন বঙ্গদেশী ভূগোলের উপর নির্ভর করে প্রস্তুত করা হবে।

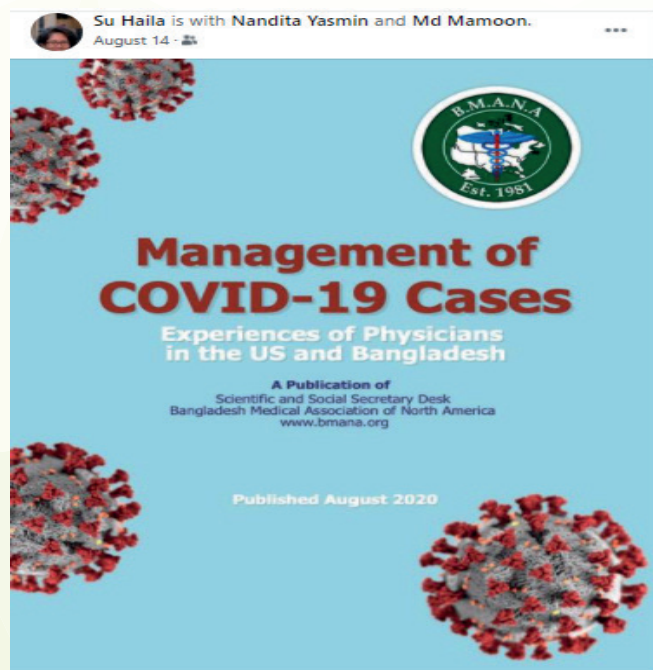
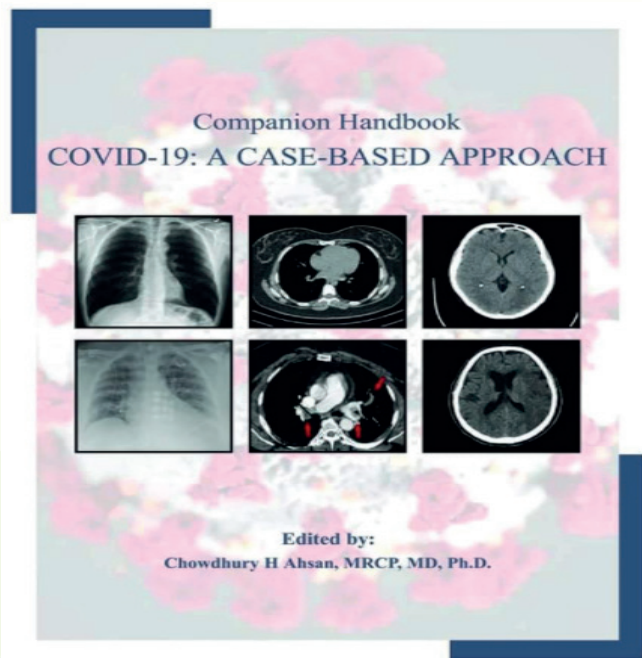
Project is conducted and supervised by:

- Scientific & Social Desk, Bangladesh Medical Association of North America (BMANA) - Central Committee
- Young Physicians Desk, Bangladesh Medical Association of North America (BMANA) - Central Committee

গুরুত্বপূর্ণ তথ্য: এই প্রতিবেদন শুধুমাত্র তথ্যগত উদ্দেশ্যে প্রস্তুত করা হয়েছে। এটি কোনও প্রকারেও চিকিৎসা পরামর্শ দেবে না।

DOCS.GOOGLE.COM

Your Thoughts On The Effects of Social Distancing For The Coronavirus (COVID-19 virus) / করোনা ভাইরাস...




Md Mamoon is with Ehsan Syed Ahmad Moosa and 8 others.
 October 28 · 🌐

For the first time, a group from BMANA which consisted mostly of young doctors is presenting a scientific poster in a high-profile, international conference (APHA expo 2020). We conducted this study regarding COVID-19 prevention awareness among the Bangladeshi and Bangladeshi American communities.





APHA 2020 VIRTUAL
 Annual Meeting and Expo • Oct. 24-28
 Creating the Healthiest Nation: Preventing Violence



APHA.CONFEX.COM ✓

Gaps in awareness about how to prevent COVID-19 in bangladeshis and Bangladeshi americans



Md Mamoon was live. November 22 -

COVID-19 UPDATES
Webinar on " COVID-19 UPDATES " by ...

24 2 Comments 1.6K Views

Like Comment Share

Comments Hide

Most Relevant

Kamrul Hassan · 1:15:08
Will anyone discuss about medication ..dexamathasone for inhouse and out covid patien .

Like · Reply · 5w

Muhammad Zaman · 1:53:53
Should be used as soon as there is lung involvement.

Like · Reply · 5w

Md Mamoon was live — with Adiba Geeti and 7 others. August 22 -

Post EID cultural program, hosted by Scientific and Social Secretary desk, Central BMANA.

1:59:30 / 2:47:09

Scientific and Social Secretary desk, central BMANA inviting you all to the virtual cultural program on December 31st, beginning at 10pm. We will start by paying respect to BMANA's beloved heroes who have lost their lives to COVID-19 and will remember them by listening to tributes from their family and friends.

We will also celebrate the Victory Day of Bangladesh and New Years Eve together. We request everyone to join the program, especially during 12, midnight when everyone will be able to greet each other live. Many distinguished speakers and artists from the BMANA family will perform. Wishing you all great health and let's try to start 2021 together!

Special Attraction: Fireworks by BMANA family

-Md Yusufal Mamoon,
Scientific and Social Secretary, BMANA

-Ferdousi Shilpee
Member at Large, BMANA

- ❖ HAPPY NEW YEAR.
- ❖ STAY SAFE AND HEALTHY.
- ❖ HOPEFULLY WE CAN CONTINUE TO WORK TOWARDS A MORE SUCCESSFUL AND UNITED ORGANIZATION.



BMANA Activity in Bangladesh



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