



8th APPNA
Heartland Annual Dinner

Saturday, April 4th, 2015
Overland Park, Marriott
Kansas



APPNA Heartland 2015 Committee Welcomes Everyone To Our 8th Annual Dinner In Overland Park, KS



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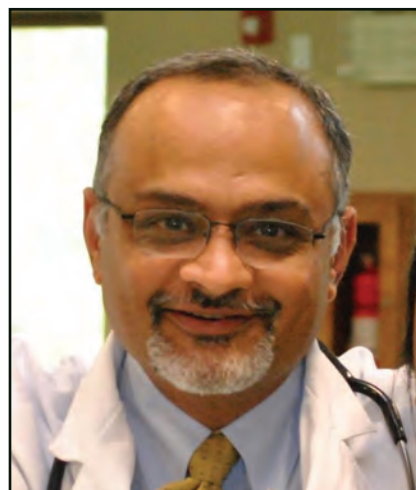
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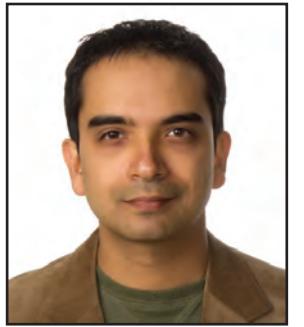
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EDITORIAL

Aref Zaman, M.D.



It gives me great pleasure to be a part of the APPNA team this year and offer services for my community through it. I am also honored to be a part of the APPNA committee which comprises of intelligent people with great ideas for the future.

Our chapter was formed in 2008, and since then, we, as a group have held many events including picnics, CMEs, free medical fairs and annual musical events where deserving personalities are recognized and given awards. These events are also, an opportunity for networking for professionals.

This year, we are introducing the APPNA magazine in our region, a great platform for our voices to be heard and opinions to be shared. This is another example of how a well organized team with vigor and determination can bring about something which can connect people. Our magazine has welcomed articles, poetry, ads and relevant medical information for the community. I pray and hope that the APPNA magazine will fulfill its purpose and be successful in years to come.

I would like to recognize the effort put in by our current members. The existence and functions of our chapter would not be possible without the help of everyone. I would also like to thank our community for trusting and supporting us every year.

I also look forward for a glorious next two years with the APPNA team and arranging events, which not only brings our community closer to each other but also invites people from outside our community and gives them the opportunity to socialize with us, recognize us, and get acquainted with our culture.

With this, I welcome you all to our annual event.....enjoy yourself!

Aref Zaman, M.D



Letter from the President

Hussain Haideri, M.D.

The true test of a vibrant organization is its ability to expand its scope of activities, while sustaining the existing tasks at par. The fact that I am writing these lines, to be included in our first ever Annual magazine, is an affirmation of our commitment to perpetuate what we had conceptualized as a small endeavor, setting up this chapter almost a decade ago.

The last eight years has seen us offer a broad range of services, ranging from health fair for the indigent, with no discrimination and prerequisites, volunteered time and other resources with charitable organizations, food drives, fund raising for cancer research and for vital medical needs. Our physicians have been instrumental in teaching at renowned local programs, and health care facilities. We have participated in social activities, that transcends our roles of serving the medical needs of the community we live in. This has involved peace walks and programs under the banner of the United Nations local chapter. And yet, we have found time to replenish our energies with health activities with our picnics and the Annual dinner. This program is set off by continuing medical activities, that for the last two years have been accredited by the American Medical Association. The dinner has seen keynote speakers that have inspired and motivated the community with their vision and accomplishments. The entertainment has been a source of positive community interaction and social and cultural linkage.

But let me assure you all that we are just warming up. No organization or entity can have a fair chance of perpetual vitality unless it invests in its future. The youth of any society and community are our resource to propagate our dreams and consolidate our mission. Our yearly Youth seminar, held in collaboration with the Center for Advanced Professional Studies, offers an amazing opportunity to this very segment of our society, to enrich from the experience of their peers. This magazine has encouraged young writers to showcase their talents by literary contributions. We recognize the bright minds by scholarships and engage our youth with all our curricular and extra-curricular activities. Even the hosting of our main dinner event this year will be marshalled by the young leaders who have to take on this mission to even greater heights. We are thus, investing in our future.

I want to thank my dynamic team of dedicated colleagues. Their efforts has been the backbone of all that we have taken on this year. Their names are on the inside cover of this magazine. Valuable advise from Ex-presidents Aman Khan and Abdul Ahad has served as an asset. This publication that you enjoy, would not be a reality without the outstanding efforts of Aref Zaman and Faisal Jafri. Omar Saeed has remained our indispensable APPNA work force member by default. I congratulate all my team for a job well done.

I ask you to engage your time, interest and resources in this organization. We strive to make our community a better, healthier and more enterprising place to live and work. It's a partnership where you and APPNA Heartland can work together to achieve loftier goals and reiterate the concept that governs this great nation: a congregation of minds and energies, working together in a bountiful land of opportunities. God bless the great nation of United States. Pakistan zindabad.

Hussain Haideri, M.D.
President, APPNA Heartland 2015



Secretary Message

Shahzad Shafique, M.D.

Dear APPNA Heartland Family,

Assalamu Alaikum. It is my great honor to welcome you all to the APPNA Heartland Annual Meeting 2015 and to serve as the Secretary of our local chapter this year. I am grateful for the trust APPNA Heartland members have placed in me and I want to thank all the founding members and its subsequent leadership for building this vibrant and blooming organization. I especially want to mention Dr. Abdul Ahad and Dr. Hussain Haideri for a job done well last year. It's very hard but I will try to match their efforts in the success of this chapter this year. We are fortunate to have wonderful people in this family who are always enthusiastic, motivated and eagerly contribute, to see it flourishing. We have excellent potential to grow and our younger generation is getting ready to step up and contribute in our mission.

We always have a wonderful annual dinner and a robust CME program with eloquent speakers. We will continue to work on expanding the involvement of different specialties so as to increase the member interaction and interest and to promote our expert physicians.

The weakness of APPNA is the lack of reasonable growth in its membership. I think we need to involve non-physician community members to actively participate in some of the volunteer activities we arrange every year. On the other hand, I am glad to see that our next generation is already playing a very active role in this regard.

I take pride in what I do for this great organization and I am sure that if we continue working together in the same spirit then sky is the limit and we can achieve great things for this chapter.

I would also like to thank those who dedicated their time to write articles and made other contributions for this magazine. This is our first effort and I would like to congratulate our magazine committee for this tremendous achievement.

I wish you all a happy and healthy future and enjoy the APPNA Heartland Annual Meeting Dinner.

Warm Regards,

Shahzad Shafique, MD
APPNA Heartland Secretary 2015



Biography

Rafia Zakaria, M.D.

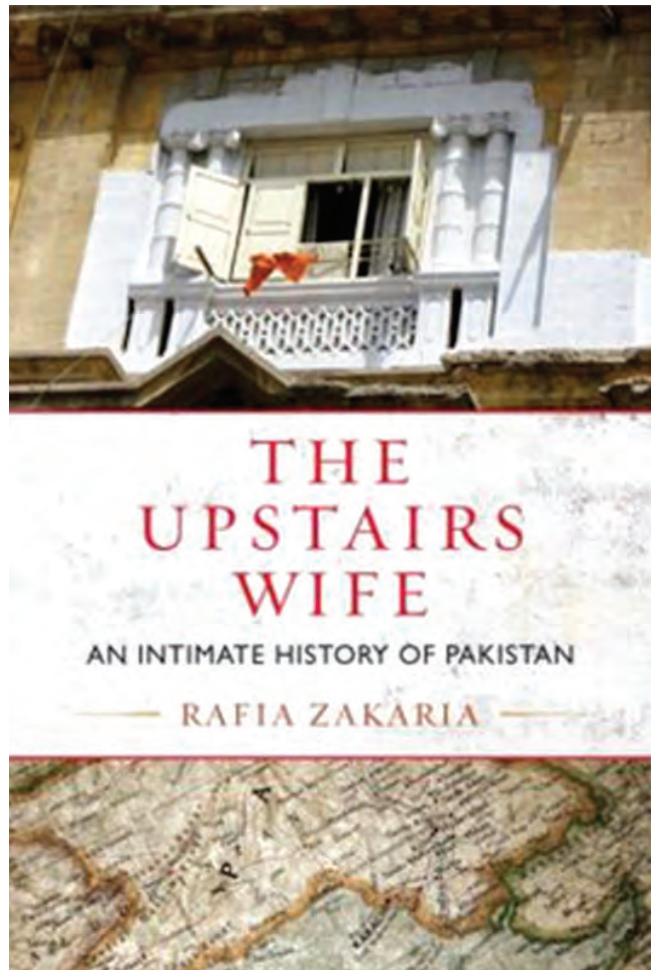


Rafia Zakaria is an attorney and political philosopher. She is a regular columnist for Al Jazeera America and Dawn Pakistan and has written for many publications around the world including The Hindu, The Calcutta Statesman, China Daily, The Korea Herald and Le Monde. She is the first Muslim American woman to serve on the Board of Directors of Amnesty International USA for two consecutive terms.

Her book “The Upstairs Wife: An Intimate History of Pakistan” was selected by the American Booksellers Association as their Debut Selection for Spring 2015. It is also the Indie’s best pick of the month for February.

She is now working on a Ph.D. in political science at Indiana University, currently writing her dissertation entitled, “Negotiating Identity: Sharia, Multiculturalism and Muslim Women.” She is the founder of the Muslim Women’s Legal Defense Fund for the Muslim Alliance of Indiana/The Julian Center Shelter.

She was the John Edwards Fellow at Indiana University for 2007-2008 which is the highest academic honor that can be achieved by a graduate student at Indiana University. She is the only Pakistani American woman recognized by a joint resolution of the Indiana House and Senate for her work on women’s rights



Narrative Biography

Syed Arshad Husain, M.D.



Dr. Syed Arshad Husain, Professor Emeritus of Psychiatry and Child Health at the University of Missouri-Columbia School of Medicine. Between 1984 to 2009, he served as Professor of Child Psychiatry and Child Health, Chief of Division of Child and Adolescent Psychiatry and the Training Director of Child Fellowship Program at the University of Missouri-Columbia School of Medicine. Born in Delhi, India, Dr. Husain received his medical education at the Dow Medical College in Karachi, Pakistan, followed by specialized training in Psychiatry at the Maudsley Institute of Psychiatry of London, England and at the McGill University in Montreal, Canada. He completed his fellowship in Child and Adolescent Psychiatry at the University of Missouri-Columbia. In 1973, he joined the Department of Psychiatry at the University of Missouri-Columbia School of Medicine. He is a Fellow of the Royal College of Psychiatrists of England and the Royal College of Physicians and Surgeons of Canada, Distinguished Life Fellow of the American Psychiatric Association, and a Founding Fellow of the Pacific Rim College of Psychiatrists. Dr. Husain is certified in Psychiatry and child psychiatry by the American Board of Psychiatry and Neurology, College of Physicians and Surgeons of Canada and the Royal College of Psychiatrist of England.

In addition to his administrative and teaching responsibilities in Child and Adolescent Psychiatry at the University of Missouri-Columbia School of Medicine, Dr. Husain has conducted research in four areas:

1. Effectiveness of Teachers Trained as Therapists to Treat War Traumatized Children
2. PTSD in Children: A Three Year Follow Up Study of 791 Sarajevian Children
3. Trans-cultural aspects of child rearing
4. Developed “Mini Fellowship in Psychiatry and Child Psychiatry” a 120 hours didactic and Practicum curriculum to train primary care practitioners in psychiatry and child psychiatry and conducted outcome research to assess the effectiveness of this program to meet the mental health needs of the citizens living in the rural areas where there is an acute shortage of psychiatrists.

He has been a pioneer in humanitarian work around the world, focused around his research. He founded Therapist training Centers around the world including, Bosnia and Herzegovina, Moscow, Kosova, Rwanda, Iraq, Pakistan, Palestine, Georgia, Chechnya, Russia, Armenia, Indonesia, Sri Lanka, UK, Canada and USA. He has been visiting these centers and helping in training over the last 25 years training more than 6000 teachers in dealing with war related childhood trauma, PTSD

* “Doctor of The Year” by National Council For Behavioral Health, May, 2014

* “Catcher in the Rye Award” to an Individual, American Academy of Child and Adolescent Psychiatry’s highest humanitarian Award, October 23, 2014

* “Citation of Merit”, University of Missouri-Columbia School of Medicine’s highest honor given to an alumnus. April 16, 2015.

Dr. Husain has published over 50 papers in noted medical journals, including the American Journal of Psychiatry, the Canadian Journal of Psychiatry and the Journal of American Academy of Child & Adolescent Psychiatry. He is the author of five professional books on various aspects of child psychiatry including his book “Hope for the Children: Lessons from Bosnia”. He is a member of twelve professional societies in the United States and internationally, where he has been elected to key leadership positions. From 2005-2009 Dr. Husain served as the Chair of the Committee on the Psychiatric Dimensions of Disaster of the American Psychiatric Association. Currently, he is a member of that committee.

Host of "Up to Date"

Steve Kraske



Steve Kraske is an associate teaching professor of journalism at UMKC, a political columnist for The Kansas City Star and has hosted "Up to Date" since 2002. He worked as the full-time political correspondent for The Star from 1994-2013 covering national, state and local campaigns. He also has covered the statehouses in Topeka and Jefferson City.

Before arriving in Kansas City, he worked at daily newspapers in Iowa and Illinois and at United Press International in Madison, Wis. Kraske is a graduate of the University of Wisconsin-Madison where he received a bachelor's degree in journalism. He was a 1992 John S. Knight Journalism Fellow at Stanford University.

Kraske has won awards for both his print and radio work and has appeared on NPR, CNN and Fox. He's a big fan of "Prairie Home Companion" and Kansas City jazz. His father lives in Stillwater, Minn., not far from the St. Croix River.

Steve Kraske

APPNA Heartland: The Journey

S. Faisal Jafri, M.D.



Today we are celebrating the ninth annual meeting of our local APPNA chapter. It makes me very proud of our journey and how we have grown; where we were then, and where we are today.

As you know APPNA stands for Association of Physicians of Pakistani descent in North America. It began as a small group of friends getting together in 1973 in Chicago. All of them were active members of their communities and participated in multiple social issues on an individual basis. However collectively they were not making an impact on their communities or their homeland. With this idea in mind these folks formed APPNA. As the number of Pakistani physicians grew in this country, so did the strength of APPNA. Today APPNA represents almost 15000 physicians working and living in North America. It has been impacting the lives of Pakistanis in this country as well as in Pakistan. APPNA has successfully tackled issues on impacting health policies in Washington, visas issues for physicians in training, and providing free health care to the uninsured populations in this country. APPNA also raises its voices in corridors of power in Pakistan on issues like physician killings and maltreatment and injustices of religious minorities.

With this vision in mind, a group of like-minded physicians living in Kansas and Western Missouri sat down 10 years ago, and brain stormed the idea of how we can better serve the community that we live in. Thus APPNA Heartland was born. APPNA Heartland serves and follows the same vision and is modeled in the same spirit as the constitution and bylaws of APPNA Central. Our vision was to organize the Pakistani physicians living in Kansas, Western Missouri and Nebraska. We initially started with group of about 20 physicians. Today this organization now represents more than a 100 physicians who live in Kansas City and its surrounding areas.

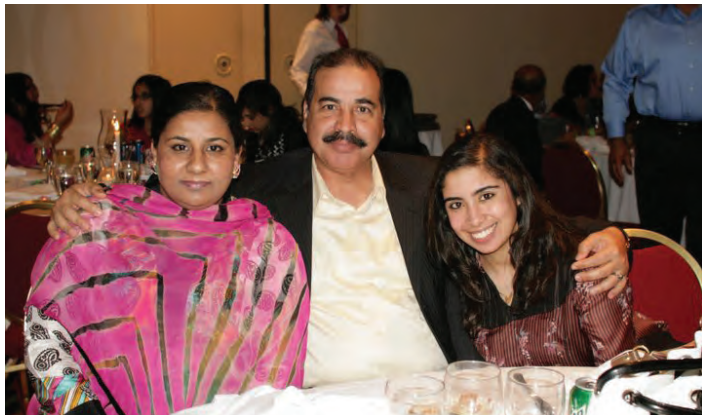
APPNA Heartland remains actively involved in APPNA Central and has won Chapter of the Year twice for being most organized and functional. We contribute to the local community by participating in local fund raisers and charity walks. We hold a rapidly growing and well attended free health clinic in collaboration with local hospitals and clinics. APPNA Heartland did fund raising and helped in the rehabilitation in Joplin, MO after the devastating tornado. APPNA Heartland strongly believes that the future of our communities is in the hands of our youth. So APPNA actively participates in organizing youth events. Our current President, Dr Hussain Haideri, has pioneered the youth coordination at APPNA Central and he brings the same vigor to our local community by initiating APPNA Youth Day in Kansas City providing career counseling to local youth. APPNA awards two scholarships each year to outstanding students in our community. Local APPNA members have also given talks at local churches and mosques in matters of public health. You will find several articles in this publication which highlight the tremendous work that APPNA Heartland and its members are performing for the betterment of our community.

APPNA held its 5th election this year which brought highly motivated, young physicians to the forefront. The new council of officers guarantees that the future APPNA Heartland is in safe hands. I feel very proud for being part of this auspicious organization.

Long live APPNA Heartland

S. Faisal Jafri, MD, AGAF, FACG, FASGE
Past President, APPNA Heartland

Party Sharty



The Interdisciplinary Management of Pain

Talal W. Khan M.D., MBA

The International Association for the Study of Pain (IASP) defines pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. 1 Our understanding of pain has migrated from a traditional biomedical reductionist model to the biopsychosocial approach, which strives to address the fact, that pain and disability is a dynamic interaction between physiologic, psychological and social factors. Individuals suffering from pain pose a major dilemma for society, healthcare systems and the economy. It is estimated that approximately 116 million people deal with chronic pain in the United States. This produces a burden of approximately 635 billion dollars in medical costs and lost productivity.2 Unfortunately this does not take into account the intangible impact on self worth, ones social relationships, and the long term effect of lost individual and societal potential as an engaged citizen in ones community. Progressive research over the last few decades has helped to further our understanding of the basic mechanisms of pain transmission, perception and interpretation, as well as shed more light on the efficacy of certain treatments and exploration of new treatment modalities.

The terms “interdisciplinary” and “multidisciplinary” are sometimes used interchangeably. True “interdisciplinary” programs, as elaborated by the International Association for the Study of Pain (IASP), include multiple disciplines working together for the evaluation and management of the chronic pain patient. Generally these disciplines are under one roof, to facilitate communication, goal setting and care coordination thereby improving outcomes. “Multidisciplinary” centers may also have multiple disciplines involved but often not at the same facility with varying degrees of communication between these disciplines.

John Bonica first championed the concept of multidisciplinary programs at the University of Washington in Seattle. Advancements in health psychology and behavioral approaches to the management of pain helped allow the proliferation of such programs in the United States in the 1980s.3 However, over time, misaligned incentives between health insurance carriers and these programs along with the perceived lack of optimal outcomes and high expense of these programs led to the dissolution of many of these programs. Accredited programs, which were at a high of 210 in 1998, have declined to 84 in 2005.4 More recently, with the demonstration of the clinical and cost effectiveness of collaborative care and shared decision making along with goal setting for the management of complex pain conditions,5 programs fostering the interdisciplinary philosophy for the treatment of pain are beginning to see a renewed interest. As incentives in the US healthcare system move from fee for service to rewarding outcomes and the patient experience it is likely that the future will bring even more emphasis on such programs and lead to even more disciplines involved in subsets of various chronic pain conditions.

The optimal structure of an interdisciplinary program includes a focus on functional restoration through a combination of individual and group based therapies incorporating physical, occupational, behavioral, relaxation, vocational, educational and self-management therapies with traditional modalities such as medication, pain interventions and surgical options as needed.6 The 2009 guidelines published by the American Pain Society outlines desirable attributes for an optimal interdisciplinary pain team. These should include a shared philosophy, patient and family centric, working together towards common goals, integrated and interdependent, fostering mutual respect and open frequent communication between all stakeholders utilizing multimodal treatments.7 As our understanding of the neurobiology of these conditions continues to grow, the interdisciplinary philosophy for the management of pain associated with these conditions may need to evolve beyond the typical team of a physician, psychologist and physical therapists to also include other specialists and healthcare providers involved in the care of these subpopulations.

Future models of interdisciplinary care will focus on care of the pain patient beyond the short-term encounter within an interdisciplinary pain center. The properly trained primary care provider will have to play an increasingly vital role in the continued care of the chronic pain sufferer in a “pain home” model in close collaboration with the interdisciplinary center.

Payers will have to recognize and reward positive outcomes achieved in the interdisciplinary pain center. Barriers of access to appropriate pain evaluation and care along with disparities in pain care for specific subpopulations will need to be addressed. Medical and nursing school curricula will need to be updated to provide training for the appropriate assessment and management of chronic pain, a disease state, which afflicts more people in the US than the number of individuals with diabetes, heart disease, and cancer combined. Further investment and funding of research to help further our understanding of neurological pain mechanisms, the interaction of these pain mechanisms and psychosocial comorbidities and outcomes of treatment, and the role of personalized medicine based upon our genetic variability in predisposition to the development and response to pain as well as the response to pharmacologic agents.8

Chronic pain is a complex disease process that eludes a permanent cure. Physicians cannot continue to apply single modality treatment options for optimal outcomes. True collaboration between multiple disciplines with a patient centric philosophy, goal setting and close communication between the various stakeholders is essential to achieving positive outcomes in these challenging patient populations.

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Challenges of Treatment of Psychiatric Illnesses in the Minority Community

Faheem Arain, M.D.

Majority of Racial/Ethnic group of the US population remains the white population. However the over all population is becoming more ethnically and racially diverse. Latino population has over taken the black population and is now the prevalent minority group in the United States. Latinos account for 17%, Blacks about 13% and Asians about 5% which includes Pakistani Americans as well.

Among the minority groups, the incidence of Psychiatric disorders is often lower than among the general population. For example, the life time rate of drugs and alcohol use disorders is lower among Latinos and the life time risk for mood, anxiety, and substance abuse disorders is lower among the African Americans. However, after a psychiatric illness develops, the illness is more likely to persist and outcome is poorer as compared to the white persons. Stigmatization of mental health issues and inadequate access to care has been considered one of the main impediments for receiving such care.

Length of time spent in the United States has been shown to be equivalent to the likelihood psychiatric illnesses. For example, in one study it was found that Mexican Americans born in the United States had almost double the rate of psychiatric illness as compared to the immigrant Mexican Americans.

One of the reasons Psychiatric disorders seem to be more persistent among members of the minority groups is because of the discrepancies in the delivery of health care. Minority seem to have suffered more likely than whites with inadequate or delayed psychiatric care.

Another problem had been a disparity in diagnosis among the minority group. Black patients were more likely to receive a diagnosis of Schizophrenia than for a mood disorder. It has led to long term negative consequences as the patient will have a very hard time finding a job and getting his life back on track.

Patients Socio economic status and therefore living in substandard living environment, their lack of knowledge of psychiatric illnesses, Taboo of mental illnesses, fear of being identified by Immigration services if they are residing illegal in this country and over all sense of shame and feeling powerless to take charge of their lives.

First generation Pakistani Americans have brought with them with the baggage of Shame and Taboo of Mental illness from their homeland besides other challenges. In Pakistan for example, a recent study done by Waqas et al. was to evaluate and explore the knowledge and attitude of Pakistani university students towards mental illnesses. Of a total of 527 respondents, 63.38 % participants believed that psychiatrist are best able to cure mental illnesses by PCPs, 14.99% believed that Spiritual leaders can provide treatment for the mentally ill. 22.4% believed in Evil eye, 32.1 % in Black magic, 25.6 % in punishment from God and 25.4% in demonic possession as a cause of mental illness. Many studies have reported a link between perceived causes of mental illnesses and stigmatizing attitudes. Substance abuse disorders and alcoholism elicited more negative attitudes because of beliefs that alcoholics and drug abusers are dangerous, unpredictable, and incapable of helping themselves and are responsible for their condition. That has led to more public stigma, negative attitudes and social rejection. Another belief that mental illness might indicate spiritual failure potentiates stigma and may discourage individuals from seeking psychiatric care. It was interesting to observe that this study was done University students of different discipline in an urban setting and not the rural Pakistan.

The Author provides psychiatric consultation at Free Mercy Health care clinic in Kansas City, MO and has witnessed first hand shame and taboo in lower/middle socio economic class patients from Southeast Asia and have regularly come across

statements like, “they will be okay with just the prayers and do not need an intervention of any sort, not even therapy!”, “It’s just the interpersonal stressor at home with a particular family member and that it shall be alright sooner or later”, “they have caught an evil eye of someone” are some of the most challenging explanations to overcome while providing care to the ones in need. While all of the above statements might be true to some extent, A stress diathesis model to explain Psychiatric illnesses to the under privileged at times can be very challenging and requires a lot of education.

I vividly remember an interaction with a family who were preparing for exorcism of their daughter thinking that she might be possessed by a Jinni. Surprisingly, the family had asked me first if I belonged to the Islamic faith. And if I had a belief in the Jinni and that the Jinni /Evil spirits can possess human being? I answered the first question with ease but the second question wasn’t easy to explain, given the Western cultural influence on my Residency and Fellowship training in the United States. During the interview and Mental status Examination, the patient was disheveled and had inappropriate laughter, was found to have disorganized thoughts and bizarre thought contents i.e. delusions of reading people’s thought, believe that she has been persecuted etc. along with auditory hallucinations. These symptoms had progressively worsened over the course of 1 year until she was seen for the first time in my office. She had fulfilled criteria of Schizophrenia and was hospitalized for further stabilization. She was started on Psychotropic medications and since then, she had been functioning at a reasonable level with some residual symptoms. The families needed a lot of psychosocial support and education about mental illnesses especially of Schizophrenia and were finally able to overcome the social dilemma of shame, guilt and minimizing the mental illness. They have embraced every day challenges like home schooling, monitoring personal hygiene and have been a very good support for the patient since then.

To reduce the stigma, barriers to care and the shame associated with seeking psychiatric help, psycho-educational campaigns should be designed according to the needs of specific groups, addressing their attitudes, fear and concerns pertaining to mental illnesses. At a personal level we should be open to discuss psychosocial stressors with our children like bullying, academic stressors and low self esteem and help them to build coping skills and strategies on how to handle turbulent events in life through better communication and getting help when needed.

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Golden Rules for Kids' Healthy Bodies and Minds

Hibba Haider, M.D.

Following are the stick to it rules for raising healthy kids in body and mind.

1. Mealtime is good.... Enjoy your food.
2. Never Skip Breakfast.... Always start the whole day best.
3. Remember Rainbow... All colors together to make bodies grow.
4. Carbohydrates.... Make bodies great.
5. Fat Facts... Keep them exact.
6. Snack attack... Keeps energy on track.
7. Water water...cleaner GUT ter
8. Soda refusal... Makes Bodies Healthier.
9. Sleep Growth Cycle.... Life is like balancing a bicycle.
10. Brushing Teeth Twice... Never forget at Night
11. Moving Actively Promotes Longevity.
12. Screen Fatigue.... That eyes don't need.

1. Mealtime is good.... Enjoy your food.

Eating and sharing food joyfully with family as well as friends fosters family bonding and social skills. Allow talk and sharing of daytime activities. Encourage variety of foods in diet. This lets them explore tastes and textures and get nutrients and vitamins from variable sources in diet. Many children are picky eaters naturally enabling them to be open to explore tastes.

2. Never Skip Breakfast.... Always start the whole day best

Breakfast is the most important meal of the day. Between dinner and breakfast time is almost a 10 -12 hours gap. Children's body has been in a fasting mode through the night and then using the reserves for growth. If they skip breakfast or just have a quick cereal or energy bar they put themselves at risk for hypoglycemia. Protein rich food like egg, at least 3 times a week with piece of toast, bowl of fruit with glass of juice or milk is recommended. Breakfast eating kids are more focused, have improved attitude towards peers and teachers and longer retention spans versus without. Cereal alone is NOT a healthy breakfast food choice.

3. Remember Rainbow... All colors together to make bodies grow.

There is not much excuse for any child to say I do not like the taste of vegetables or fruits. Take them to a grocery store, show them dozens of vegetable as well as fruits. God made so many for a reason, so that if the taste of a few is not liked we can try many more with many different recipes. I tell kid and parents to encourage them make a list of 5 fruits and 5 vegetables every month that they will try and eat. But remember to stick to rainbow colors. Always two of each, vegetables and fruits, green in color and the rest from any color of rainbow every month.

Keep changing the list and have an aim to try each and every kind of fruits and vegetable in the store. They need almost 50 different nutrients (such as vitamins and minerals) every day for good health. Since there is no single food that contains them all, it is important to balance their daily choices... and best way to do that is to offer variety of foods each day. Encourage older children to explore new recipes or change a traditional cooking method to how they would like to eat. You will be amazed how many fruits and veggies will stick to their taste buds... forever.

4. Carbohydrates.... Make bodies great.

Half of the calories in the diet should come from carbohydrate foods like rice, pasta, potatoes and bread. Add one of these at every meal. Try whole grain bread, pasta and brown rice more frequently in diet. Try baking your own bread and add milled flax seed or whole seeds to improve fiber content. Baking is also a fun activity for kids without burn hazards tied to it. Smell of fresh bread stimulates their gustatory senses (taste senses) and probably help them get ready for a hearty meal. Win win for parents of picky eaters.

5. Fat Facts... Keep them exact.

Too much fat is not good for their health. Bad fat is everywhere, fried potatoes, fast food fried chicken and meats, pies and pastries. Fat spreads like margarines, mayonnaise, salad dressings. Substitute them with natural butter and use in moderation. All in all balance it out. If lunch is fatty food go lighter, low fat options for dinner. Also processed foods in bagged forms like chips, Cheetos and the like have been fried with added salt and chemical preservatives for longer shelf life. Big NO, NO... try avoid buying them if children's health is in consideration.

6. Snack attack... Keeps energy on track.

Healthy growing kids are hungry at certain times of the day even if they are given regular meals. Especially if they have been physically active or are in a growth spurt. Snacks can fill the gap but should not replace main meal. Space them away from meal time. Snack choices include yogurt with fresh fruit slices mixed, fresh fruits not in a packed syrup cup, dried fruits, and finger foods like baby carrots, celery sticks with cream cheese, cheese singles, string cheese, rice crackers, piece of cake or biscuits. Keep a variety at home to keep things in balance.

7. Water water...cleaner GUTter

Just as we remove dirt and germs from our skin by washing them off with water, drinking plenty of water cleans out the bodies' from inside. All the body's waste is then removed efficiently including germs, pollens and dust they inhale. It also helps them to relieve constipation. Half of the body's weight for them is water. They need at least 5 glasses of pure water daily to help them remain hydrated and digest their food well. Simple rule is one cup with each meal and 2-3 more cups throughout the day. If weather is extreme, hot or cold, more is the need. Milk, juice, tea, do not count towards the recommended water intake they need.

8. Soda refusal... Makes Bodies Healthier.

Soda and pops of all colors and tastes are banned from a pediatrician's recommended list of healthy drinks forever. All sodas and I literally mean all kinds are a true health hazard. Sugar content in an 8 oz. of soda can if mixed in water can make one vomit. No one has a clue what else is mixed in them to make them tasteful enough to be addicted to them. Sugarless varieties are no better because that artificial sugar is a chemical that triggers changes in hormone balances, contributes to weight gain, obesity, risk of diabetes and tooth decay. Just as we do not recommend putting the wrong kind of gasoline in our car... it can damage the engine. Similarly bodies get damaged with wrong food and fluids. Say no to soda for kids.... Cars can be repaired, kids bodies cannot.

9. Sleep Growth Cycle.... Life is like balancing a bicycle.

Children need at least 9-10 hours of uninterrupted sleep at night to have the level of growth hormone secreted in daily portions needed for their overall growth. They need to know that they can grow 5 cm per year in length on average only if they have good amount of sleep on a daily basis.... at night. Not taking that amount of nightly sleep they will lose balance

and fall off that bicycle of life showing deficits in memory, poor grades, focus problems, anger issues, and low self-esteem from delayed growth spurt or weight issues due to stress eating. They may become at risk of dropping out or not moving on with the ongoing academic struggles. Encourage them to stay balanced on this bicycle. Simple tips, remove TV from bedrooms, no screen time at least 1 hour before bedtime, no caffeinated drinks during weekdays and strict bedtime routine.

10. Brushing Teeth Twice... Never forget at Night

Oral health is the gateway to healthy body. Healthy teeth safeguard health of body and mind by not letting germs in mouth travel down the body. Brushing twice daily promote that. But most important is to NEVER forget at night. The germs in mouth party party all night long on all the food eaten during the day. They poke holes in teeth to eat the food and that forms cavities. Bigger cavities in teeth require them to be pulled out. Teeth are an amazing structures of body. If treated right, cared for they serve a person till the rest of his life. We break our bones... grow new ones, cut our skin open...grow new cover. But if we damage or lose these teeth given to us after the MILKY LINE dissolves, we let the gate of our body get weak and overall health suffers.

Avoid sugary starchy foods, brush with a fluoride toothpaste. After brushing at bedtime, don't eat or drink anything but water.

11. Moving Actively Promotes Longevity.

Our body parts including muscles and bones can become rusty and difficult to move just like an old bike, if not kept moving. Our heart and bones can only be strong when our bodies are moving actively. Choose healthy activities for whole family to participate. Encourage sports, swimming, martial arts, walk in the park, skipping.

Children need at least half hour of direct sunlight in winters absorbed through the skin to activate required amount of vitamin D to make bones strong. Layer them up and let them play, yes even in snow, two 15 minute sessions can do the magic as well.

12. Screen Fatigue.... That eyes don't need.

In this day and age of technology children are using screens of all kinds for almost everything. From creative use of laptops, tablets for school and homework to using them as parenting substitute so that we can have our time.... Either way affects their vision.

Eye fatigue caused by excessive screen time greater than 2 hours daily causes Computer Vision Syndrome. Limit total screen time inclusive of video games, TV, computer, iPhone, iPad to not more than 2 hours. Dry scratchy eyes, red eyes, blurring all tell eyes need rest,

Screen Fatigue will need glasses early in life as remedy but vision may continue to worsen if lifestyle is not changed.

Hepatitis

S. Faisal Jafri, M.D.

Hepatitis comes for the latin word hepat (liver) itis (inflammation).

There are two broad presentations of hepatitis. Acute: which occurs rapidly and resolves in a short period of time, and Chronic: which comes on insidiously and if left untreated, results in long term consequences in the form of cirrhosis or liver cancer. Cirrhosis is chronic inflammation of the liver and scarring of the liver which eventually overwhelms the regenerating capabilities of the liver leading to its failure.

The most common causes of hepatitis, include certain viral infections, are Hepatitis B and hepatitis C. The other common causes of hepatitis are alcohol abuse and fatty liver disease (NASH)

Hepatitis A: An acute viral infection spread from contaminated food. People get very sick rapidly but once they recover this disease completely resolves with no long term consequences.

Hepatitis B: Worldwide the most common cause of cirrhosis and liver cancer. It is prevalent in Southeast Asia and underdeveloped world. Typical modes of spreads are due to IV drug use or exposure to dirty needles and sexual contact. It comes on very insidiously over years. It remains undetected for decades and then eventually presents in the form or very advanced disease. Its symptoms start with generalized fatigue, muscle wasting, jaundice and abdominal distension. The only way to diagnose is by doing liver function test and further testing for the virus. Hepatitis B is often not curable, but it can be controlled with antiviral therapy which has to be taken for extended periods of time.

Hepatitis C: The most common cause of liver failure and transplantation in the developed world and increasingly more frequent in the developing world. It spreads by blood contact with an infected person i.e. blood transfusion and IV drug and tattoos. It is not spread by sexual contact. It also has a very insidious onset and often leads to liver failure or liver cancer. Often found when blood work shows elevated liver function tests. In recent years tremendous research has resulted in a cure for most kinds of hepatitis C with taking a combination of antiviral drugs.

Alcoholic hepatitis: occurs due to alcohol abuse and can be cured by alcohol abstinence.

NASH: stands for non-alcoholic Steatohepatitis: presents just like alcoholic hepatitis, but occurs due to excessive fat deposition in the liver. This often occurs as a syndrome complex in people who have diabetes, high blood pressure and overweight called metabolic syndrome. The prevalence of this disease is rapidly spreading in the developed world where there is indiscretion in using fat laden foods, overeating, along with lack of exercise. It is predicted that this will become the most common cause of liver failure, liver cancer and liver transplant in the future. This is treated by weight loss by a combination of diet and exercise.

Party Sharty



The “HYPE” in HYPERTENSION!!!

Hussain Haideri, M.D.

There are a few things in medicine that have the paradox of having a wide audience, but a narrow level of understanding. Paucity of general information that is easily comprehensible is probably the biggest culprit. The ambiguity of what to look out for, added to the lack of awareness of what may constitute simple remedial steps, adds to the problems. Therefore, let's simply review the nuts and bolts of hypertension, in forms of “simple” facts, probably earning the merit of being classified as “Hypertension: Made ridiculously simple”.

How do we define hypertension? Well first we need to know that blood pressure, or BP, is reported by two sets of numbers. The “top” number, is the systolic pressure and the “bottom” called diastolic. Both US and European Societies term hypertension as systolic BP of greater than 140 mm of Hg, in untreated adults. Those considered at higher risk of developing hypertension are individuals with BP between 130-139, called “pre-“hypertension”.

Hypertension is either primary or essential, when no obvious cause can be determined. This is true for the vast majority of the people. A subset will have “secondary” or causative means to explain high BP, ranging from thyroid disorders, kidney issues, medications and so forth.

Like most diseases, hypertension is a manifest of the collaboration of genetic and environmental factors. The few major contributors are outlined below. Genetics, as of now, is a non-modifiable risk. Optimistically, not in the too distant future, we will be editing this when one of many in this readership has found a way to tweak the genetics in our favor.

The so called “modifiable” risks are some common issues we may choose to ignore, or are oblivious to, perhaps due the lack of the same awareness I alluded to earlier. Top in this list is the use of tobacco. I am yet to find any plausible explanation that remotely justifies this mode of self-destruction. Moreover, contrary to popular beliefs, it is never “too late” to quit. Resources are a plenty to help, but the urge to do so and the determinations is of yet available in the market.

Salt consumption is another menace. Using salt, within confines, while preparing meals is probably permissible, but addition of salt and the use of the salt shaker must be discarded. Canned food, fast food and frequently eating out may be areas where one can channel some attention. Websites are helpful to ascertain sodium content of common foods and smart phones with their dietary “apps” are a potential under-utilized to curtail the excessive salt ingestion.

Alcohol intake is yet another prevalent predicament. I personally disagree with the age for legal alcohol use to be 18. Glorification of beer with infamous beer commercials in widely followed sports may be a bigger vice than is stipulated.

Let me now spend a few minutes discussing exercise, or perhaps more appropriately, “the lack of”!! One problem is that most of us simulate activity as exercise. So you may have a busy life-style, with several hours of work and home chores, but the lack of focused exercise, with aerobic calorie workout and cardiac stressing is the key. Let me set the records straight here. I am not advocating that such exercise can only be achieved by signing up with expensive health clubs or costly exercise equipment. Simple routines of 20 minutes of brisk walking, and muscular stretch and strain, 3 times a week should be a good start. It's the consistency, not necessarily the complexity of a regimen that makes the difference.

Blood pressure should be measured on several occasions before labeling one as having hypertension. This should be done with the patient sitting comfortably, not rushed and stressed. Moreover, almost always, the first line of defense is lifestyle modification, based on the simple measures outlined above. Failure of those, with a close follow up is what will lay the foundations of introducing medications. When this need arises, the armamentarium is well stocked, and the choice of medical therapy should be tailored for the individual, rather than a cook book approach. Many allopathic medicines have features in their mode of action that extend their benefits beyond the control of blood pressure, and it is imperative that such bonus effects are amiably extracted to maximize the effectivity of treatment.

Hypertension was notoriously called the “silent killer”. That means that the onus to recognize and effectively address this menace, in a loud and clear fashion falls on us. Identifying the root issues and addressing the dynamics of the problem should be our modus operandi.

Kidney stones

Shahzad Shafique, M.D.

Kidney stones form in your kidneys. As stones move into your ureters — the thin tubes that allow urine to pass from your kidneys to your bladder — signs and symptoms can result.

Kidney stones are small, hard mineral deposits that form inside your kidneys. Kidney stones have many causes and can affect any part of your urinary tract — from your kidneys to your bladder. Often, stones form when the urine becomes concentrated, allowing minerals to crystallize and stick together.

Passing kidney stones can be quite painful, but the stones usually cause no permanent damage. Depending on your situation, you may need nothing more than to take pain medication and drink lots of water to pass a kidney stone. In other instances — for example, if stones become lodged in the urinary tract or cause complications — surgery may be needed.

Your doctor may recommend preventive treatment to reduce your risk of recurrent kidney stones if you're at increased risk of developing them again.

Signs and Symptoms:

A kidney stone may not cause symptoms until it moves around within your kidney or passes into your ureter — the tube connecting the kidney and bladder. At that point, you may experience these signs and symptoms:

- Severe pain in the side and back, below the ribs
- Pain that spreads to the lower abdomen and groin
- Pain on urination
- Pink, red or brown urine
- Cloudy or foul-smelling urine
- Nausea and vomiting
- Persistent need to urinate
- Fever and chills if an infection is present
- Urinating small amounts of urine

Types of Kidney Stones:

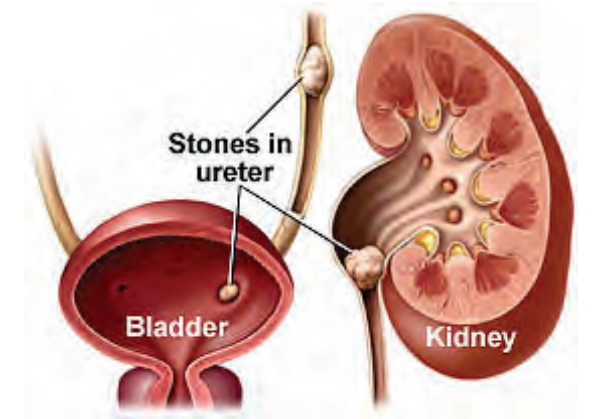
Knowing the type of kidney stone helps determine the cause and may give clues on how to reduce your risk of getting more stones.

- **Calcium stones.** Most kidney stones are calcium oxalate stones. Some fruits and vegetables, as well as nuts and chocolate, have high oxalate levels. Dietary factors, high doses of vitamin D, intestinal bypass surgery and several metabolic disorders can increase the concentration of calcium or oxalate in urine. Calcium stones may also occur in the form of calcium phosphate.
- **Struvite stones.** Struvite stones form in response to an infection, such as a urinary tract infection. These stones can grow quickly and become quite large, sometimes with few symptoms or little warning.
- **Uric acid stones.** Uric acid stones can form in people who don't drink enough fluids or who lose too much fluid, those who eat a high-protein diet, and those who have gout.
- **Cystine stones.** These stones form in people with a hereditary disorder that causes the kidneys to excrete too much of certain amino acids (cystinuria).
- **Other stones.** Other, rarer types of kidney stones also can occur.

Risk factors

Factors that increase your risk of developing kidney stones include:

- **Family or personal history.** If someone in your family has kidney stones, you're more likely to develop stones, too. And if you've already had one or more kidney stones, you're at increased risk of developing another.



- **Dehydration.** Not drinking enough water each day can increase your risk of kidney stones. People who live in warm climates and those who sweat a lot may be at higher risk than others.
- **Certain diets.** Eating a diet that's high in protein, sodium and sugar may increase your risk of some types of kidney stones. Too much sodium in your diet increases the amount of calcium your kidneys must filter and significantly increases your risk of kidney stones.
- **Being obese.** High body mass index (BMI), large waist size and weight gain have been linked to an increased risk
- **Digestive diseases and surgery.** Gastric bypass surgery, inflammatory bowel disease or chronic diarrhea can cause changes in the digestive process that affect your absorption of calcium and water, increasing the levels of stone-forming substances in your urine.
- **Other medical conditions.** Diseases and conditions that may increase your risk of kidney stones include renal tubular acidosis, cystinuria, hyperparathyroidism, certain medications and some urinary tract infections.

Tests and Diagnosis:

If your doctor suspects you have a kidney stone, you may have diagnostic tests and procedures, such as:

- **Blood testing.** Blood tests may reveal too much calcium or uric acid in your blood. Blood test results help monitor the health of your kidneys and may lead your doctor to check for other medical conditions.
- **Urine testing.** The 24-hour urine collection test may show that you're excreting too many stone-forming minerals or too few stone-preventing substances.
- **Imaging.** Imaging tests may show kidney stones in your urinary tract. Options range from simple abdominal X-rays, to high-speed or dual energy computerized tomography (CT) that may reveal even tiny stones.
- Other imaging options include an ultrasound, a noninvasive test, and intravenous urography, which involves injecting dye into an arm vein and taking X-rays (intravenous pyelogram) or obtaining CT images (CT urogram) as the dye travels through your kidneys and bladder.
- **Analysis of passed stones.** You may be asked to urinate through a strainer to catch stones that you pass. Lab analysis will reveal the makeup of your kidney stones. Your doctor uses this information to determine what's causing your kidney stones and to form a plan to prevent more kidney stones.

Treatment:

Treatment for kidney stones varies, depending on the type of stone and the cause.

Small stones with Minimal Symptoms:

Most kidney stones won't require invasive treatment. You may be able to pass a small stone by:

- **Drinking water.** Drinking as much as 2 to 3 quarts (1.9 to 2.8 liters) a day may help flush out your urinary system.
- **Pain relievers.** Passing a small stone can cause some discomfort. To relieve mild pain, your doctor may recommend pain relievers such as ibuprofen, acetaminophen or naproxen.
- **Medical therapy.** Your doctor may give you a medication to help pass your kidney stone. This type of medication, known as an alpha blocker, relaxes the muscles in your ureter, helping you pass the kidney stone more quickly and with less pain.

Large stones with more Symptoms:

Kidney stones that can't be treated with conservative measures — either because they're too large to pass on their own or because they cause bleeding, kidney damage or ongoing urinary tract infections — may require more extensive invasive treatment which are beyond the scope of this article.

Prevention:

Prevention of kidney stones may include a combination of lifestyle changes and medications.

You may reduce your risk of kidney stones if you:

- **Drink enough water throughout the day.** If you live in a hot, dry climate or you exercise frequently, you may need to drink even more water to produce enough urine. If your urine is light and clear, you're likely drinking enough water.
- **Eat fewer oxalate-rich foods.** If you tend to form calcium oxalate stones, your doctor may recommend restricting foods rich in oxalates. These include rhubarb, beets, okra, spinach, Swiss chard, sweet potatoes, nuts, tea, chocolate and soy products.
- **Choose a diet low in salt and animal protein.** Reduce the amount of salt you eat and choose nonanimal protein sources, such as legumes. Consider using a salt substitute.
- **Continue eating calcium-rich foods, but use caution with calcium supplements.** Calcium in food doesn't have an effect on your risk of kidney stones. Ask your doctor before taking calcium supplements, as these have been linked to increased risk of kidney stones. Diets low in calcium can increase kidney stone formation in some people.



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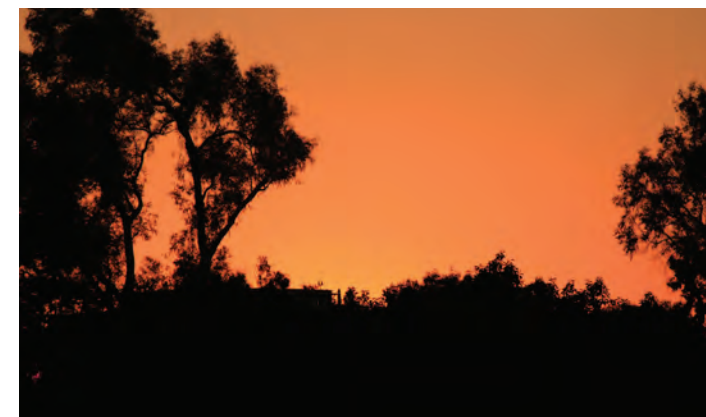
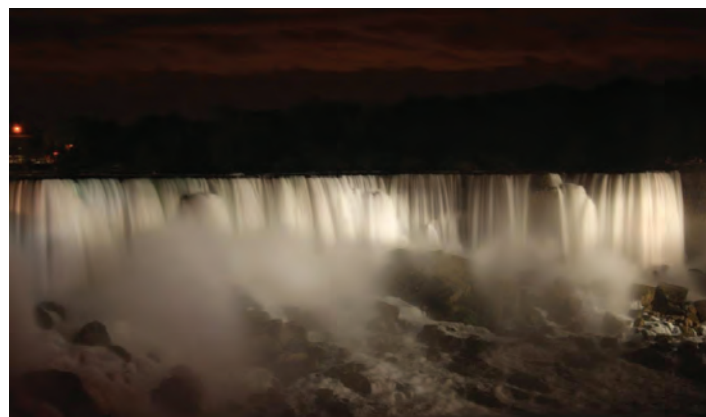
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The Doctor with a Vision



Evolution of Muslim Community in Kansas City

Zulfiqar Malik, M.D.

Muslims can be labeled as most racially diverse and dynamic religious group in Kansas City. I have been fortunate to be a part of the Muslim community in Kansas City for the past 45 years and witnessed the number of Muslims grow from a few dozen to several thousand.

Indigenous Muslims

It is interesting to note that the history of Muslims in Kansas City does not start with the influx of immigrants from the Islamic countries. During the 1950s a group of local followers of the Nation of Islam established Mohammad's Temple Number 30. They met at various locations before settling at 2715 Swope Parkway, Kansas City, Missouri. The building was an old church purchased with donations from Imam Nathaniel Mohammad (son of the honorable Elijah Mohammad). Other donors included former boxing champion Muhammad Ali.

It was in 1975, after the death of Elijah Mohammad, that the temple's name was changed to Masjid Omar (after the late son of Nathaniel) and joined mainstream Islam under the leadership of W.D. Mohammed. In 1973 the first Islamic school in Kansas City, was established. In 1976 the name was changed to Sister Clara Mohammad Elementary and Secondary Schools.



Early Muslim Immigrants to Kansas City

In the early 1970s a small community of Muslim immigrant professionals settled in Kansas City. But they were not the first Muslim immigrant/visitors in Kansas City. Before them there was Crown Prince Faisal bin AbdulAziz Al Saud of Saudi Arabia, who visited Kansas City in 1945. His visit resulted in later years the establishment of a major affiliation of Saudi Airlines in Kansas City. Another distinguished visitor was Hon. Liaquat Ali Khan, the first Prime Minister of Pakistan (1947-1951), who came to Kansas City in 1950 at the invitation of President Harry Truman. Prime Minister addressed a student crowd at UMKC and received an honorary degree by the university.

In 1973-1975, Masjid Omar was still called "Muhammad Temple #30 and it had not adopted mainstream Islam yet. So initially some of the professional immigrants of the 70's met at a rented apartment in mid-town for the Eid celebrations. Later they held weekly Sunday meetings at Common Ground, a community center owned by the Kansas City Mennonite Church, at 40th and Rainbow Boulevard, across from KU Med Center. As part of their vision, the group decided to establish an umbrella organization and named it the Islamic Society of Greater

Kansas City

In 1979 they purchased a four-acre parcel of land in South Kansas City to build a mosque that opened its doors to all Muslims in March of 1981. The center is located at 8501 E. 99th Street, Kansas City, Missouri. The Islamic Society of Greater Kansas City and the Muslim community in Columbia, Missouri jointly purchased a second piece of land for the Mid-America Muslim Cemetery which would serve

Missouri and surrounding states. In 1989 the community established a full-time Islamic school.

Muslim Community Takes Roots

By most estimates there are over 30,000 Muslims in the Greater Kansas City area, about a dozen functional mosques, two full time Islamic schools, large Muslim cemetery. Muslims serve the larger American community in various professions, namely medical, engineering, information technology and education. Several Muslim entrepreneurs have established businesses and services. Muslims actively engaged in professional, cultural, political, civic, charitable and interfaith organizations.

The future looks more promising

Bigger the community, bigger the challenges. Yes, the dynamic Muslim community has taken roots, but to grow and prosper it has still to overcome many obstacles. More expertise is needed in the realm of public relations, law enforcement agencies, media and political arena. Women are to be empowered to take equal leadership role. There is need for vocational and career guidance, matrimonial and elder care services. There is urgency of unity and coordination among various Islamic organizations locally and nationally. The younger generation aspires and is well qualified to fill that void and gradually take leadership to evolve the community to more meaningful direction.



Zulfiqar Malik is the recipient of the APPNA-Heartland 2014 Community Service Award, for his outstanding social and humanitarian services to the Kansas City Metro Pakistani Community.

My cricket trip to Australia

Aman Khan



I would have never thought that my love and passion for cricket would take me to Australia to watch the cricket World Cup after a very dismal performance of our team recently but knowing myself and my genetic mutation for cricket, I knew it could happen.

Watching cricket without friends is like drinking coffee without cream and sugar. I was fortunate and somehow able to convince close friends to watch the WC together live. I bribed them with cheap business class tickets thru a “khancha” travel agent and they fell for it. Our team included Faisal, Hussain, Shahzad, Naveed, Naila and Khurshed Zia.

We chose Virgin Australia airline, hoping to see a lot of “Virgin Marys” on the way as there was less a chance that we may not get them after life. We were not wrong. We saw a glimpse of what to expect after life. We slept like a baby and were really pampered all the way.

We arrived a day before the actual arrival day of the entire APPNA group of 120 people. The first stop was in Cairns, Australia, a three hour flight from Sydney. The moment we landed there, we could sense that we are in paradise. From freezing temperature in Kansas City to hot and humid climate was just the beginning. Our stay was at the beautiful Shangri-La Resort. We did a day trip to the rain forest. We took a cable ride to the top of the hill. It was a breathtaking journey. Engineering miles of cable car and rail track on top of the mountains was nothing short of a miracle . We did some souvenir shopping at a village on the beautiful hills.

The next day was the trip to the Great Barrier Reef . It was an hour and a half boat ride to the location. It was storming and the sea was very choppy. Collectively the amount of puke that was done en- route by the whole group would have easily refilled shawnee mission lake but it was worth it. The experience we had at the reef was one of a lifetime. Even veterans like us did snorkeling and saw the gorgeous reef.



now the hype for the biggest game of the WC was beginning. I mean mother of all games . Pak vs India. After a tiring day, I new I needed a good night sleep before leaving for Adelaide. We needed to conserve all the energy so we can blow our vocal cords the next day. I couldn't have find a better partner than Faisal to share the room with. We have done this before. We share quite a few common things. We both have untreated sleep apnea. We both snore in sync, so we neutralize each other's melody at night and my type A personality balances out his cool and calm one. We all arrived at Adelaide airport. It was a group of 120 people. There were cricket landmarks all over the airport and we made sure that each

and everyone took a million selfies and flood the Facebook pages with all the different poses. The famous Glen McGrath was also with us in the same flight. It appeared to be a PK flight and Glen didn't liked it.

The scene at the baggage claim area was out of the ordinary. It appeared as if Changaiz khan had just invaded Iraq. Big Pakistani flags were flying all over with chanting of “Pakistan jeetay Ga” and “Pakistan zindabad” getting attention of all the other non desi passengers. They energy level at the airport was beyond imagination . From the airport we all took a tour of the city before getting ready for the big game. The night before the game got better at the hotel as we had a chance to meet Waseem Akram, Rameez Raja , Gavasker etc.

Then arrived the big day. We wanted to make sure that we arrive way earlier so we could see some players in action while practicing before the game. We were not wrong as we saw Younis Khan, Nasir, Sarfraz, Rahat up close and shared some pictures with them. Before we arrived at the stadium , we thought we were going to outnumber the indian fans. We were dead wrong. They were all over the stadium. Well, we had to show our presence. Although we were in minority (used to it since birth), we used our vocal cords to maximum capacity up to that extent that some of us couldn't talk for days and now being seen by ENT.

We all had some background of seeing politics in our medical school and still remember those slogans. We kept chanting “girti huee dewaroon ko, ik Dhakka aur do” “maoon ki doway say jeetay ga, behnoo ki dewaroon say jeetay ga. Jeetay ga bhai jeetay ga. Pakistan jeetay ga.”

Well unfortunately none of the duas went through the clouds for Pakistan fans due to load shedding and power breakdown . Walking back to the hotel from the stadium was probably the longest walk I had done in my life as all along the indian supporters kept yelling at us. All the conspiracy theories after Pakistanis loss against India were at its peak in all the corners of the hotel.

After this match we had two choices. Either to stay depressed and mourn about the loss or to enjoy the rest of the Australia. We choose the later. We arrived at the beautiful Sydney . Our stay was at the gorgeous four seasons on the Sydney harbor. This is one of the most beautiful modern cities of the world. The views from the harbor were breathtaking . Few of us went to the Opera house. We choose to visit the beautiful and sunny beaches to see some skin. I will not go beyond this sentence as you have to be there to admire the beauty of that place. The next day was at the blue mountains . Our tour planner did not do justice by having us spend only 30 min there after 2 hr drive but it was worth it.

From Sydney few of us departed the tour but we went on to go to Christchurch ,New Zealand as we still believed in our team and wanted to end the trip on a winning note . The city of christchurch has been badly affected from the 2011 earthquake and half of the infra structure has been destroyed except the famous Moin khan casino and few other places . Our tour manager was smart enough to arrange a trip to the beautiful town of Akaroa city before the West Indies game. When we arrived there , it felt like we are in the heaven . I have never been surrounded by such a beautiful landscape in my life. The breath was so pure that I almost thought of importing back to Kansas to give it back to my lung patients.

The next day at the stadium was nothing but depression but I must tell you that watching a live game is full of fun. There is a very high level of energy that cannot be reciprocated at the TV set . Even if your team is loosing, there is enough fun there. On that day we had a chance of meeting Moin khan, Chris Gayle ,Sammy and other West Indian players and later at the hotel Rameez raja and some ex NZ players.

It did not stop here as we also had the fortune of meeting the entire Australian team while waiting at the lounge on way back to Kansas City It was a memorable trip. People in Australia are very friendly , helpful and late back. There is a special charisma about Sydney and the landscape and beauty of the country is beyond expectation.

Above all it was the love of cricket that I still have in me and as long as it takes me to these beautiful places , I will keep watching cricket live. I must also say that during this trip I was able to clone another cricket fanatic like me (Shahzad Shafique), who enjoyed the cricket aspect of this trip beyond imagination and would be willing to join me in future cricket tours.

Aman Khan



Party Sharty



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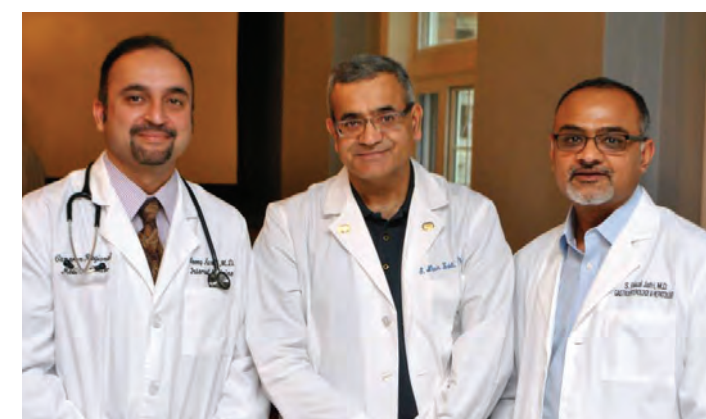
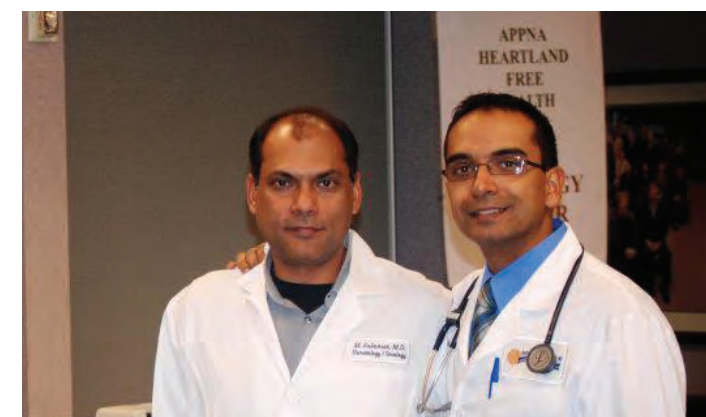
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Five Factors to Consider When Preparing Your Estate Plan

Ashley E. Felton & Samara N. Zaman

We all know that planning and preparing for death can be uncomfortable, which can make thinking about estate planning even more overwhelming. To help aid in the process, we have provided a list of five factors to consider before speaking with an attorney to prepare your estate plan.



Ashley E. Felton



Samara N. Zaman

1. Do I Need a Will or a Trust?

You most likely need both. In some instances, a will alone may be sufficient to cover your estate planning needs. To assess whether this is the case, several factors need to be considered, such as children and their ages, assets and value of your estate, and your particular wishes to distribute your assets. A will is a public document, and must be admitted through the court process, which can be costly and time consuming. Furthermore, it offers less protection for young children who receive their inheritance outright at the age of 18.

A revocable trust, on the other hand, is a private document that allows you to protect your children's assets past the age of 18. A trust does not need to go through the formal court probate process, which can save on time and court costs. However, steps must be taken to retitle property in the name of the trust. Therefore, with any trust, a will, often referred to as a "pour-over will", is drafted as a safety net to catch any property that is not retitled or distributed to the trust.

2. Factors to Consider with Young Children

When you have young children, there are several factors you may want to consider in order to offer them the most protection. You need to consider whom to name as a guardian, conservator and/or trustee for your children.

A conservator is a court appointed or named individual in your will, who manages the financial assets of your children until the age of 18 (in the event that both parents are deceased). If you decide to establish a revocable trust, the trustee is the individual you name to manage your trust assets (note: this is generally you and/or your spouse, but a third person(s) should be named in the event both of you are unable to serve as trustee). A guardian is a person(s) you would choose to take care of your children, in the event both you and your spouse are unable to do so.

Depending on individual circumstances, it may sometimes be easier to name both the guardian and conservator, or guardian and trustee as the same person, since financial decisions and every day care decisions go hand in hand. Other times, it may be better to name different people to handle the finances and care of your children to create a system of checks and balances.

Another factor to consider when selecting a guardian(s) for your child(ren) is location. When we think of whom we would like to have take care of our children, we always think of immediate family first. Emotionally, this is often the best decision, but practically, it may not always be. For instance, if all of your immediate family lives out of state or in a different country, it may not be fair to make your child(ren) move schools, leaving their friends and comfort zone behind. If there are close friends or other family members that live close by, you may want to consider them as guardians, and name immediate relatives as the conservator and/or trustee for your child(ren).

When selecting a trustee, do consider the amount of work that will go into managing trust assets for minor children. If your children are very young, the trustee's job can become a full-time job. In this situation, you may want to consider naming a co-trustee (in the event that both parents are unable). This can be a second individual or even a financial institution. Banks regularly handle trust administration, and it is a great way to create a checks and balance situation to insure that trust assets are being managed per your wishes.

3. Durable Powers of Attorney – Financial and Health Care Decisions

The power of attorney is a document in which one person (the principal) authorizes an agent or attorney-in-fact to act on his or her behalf, and it is usually advisable to include these as part of your estate plan. If the power of attorney is durable, it means that the agent's authority lasts throughout the principal's incapacity. Often times, durable powers of attorney grant the agent authority only upon the principal's documented incapacity or disability. A durable power of attorney can be executed for your financial decisions and also for health care decisions, and it is important to seriously consider whom you wish to appoint for each.

A general durable power of attorney provides mainly for any financial decisions that must be made on your behalf. Your agent will be responsible for managing your finances, paying your bills, and signing important legal documents on your behalf. When choosing an agent for your general durable power of attorney, it is important to consider factors such as the potential agent's age, where they live and how busy they are. Taking on the management of another's finances can be time consuming, and it is important that the agent has the amount of time required to carry out their duties. It can also be important that they live close, however, depending on your financial affairs and given the technology of today, much can be managed electronically. It is also appropriate to consider factors such as the potential agent's level of organization and how competent they are at managing finances.

A health care power of attorney enables you to appoint an agent to make your health care decisions. Your health care agent will have complete authority to make healthcare decisions for you if for any reason you are unable to make these decisions. These decisions not only include advocating for care and treatment that you need, but also may include decisions to withdraw or withhold life-prolonging procedures when certain conditions specified by you are met. There are also additional documents that can be executed with respect to your health care decisions, which include an advance directive and/or a living will. An advance directive generally includes other directions such as organ donation, the nomination of a primary physician or where and how you prefer to be cared for. A living will is simply a written instruction spelling out any treatments to be performed or withheld in the event you are unable to speak for yourself upon terminal illness or permanent unconsciousness. When choosing an agent for your health care power of attorney it is important to consider factors similar to those of a general power of attorney agent. Factors such as the potential agent's age, where they live and how easy they are to get in touch with are important to consider. It may make sense to name an agent that lives relatively close, so they can monitor your health care more closely. However, if they are not easy to get in touch with, for instance they travel often for work, it may be better to consider someone else. It is also important to consider the potential agent's willingness to follow through with your health care wishes. These are personal and often very emotional decisions and it is important that the agent can carry out your wishes. You can also consider if the potential agent works in the healthcare field, as this may be a better choice for some than an individual who does not. It is important to note that you cannot choose your physician or other health care provider if they are treating you, as that would create a conflict of interest.

The selection of an agent is very important and the decision is due much consideration. Your estate planning attorney can draft your powers of attorney and any additional documents related to your health care decisions, and can also help guide you with factors to consider, such as those mentioned above, when choosing an agent that will best fit your personal needs.

4. Planning for Your Digital Assets

As our lives become more data-driven, it is likely that we find ourselves keeping most of our important information not only in a filing cabinet or safe deposit box, but also on a computer and various online accounts. Digital assets range from photo-sharing sites, blogs or social media profiles that carry an emotional or sentimental value, to PDF documents, emails, other types of intellectual property and web businesses, such as an Ebay storefront or a PayPal account, that may have monetary value. In other words, a digital asset is any property that can be found in digital form.

Our digital assets have become more evolved over the years and more integrated into our everyday lives, necessitating a well-drafted estate plan that includes a procedure for managing and distributing digital assets. The fact is, for many of us, digital assets impact our daily finances, recordkeeping, communications and social lives. Because digital assets are so integrated into our lives, planning is needed for the management and distribution of these assets upon our death. Further, to the extent the digital asset has monetary value, as opposed to merely sentimental, the transfer of such an asset could have tax consequences.

If no plan is in place with respect to your digital assets, it is likely that your survivors could spend months seeking permission from online service providers to obtain access and authority to manage and close down these accounts. Furthermore, if your survivors do not have access to your email, they may not even be aware of the existence of some of your financial accounts. Most digital assets are

password-protected and even if the survivor has all the required passwords, many will find that they have no clear authority to access or manage the online accounts of the deceased. Often, the digital asset is subject to the terms of service set forth by the company and these providers can differ on how they will handle the accounts of deceased users. There is currently no universal method for survivors or personal representatives to access digital assets on behalf of the deceased. To help remedy the confusion and allow the best possible outcome, it is important for individuals to have a plan in place and express language in a will or trust granting an agent under a power of attorney specific powers to administer digital assets. It is advisable to create an inventory of your digital assets, update the same on a quarterly basis, and to keep the information in a very safe place not easily accessible to others. Preparing an inventory and creating a plan for the disposition of your digital assets is something your estate planning attorney can help you with.

5. **Estate Planning with Retirement Accounts**

Most working individuals have some sort of retirement account – an IRA, a 401(k) or other qualified employer plan, or maybe both. It is an important part of your estate plan to determine whom you would like to leave these assets to and what will be the greatest benefit to your beneficiaries, both with respect to tax deferral and for other personal reasons. Often these accounts are left to spouses, children, or other relatives; however, they can be left to others outside your family, including charities. The selection of a beneficiary or beneficiaries often depends largely on the needs of your family and your personal wishes. Once that selection is made, it is important to consider the options you have that effectively carry out your wishes, while also minimizing the tax consequences as much as possible.

With the exception of Roth IRAs, most retirement accounts will require what is called a required minimum distribution (RMD) beginning when the account owner reaches age 70 ½. The RMD is the amount needed to be distributed from the IRA to the owner while he or she is alive or to the IRA beneficiary following the IRA owner's death during a calendar year to satisfy the IRS and prevent the imposition of heavy penalties. The RMDs are very relevant in your planning and achieving goals of tax deferral, as discussed below. Careful planning keeping RMDs in mind, can help minimize the tax consequences of the same upon your death.

There are several options you have with an IRA and how you would like to leave it after your death. One option is to name your revocable living trust as the beneficiary. This can be the right thing to do for non-economic reasons; however, often times this will generate a higher RMD than necessary. If you name an individual as a beneficiary, generally it is the individual's life expectancy that may be used in extending the time period for distributions after your death. That being said, there are some special rules for trusts and you can consult your estate planning attorney on the rules and requirements for making the trust a "see-through trust". In general, a properly drafted see-through trust will allow for the age of the oldest trust beneficiary to be used as the measuring life with respect to the RMDs. If the trust is not treated as a see-through trust and the trust is the named beneficiary, this can cause the full amount to be distributed over a 5 year period or over the IRA owner's life expectancy, depending on the age of the owner at death. The obvious benefit of having the see-through trust treatment is further tax deferral for the beneficiaries.

Other options include naming your spouse as the beneficiary. As with trusts, there are also special rules with respect to spouses and inherited IRAs. Mainly, your spouse will have the option to treat the IRA as his or her own upon your death, unless you use a special kind of trust called a QTIP trust, which does not qualify for spousal rollover treatment. Yet another option, if you have an interest in a particular charity, is to use your retirement account for a charitable bequest. This can be especially beneficial from a tax standpoint. In general, once received by the beneficiary, distributions from IRAs are subject to income tax at ordinary income tax rates and are taxable to the beneficiary. If leaving your IRA to a charity, however, the charity does not pay income tax so the charity receives the full value of the account, as opposed to your children or others you may leave it to who will pay income tax on the distributions.

Each individual's needs are different and these can also change throughout one's lifetime. Your estate planning attorney can help you navigate through the tax issues and others related to your IRA and what option best fits your needs.



About Us:

Felton and Zaman LLP focuses its practice in all aspects of estate planning, family immigration and naturalization. Attorneys Ashley Felton and Samara Zaman are licensed to practice in Missouri and Kansas, and both are recipients of Kansas City Business Journal's Best of the Bar 2014. Ashley Felton also has an LL.M. in Taxation with an estate planning focus.



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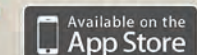


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Suffering in Silence; Domestic Violence in the American Muslim Community

Humaira Mirza

Domestic violence is considered taboo and uncomfortable to talk about in the South Asian and Muslim communities. Yet it is a very real problem in our community. According to a survey conducted in 2009 of 241 Muslims, a third reported being afraid of a current or previous spouse. There is a high likelihood that women who admit to being scared of their spouse are being abused by their spouse. We only turn our attention briefly to this issue when we hear stories like that of Nazish Noorani or Aasiyah Hassan. In 2011 Nazish Noorani of New Jersey, whose husband was abusive eventually convinced his girlfriend to shoot Nazish to death. In 2009 Aasiyah Hassan of New York was beheaded by her abusive husband. These stories are the extreme cases of domestic abuse. Domestic abuse constitutes physical, mental and emotional abuse. Many women suffer abuse in silence and consider it their duty to bear the abuse and stay with their abuser. Though this is an uncomfortable topic we need to educate our community about domestic violence so that women in an abusive relationship are able to get the help and support they need.

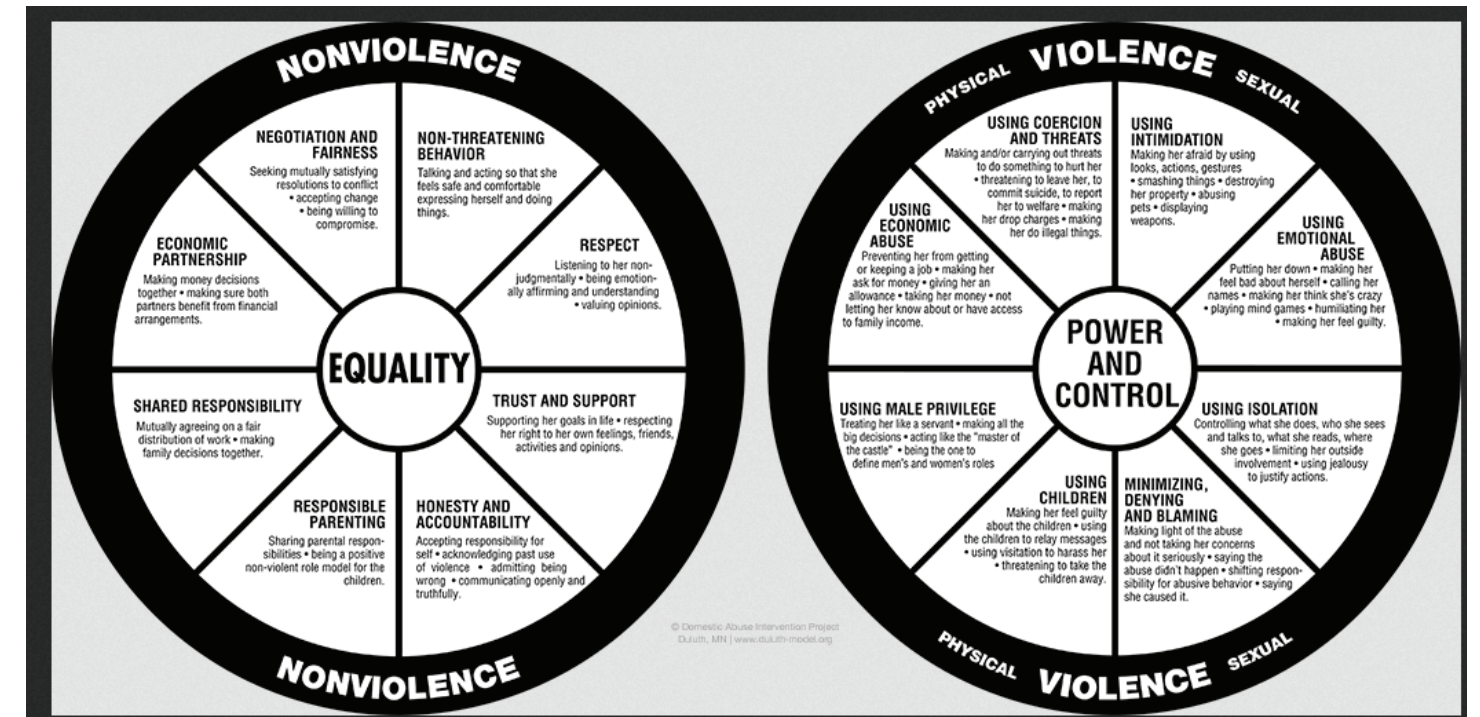
The first thing to understand is why the victim in an abusive relationship stays with the abuser. The abusive relationship starts with the abuser disempowering and isolating the victim. He starts with the abuser emotionally crippling the victim into believing that she deserves the treatment. He isolates the victim from family and friends and establishes control over the finances. If the victim is an immigrant the abuser also threatens with deportation and often threatens to deprive the victim of the children. A lot of Muslim women stay in an abuse relationship because they believe it is their religious duty to suffer the abuse.

Domestic abuse often takes a cyclical pattern. After each incident of abuse the abuser apologizes and promises the victim that it will never happen again. The abuse often escalates with time and often leads to permanent injury and in some cases death. The threat of to the victim's life and body does not dissipate after the victim leaves. This makes community and legal support for the victim very important. There is no such thing as minor abuse; a push can lead to serious injuries and so no incident of domestic abuse should be ignored.

Here are a few signs to look for to detect whether a woman is facing abuse:

- Abuser belittles her, puts her down, discards her opinion.
- She is constantly afraid of her partner.
- She is afraid broaching some topics with her partner.
- He is excessively jealous.
- She is unable to go anywhere or make any decisions without his permission.
- Abuser blames her for his behavior.
- The victim starts believing that her actions are the cause of the abuser's behavior.
- She participates less and less in social activities with friends and family.
- She avoids meeting with friends and family when her abuser is around.

The diagram below shows the difference between a nonviolent and a violent relationship:



Most women who are in an abusive relationship are unwilling to or afraid of leaving and/or starting legal proceedings. It is important that their friends and family provide them with a safety net. She needs assurance that she is not at fault and will have a safe place to go to if and when she decides to leave. If she is not ready to leave her abuser friends and family should help her pack an emergency bag. This bag should contain all essential documents like passports (for her and the children), immigration documents if any, birth certificates for the children, clothes for herself and the children, a list of shelters or homes that are safe for her and some cash. This bag will be useful for her in case the abuse escalates and she has to leave quickly.

Mediation, whether done by a professional or a family member does not work in an abusive relationship. This is because there is a huge power differential between the victim and her abuser. The legal system provides protection to victims of abuse. If a woman is being abused she apply for an ex parte Protection from Abuse Order (PFA). This is an emergency order granted by the court that restrains the abuser from contacting the victim and also grants her temporary custody of the children. If the victim is an immigrant the Violence Against Women Act allows her apply for immigration. Even if the abuse does not rise to the level of a violent crime she can request for a removal of conditions on her alien registration card.

As a community it is our responsibility to spread awareness about domestic violence. Have an open dialogue in our mosques and community centers about this issue and provide community support to the victims. Have our imams and community leaders speak about it in public. We should also train our imams and community leaders in dealing with domestic violence. Maybe if have an open dialogue about domestic violence, women will come forward and report abuse instead of suffering in silence.

Education in Pakistan: A Privilege or A Right?

Samira Zaman

If there is a correlation between illiteracy and poverty then education in Pakistan should be a right for the millions of children who are not in school. According to a report by the United Nations Educational, Scientific and Cultural Organization (UNESCO) published in 2014, Pakistan's literacy rate is 'grim' at 46%. Of the 173 million people in Pakistan, approximately 92 million, over 15 years of age are illiterate. 3 out of every 10 children aged 5-9 years in Pakistan do not go to school; 2 out of every 8 children aged 10-19 years never see the inside of a classroom.

How are we (although we call the United States our home - our heart strings are still attached to the motherland) to react to Pakistan facing such an education crisis? Do we become complacent and think someone else will take care of it or do we rise to the occasion, each and every one of us, by taking the bull by its horns and helping the millions of children...our children, exercise the right they are entitled to.

History has illustrated that, since the time of conception, Pakistan's state of education has deteriorated. Financial resources allocated to military expenditure trumps all logic, breeding an illiterate nation in which millions of children cannot go to school. Lack of education leads to a multitude of social and economic predicaments: poverty, health related epidemics, religious extremism/ radicalization, social unrest, widening of socio-economic gap, rampant theft/ larceny, just to name a few.

Over the years countless non-profit organizations and ordinary citizens, like you and I, yearning to make a difference in cities across Pakistan, have had to share the burden. Organizations like The Citizens Foundation (TCF), The Zindagi Trust, and the Malala Fund, among others, are striving to get children off the streets and into classrooms. By giving them an opportunity to an education, these organizations are paving the way for the children and their families to rise from their socio-economic depravity and enter a world where they at least have a shot at a better life. It costs as little as \$120 a year, at The Citizens Foundation, to help a child through school. Donations from all over the world, but especially generous donors from the U.S.A., are helping to facilitate education for approximately 145,000 children in TCF schools in every province of Pakistan.

As individuals, who have roots in Pakistan, we must collectively strive to look to the future but every now and then look over our shoulder to see that the roots we share with people in Pakistan are flourishing and bearing fruit.

It is unacceptable that millions of children in Pakistan think that education is a privilege and not a right.

Education is a matter of life and death for our country – Mohammad Ali Jinnah

Samira Zaman
Volunteer, TCF Kansas

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My Take on English Proverbs!

Muhammad Mudassar Amin, M.D.

1. He who digs the hole for others must be rewarded for the service.
2. A rolling stone gathers no mass but still can hurt pretty bad.
3. A friend in need is a friend indeed provided the need doesn't last too long.
4. Barking dogs seldom bite but still can make your pants wet.
5. All is well that ends well but doesn't end into the well.
6. If slow and steady wins the race then what happens to fast and steady?
7. All that glitters is not gold but gasoline doesn't glitter at all.
8. Look before you leap; don't leap if you don't have to.
9. A beggar can never be bankrupt, but he already is.
10. An apple a day keeps the doctor away, wish there would be a fruit to keep the attorney away.

Muhammad Mudassar Amin, MD.

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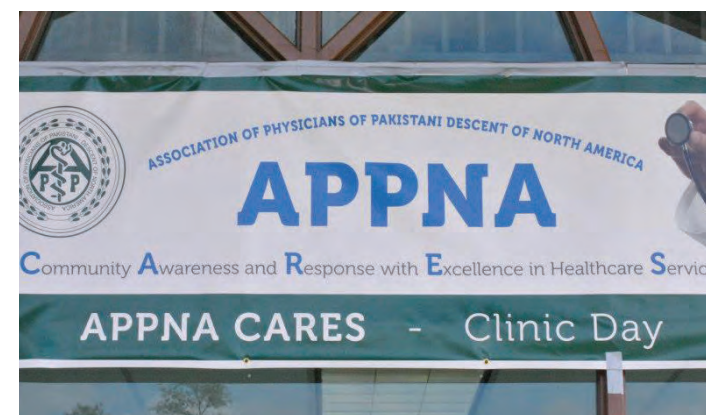
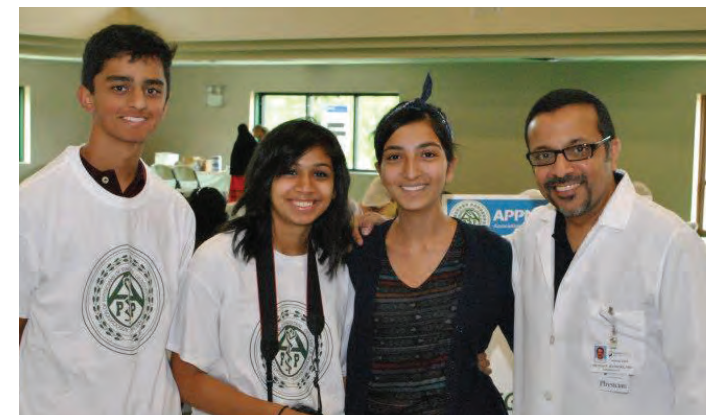
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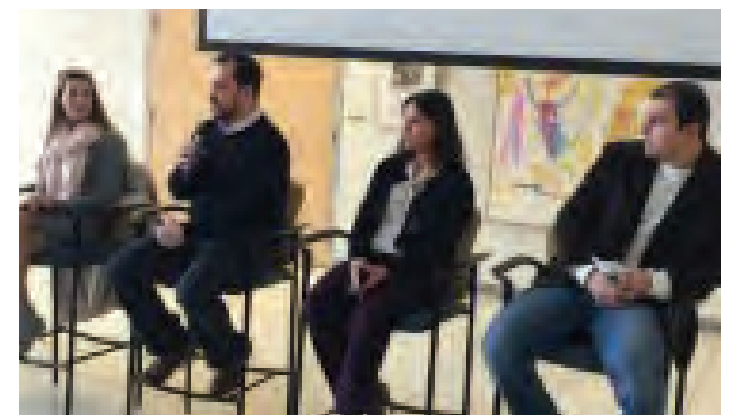
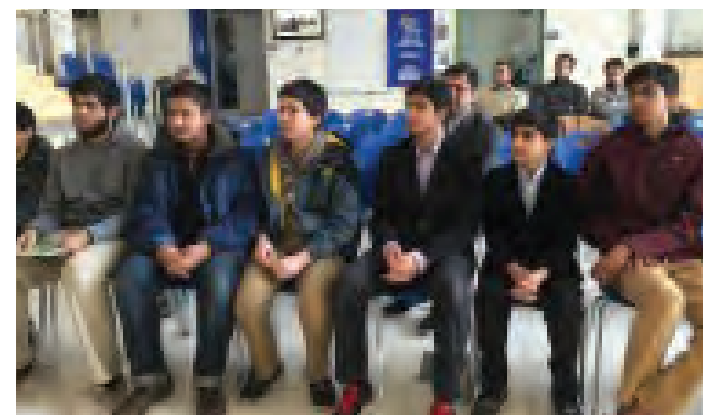
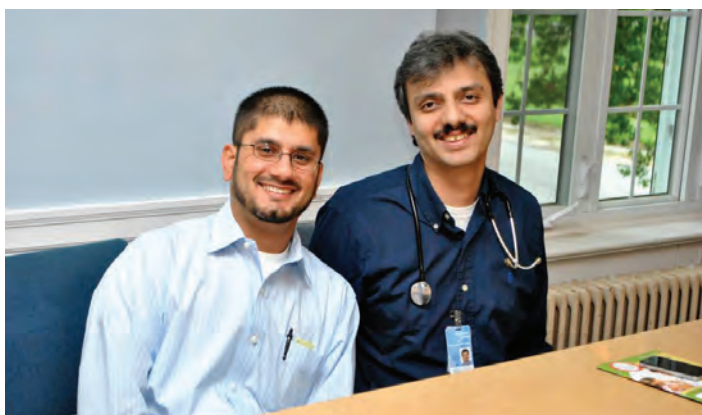
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Youth Seminar and Activities



Cultural innovations

Mahroosa Haideri

Sometimes I am perplexed by the notion that things we value the most in our lives are those we have no control over. Family, religion, culture, and heritage are such aspects to consider. Ironically, these are the basis of most of our strong sentiments and emotional decisions--especially when interests collide.

I met Sophia Porter, a mild mannered Jewish girl, as a student that my father was mentoring through a program he teaches at. I had spoken to him about my interest in a project that involved children and healthcare, and Sophia's interests paralleled some of my ideas. We designed a project around our passion for children, weaving an elaborate program to develop an app that would help parents of patients at our local Children's Mercy Hospital.

The opportunity to work closely to a person who I met outside my own school set the basis for an exciting association. The curiosity and intrigue of our personal sides infiltrated our formal working relationship. Sophia was unavailable most Friday evenings, the start of the weekend when we would ideally start work on our project. She cited "Sabbath," a traditional Jewish holiday, as the reason that prompted her time commitments elsewhere. My interest in this grew and our conversations started to shape into more intense and in-depth discussions about our religious obligations and their impact on our lives. She sensed my openness to embrace this diversity, with a quest for learning, and her mother invited our family to share one Friday to observe this ritual with them. My queries were met by enthusiastic explanations and while uniqueness of their customs underlined our differences, the similarity of concepts that fueled our beliefs was amazingly cohesive. We reciprocated their gesture by inviting them to observe the ending of Ramadan later in the month.

While spending so much time together working on our app, I was impressed by the paradox of how closely linked we actually are. Sophia's family had other Muslim friends, but still the indulging in this culture, free of bias and force, had sadly evaded them. The rarity of having someone annotate and elucidate such doctrine, from a purely informative perspective, was a delight for their family

Our two faiths find themselves usually butting heads for the righteousness of our claims and superiority of our fealty. We go to painful extremes in attempts to speak of our differences, yet shamefully choose to ignore the vastness of our similarities. The intimacy of working with Sophia, and the liberty of bouncing generic and specific discussions of off each other, was fascinating and affirming. When I hear of local or international news that has religious or political bearings, stemming from faith-based issues, we know we have resources that may allow each of one us to better grasp the true perspective. I feel blessed that this "project" has well surpassed its original objectives.

As our app draws to a close, successfully developed and ready to launch, I am happy I forged a friendship with Sophia and gained a deeper understanding for my faith.

Mahroosa Haideri



The Next Step Forward

Farwa Haideri

As every individual prepares to embark on their college journey, they are asked the infamous questions: what do you plan to do with your life? What career path are you going to choose? I entered Boston College as a freshman with my life laid out for me, a life that I had envisioned for many years: a biology major on the pre-medical track. However, after taking one philosophy and theology class at BC, I began to question the path that I had followed steadfastly. Upperclassmen affirm that, at least once in your undergraduate years, there will be an individual class that challenges your beliefs and question your career path.

For me, this class was Person and Social Responsibility (PULSE), which prompted me to change to a Psychology with a Bachelor of Science major with a minor in Medical Humanities. It explores the relationship of philosophy and theology with that of service, one of the many pillars of the Jesuit tradition at Boston College. We have learned that humans, in general, are designed to try and find the way to live. The Socratic Method, devised by the infamous Socrates, has taught us that we are designed to learn through universal truth. The path to truth, strictly individualistic, is uncovered by logic. To educate oneself is to draw out of you the truth that you already know. Service comes into play when a person becomes just through education. They find the truth, which leads them to understand the Forms of the Good, the fundamental way to live as a human.

Plato, another philosopher and mentor of Socrates, declares that without education, a person cannot fulfill their role, and that leads to the creation of an unjust society. According to Plato and Socrates, the highest good of education is wisdom. With service, a person dedicates their life to helping others. To reach fulfillment, they must attain happiness in life, which only occurs when you find those individuals who will the good of others. The act of being friends is to act for the good of the other. A friend challenges you to become wise because he will never settle, and reach your fulfillment, because he will encourage you to seek success. However, success is not sufficient for happiness.

A friend can also be seen in God. God is love, and his fundamental love is experienced through service, an act where you are placed in an imperfect, unjust world, and it is your task to make it just. Service is a response to God's love. Like true friendship, genuine service is created in the hopes of not expecting anything in return. Participating in service is doing the truth in love, which is the vision of tomorrow, the vision of the future.

From this class, I have learned the most fundamental way to live. When asked the question of what I want to do with my life, I can answer with conviction that I want to live in the image and likeness of God, in a world of justice, love, and service. I believe my years at college will be, as most people proclaim, the four best years of my life; with the friends I will make, I will center my life around my passion for wisdom and learning, in understanding the biological basis of the human body, as well as our intellectual and spiritual being, which serves as the foundation of our desire for love, justice, and fulfillment.

Farwa Haideri



Annual CME Event





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Taking the Non-Traditional Path: An Undergraduate Student's Experience

Faryal Jafri



For many children of doctors, the pressure to follow in our parent's footsteps is very real. From a young age we see our physician parents saving lives and making huge impacts on other people's lives daily. Personally, I saw my father coming home every night satisfied and passionate about what he did for a living. It was inspiring and made me genuinely want to follow in his steps. From about the age of 8 to 16, when someone asked me what I wanted to be when I grew up, I didn't hesitate to say that I wanted to become a doctor.

As I went through high school, however, I became involved in activities such as debate, which made me realize that I enjoy thinking critically about international affairs. I started to research policies and learn how foreign policy worked. I found that I was really interested in how government and international systems worked, which was surprising since I had always labeled myself a "science girl."

When I began the college search, I was torn. I had loved medicine since grade school, but this new passion was really important to me as well. So I started researching schools that were strong in both. Tufts University ended up being the perfect fit for me. Tufts has connections with their medical school in addition to their strong pre-med program, and they are renowned for their international relations curriculum. Currently, I'm pursuing an International Relations major with a concentration in Global Health while on the "pre-med" track. This means that aside from the requirements for my major, I must take classes that are geared toward preparing me for the MCAT and medical school. This may be a "non-traditional" route, but it is becoming increasingly popular for undergraduate students who intend on attending medical school to pursue a non-science major. I have decided it is important for me to study international relations in college because I know that there will most likely never be an opportunity for me to learn about the principles of IR after I finish school; I'm trying to take advantage of the resources I have at hand now.

While balancing a humanities degree with all my science classes is difficult, I really am enjoying the wide variety of classes I'm taking. For example, my Monday schedule is Chemistry 2, Introduction to International Relation, Social Psychology, Community Health Research, and then French 22 - essentially a hodgepodge of interests. Frankly, though, this is what you're supposed to do your first and second year of college. You're meant to be confused. It's a time to explore your interests and even step outside of your comfort zone and try a class on a subject matter with which you are completely unfamiliar. Even if your schedule is packed, and you don't have time to actually take a class, join clubs and attend events to at least see what your peers are working on outside of the classroom. You'll meet people who come from a diverse set of interests who may challenge you to think in a different way. College is a time meant for you to learn more and sort out your interests. It is completely fine to change what you study, follow a non-traditional path, or even stick with you've always felt comfortable.

Personally, I still don't know my answer anymore to the question, "where do you see yourself in 10 years?" I'm not discounting years of excitement that I've had for medicine, but I'm also trying to explore this new passion that I've recently discovered. I'm still trying to figure out what I want to do with my life, but, honestly, that's okay.

Faryal Jafri

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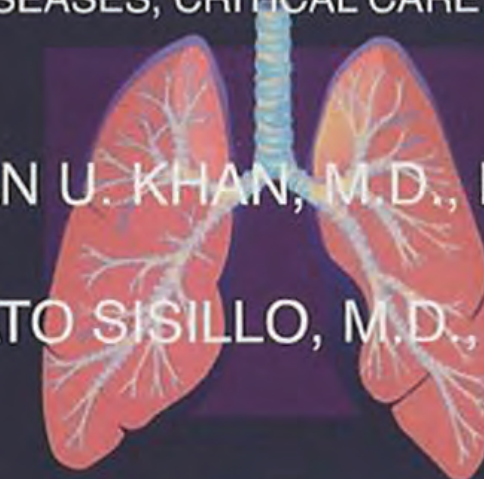
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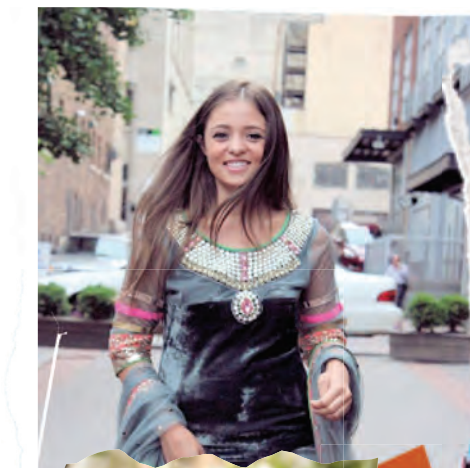
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گو آج یہ بادشاہوں اور سلاطین کی زبان نہ رہی، اسے اپنے یورپ کے روائی انماز اور شان سے بولنے والا کئی اعتبار سے خود کو بادشاہ و سلطان ہی محسوس کرتا ہے۔ اسے نظر انداز کر کے اور اس سے کنارہ کشی کر کے، ہم نے ہتھیاب، ادب اور تمدن کا ایک سنہرا باب بن کر دیا ہے۔ اس سے پہلے کہ میں اردو سے کچھ اور باتیں کرتا، میں جب ان باتوں سے جڑی حیرانیوں اور پریشانیوں سے پوش میں نمودار ہوا، اردو کہیں چشم پوش ہو چکی تھی۔ اور میں

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 حسین حیدری

"بنیادی تبویلی اور انقلابی فکر"

مترجم: صبین مرزا

ہماری زندگیوں میں سائنس کا کلی اطلاق، سائنسی طریقہ کار ہے۔ یہ ضروری نہیں کہ آج کا ہر سائنسی طریقہ اور عقیدہ، حقیقی اور مکمل ہو۔ بنیادی مسئلہ یہ ہے کہ سائنس دان چائے کتنا ہی قابل ہو، اسکی تعلیم اور سوچ، تکمیل شدہ سائنس کی کامیابیوں اور کاندھوں تک ہی محدود ہے۔ شاید ہمیں یہ لگتا ہے کہ سیاسی، ثقافتی اور مذہبی تبویلی تھوڑی سی قابل پیش آتی ہے، اور اسکے برعکس، سائنس بہت بزرگوار ہے۔ مگر خود سے دیکھا جائے تو ہم جس طرح کو سائنس کی تیز رفتاری سمجھتے ہیں، وہ بے ٹیکنالوجی ہے۔ سائنس کے بنیادی نظریات اور انکے عمل میں بہت فرق ہے۔ اکثر تاریخ میں ایسا ہی ہوتا کہ عمل یعنی ٹیکنالوجی پہلے آتی ہے، اور اسکی سائنسی افہام اور تفہیم کئی سالوں کے بعد سمجھ میں آتی ہے۔ مثلاً ٹیلی فون، گن پاؤڈر وغیرہ۔

ہر زمانے کا سائنس دان یہ سمجھتا ہے، کہ انکا منطقی نظریہ اور استخراج اتنا مضبوط ہے، کہ اس سے وضع کئے جانا والا نظریہ ہی اصل حقیقت ہے۔ یہ فطرت انسانی ہی ہے، جو تنگ و غرور کو ختم دیتی ہے۔ مگر یہ ضروری نہیں کہ یہ صرف سائنس ہی کی صورت تک ہی ہو۔

ہر اجارہ اس میں تصور وارد ہے۔ مگر سائنس اپنی فطرت میں منفرد ہے۔ سائنس یا علم، غیر مخلوط قرآن نہیں، یہ لوح محفوظ نہیں۔ سائنس کا مقصد یہ نہیں ہے کہ کسی کا عمل موافقت کا احترام کرے۔ مگر یہ کہ وہ مسلسل جستجو کرے، اور مشاہدہ دنیا پر خود تو جہ کر کے، نظام، خواہنوی کی تشریح کرے۔ تو جب سائنس دان یا ادارہ سائنس، مہمیں بوجاؤ اور اپنے عروج کے نشے میں آجائے، تو وہ سائنس غوار ہے اور اعتقادیت سے محروم ہے۔

تو پھر کیسے آتی ہے، بنیادی تبویلی؟ کیا سائنس کے طریقے بنیادی بغاوت کی کوئی گنجائش رکھتے ہیں۔ ہزاروں سال تک سائنس دانوں نے ہر معاشرے کو قائل کیا کہ سوچ، زمین کا طواف کرتا ہے۔ جس طرح آپ آج یقین سے کہہ سکتے ہیں کہ زمین سوچ کے اطراف گھومتی ہے۔ ۵۰۰ سال پہلے، لوگ ایسی اعتقاد سے اٹھی بات پر آمادہ تھے۔ ہر معاشرے کا آئینہ نامہ ہوتا ہے۔ انگریزی میں پیراڈائیم - آئینہ نامہ کا بولنا، صوبوں کی صحت ہے۔ اور جو بولنے کی کوشش کرے، صحت کے ساتھ بولنا ہی اور ستم ہے۔ یہ اس کا سیاسی پہلو ہے۔ سائنس کے طریقے کا سب سے پہلا رکن یہ شہادت ہے۔ یہ کلمہ شہادت سے آگے ہے۔ یہ اظہار خیال جتنی باد ہو، اور تبصرہ جتنا زیادہ ہو، اتنا یہ آئینہ نامے کی حمایت کرتا ہے۔ یا پھر اسکو مسترد کرتا ہے۔ سائنس کا کمال یہ ہے۔ جب تک ہر نظارہ، ہر واردات، مایہ ماجرہ، آئینہ نامے، اور پیراڈائیم کے دائرہ اختیار یا دائرہ تشریح میں ہے، اس وقت تک آئینہ نامہ قائم رہے گا۔ جب کوئی ایسی کیفیت، یہ ایسا مستقل تردد پیش آئے، جو آئینہ نامے کو مغلوب کر دے، پھر اس دن کا سائنس، اور اسکا آئینہ نامہ بہت نشوونما ناک مرحلے پر آجاتا ہے۔

اس بنیادی صورت حال میں سائنس سب سے زیادہ طرفی کرتی ہے۔ سائنس کے ادارے بہت جوش سے جو جہد کرنے لگتے ہیں۔ اس انقلاب پر اک بننا آئینہ نامہ نکلتا ہے۔ تو پچھلے اعتراض کا در عمل پیش کر کے ایک مشتمل پیراڈائیم کو شکل دیتا ہے۔ سائنس کی کامیابی اور اسکی روح، اصل میں اسی رکن پر مبنی ہے کہ وہ بنیادی تبویلی اور انقلابی فکر کے پہلوں پر آئینہ نامہ بولتی ہے۔

صبین مرزا

نعت

تجھے میں ابتدا کہ دوں کہ خد انتہا کہ دوں
ہو جس کا نعت خواں خالق میں اس کی نعت کیا کہ دوں

جو خود ہے صادق کامل 'صدق جس سے مصفا ہے
صفا کے جوہر کامل کو کیوں نہ مصطفےٰ کہ دوں

تو ہی اول 'تو ہی آخر 'ضمیر کن فکاں بھی تو
تو ہی اعلیٰ 'تو ہی یکتا 'حرف لا الہ کہ دوں

ترے لولاک سے پائی سبھی افلاق نے خلقت
مرے پاک تر مولیٰ میں حرف انما کہ دوں

فرشتو با وضو ہو کر مودب اب کھڑے ہونا
میں سطر اسم اعظم میں حدیث مصطفےٰ کہ دوں

ازل کو میں بھی نہ سمجھی ابد کو تو بھی نہ سمجھا
مشیت کا ہے یہ منشا 'انہیں میں لا فنا کہ دوں

دو عالم ان کا صدقہ ہے 'جو وہ چاہیں وہی ہوگا
وہ خود فرمان خالق ہیں 'انہیں دست قضا کہ دوں

بہشت خالدیں بھی تو کف خیرات ہے ان کی
انہی کی رحمت جادی کو اکسیر و شفا کہ دوں

جہاں وہ ہیں 'وہاں لاہوت ہے یا لا مکانی ہے
وہ قرب قاب قوسین ہیں 'انہیں قرب خدا کہ دوں

وہاں پر موت ہے 'نہ کہنگی نہ تشنہ کامی ہے
خدائ انکی ہے ساری 'انہیں رب کی رضا کہ دوں

فنا کی کارگاہوں کو حیات جاوداں دیکر
وہی لافانی کرتے ہیں 'انہیں حرف دعا کہ دوں

صفات حق کا وہ عکس کامل بن کے آئے ہیں
جلال خالق اکبر 'جمال کبریا کہ دوں

تفکر انکا بندہ ہے مشیت انکی باندی ہے
انہیں تقدیر جاری 'یا انہیں مشکل کشا کہ دوں

نہ ہو عرفان جو انکا تو انسان خاک راندہ ہے
دو عالم فیض ہے انکا 'انہیں حاجت روا کہ دوں

صفات بندہ کامل ہیں پرتو اپنے خالق کی
خدا کا رازداں کہ دوں یا پھر نور خدا کہ دوں

نبوت عین قدرت ہے نبی معمور ہیں سارے
جو خاتم ہو نبوت کا اسے پھر میں کیا کہ دوں

نہیں کوئی شک کہ انسان اعلیٰ تر شہکار ہے تیرا
سبب خلقت انسان کو کیوں نہ ماسوا کہ دوں

نطق ہے بس ہے چارے الفاظ محتاج معنی ہیں
تجھے ہر انتہا کی بھی میں منتہا کہ دوں

نبوت ہو چکی کامل 'کوئی بھی ایسا نہ آئے گا
تجھے سرخیل جزب انبیا اب ہر ملا کہ دوں

ستا رے گرد راہ تیری سبھی سورج ترے چاکر
یہ عالم ساکت و صامت 'تجھے نطق بقا کہ دوں

خدا کا علم جاری تو 'طرف بھی بیکراں تیرا
تو ہے ائینہ فطرت 'تجھے صدق و صفا کہ دوں

زمانہ یک نفس تیرا 'تو ہی حرکت تو ہی برکت
اب اسرافیل کے لہجھے میں صلی علی کہ روں

رفعتا 'اوج رفعت ہے تری عظمت خدا جانے
میں تیرے نام سے پہلے فقط نام خدا کہ دوں

طیب

فریب زیست سے ہم نے کیا کیا نہ لئے
ہر ایک گام پہ جلتے ہیں آرزو کے دنے

علاج موت کا لیکن نہ ہو سکا ہم سے
حیات دنیا میں آدم نہ چھٹ سکا ہم سے

قدم قدم پہ تمسخر سے مسکراتی ہے
اجل حیات کا کیسا مذاق اڑاتی ہے

جو وقت مرگ ہے لیکن وہ ٹل نہیں سکتا
ازل سے ہے جو طریقہ بدل نہیں سکتا

ہر ایک گام پہ انبوہ سوگواراں ہے
ندانیں عام چمن ما تم بہاراں ہے

جبین عزرا و سلمیٰ بھی تر پسینے میں
کہ نفس شیر تیر بھی رکا ہوا ہے سینے میں

اردو

لوں تو میں نے اپنی صحافی زندگی میں کئی دلچسپ انٹرویو کیے ہیں۔ مگر پچھلے دنوں میری ملاقات اردو سے ہوئی۔ یہ بڑا حسین اتفاق تھا۔ میں اردو کو دیکھ کر دنگ سا رہ گیا۔ وہ میرے تخیل سے زیادہ دلکش اور میرے گہماں سے زیادہ افسردہ نظر آئی۔ تخیل پوچھنے پر اس نے یہ انکشاف کیا کہ وہ اپنے ماضی سے واسطہ دینا نہیں اور حسن و جمال کو یاد کر کے دکھائی ہے۔ میں نے اس سے اسکی پیدائش کے بارے میں پوچھا۔

"میں کھری بولی، جو شمالی ہندوستان کی زبان ہے، اس نے نکلی ہوں۔" معلوم ہوتا ہے کہ اس کھری بولی زبان میں عمری اور فارسی کی شمولیت سے اردو کا جنم ہوا ہے۔ مگر یہ لفظ اردو، ترکی زبان کے لفظ "اودو" سے نکلا ہے۔ اسکا لفظی مطلب لشکر کا ہے۔ اور اگر غور کیا جائے، تو اردو کئی زبانوں کا لشکر ہی ہے۔

لفظ اردو کا استعمال، سب سے پہلے علامہ محمدانی مشغی نے سن 1780ء میں کیا۔ یوں تو ابتدائی صغلی جود میں فارسی سرکاری زبان تھی۔ رفتہ رفتہ اردو، علاقائی زبان سے ابھرتی ہوئی ایک قومی زبان بن گئی۔ انگریزوں نے اردو کو فارسی اور ہندوستانی، جو اس وقت بڑے صحیر میں ہندو اور مسلمانوں میں بولی جاتی تھی، اسکا زور توڑنے کیلئے، اسے آگے بڑھایا۔ جواباً ہندوؤں نے اردو کے مقابل "ہندی" کو ابھرانے کی کوشش کی۔ سب سے پہلے بہار کے صوبے نے اردو کو سرکاری زبان ہونے کا درجہ دیا۔

تقسیم ہندو پاک کے وقت اردو مسلمانوں اور ہندی، ہندوؤں کی زبان بن گئی۔ کچھ لوگ اردو کو ہندی کی بیٹی کہتے ہیں۔ یہاں یہ کہنا غلط نہ ہوگا کہ روایات کے مطابق، بیٹی ہمیشہ ماں سے زیادہ خوبصورت ہوتی ہے۔

آج اردو، ایک محتاط اندازے کے مطابق، تقریباً آٹھ سے دس کروڑ لوگوں کی بنیادی زبان ہے۔ یہ پاکستان کی سرکاری اور قومی اور ہندوستان کی ایک بڑی علاقائی زبان کا درجہ رکھتی ہے۔ مگر پھر بھی اردو کو دکھ ہے کہ آج اسکا وہ رتبہ نہیں، جو کہی تھا۔

اردو نے گفتگو کو چاشنی، تہذیب کو اک نیا وقار، شاعری کو دینا اور تکلف کو نئے آداب دیے۔ آپ، جناب، جی، حضور جیسے نشاۃ اور پرتکلف انداز سے لے کر، اے، تو، اور تم جیسی بے تکلفی، صرف اردو ہی کے خزانے سے ملی ہے کہیں اردو شاعری ہے، محبوب سے دل کی بات ادا کرنے کا اک نفیس اور بے مثال سا طریقہ۔ اور کہیں نغم اور الم کا مرثیہ۔ اسے میر تقی میر کسی ہم داز اور مرزا غالب کی پہلی کہا جاتا ہے۔ یہ اقبال کا طرز، انداز ہے اور ناصر کاظمی کی آواز۔

تحریر: حسین عیسیٰ

آج بازار میں پانچولہاں چلو

چشمِ نم، جانِ شوریدہ کافی نہیں
 تہمتِ عشق پوشیدہ کافی نہیں
 آج بازار میں پانچولہاں چلو!
 دستِ افشاں چلو، دستِ ورھاں چلو
 خاکِ برسِ چلو، خونِ بداماں چلو
 راہِ تکتا ہے سب شہرِ جاناں چلو
 حاکمِ شہر بھی، مجمعِ عام بھی
 تیرا الزام بھی، سنگِ دشنام بھی
 صبحِ ناشاد بھی، روزِ ناکام بھی

ان کا دم سا زاپنے سوا کون ہے
 شہرِ جاناں میں اب باصفا کون ہے
 دستِ قاتل کے شایاں رہا کون ہے
 رختِ دل باندھ لو دل نگارِ چلو
 پھر، سیں قتل ہو آئیں یارِ چلو

مرے خدا مجھے اتنا تو معتبر کر دے
 میں جس مکان میں رہتا ہوں اس کو گھر کر دے

یہ روشنی کے تعاقب میں بھاگتا ہوا دن
 جو تھک گیا ہے تو اب اس کو مختصر کر دے

میں زندگی کی دعا مانگتے لگا ہوں بہت
 جو ہو سکے تو دعاؤں کو بے اثر کر دے

ستارہٴ سحری ڈوبنے کو آیا ہے
 ذرا کوئی مرے سورج کو باخبر کر دے

مری زمین، مرا آخری حوالہ ہے
 سو میں رہوں نہ رہوں اس کو بازور کر دے

میں اپنے خواب سے کٹ کر جیوں تو میرا خدا
 اجاڑ دے مری مٹی کو در بدر کر دے
 افتخارِ عارف۔

میں خیال ہوں کسی اور کا مجھے سوچتا کوئی اور ہے
 سرِ آئینہ مرا عکس ہے پس، آئینہ کوئی اور ہے

میں کسی کے دستِ طلب میں ہوں نہ کسی کے حرفِ دعا میں ہوں
 میں نصیب ہوں کسی اور کا مجھے مانگتا کوئی اور ہے

جو وہ لوٹ آئیں تو پوچھنا نہیں دیکھنا انہیں غور سے
 جنہیں راہ میں یہ خبر ملی کہ یہ راستہ کوئی اور ہے

مری روشنی رتے خدو خال سے مختلف تو نہیں مگر
 تو قریب آتے دیکھ لوں تو وہی ہے یا کوئی اور ہے

تجھے دشمنوں کی خبر نہ تھی، مجھے دوستوں کا پتہ نہیں
 رتی داستاں کوئی اور تھی مرا واقعہ کوئی اور ہے
 سلیم کوثر

محبت کرنے والے کم نہ ہونگے
 رتی محفل میں لیکن ہم نہ ہونگے

زمانے بھر کے غم یا اک تیرا غم
 یہ غم ہو گا تو کتنے غم نہ ہونگے

اگر تو اتفاقاً رل بھی جائے
 رتی فرقت کے صدمے کم نہ ہونگے

دلوں کی الجھنیں بڑھتی رہیں گی
 اگر کچھ مشورے باہم نہ ہونگے

حفیظ ان سے میں جتنا بدگیاں ہوں
 وہ مجھ سے اسقدر برہم نہ ہونگے
 حفیظ ہوشیار پوری

Life

Malha Shahzad



Life - Flowers, the grass, the morning sunshine, the rain that pours down on you, the snow, everything, is what makes life amazingly amazing.

*Nature, the memories of me and my dad, planting tulips, and watching them grow in the spring, the rain, when it pours all over me, when I splash all around, the snow, when I attempt to make a snowman, but epicly fail!
(Really)*

The morning, when I wake up, figure out it's a weekday, throw my alarm clock across the room, but eventually get up, get changed, eat food, and surprisingly have a great day, laughing with my friends, and doing lots of fun work. (I think work is awesome)!!!

The beautiful night sky, when I look up, see the shining stars and the glowing moon, seeing that the amazing day is over, but remember that tomorrow will be another great day.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

IN MEMORY OF



MARIA JAVAID

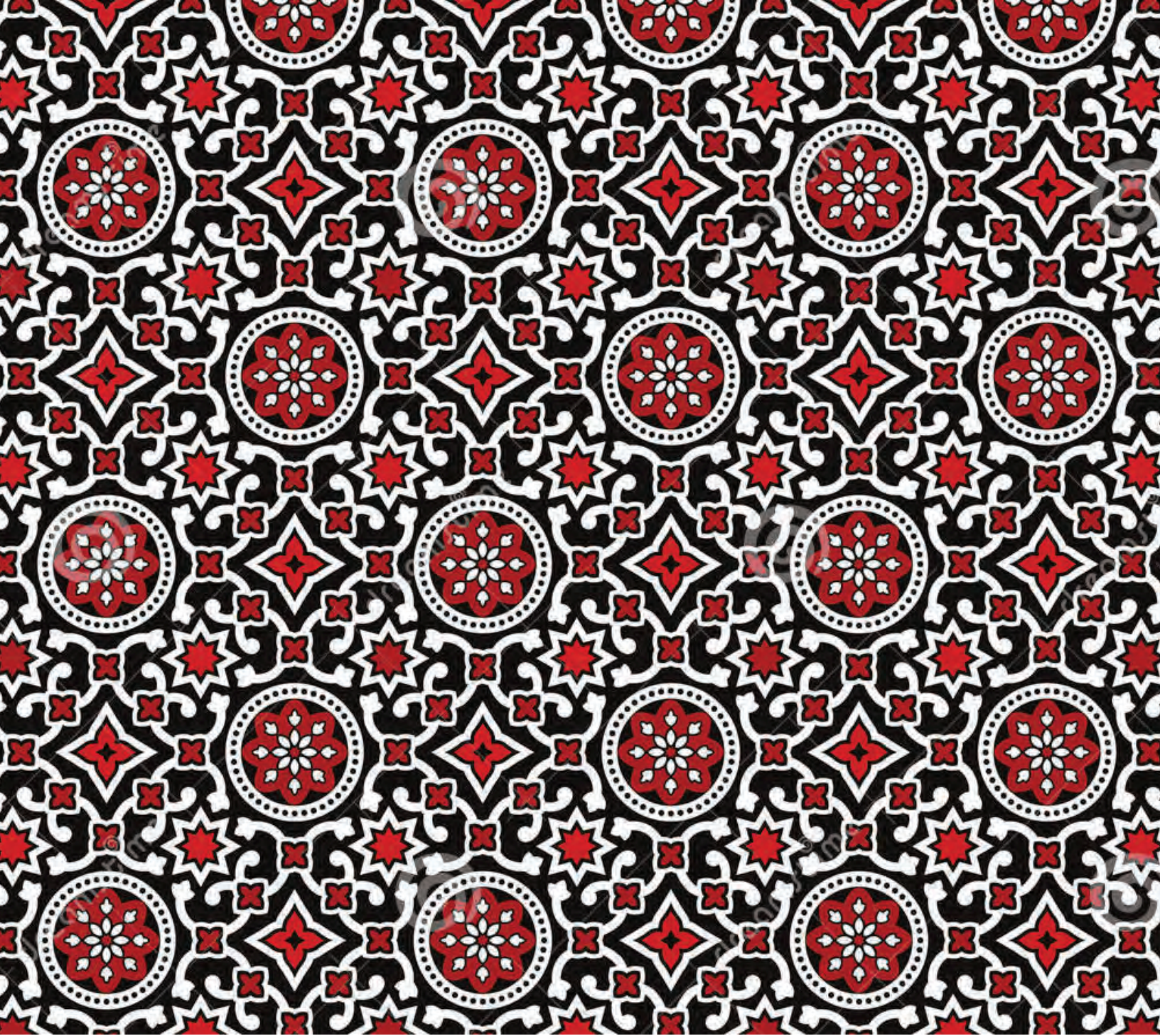


ALI KANCHWALA



TAUSIF REHMAN

MAY GOD GIVE THEM A BEAUTIFUL HOME IN HEAVEN.



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