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APPNA facing new challenges

Dr Hassan Ali Shahzeb

The Association of Pakistani Physicians of North America, popularly known as APPNA, is holding its annual convention, this time in New York City, this July 4th weekend. This year's convention is different in many ways from previous years. Organisers are expecting a far larger attendance mainly because of the location. New York and the Tri-State area is the hub of Pakistani physicians. Second, the strongest political arm of Pakistani Americans will meet under the clouds of the post September 11 events where so much has changed for the Muslims and people of Pakistani origin living in the US. APPNA leadership thus faces new challenges and for many observers the leadership has not come up to the expectations. For some APPNA is fast declining in its role as the flag bearer of the Pakistani Americans.

For several years APPNA has been a Trojan Horse of Pakistan's lobbying efforts in the US. Their political arm "Pak Pac" has been steadfast in delivering votes at the Capitol Hill and at one time the organisation was the envy of the Indian lobby. Pakistani Ambassador Maleeha Lodhi recognised their potential early on and in her first term she worked closely with this group of Pakistani elite and delivered the Brown amendment. In her second term Dr Lodhi remained closely aligned to the group, yet the spirit was missing. This year's convention will be the last for this Pakistani ambassador since she returns to Pakistan by the end of the month.

It must be mind boggling for many in Pakistan that how come the leadership role of the Pakistani Americans is in the hands of physicians, while back home few doctors take part in activities other than practicing their profession. In America, while their principal activity remained earning a decent living, doctors are the backbone of all the religious, cultural and political groups functioning at any level. From sitting at the board of directors of most of the religious centres and mosques to the organisations for holding *Mushairas*, doctors are in the lead. There is a historical perspective to this activism.

While Pakistani physicians in the US did so well economically, they were faced with a new problem of assimilating in their new culture. Having seen the experience of the expatriate community in Europe, they were cognizant of the threats to their families. In Europe, where expatriate population is older, people from various socio-economic backgrounds have gone through a bitter experience in their family structure. We have witnessed two extremes in that population. On one hand the second generation completely denied its cultural roots and adopted the western culture in its most radical form. On the other extreme, there are families who have kept a tight control on their children and compel them to live in traditional tribal setting. Both these extremes have resulted in a major breakdown in the family system. Immigrant population in America, which is younger, has learnt from the experiences of their cousins in Europe. Physicians, as a group were a cohesive force with financial means. From the very beginning they had the sense and motivation to avoid taking the two extremes. That was the reason that more and more physicians took up the task of forming their cultural groups. Pakistani culture revolves around religion. Therefore, a significant number of Pakistani physicians became active in *masjid*

projects, with an eventual goal of turning them into cultural centres. It had very little to do with their devotion to religion. Many of the physicians, who were preaching Marxism as a student, now sit on the board of Islamic centres. By virtue of being thrown to different places in a residency programme, Pakistani physicians are spread out all across the country. In smaller cities and towns, their residences have turned into cultural and religious centres of the region.

At the central level, APPNA became the only organisation of Pakistani expatriate community with a clout that was not limited to their own regions but covered a much wider range. Being a homogeneous group, they were far more powerful than any other organisation. The government of Pakistan soon spotted them. With combined assets exceeding six billion dollars, Islamabad was soon looking towards them as potential investors. Pakistan's foreign office also recognised the importance of this unique group of Pakistanis. It was the government functionaries from Pakistan who approached APPNA leadership, not the other way around. It was the Pakistani ambassadors who recognised the political clout of the physician body and sought help for lobbying purposes. During this past decade APPNA and its political arm Pak Pac as registered organisation for lobbying have worked closely with the Embassy to assist them in any way necessary. It has expanded beyond the APPNA and Pak Pac platform. Influential

community leaders, who happen to be physicians, have also joined hands to

what they perceive as a payback to their home country. For most of the physicians, who take interest in Pakistani affairs, their involvement has two dimensions. On the one hand they have the bigger picture of serving the interests of the country. Interests of the country in terms of the foreign policy are defined by the governments in Pakistan, irrespective of the composition of the party in power.

However, lately the physician community in the leadership role has come under criticism. In the post September 11 atmosphere when Pakistanis became the targets of racial profiling, the APPNA leadership refused to use its political clout. That is why many of them earned the label of Hollywood leaders, busy in limelight and cosmetic community work. Some believe that APPNA is becoming a victim its own success. With success came glamour and the officials of Pakistani government accorded APPNA leadership. The leadership started indulging in pomp and glory rather than serious work, thus hurting the organisation. Today the leadership is facing criticism from its own rank and file for playing the role of sycophants of the government. When the leadership, past and present, published an advertisement in a Pakistani newspaper endorsing General Musharraf in his referendum, APPNA members were outraged and jammed their website in protest.

Similarly, their role as a potential investor could never be realised. Their financial assets notwithstanding, few physicians have gone to Pakistan to invest and that too in establishing for profit hospitals for the rich and influential. Their remittances are negligible and few have come forward in the multiple projects that government of Pakistan has started with the physician population in mind. It should be clear by now to the Pakistani authorities that the physician population in the US will not come out for investment. They may be very receptive to real estate projects or the sale of designer jewellery!

The challenges for the APPNA leadership today are to restore the sagging confidence in their ability to lead, restore their seriousness of purpose and to clean up the tattered image of publicity seeking Hollywood style leaders. They had a glorious past and they have all the ingredients of writing a glorious future.

The writer is a freelance contributor
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If you can read this headline...

By Dr Muhammad Mazhar Awan

IF YOU CAN read the headline from a distance of 20 feet, or 10 footsteps (one right or one left is one foot step), in daylight, you probably have a good eyesight, technically a vision of 6/6. Try reading it with each eye one by one, with and without glasses, to see if you are wearing the right number or has it changed, and to see if both your eyes are equally good. If you cannot, or if you have to come closer than 20 feet to be able to read this headline, than probably you need to have a proper eyesight check-up. I will tell you why.

Much of the light and lustre in life can be missed with the eyesight going unchecked. This is very well felt by those of us who wear glasses that in spite of their weight on the nose and by looking non-aesthetic in them, how colourless the world around us appears without them.

When children experience the world for the first time they do not know the difference between clear and fuzzy vision, if the world around them appears blurred, they assume the world to be like that, they seldom complain.

Some eyesight defects if not checked and corrected early in childhood can lead to serious functional disabilities like laziness of vision or crossed eyes with its social and psychological consequences. A lack of interest in the outside world and behaviour abnormalities are just to name a few.

If one or both of the parents are wearing glasses, there is a likelihood that their children might also be needing them. As screening facilities are not very efficient in our schools and community in general, putting things off is not a very bright thing to do.

The different types of common eyesight defects are: firstly, a difficulty in near vision; secondly and less common than the first, near sightedness/ short sightedness (or Myopia); and thirdly and least common of the three types, Hyperopia (somewhat less accurate layman's term is long-sightedness).

Near vision (Presbyopia)

This is by far the most common of eye sight problems faced by almost everyone close to 40 years of age, assuming of course that one's eye sight has been normal all along. One can see very well things that are far, all things at and after the arms length and beyond (infinity). The usual complaint goes like this: "Doctor, I never had any problems in driving, watching television or identifying stars and constellations in the sky, and I used to study books and magazines for hours at length, without any problem. Lately, when I am doing the reading and writing work, the alphabets seam to get blurred and I can't read or write for long." Or the house wives would find it difficult to thread the needle.

This problem generally and invariably occurs between 35 and 40 years of age, assuming if everything else is normal. By far this is the most common complaint of eyesight, which afflicts humanity of this age group, regardless of colour, caste or creed. This is normal ageing of the focussing mechanism of the eyes, manifested by a progressive failure of the vision for near objects. One is obliged to hold the reading material farther and farther from the eyes. The problem typically increases till about 50 to 55 years of age. Thereafter it stabilizes.

This defect of eyesight is corrected with a pair of reading glasses, which can very easily be bought off the shelves. They are often small, light and easy-to-use spectacles that can very conveniently be carried in pockets and hand bags, or even worn like necklaces with attached strings. Though not a very good thing to do, but many people buy these reading glasses, without undergoing a formal eye checkup. Contrary to common belief, no harm is done by using wrong glasses so obtained, but I must point out that one loses a good opportunity to have a full eye checkup. A chance to have one screened for any serious eye disease, glaucoma (*kala pani*) for instance. The chance and incidence of this serious, often symptom-less and a blinding eye disease increases many fold by the age of 40.

Shortsightedness

Shortsightedness or nearsightedness means that one can see very well in short or close distances, but the farther the objects are from say four or five metres, the fuzzier they are. It can have many forms and varieties but the usual presentation is in late school life to early college life when objects in distance appear to become blurred. A television image appears sharper from close distances. Therefore, one has to sit very close to it. One can't see the black/white board from back rows in classrooms, and driving especially during night time becomes difficult.

This common eyesight defect is the most misunderstood entity of all types, hence abundantly shrouded in myths, mysteries and misconcepts, handed down to us by generations after generation. It is felt by parents in general that the eyesight has weakened because the child has studied in low light, and while lying down. He has worn his father's spectacles and hence weakened his eyesight. She used to watch TV sitting very close to it, and has spent hours sitting before computer/ video screens. They do not eat carrots, we used to walk barefoot on green grass, hence our sight is not weak. Almonds can cure it, some even try coconut oil on the scalp on top of honey and *surma* in the eyes.

None of the above has any scientific basis, and while good nutrition and vitamin A have their due role in general health, eye functions and prevention of diseases, they have no, and I repeat, no bearing on the number of the glasses or severity of shortsightedness.

Shortsightedness of the sort we are discussing is a genetic defect, it is neither a disease nor is it a deficiency. As it is a defect, a focussing defect of the eyesight, an optical correction is the aim. There is no medical cure for it, nor would we look for a dietary supplement, as this is not a deficiency disease either. The defect is generally due to abnormal growth and hence size of the eyeball, a fact that is genetically determined. A child with shortsightedness sits close to television because he or she cannot see it clearly from normal distance. Sitting too close to television is not the cause. It is the effect. The cause is the pre-existing short-sightedness.

This defect usually appears in mid or late school life to early college life. The number generally increases till about 18 to 20 years of age in girls and 20 to 22 years of age in boys, as long they are growing up. Thereafter the number stabilizes for the rest of their lives, just like height does. The chances of decrease in numbers thereafter is as probable as there is the chance of height getting decreased.

Contact lenses have only cosmetic importance. Their use, even with a maximum amount of care exercised, carries a small but a definite amount of risk: the risk of serious eye infection. Their use therefore should be restricted to genuine cosmetic requirements, meticulous training and care to wearers should be imparted, and should only be advised at a responsible age.

Tremendous advancements have recently taken place regarding surgical correction of the defect, and now by using ultra high precision laser beams, these numbers can virtually be eliminated.

Long-sightedness

The eye here falls short of its developmental milestones. This is the least common of the three types. Depending upon the severity of the defect, lazy eye syndrome (where the eye cannot see properly in spite of glasses) and crossed eyes (squint) generally follow this type of defect. Reading difficulty might be experienced earlier than 35 to 40 years of age. Since this type of defect has serious and devastating effects, adequate screening of children at school is mandatory. ■

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