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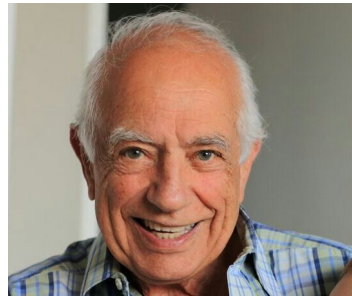
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A Note from the Editor

My friends, my colleagues, my brothers and sisters, I have been writing this editorial for many years and I have always emphasized that IAMA is the best source of friendship for all of us. We have the same goals, we are in the same trade, and our origin is the same. Any way you look at it you cannot beat this kind of relationship. We can get together for a party, we can get our kids together to play, we can have a book club or a round robin tennis match, we can have a new years gathering or a wine tasting event in our basements, and most important of all we



can have a scientific meeting (which we do have every year and we can have CME more often) where we exchange information. There are so many opportunities for us to enjoy each other's company and make life delightful. This is my message by writing this editorial- let us keep IAMA strong and hold on to it as a base for our performance. see you soon I love you all,

Parviz Pishvazadeh, MD
Editor-in-Chief

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Be in IAMA with IAMA

Amir Ganchi, MD

Dear Friends and Members of IAMA,

It has been a long while that we have not seen each other due to the Covid-19 pandemic. I am really missing each and all of you. I call this situation a disaster from every aspect of death or suffering

due to Covid-19. We in IAMA desperately are looking forward to being able to have all gatherings, from local meeting of chapters to yearly annual meeting. For this reason, we have been communicating with you to have annual meeting through internet, in person or to postpone it to the safe time. Up to this moment, the vote was to have postpone it to Memorial Day weekend 2022. In the meantime we have been working hard to communicate with you as usual through internet. IAMA had Nowruz celebration via zoom which was quite successful.

In contrary the NGO activities in Iran have been very busy and fruitful in different ways. From the ICU equipment by different Iranian organizations and IAMA established by previous President of IAMA Professor H. Shokouh-Amiri, who did fundraising for purchasing medical



equipment for Iranian hospitals to treat Covid-19 patients with cooperation of a few other Iranian organizations in US.

They raised near \$700,000,000 toman which was spent for respirators and other ICU equipment for hospitals in Iran. On the other hand, IAMA NGO with hard-work, after several years, could get the deed of the donated land by City Council of BAM after devastating BAM earthquake by the efforts of Dr. A. Esmaily, who was the President of the City Council at that time. The process of getting the deed for the land and building was facilitated by the hard-work of Dr. A. Maghsoodi and other members of IAMA NGO in Iran. Right now, they are in the process of securing the assets by establishing the wall around the premises which cost about 600,000,000 million toman.

Thank you all. At this point, we need your input financially. Looking forward to starting up group travel to Iran to provide healing care services to needy Iranians soon.

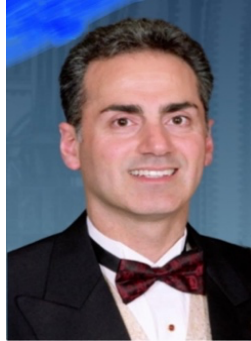
President Message

Shervin Mortazavi, MD
President of IAMA (2020 – 2022)

My dear friends and IAMA members,

As we gradually but steadily come out of the pandemic, and despite all advances in science and modern medicine, we realize how vulnerable and unprepared we can be while facing natural disasters and widespread infections. Though it may sound ironic, it's been said that many emergency management authorities worldwide, including the US FEMA (Federal Emergency Management Agency) have been more prepared against an extremely unlikely Alien attack than a pandemic of this magnitude. This was an unprecedented disaster in our generation that claimed millions of lives and affected billions of people Worldwide. There are many lessons to learn from this pandemic, most importantly:

1. The current state of our knowledge and science should not make us too proud or consider ourselves invincible.
2. When a hurricane slashes, when a volcano erupts, when an earthquake hits or when a pandemic spreads, personal demographics lose their surface values and human beings become more equal, as they should.
3. While there should be a reasonable utilization of resources in disaster



preparedness to avoid unnecessary waste, under-preparedness can magnify the problem by creating a chaos and adding collateral damages such as widespread infections and respiratory problems after an earthquake. 4. Importance of teamwork and organizational management becomes even more prominent during an emergency situation. That includes a very wide range, from institutional level and all the way up to global level. IAMA had made great examples of response to emergency and providing help and support to our home country during previous disasters such as flood in Shiraz and earthquakes in Kermanshah and Bam. During Covid crisis, despite of all the restrictions posed by sanction, IAMA provided similar support to our people in Iran. IAMA, along with HUREC (Humanitarian Relief Coalition) provided much needed financial support as well as ventilator units and protective equipment to underserved areas of our beloved home country. I hope we all realize the importance of joining and supporting organizations like IAMA to strengthen and empower them and let the organization support us when needed.



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Shervin Mortazavi, MD

Senior Medical Director



Section Reports

SIPNA

(Society of Iranian Psychiatrists of North America)

activities report of 2020 to IAMA by Rahim Shafa, MD

The out-break of Pandemic was a hindrance but as well, an opportunity for many medical societies. We were compelled to go virtual in a short period of time, despite no technical preparation. We were fortunate to receive technical support from IAMA for the first few sessions until we could function independently.

Our annual meeting which from 3 hours, once a year on the Tuesday of the week of the American Psychiatric Association Annual Meeting, had been extended to 2 consecutive 5 hours half-days, Psychiatric seminars now had to go all virtual.

So, We divided our program into 3 successive 6 hours Sunday-seminars, where we were able to attend to a panoply of scientific topics, alongside to address our administrative issues.

Following the completion of our annual meeting series, we implemented a monthly critical review and psychoanalysis of famous Iranian movies as a new project, which was very much welcomed by our members. =

As we got deeper into this protocol, we invited numbers of scholars in Persian studies to enrich our sessions. We reviewed several movies produced by the highly decorated award winning movie director and the playwright Mr. Bahram Beyzai, whom we had him as our keynote speaker. Mr. Beyzai 's contribution brought us better understanding of what goes behind the scene in order to create a masterpiece.



Following this pattern, we reviewed two movies based on the late Sadeqh Hedayat's writings, including the famous Boof -e -Kour.

Immediately, it became very clear to us that we had touched on a very profoundly sensitive but complicated subject. We noticed the inability of so many of our members expert psychiatrists to come with a coherent meaningful consensus

in analysis of the story, which would be free of any bias based from the multitudes of negative rumors circulating in the public opinion.

As a group of responsible physicians, we decided to undertake the understanding of the famous Novel "Boof-e-Kour" and true nature of life of the Author, based on the modern medical model.

"Boof-e-kour" is internationally known as the masterpiece, amongst works of Sadeqh Hedayat which directed us to do this evaluation with two purposes;

1. To be able to do a fair, scientific assessment of the work of the Author, his character and his potential psychiatric condition in the light of the fact that Sadeqh Hedayat committed suicide. And in the view of the fact that; according to Persian culture, the act of suicide has not been as common, as it has been, amongst the celebrities in the western culture. In fact, there is no other example of suicide in history of Iranian icons of Persian art and literature.

2. To provide a teaching opportunity, to our younger colleagues, as to what it takes to scientifically evaluate and accurately diagnose an individual coping with mental health issues

In brief; we reviewed and evaluated many documentaries and books written about the Author in the past 100 years. In addition to reviewing works of Sadegh Hedayat, we interviewed as many as scholars available on both opposing camps including his adversaries and his fans who considered him as a high valued writer.

Finally, we interviewed Mr. Hedayat's family members who were able to give us first-hand experience of living with the author for many years.

Eventually, we dedicated 30 hours of combined virtual programs to this evaluation, in addition to group readings of many of Sadegh Hedayat's works, along with hours of off line interviews we spent with the expert individuals.

As result of all these works, we are now able to write a book to inform the public about the truth regarding Sadegh Hedayat, whom we now undoubtedly and confidently view him as the biggest Iranian writer of the modern times.

We also unanimously came to the consensus conclusion that the unlike the public belief, Mr. Sadegh Hedayat was free from the diagnosis of Schizophrenia.

In the coming book we will review the process of our evaluation and the scientific method applied to do a deep analysis about the roots of Mr. Hedayat's unfortunate suicide.

As an introduction to share our research method and our findings, I will write In a separate document an Article titled; “ ***How to avoid common mistake in practice of medicine which is being committed by most of your colleagues!***”

I will describe the project we undertook, the why and the how in regards to Mr. Sadegh

Hedayat's Psychiatric Diagnosis and his character!

After completing our evaluation about Mr. Sadegh Hedayat, we then moved to evaluate works of Theodor Dostoevsky, an author with Temporal Lobe Epilepsy, who his famous works has become imbedded into the fabric of modern Iranian psyche.

We reviewed his work from the point of view of potential interaction of his works with his neurological condition of the Temporal Lobe Epilepsy. We learned throughout the above mentioned process of evaluation of the famous historical characters, we needed to expand beyond the mainstream science of psychiatry. So, we invited experts in fields of Neurology, Neuroscience and other related specialties, in addition to expert scholars from different branches of art and human sciences.

SIPNA has been able to connect with academics and scholars in Iran to run these kinds of joint programs, as well.

Finally, we are in the process of doing psychoanalysis of the famous Iranian movies which have made an especial effect on the general public. We plan to share the fruits of this work as a publication to leave a legacy of SIPNA in service of the public education.

We had an episode of 3 session series about psychological effects of NOWRUZ, which is considered as a masterpiece of cultural creation to combat feelings of loneliness, dysphoria, social isolation, promotion of philanthropic deeds by the members of society, as well as creating a vehicle to promote hope and positivite thinking in the heart of dark days of history.

Most of these educational programs are recorded and are available on demand for the interested individuals.

It is our mission as a psychiatric society to expand our public services to promote a healthier and more prosperous lifestyle.

SIPNA is proud to be one of the contributors to the many philanthropic activities of IAMA.

We thank the generous philanthropic contribution of IAMA to the souls in need, across the globe.

How to avoid a common mistake in practice of medicine which is committed by most of your colleagues?

Abstract:

Every so often we face a case in our practice which the treatment faces stagnation or failure. and These are the typical situations which we end up resorting to symptom treatment. Conventional wisdom in practice of medicine is that these are the cases that the nature of the condition has not clearly been revealed to the treaters and the best remedy is to go back to the basics and build up the process of evaluation from the beginning, but with an open mind or as it is common in surgery, when we face a tangled up situation, we expand the incision to expand our view, to allow us to have a fresh look at the entirety of the situation.

Introduction:

In this article, we describe a case vignette of evaluating Sadegh Hedayat, the famous Iranian writer who his masterpiece is the novel Boof-e-kour, which is riddled with negative comments about the life and the customs of the people of his era. In this book he coins the saying; “it is only death which distinguishes the pure truth”, which this saying has brought a lot of doubts and suspicions about the psychology and the character of the author.

The extensive library of Sadegh Hedayat’s work is being shrouded in the mystery of rumors, and fears that; “reading his books may cause the young readers to commit suicide”, or considering him as a schizophrenic who his works are result of hallucinations and psychotic experiences.

Whereas, in our movie club, as we reviewed one of his stories: “Arousak-e-Posht-e-pardeh”, we faced with an author with an extraordinary intelligence, writing skills and unusual power of creativity totally unmatched with famous script writers, like Alfred Hitchcock and others in that scale. This finding was in contrast with the common belief about Sadegh Hedayat.

Method:

As a psychiatric society who had started a project to review and analyze Iranian movies. We decided to amongst other works of Sadegh Hedayat to review BOOF – E – KOUR, a novel by which is translated in 35 languages and 3 movies have been made off of the story. The French version of the movie which was made, won the prize for the best movie of the year 2018, in France. Our group reviewed and analyzed all 3 versions of Boof-E-Kour, movies, yet in our analysis we felt unable to come with a coherent understanding of the story. The previous evaluations of the story by movie critiques also suffered from a very broad spectrum of conclusions, extending from descriptions of hallucinations by someone intoxicated on drugs and alcohol, or a testimony of schizophrenic mind of the author, to an example of a masterpiece of a novel writing.

We started an evaluation of this issue based on the medical model, which meant, we needed to get ourself, more familiar with the author himself in the first place. We studied his life style and interviewed people who were able to

provide collaborative information, including, the experts familiar with his works, from all spectrums of; his staunch adversaries to his most loyal fans. We also attempted to interview Sadegh Hedayat's friends, acquaintances and most importantly his family or relatives who lived with him or had first-hand life experience with Sadegh Hedayat. We also examined many rumors said and spread about Sadegh Hedayat as it is customary about every celebrity, which we will review in this article.

We added neurologists, pathologists, psychologists, linguists, historians, sociologists, medical engineers, literary scholars, poets, writers and host of other artists into our investigative working group as a way to help us to be able to have a more comprehensive understanding of the works of the person we were studying and is not available for interview.

As a group we reviewed Hedayat's books, as well as the letters, he had written to his friends and family members, the post cards he had sent to friends and family, his photos with families, friends and acquaintances and used it as a window to have a better view about Mr. Hedayat's inner psyche.

We then directed our attention to review and evaluate many documentaries and books written about him in the past 100 years, as well as the degree of the knowledge/ familiarity or the quality of the relationship of the commentator with Sadegh Hedayat.

We reviewed the commentaries of his adversaries; including Mr. Houshang Peyman, who has been the leading force for dehumanizing Sadegh Hedayat, through his book "knowing Sadegh Hedayat" written in 1963. In his book Mr. Houshang Peyman claims Sadegh Hedayat being a morally bankrupt, homosexual, psychotic person with

poor social etiquette and incapable of writing a coherent or grammatically correct sentences. Mr. Peyman has been the source of the strongest negative propaganda against Sadegh Hedayat.

We read Mr. Peyman's book; "knowing Hedayat" in which he has adopted a consensus report of a panel of psychiatrists from Tehran University in 1963, in which they concluded that Sadegh Hedayat was suffering from schizophrenia and he had homosexual tendencies. Mr. Peyman's book is the main source of the rumor in our culture that: "by reading Sadegh Hedayat's writings, young people may end up committing suicide".

Of note, that Mr. Peyman's main motif to write this book was his hypothesis; which he had formed as an art teacher, when two of his students and some other people whom he had heard of had committed suicide and Mr. Peyman had found out that those people had read Boof- e- Kour.

Results & findings:

As a researcher and an investigator, we believe that Mr. Peyman committed Type I, error in his evaluation, which led him with to a false positive in his assessment. We believe this error in the study stemmed from Mr. Peyman's strong emotional conviction to prove his primordial hypothesis that "since Sadegh Hedayat committed suicide therefore he had a serious mental illness and reading his books (especially Boof- e- kour), will lead to suicide".

We had Mr. Peyman as the guest speaker for 8 hours long sessions, twice as the keynote speaker in our seminars, when we had panoply of guests experts discussing Sadegh Hedayat with Mr. Houshang Peyman. What became clear that Mr. Peyman still would get extremely emotionally upset and defensive, if

his negative believes about Sadegh Hedayat would get challenged.

We found the following criticisms in addition to the Type I error he committed in his evaluation, due to the prejudice in belief (of reading Sadegh Hedayat's books will lead the young people to suicide) as a hypothesis before launching his study, that did not allow him to demonstrate an independent data analysis. The following methodological issues we found as the potential flaws in his study of Sadegh Hedayat:

1. Instead of comprehensive review of Sadegh Hedayat's life and interviewing his remaining close friends and family members. Mr. Peyman had built the proof of his hypothesis on assuming that the novel *Boof-e-kour* is display of Sadegh Hedayat's own life, and had taken the fantastic language of metaphor in the book as the truth at the face value. As naturally some of the metaphors or themes has been repeated in some forms *Boof-e- kour* several times and also can be seen in other Sadegh Hedayat's books, Mr. Peyman has taken those incidences the true testimony to Sadegh Hedayat's life. We offer the further criticisms to Mr. Houshang Payman's study.
2. Mr. Peyman does not have medical training, so he ended up taking a lot of findings in the gray areas as facts and at the face value: for example; a lot of scenes in the novel of "*Boof-e-Kour*", where the author moves in and out of the world of dream or fantasy to the world of reality, Mr. Peyman has interpreted them as sign of psychosis. Another example, in the book of "*vag vag sahab*" where the author as a sign of rebellion to the inflexible norms in the society, he purposefully misspells some words, or leaves the ending of a story unattended. Mr. Peyman takes it as Sadegh Hedayat's lack of

knowledge and incapability to write a coherent sentence. Whereas in the introduction of the book the author clearly states that he did that because he wanted to compel the reader to use dictionary, in order to learn the correct spelling and the roots of the vocabularies and he leaves stories unfinished because he wanted to promote critical thinking. Sadegh Hedayat also makes a point in the book: "*Toop-e-Morvary*" that he has purposefully used some vocabularies which are no longer being used or being replaced with western words and states he left them to the reader to find the definition of the words in *Dehkhoda's Loghat-nameh*.

3. In the book of: "*Khanum Alavieh*" where Sadegh Hedayat gets immersed in the especial life of and the underworld culture of: "the Maddah, the religious panegyrists" population and he uses their exact lingo in the most skillful way, through which he depicts such a life style. Mr. Peyman takes this as a sign that sadegh Hedayat, was a vulgar person and a character devoid of any principles of ethics or morality, which he somehow connects this at some levels to the authors deterioration of personality and a sign of psychosis! Whereas Sadegh Hedayat came from an aristocrat family and he has been exposed to the very sophisticated culture throughout his life. Yet, Sadegh Hedayat demonstrated the commands of the lingos, used in various spheres of the society, in many of his other books such as; "*Shabyah-e- Varamin*, *Haji Agha*, *Dastan-e- Afarinesh*, *Taranehay-e- Khayyam*, *S.G.L.L.* and many others which he fluidly and confidently applies the proper lingos of the characters according to their stories. By reading these works the reader finds an especial admiration for Sadegh Hedayat's profound command on literature and languages.

4. The science of psychiatry has improved tremendously since 1963. At that time, we were using DSM 1 (Diagnostic Statistic Manual), whereas we are now using DSM5 for the description of the psychiatric diseases. The definition of schizophrenia has change in a very significant dimension.

5. In DSM 1 Homosexuality was considered as a paraphilia, sexual perversion, mental illness comorbid with schizophrenia. Whereas, homosexuality is now recognized as a natural variation and has nothing to do with any pathology. Mr. Payman, in his book had a strong emphasis on the homosexuality as a sign of character corruption and psychosis!

He had concluded Sadegh Hedayat being homosexual because in Boof-e-kour the main character when he wants to examine whether his cousin is alive and real, he kisses him on the lips! Also, the fact that Sadegh Hedayat did not have a wife, was another testimony for Mr. Peyman concluding that Sadegh Hedayat is homosexual. Needless to say, that none of the believes or understanding which used to be common in psychiatry in 1963, in regards to schizophrenia or homosexuality are shared by any psychiatrists or experts today.

As culturally, the act of suicide has not been as common as it has been amongst the celebrities in the western culture, in fact there is no other example of suicide in history of Iranian art icons.

In an attempt to analyze Sadegh Hedayat's character or his potential psychiatric condition in the light of the fact that he committed suicide. Finally, we had a 6 hours session with Mr. Jahangir Hedayat, the authors' nephew who lived with him in the same house for 20

years and now is the legal custodian of Hedayat's works and memorabilia's.

Following general session, we had many private Q/A talks with Mr. Jahangir Hedayat who shed light on a lot of questions and resolved a lot of rumors. In below I will list some of the important findings:

1. Sadegh Hedayat, as a person lived a very disciplined life, he was punctual as he valued and managed his time very effectively.
2. He was very goal directed individual in his social and daily activities and avoided mostly casual purposeless chats or social contacts.
3. Throughout his professional life, he was viewed as a literary celebrity, who had to give time for consultation to a good number of writers, poets and intellectuals who would bring their work to him for review and comments or would utilize his advice as a mentor.
4. He was viewed in his circle of friends he as a leader amongst the group of smartest writers of his time.
5. They were 4 of them (Bozorg Alavi, Masoud Farzad, Mojtaba Minavi) as the core of their group, and there were other famous authors and poets who were as satellite to this core group (Jamalzadeh, Sadegh Choubak, Mehdi Akhavan Saliss, and others) to name a few. He regularly met with the core group on two- three days a week basis, where they studied all the newspapers; Hedayat would read French, Alavi; German, Minavi; Arabic and Farzad would read major English & American newspapers and the works of important authors. The group would discuss the content of the books and majority of times Hedayat would recommend to the group members about what book to translate to Farsi or to critique the work of the international authors.
6. He always dressed very well and he was very neat and a meticulous person.

7. He talked in simple and short but very meaningful sentences or words. (To understand the philosophy behind this act one would be referred to teachings of Molavi & Saadi).
8. At home, he would get dress up In the morning and would spend all his days behind the close doors, busy writing books. He would read 2-3 books at the same time, perhaps as a way to avoid writers block.
9. The family would bring food, tea , snacks to his room to give a break in his daily hard work.
10. When he was a student in France, he fell in Love with the daughter of his Landlady, but even when he tried suicide by trying to get drawn in the river, his family had the power to make arrangement for him to marry the girl he loved, but he refused. She appeared not to be a woman with strong commitment to monogamous relationship.
11. He did not marry in general because he had a very high standard for the woman who could be his wife.
12. His family made an arranged marriage with in the family, but he terminated it after few months.
13. In Iran as a celebrity, he had a lot of female fans who would come for a private session to spend time with Sadegh Hedayat to show their works of art, writings or poetry, but some of them, turned to be a fan with benefit.
14. He attended family parties and gatherings very infrequently. But in the parties, he was very kind to children and his approach to them was entertaining but very smart and educational one.
15. As a student, when he attempted suicide in France, upon arrangement by his family, he was evaluated by one of the lead academics in France, who did not find any significant thing wrong with Sadegh Hedayat.
16. In Iran, Dr. Siassi, the icon of then psychology in Iran used to see him as a family friend so often, who tried to encourage Sadegh Hedayat to see psychiatrist or to be in therapy, because of his suicide history. But nobody was able to convince him, as he was very critical of famous psychiatrist of his time Sigmund Freud.
17. In terms of use of drugs and Alcohol; he drank casually in gatherings and seldom smoked opium as it was a customary recreational thing of his time, but he had no sign of dependency or addiction.
18. There is a lot of controversy about his suicide, regarding, how far in advance he had planned it, and what were the contributing factors.
19. It is clear that, like some of the famous celebrities in the west, his suicide was well-planned, in advance.
20. He destroyed 6 unpublished books of his and made sure his pupil who was in his company would not get the opportunity to rescue the books from destruction. His pupil was not able to convince Sadegh Hedayat against his Suicide.
21. There are many speculations, hypothesis and analysis, about why Sadegh Hedayat committed suicide, but the best one so far is the analysis by the famous screen writer and artist Professor Bahram Beyzai, which is available on YouTube.
22. He left a suicide note, very brie, but right to the point: “ We left and broke your heart, that’s it!” which is only 7 words in Farsi.

Discussion:

This was a brief overview based on a modern Psychiatric Evaluation of Sadegh Hedayat, which at the final analysis our group of so many experts from the wide spectrums of the fields of human sciences and a panel of 20 experienced psychiatrists, we unanimously came to the conclusion that;

“Mr. Sadegh Hedayat was free from the diagnosis of Schizophrenia, he was not

homosexual, he was not drug addict or alcoholic and he did not have autism (as part of many things that it has been suggested). He did not kill himself because his writing career had come to an end due to cognitive loss, on the contrary, he had written 6 books and had few in process at the time of his suicide”.

Mr. Sadegh Hedayat enjoyed a high level of intelligence at the level of genius. He was so cognitively capable and rich with capabilities that he is undoubtedly viewed as the biggest Iranian writer of the modern time with a very diverse and eclectic capacity in creation of literature in so many different arenas.

In view of the question why he committed suicide and what were the contributing factor?

We believe that psychosis had no part in such an act, as he had planned and executed his suicide, with extreme precision and in the most meticulous fashion, which speaks of his full cognitive tactfulness.

Our group is going to publish a book, in which, we will review our process and the result of our evaluation and we will do a deep analysis about the roots of Mr. Hedayat’s unfortunate suicide.

While waiting for the book to come out, for those who would like to get to know Mr. Sadegh Hedayat better, we recommend the following readings in the followings succession;

start with:

1. Sagh-e- velghard. Then
2. Favayed-e-ghyah khari,
3. Tranehay-e- Khayyam,
4. Khar-e- Dajall (Khar-dar-chaman),
5. Vagh- vagh-sahab,
6. Toop-e- Morvary,
7. Haji Agha,

8. Dash Akol,
 9. Karvan-e- Islam,
 10. Ketab-e-Afarinesh,
 11. Khnum-e- Alavieh,
 12. Talab-e-Amorzesh, and then
 13. Boof-e- Kour (which is written all in the language of metaphor, which is his most complicated writing requiring some degree of sophistication, which one will earn by reading the above references in the successions, recommended).
- Boof-e- kour as Sadegh Hedayat himself has said is the most calculated book of metaphor which every single word of it has a historical background and they all have meanings above and beyond what it looks on the face value.

As mentioned above Mr. Hedayat’s intention from writing novels was not storytelling, but he was always aiming at promoting critical thinking in his audience.

Of note that if you cannot find the actual books mentioned above, all are available as free audiobook on YouTube through Sadegh Hedayat’s or Ayeneh foundation.

This was a rather lengthy note, demonstrating what constitutes a responsible medical evaluation of a case. As you see our findings based on the methodically proper evaluation of this case proved the opposite of what had been in the deep belief of common Iranian citizens about Sadegh Hedayat which unfortunately has been the ruling belief over a century!

Rahim Shafa, MD

IAMA Dental Section Report by Shafa Amirsooltani, D.D.S. FICD, FACD, FPFA

Dental Section as a newborn section needed a lot of attention. To make this chapter a success, lots of ideas were in the process. The plan was, to go to all the IAMA Chapters and introduce myself and Dental Section to all Iranian dentists and dental allies. Moreover, for 2020 annual meeting, we were preparing for scientific session by inviting speakers and sponsors. Due to the Pandemic the plan has been changed but still moved forward and gained success.



On January 12th in Chicago and March 1st in New Jersey I invited Midwest and East Coast Dental colleagues to a meeting of introduction, set up goals and plans of action. Next stop was California, which due to Pandemic this plan, and others was placed on hold.

Separate groups for Midwest and Eastcoast dental colleague, has been created in Telegram. These groups use

SUSMA Section

No report

this platform to meet and exchange information. The plan is to create similar platforms for all the IAMA Chapters/Dental section. These platforms were useful and informative and could attract other regions dental colleague to join. During Pandemic, several webinars via zoom about pandemic related subjects were held, were successful, and welcomed.

Via zoom lectures were held, and CDE credit were given. More lectures have been scheduled for future dates. Although it has been unprecedented year, I am proud to say that Dental Section this section worked hard as a bridge of information and continues to grow to provide the best to our members, and subsequently IAMA's membership will increase.

We are looking forward to 2022 annual meeting to work side by side with all medical colleagues and collaboratively have a successful meeting.



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Let us know our great Physicians and Philosophers

Professor Chehrmahini

Interview

I: Greetings professor's how old are you

PC: Greetings I am 70 years old

I: You don't look that old at all

PC: Thank you that is because I exercise every day since I was a child



I: Where are you originally from?

PC: I am from chehrmand which is a province of Isfahan in Iran

I: Is it true that you worked since childhood?

PC: Yes I worked for my father in the fields of agriculture in our village . I worked all summer to save money for my education and I assisted my brother in construction.

I: What was your childhood wish?

PC: I was always curious about life, the universe, physics and the creation of planets. Computers was a new portal to gain knowledge towards physics and astronomy. Even though I was living in a village far from the city I heard so much about it and became more intrigued about science and the role it plays for answers about life and creation of the universe .

I: While you were living in a Village under harsh conditions, did you still believe and

feel you're able to succeed in pursuing your interest in computer and science?

PC: Even though we were not financially secure, actually very poor, I believed I was able to reach my goals regardless of the condition in the village.

I: May I introduce you to our audience please

PC: Yes I would be honored

I: This gentleman is Mr. Chermahini whom you heard his a story a few moments ago. I shall better introduce him as Professor Chermahini. He is one of our well-known and top scientists; highly educated in mechanics and in the space program. He received his education in one of the highly ranked university in the United States . He's also a NASA scientist today, who has done extraordinary projects for NASA programs. Shall I address you as Doctor Chermahini?

PC: Thank you for the introduction and actually I prefer to be called Chermahini with no title.

I: Chermahini you traveled from Iran to the United States. How did you get the funds for this journey?

PC: I was in the Army for two years and saved my money. After finishing the two-year service in the army, I was hired as a translator for a French company called Berdacetra even though I did not speak a

word of English. After saving more money from my salary, I went to Seattle, Washington and studied English for two months then I went to ODU University in Virginia, where I received my Bachelors, Masters and PhD in Mechanical Engineering. During my studies in the University, I was told that Americans were not very smart in technical matters. I was more capable in writing programs for mechanical engineering. I prepared programs and taught Statics Dynamics design vibration mechanics to other students and would get paid for the services.

I: I am astonished with all this that you experienced while you were in the United State

PC: They were amazed at my knowledge and capabilities especially when I wrote an essay for the experimental handbook which got published in the name of photo isotropic composites. The head of the Department of Mechanical Engineering in the University told me you should go to NASA to work to assist the University with gaining more knowledge about the physics and space programs in NASA. He said I will send you to NASA with a salary to assist in their projects on behalf of the University. You shall be working with the scientist of the material division in NASA. That was a great opportunity for a young and talented scientist, therefore I embraced the challenge to further my knowledge in space sciences. As you can see in this documents I have my doctorate, a philosophy degree and a PhD in Mechanical Engineering.

I: Dr. Chermahini after you started working in NASA in 1986 you played a significant role in the shuttle program.

PC: Yes , in 1986 after the shuttle launched about 1 minute and 27 seconds after the take off the fuel tank started having problems we witnessed the explosion of the shuttle switch that crashed into the ocean. Sadly 7 people lost their lives. After the tragedy President Reagan inquired NASA to solve the fuel tank problem as soon as possible.

I: Were you working at NASA at the time of the accident?

PC: Yes at that time I wrote a 3 dimensional program to redesign the booster of the shuttle . After submitting the redesign and reconfiguration the problem of fuel tanks was solved and since that day the shuttle launched with no malfunctions.

I: Dr. after solving the problem of what happened in NASA?

PC: After solving the cause of malfunctioning shuttle boosters, President Reagan gave \$200 thousand dollars to the material division of NASA as gratitude to this scientist of the division. As a scientist in that division they gave me a sweater I told them after 5 years service even working on weekends a sweater is all I deserve? They responded in a manner that you are a Foreigner so I did not know how to respond to such an injustice even though I worked 7 days a week for five years. After that injustice I lost all my enthusiasm in staying in the United State and working for NASA through the University.

I: What did you do after that doctor?

PC: I received an offer from Sweden and France. I accepted the Sweden offer and

went to work for FFA which is the Sweden Central program. I shared my knowledge with the scientist in FFA.

I: Doctor, what happened that you resigned from your position in FFA and returned to Iran?

PC: While I was in Sweden, the Americans came to FFA for a conference and they approached me in regards to the program that I redesigned for the shuttle boosters. They said we are still using your design for the shuttle program. They invited me to return to the states and assist them in future programs. I declined the offer because I felt that my 5 years of hard work was not recognized as well as my knowledge as a professor of mechanics at NASA. No matter what your contributions are to the technology overseas you are still viewed as a Foreigner.

I: Doctor, what happened that you returned to Iran?

PC: I told my mother that I have an offer and invitation from Japan while I was still working for FFA in Sweden. She said if you wish for me to be happy and content, please come back to our village and find type of work to assist the people in your Village. I returned home. My mother was not able to walk and I would carry her around. People in our village would look in amazement. My response to them was that she use to carry me around when I was a child. Even though I am highly educated, she is my mother and owe her tremendously for her sacrifices.

I: Does anybody believe your story doctor?

PC: Sometimes at night I think to myself is it possible that someone working for such organizations as NASA and FFA decides to go back to the Village of Chermani. It is rather amazing and

believable to myself and everyone who knows my story.

I: Anybody in the village have knowledge of your life story?

PC: Before this interview and watching the documentary they thought I am a bus driver but after watching the documentary they called in amazement that why did you not tell us about your achievements? I would respond that I am a humble person and wish not to show off.

I: When did you return to Iran as a doctor?

PC: 28 years ago today I have a workshop designing hydraulic machinery for civil projects in Iran.

I: After returning to Iran, who acknowledged your achievements.

PC: Sadly even in your own home country, you are a Foreigner. They wished not to use my knowledge and achievement for the growth of the industry in our country. 20 years ago I started an old car's engine with an air compressor but no one paid attention to this innovation. I am still living in Cherman village driving the old car. Our country and it's natural resources are extremely abundant and abundant in talented individuals who can contribute to the growth of this country but unfortunately by creating conflicts in the region and our country they have constrained all wings so we are not able to fly towards reaching our optimal power in technology and science.

I: Thank you doctor for sharing your amazing story.

Translated By Mahshie and Fariba

The Women of the Year, Dr. J. Moshirpur

The Guardians of Elmhurst

As COVID-19 spread across the United States, one hospital in New York found itself in the epicenter of the epicenter. With the virus on a warpath, its staff risked it all in the fight for our lives.

By Mattie Kahn

Photography by Shaniqwa Jarvis

October 13, 2020

WOMEN OF THE YEAR



On her 45-minute commute home from work, Navdeep Kaur will start feeling sick. It's mid-March 2020, and Kaur, 32, is a critical care nurse in the ICU at NYC + Health Hospitals/Elmhurst, so she will know what it means when her lower back throbs and her face feels warm but she can't stop shivering. She will know without taking her temperature or checking her pulse. She will know without even taking a test.

In a week Kaur—bone-tired, feverish, gasping for a deep breath—will compose letters to her two young sons, telling them how much she loves them. She will write about what kind of people she wants them to be when they grow up. She'll remind them that she's always with them, even if they can't see her. Tears will stream down her face while she writes; sobbing will make it harder to breathe.

A coworker who lives nearby will check in, and she'll explain: the exhaustion, the pain, the letters.

“You’re not going to die. You’ll be fine, okay? You’re fine,” he’ll tell her. But he has seen what she has seen. So when she snaps, “How would you act? If you were me, how would you act?” he will admit that he’d be just as scared.

During the few weeks that she treats COVID-19 patients before she becomes one, Kaur watches how people succumb to the virus. She observes their deterioration: cratering blood pressure at first, then slow heart rate—flatline. It’s so sudden and swift that she will

not want to wait for it to happen to her. So she will write now, before she is too sick to hold a pen.

She will, after an eventual test, spend almost two weeks at home, in bed. She will never be admitted to an E.R. She will never be on a ventilator. She will be considered one of the fortunate ones. A “mild case” who needlessly found the words to tell her boys what their mother dreamed for them in case she wasn’t around in a month or a week to tell them herself. When she returns to the hospital—

flattened but alive—it will all be so much worse.

There is some debate about when the coronavirus landed in the United States, but news outlets reported the first confirmed case just three weeks after New Year’s Eve. The

patient had returned to Washington State from China, the virus on board with him. Clusters soon spread across the state and then, weeks later, the outbreak arrived in the east. New York announced its first case on March 1. On March 11 the World Health



From left: Veronica Henry, Navdeep Kaur, R.N., Meida Sanchez, Jasmin Moshirpur, M.D.

Organization called it: COVID-19 was a pandemic; 29 Americans had died.

We had read stories about “warlike” devastation first in Wuhan and then in Milan, even as we set off to work in open-plan offices that morning. Some of us had drinks with our friends in crowded bars that night. But a sense of foreboding was in the air, even then. And at Elmhurst Hospital, a teaching hospital in Queens that serves one of the most diverse zip codes in the nation, the crisis had arrived.

Jasmin Moshirpur, M.D.—the chief medical officer for NYC Health + Hospitals/Elmhurst/Queens and the dean for Elmhurst/Queens Programs at the Icahn School of Medicine at Mount Sinai—had been informed via email that Elmhurst would be designated as one of a few receiving hospitals for coronavirus patients. The notice meant that those who tested positive in the New York area or even those who were suspected of having contracted the virus would be diverted to Elmhurst and



Dr. Jasmin Moshirpur, 82, has worked at Elmhurst Hospital for over 50 years.

cared for in its facilities, limiting the toll on other institutions. Perhaps another person would have balked, thinking about potential exposure or the crush of desperate patients. But Moshirpur is a veteran of Elmhurst. At 82, she has been practicing there for over five decades, and her view on medicine is uncompromising: People who need health care should get it.

She was at a medical conference when the notice pinged into her inbox. Remembering it now, she shrugs: “I read that email and I said, ‘We did deal with Ebola, with SARS, with 9/11,

with AIDS, so this is another problem that we have to face.’”

But the virus was soon stampeding through the hospital. As of 9:15 a.m. on March 25, New York had confirmed almost 17,000 cases across its five boroughs (with 30% concentrated in Queens). Elmhurst was

overrun. One case had become two and then 10. That morning the hospital confirmed that 13 people had died in its care in just 24 hours. The number made news in New York, of course. But outlets around the world picked it up too.

A headline in the *Guardian* compared Elmhurst to the besieged hospitals in Italy or Spain, two countries that had been ravaged for weeks. Veronica Henry, 75, who serves as the hospital’s regional senior associate director in the

pathology department, heard from friends in her native Barbados who’d seen Elmhurst’s jammed E.R. on TV. They were afraid for her. A progressive care nurse got calls from relatives in Ecuador—was she all right?

The strain on not just the doctors and nurses but the hospital’s basic infrastructure was becoming untenable. Because the neighborhood is home to tens of thousands of people of color, scores of whom are immigrants with low-wage jobs, the population around Elmhurst Hospital was at

higher risk for getting the virus than people in other areas. But Queens has just 1.5 hospital beds per 1,000 people, compared with 5.3 in Manhattan, making Elmhurst Hospital crowded under normal circumstances. With the virus raging, it was accepting 125% of its standard maximum intake.

Late one night that month, Moshirpur called the E.R. to see how her staff was coping. When one of her directors picked up the phone, his first words were “I have to divert the patients.”

Moshirpur tried her usual mix of commiseration and frankness. “I said, ‘Look, we’re being designated as one of the few receiving hospitals, and almost no other hospital got that notice. What’s the problem?’” She imagined he was tired, feeling overwhelmed and stretched thin. But then he went on: “He tells me, ‘The hub of the E.R. is full of patients, the wheelchairs are full, and the stretchers are all taken; there are seven patients in ambulances that we don’t even have a wheelchair or a stretcher [we can use] to get them into the E.R.’”

Looking at me now, via Zoom, she drops her gaze for a moment, thinking. When she lifts it, her mouth fixes in a tight line: “And that is how

we faced COVID for almost two months in the hospital.”

Given the nature of her work in the management of the hospital itself, Moshirpur spends much of her time in meetings, coordinating supplies for her departments, securing funding, or discussing hiring and

bottom lines. But she’s happiest on the hospital floor, teaching. Her relationship with her students is paramount; maintaining it is one of the reasons she never went



into private practice, although it would have been more lucrative. She couldn’t bear to leave hopeful new doctors in someone else’s care. She has too much she wants to tell them herself.

The core of doctors’ responsibilities is, as she puts it, to “listen to the patient’s needs.” She has come to believe that listening with intent—just that—is 70% of the diagnostic process. And the rest? It’s quick thinking, good training, and the simple, potent fact that patients put their lives in doctors’ hands and trust them to act, even if, as has been the case in treating COVID-19, the path forward is not clear.

In the months following the initial surge in New York, doctors and public health experts have

made some progress in treating COVID-19. Some people are flipped onto their stomachs—a longstanding low-tech effort to reduce pressure on patients' lungs. Fewer are put on ventilators. Certain drugs have shown modest success in speeding the time it takes a person to be released from the hospital. The risk factors, too, for contracting a serious case of the virus are better understood and incorporated into treatment plans. In some states people in their 20s or 30s are accounting for an increasing number of hospitalizations—worrisome, but a sign that older, more vulnerable people are adhering to public health recommendations.

Still, to an essential, alarming extent, the same is as true now as it was in the spring: Doctors do not know what causes some coronavirus patients to survive and others to die. And that makes teaching hard—what expertise could Moshirpur impart when the world is facing a virus no one quite understands?

Moshirpur has marshaled other hard-won wisdom instead: She showed up, because that's what she expected of her team. She did not panic, understanding that the hospital was looking to her for guidance. Moshirpur

has been a constant presence in the halls of Elmhurst since the beginning of the outbreak, infuriating her children. “We were so upset when she was still going into work with all of this, because we were worried for her,” says Gita Shaari, Moshirpur's daughter, who, like her mother, is a doctor. “Although she is a strong person, her age is still her age. It took me a little while to realize that nothing was going to stop her.”

Moshirpur has been like this since childhood. The nice word is *determined*. *Obstinate* might be a better one. She was raised in Iran, the

daughter of a formidable, progressive mother who encouraged her in school. Moshirpur wanted to go into law, but her mother's support had its limits. “She talked me out of it,” says Moshirpur, who still speaks with the lilting accent of her homeland. “She did believe that I'm a softie. I would never



Veronica Henry put in back-to-back shifts in the hospital's labs to ensure accurate test results for patients.

judge against anybody regardless of how wrong they were.” In the end she studied medicine and specialized as an ob-gyn—one of the few women in her class. She moved to New York in 1962 to be a resident and later married and had three children. She is well-acquainted with the pain that those with loved

ones treated in Elmhurst have experienced these past few months—the anguish of an unexpected loss. Her husband died of a sudden aortic aneurysm in 1996. He was a cardiologist; it was a condition he would have seen in his own practice.

Moshirpur carried on. “She just channeled that loss into working harder and being the role model that he would’ve been,” Shaari says. “He died, and she moved on through her work.”

So when the pandemic hit, Moshirpur knew she would keep going in, waking up before dawn for her 6:30 a.m. shift, despite her children’s and 10 grandchildren’s pleas. While New York haggled for personal protective equipment—PPE, in

the medical parlance we all now know—like masks, Moshirpur realized that doctors and nurses and technicians were also in need of emotional support that FEMA couldn’t provide. Her staff was drowning.

“I had people—they’re tough, and they’re strong and resilient, and they’ve faced a lot of problems in the past,” Moshirpur says. “They would come to my office, close the door, and

without even talking, start crying. That was the degree of the stress that some of our people had, and the only thing that I could do was talk to them.”

Moshirpur remembers the mothers in particular. She works with an E.R. attending physician who has three small kids. She works with nurses and cleaners, people with babies at home or grown children like hers who are terrified for them. And she knows as

we all now do that health care workers are not spared. The virus finds them too.

Veronica Henry, director of the pathology department, watched several coworkers fall ill. Some died. Then the virus crept closer. Her sister got sick, then recovered. A friend lost her son. He died in Elmhurst. It was so fast she hadn’t even realized he’d been admitted. Even pre-pandemic, work in hospital labs—which includes making

sure each patient’s test results are accurate and fast—is quiet and meticulous and unsung. To handle viral specimens, techs need to wear full PPE, including special hoods meant to ward off infection. The effect is not just isolating but almost claustrophobic. It is not the stuff of soaring documentaries or prime-time TV shows. It is not even the stuff that caring, well-intentioned people were thinking about when the clock struck 7 p.m.



Melida Sanchez has cleaned rooms at Elmhurst for more than a decade. She developed a reputation during the pandemic as the hospital’s “prayer lady.”

and New Yorkers threw open their windows to clap for essential workers for months on end.

A devout Episcopalian, Henry felt tested. She started texting her priest. She attended church via Zoom. “I needed more spiritual guidance than I ever have in my life,” she says. “Because I have never, ever experienced anything like this. There’s so many of God’s people going at one time. It’s very hard. It’s very difficult to speak about, to tell you the truth.”

Almost 4,000 people work in Elmhurst Hospital, and around 3,000 of them are women.

That ratio is the norm in the health care and caregiving industries, not the exception. The *New York Times* reported in April that 77% of U.S. health care workers are women, as are 52% of people considered to be essential workers. Women now make up just over 50% of all medical students and are overrepresented in specialties like pediatrics and geriatrics. In nursing, women are even more dominant; nearly 9 out of 10 nurses and nursing assistants are women, according to the *Times*, as are most respiratory therapists, a majority of pharmacists, and a clear majority

of pharmacy aides, technicians, and other hospital staffers, like housekeepers.

Meida Sanchez, 52, has been cleaning rooms at the hospital on and off for over a decade. She moved to New York from the Dominican Republic with her first husband in 1989. Queens—save for a short stint in the Bronx—has been home ever since.



Navdeep Kaur is a critical care nurse. She led a hospital-wide vigil to mourn the patients who did not survive.

In the shadow of the pandemic, Sanchez now spends more time disinfecting than she used to, but her routine has remained for the most part the same: Her shift begins at 7 a.m. with—barring emergencies—a lap around her rooms. She knocks on each door and, if the patient is awake, introduces herself. Then she sweeps, wipes down

the spots people touch most, like the door handles and bed rails, scrubs the bathroom, and mops. She loves the work—the actual cleaning. (“If we live together, and you say, ‘Meida, come to cook,’ I say, ‘No, you cook and I clean.’”) But it’s the patient interaction that she prizes most. In the morning hours, sometimes someone will ask her a question or tell her about their pain, and she’ll comfort them: “I say, ‘Okay. Be patient. That’s not going to be for [much] longer. It’s going to be better. God is going to help you.’”

Listing her responsibilities, talking about her two sons, Sanchez comes across as

unflappable. One gets the sense that after surviving what she has—abandonment, domestic violence, depression—she has stared down her most potent fears. But the virus did shake her. She dreaded getting dispatched to that first coronavirus unit, and when she was sent to clean its rooms, she moved as fast as she could, sweating through her goggles and face shield.

She hated the feeling, how frantic it was. Sanchez is not the kind of person who rushes to be finished with her work. After those first anxious shifts, she made up her mind: She'd stop running.

"I said, 'God, you are my God,'" Sanchez recalls. "'I trust you. I believe in you. I know you're there. And I'm going to do my job.'"

She resolved to take her time, scouring the units and watching the patients—intubated and on ventilators—for flickers of consciousness. She could see their skin swell and turn sallow. She wondered about their families who couldn't see them or hold their hands or stroke their hair. And while she worked, she murmured her usual affirmations. "You are not alone," she told them. "You are safe. We are here. Don't be afraid." Nurses sometimes reached patients' relatives by phone, and Sanchez told them to

ask: Is it okay if I pray? She allotted one minute per room, and she prayed and cried and begged. "Heal them."

Sanchez lost count of who died and who lived, but later one patient saw her in the halls and wanted to know if she was the woman who had prayed for him. "I said, 'Yes.' And I told him, 'You want me to still pray?' He said, 'Yes, pray.'"



When Kaur, the critical care nurse, returned to work, she didn't recognize her own hospital. FEMA nurses had been dispatched to Elmhurst to help staff the units. New protocols and policies had been implemented. On her first morning back, she saw three

shrouded bodies waiting to be picked up. Hospitals across the city were reporting their mortuaries were full. Kaur had treated a coworker before coming down with the virus herself; his condition seemed to be improving just as she was getting sick. One of the last

things she did before that fateful drive home was transfer him from critical care to another floor. But when she walked into her unit, she saw him intubated. “I was like, Wait a minute, is that him?” She couldn’t believe it. The last time she’d seen him, he’d been smiling. “I just stood still for a moment. I was like, That can’t be him; he was *fine*.” A few weeks later he was dead.

At first Kaur was shocked. Then she was furious. The loss haunted her; she didn’t know how to process it. She started having dreams about patients, seeing her coworker’s face. With other staffers, Kaur decided to plan a vigil. It was held at night, on the evening of April 16. A crowd of about 50 people assembled outside the hospital, and Kaur read a speech she wrote. Someone handed out tea lights. Others held photos of people who’d died, including Kaur’s coworker. He had been in his 50s, with no major medical conditions.

Talking about it now, Kaur tears up, but at the vigil her voice didn’t waver. New York was in the throes of the pandemic then—averaging about 400 deaths a day. “We want to pay our respects to those we have lost during these trying times,” she told the group.

“We fought very hard with every strength in our body to keep you alive. And we want your families to know that you weren’t alone.”

Jocelyn Rodriguez, who also spoke at the vigil with Kaur, remembers it as a turning point. She, like Kaur, was born at Elmhurst Hospital and has worked as a nurse there for close to a decade. Before the vigil she’d felt underwater. Talking about the ordeal, grieving it too—it was like breathing again.

In New York now, the worst seems to be over, with just a few hundred

new cases per day as opposed to several thousand. There are still fatalities, but deaths are mostly in the low single digits. For the bulk of September, the state’s rate of positive tests—a metric that Governor Andrew Cuomo tweets daily—hovered below 1%.

Data scientists and public health experts, however, have predicted that a second wave will soon bear down, not just on New York but nationwide. At Elmhurst, people feel it too. “There’s an eerie silence,” Rodriguez says. “Yes, the numbers have gone down, but you’re kind of like...” she trails off, searching for the words to explain it to someone who never had to listen to a drumbeat of dire codes or drape a stream of dead bodies



headed for the donated refrigerated trucks parked outside.

“You know when you’re at the tip of the roller coaster and you’re watching it go, and you’re waiting for the fall?” Rodriguez says. “That’s kind of what it feels like. We’re just preparing ourselves for the fall.”

Somehow, in 12 months or 18 months or later, the crisis will end; Kaur knows that. Moshirpur does too. And when it does, some of the darkest memories will fade. But others are indelible, like a scar or a battle wound.

“What will stay with me for the rest of my life—and I don’t know how many more years that will be—is the teamwork,” Moshirpur says. The attendings who risked it all. The nurses who braved the crowded wards. The administrative and cleaning staff. Moshirpur had worried that some might shirk from the pressure, but they ran toward it.

“We tried to be good people. To be more close to each other,” Sanchez says. “To try to work together. So many, many of us changed. We are different.”

“I had people come to my office, close the door, and without even talking, start crying.”

—JASMIN MOSHIRPUR, M.D.



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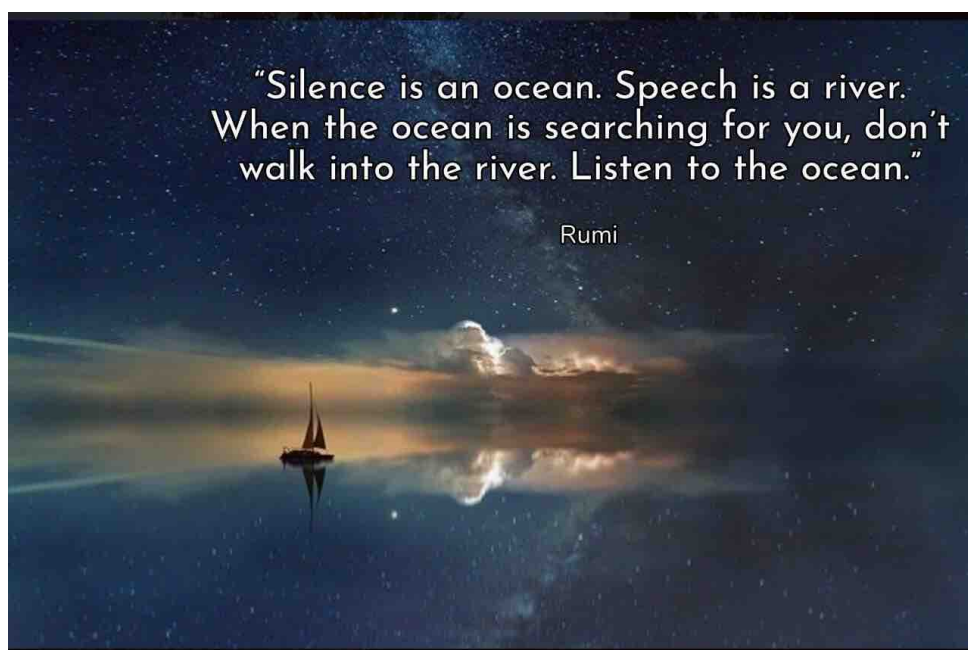
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