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4. Please enclose the original manuscript as well a translation.
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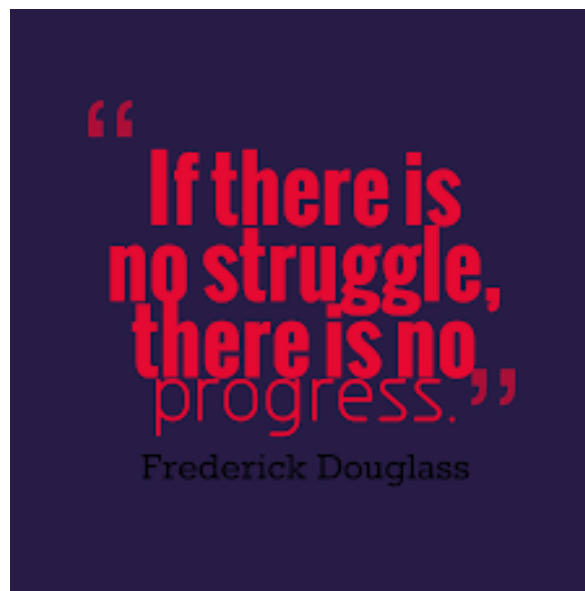
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Editorial

It is easy to realize the progress of IAMA in the past year.

Just read in this issue of bulletin the report of different sections and all the activities that have taken place solely in twelve months period.

We have to keep going forward, increase our contributions to our association, and devote some time to exchange information and ideas with our fellow members. Personal friendship is the side benefit of all

these activities and it is the best advantage that we can expect from our efforts.

Remember that we have to keep IAMA for coming generations. to accomplish this task we have to strengthen its foundations so much that when we pass it on it will be easy for receiver to continue with confidence and run it in a democratic way.



Best to all!

Parviz Pishvazadeh, MD
Editor-in-Chief

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Your donations make IAMA stronger to serve you better & support our young generation to achieve their goals. Your generous donation is tax deductible.

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President's Message

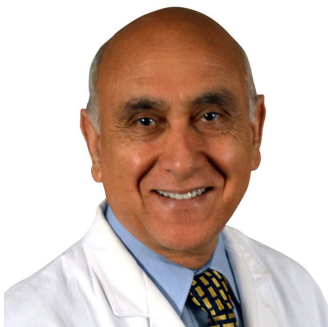
Dear Members

We finished yet another annual (23rd) meeting in Boston from May 27th to the 30th. Thank to our President, local organizing committee and everybody else who made this meeting so successful both scientifically and socially. Special thanks to all the presenters and moderators of our seven different sessions during CME meeting who made the presentations and discussion very interactive and interesting. These CME sessions provided 10 hours of credit to the participants. The audience were so excited and proud of our young investigators who contributed more than 50% of total activity.

To encourage our young members, 3 awards (certificate and \$500 each) were given to the top 3 best presenters through Leila Armin foundation. These were judged by a panel of 5 individuals, based on originality, methodology, presentation style, keeping time of presentation and ability to answer questions. Dr. Mehrnaz Hadian sponsored 2 travel awards to two very active members of IAMA JAVAAN to participate and present their research in the meeting (hotel, registration, Gala dinner).

Two of the highlights of the meeting were our keynote and cultural speaker. Renowned Iranian/American Scientist/physician, Dr. Pardis Sabeti gave an excellent keynote lecture on "Genomics of Humans and Microbial Pathogens" which was received enthusiastically by membership. Dr. David Collier was our cultural speaker who talked to us about "A Justice for Iran" during the

Young Investigator Award Luncheon and was well like by the membership.



The Persian night and Gala events were second to none. Members and their guests did not want to leave the events since they were full of joy and happiness.

The leadership listened carefully to the suggestions of all members especially the young members during 2 sessions, 2-3 hours each and it is our intention to implement these suggestions as much as possible. Websites which will be the backbone of the association for communication will receive new blood in it. Hopefully we all will be able to communicate much better with each other.

Mentor and mentee programs should provide the possibility of helping our young Iranian physicians who need some assistance and advice and this will be on the website. Very enthusiastic and able board members have been elected for the coming term which, with the help of previous team, will try to reach all our goals of being proactive and helpful to all our membership.

Volunteer trips to Iran soon will be arranged and we will ask the members to register to go to Iran to give medical help to underprivileged areas. Mrs. Fay Mirfakhrai has been asked to lead the auxiliary membership which will be an excellent addition to our current membership. This branch will take care of member's spouses during the meeting and arranging group social and cultured activity for them. The leadership is sure that this branch will make

meetings more attractive for the members and their family.

The beautiful city of San Diego was chosen for our next year's meeting during May 2017, and now that we have left the meeting full of energy, please start working on your plan to participate in the next year's event.

Start working on your research work and send it to us either for oral or poster presentation. We will be sending our call for abstracts soon.

On behalf of the new Board of Directors.

Your humble friend

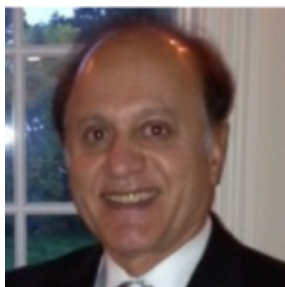
Hosein Shokouh-Amiri, MD

Outgoing President's Message

Dear Friends and Colleagues,

As you may be aware, we just finished yet another successful Annual Meeting in Boston from May 27th to the 30th. We would like to extend our special gratitude to the members of the Conference Organizing Committee from Massachusetts Chapter, members of the Board of Directors, and members of the Board of Trustee for their genuine help and guidance throughout the organizing process.

The Meeting was very successful both scientifically and socially. Special thanks to all the presenters and moderators of our seven different sessions during CME meeting who made the presentations and discussion very interactive and interesting. These CME sessions provided 10 hours of credit to the participants. The audience was so excited and proud of our young investigators who contributed more than 50% of total activity.



As we have done in the past annual meeting, in order to encourage our young members, 3 awards (certificate and \$500 each) were given to the top 3 best presenters through Leila Armin foundation. These were judged by a panel of 5 individuals, based on originality, methodology, presentation style, keeping time of presentation and ability to answer questions. Dr. Mehrnaz Hadian sponsored 2 travel awards to two very active members of IAMA JAVAAN to participate and present their research in the meeting (hotel, registration, Gala dinner).

Among highlights of the meeting were presentations by the Keynote and Cultural speakers. Dr. Pardis Sabeti, a renowned Iranian/American Scientist/physician, gave an excellent keynote speech on "Genomics of Humans and Microbial Pathogens" which was well received by membership. Dr. David Collier, a scholar in political history of Iran, was our cultural speaker who talked

to us about “A Justice for Iran” which was well received by the participants of our Luncheon Award Event.

The Persian night and Gala events were second to none. Members and their guests did not want to leave the events since they were full of joy and happiness.

At our Membership Meeting, the leadership listened carefully to the suggestions of all members especially the young members. It is our intention to implement these suggestions as much as possible. Websites, which will be the backbone of the association for communication will receive new blood in it. Hopefully we all will be able to communicate much better with each other.

Mentor and mentee programs will provide the possibility of helping our young Iranian physicians who need some assistance and advice and this will be on the website. Very enthusiastic and able board members have been elected for the coming term, which, with the help of previous team, will try to reach all our goals of being proactive and helpful to all our membership.

Mrs. Fay Mirfakhrai has been asked to lead the auxiliary membership, which will be an excellent addition to our current membership. This branch will take care of member’s spouses during the meeting and arranging group social and cultured activity for them. The leadership is sure that this branch will make meetings more attractive for the members and their family.

At the Combined Boards Meeting, the beautiful city of San Diego was chosen by the members to be the site of our 2017 Annual Meeting, and we all look forward to your participation in the Event.

The Call for Abstract will be posted on the Website soon and we request that you start working on your research work and send it to us either for oral or poster presentation.

On behalf of the new Board of Directors.

Khalil Sharifzadeh, DVM, MP
Past President

**He who knows not, and knows
not that he knows not, is a fool,
shun him; He who knows not,
and knows that he knows not,
is a child, teach him. He who
knows, and knows not that he
knows, is asleep, wake him. He
who knows, and knows that he
knows, is wise, follow him.**

Persian Proverb

Be In IAMA with IAMA

Dear Member of IAMA,

It is my pleasure to write a brief report for this edition of the Bulletin regarding the activities, progress and achievements of IAMA during the past year. First, let me thank the outgoing administration for their hard work and dedication to progress IAMA in the leadership of Dr. K. Sharifzadeh.

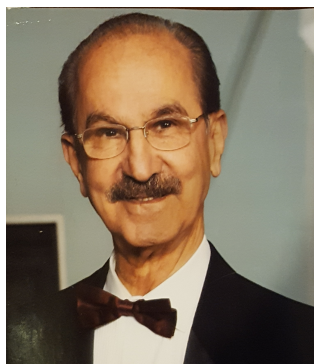
Now, IAMA is very fortunate to have the new committed Board of Directors and a very energetic and dedicated President, Dr. H. Shokouh-Amiri. As our emphasis almost always have been on membership, Dr. Shokouh-Amiri has also accepted to chair of the Membership Committee himself. I am sure he will be successful to increase the membership at the same time to the level of your satisfaction. Thank you Dr. Shokouh-Amiri and your dedicated Board members. At the same time, all the Chapters and IAMA Javanan Section are doing their best too.

For example, Dr. B. Ghassemi, Trustee of IAMA -MA chapter is directing the Membership Committee and has pledged to add 100 new members to the existing members of the MA Chapter. In TX Chapter of IAMA, Drs. H. Guilak, N. Guilak (advisors) & Dr. H. Mohajer, Vice President of IAMA has had very close cooperation with the President, Dr. Tavackoli and the other members of the Board to achieve their goals.

Dr. R. Hedayati, President of NY Chapter and Dr. S. Mortazavi, President of IAMA NJ,

are also similarly working in that regard as well. Besides that, Dr. Mortazavi has helped many Iranian IMGs to achieve their goals by forming teaching classes in his own office. On the other hand, Chapters of NJ and NY

also have successfully continued the public awareness seminars by participating Iranian experts in different medical and dental fields. These lectures, in layman language, also consist of a questions and answers section for the audience.



Dr. F. Ghazi, chair of OH Chapter is also working hard to achieve their goals. IAMA Javanan president and members of the Board & Dr. M. Hagh have been very active to help the Iranian IMGs to achieve their goals and at the same time increase its membership. Dr. Ashuri in Ca & Dr. Ashkan in NY also have been very active to promote IAMA Agenda too. Thank you all.

Committees at the level of the Board of Trustees have been very active. CME Committee has done a wonderful job during the annual meeting under Dr. Shokouh-Amiri. It has offered 10 hrs CME Category One credits to the participants with great lectures of Iranians in the different fields of medicine and allied health groups. As Dr. Shokouh-Amiri has now been elected as President of IAMA, Dr. R. Saidi has been appointed as the new chair of the CME Committee. He is already working hard for the upcoming annual meeting's CME program.

As you see, the Publication Committee also is working hard to publish this E-Bulletin and has been involved with the changes to the website. As there has been some complaints about the IAMA website, finally, by the hard efforts of its' committee and Dr.H. Shokouh-Amiri, the new website is under construction. Dr. R. Salei has accepted the responsibility to do and finish this task which is already in progress. Iran International Committee has been working very closely in IAMA Iran administration regarding the progress of IAMA Medical Center and other related issues. Thank you.

As usual, every year there is an annual meeting of IAMA. Last year's meeting was held in Boston, MA. Dr. F. Askarian and his Board Members, especially President, Dr. Sharifzadeh, worked very hard to make it

enjoyable and attractive for the participants. Thank you all. This year's annual meeting of IAMA will be in San Diego, CA. As you have been witness to every year, it gets better and better. Please save the Memorial Day weekend of 2017 to attend.

All of these efforts are just for you, dear members and all other members of the Iranians in the medical fields. Let us continue to get together to create a power to help each other by being members of IAMA to serve you.

Amir Ganchi, MD
Chairman of IAMA

***Human beings are members of a whole,
In creation of one essence and soul.***

If one member is afflicted with pain,

Other members uneasy will remain.

***If you've no sympathy
for human pain,***

***The name of human
you cannot retain.***

Saadi Shirazi, 13th century poet
Translation by M. Aryanpoor

DENTAL SECTION MISSION STATEMENT

Our mission is to introduce the Iranian American Dental Association Section of **IAMA** that is known as a non-profit organization. It is a professional association solely dedicated to provide **Iranian American Dentists** a helping hand through their career. **IAMA** services are not only limited to annual conferences and Continuing Educational courses with CE credits. We help all those in need...

Our mission prides ourselves in supporting Dental graduates with great leadership, guidance in which it enables the aspiring Dentist to practice successfully in the United States.

Our mission will always maintain professionalism, highest ethical standards, honesty, an understanding catered to all as an individual and treated with the utmost respect.

Our mission dedicates IAMA to all in need of Dental resources such as complimentary consulting for newly graduated dentist **vs.** any other dental professionals in need of support, guidance to strive on their new venture whereas buying/building a new practice etc.

Our mission provides dental assistance to those in need and educates students in the USA about the empowerment of becoming a graduate and being a positive role model in the Dental community.

Our mission works with various dental companies that are beneficial to incorporate into your dental practice for maximum growth.

Our mission lends a hand and gives back to those less fortunate one **SMILE** at a time.

IAMA excellences also cross reference to all specialties in Dentistry. The group consists of Implant & Periodontist, Endodontist, Orthodontist, Oral and Maxillofacial Surgeon, Prosthodontist, Hygienist and Cosmetic Specialist that are in this prestigious Division. We are ONE in supporting and helping each other in our endeavors.

We invite you to join IAMA to fulfill the above goals by registering at iama.org, fill out application form, submit it electronically and pay by paypal or download a hard copy and mail with your payment to IAMA, 32 Bodie Road, Wayne, NJ 07470.

A Justice for Iran: William O. Douglas and the Struggle for Democracy in Iran

David R. Collier, Ph.D.

Presented at the IAMA Conference, Boston MA
Sunday, May 29, 2016



My talk today is on William O. Douglas, a Supreme Court justice from 1939 to 1975, and a little known advocate for democracy in Iran. My interest in the subject stems from my PhD dissertation which examined US-Iranian relations during the reign of the last shah, which will be published in book form by Syracuse University Press in early 2017. It examines the relationship between the shah, Iran's democracy movement, and successive US presidents, and tries to explain the nature of American influence during this vitally important time. Although the story of William Douglas did not make it into the book, he is a very colorful character who had some very interesting views on Iran which I hope may be of some interest to you today. I will end with a counterfactual argument that shows that American policy towards Iran in the 20th century could have been vastly different if certain things went a slightly different way.

William O. Douglas is known for being one of the youngest justices appointed to the Supreme Court at 40 years of age, as well as being the longest serving justice, staying there for 36 years. He truly lived a wild and varied life. On the bench he was known as a free speech absolutist and a constant critic of government censorship. He was equally strident with his

views on the environment, writing in *Sierra Club v. Morton* that inanimate objects such as trees should have the right to sue their polluters. He routinely made headlines, not only for facing two impeachment attempts to remove him from the court, but also because of his prodigious work ethic. He wrote thirty books, set the record for writing the most Supreme Court opinions, and dissenting opinions, delivered more speeches than any other justice, and courted national controversy with 4 marriages and 3 divorces in a busy thirteen year span. His personal life would often make front page news with Gerald Ford in particular disgusted by the justice's lifestyle, which often included young women, copious amounts of alcohol, a vocabulary said to be found in no dictionary.

But it is his interest in foreign affairs that is the subject of my talk today. Well known for his forceful advocacy of world peace, law, and cooperation, there has been less attention given to his passion for promoting democracy in countries such as Iran. It is rarely mentioned in books on Douglas's life or in histories of US-Iranian relations. When it does come up, it is never covered in any detail. While conducting research for my book however, his name repeatedly appeared in memos spanning the presidencies of Roosevelt to Johnson. Upon researching further it became clear that William Douglas was an active and consistent advocate for Iranian democracy who made himself heard at the highest levels of government.

His initial rise to prominence came during the long presidency of Franklin D. Roosevelt. The two were close friends and frequently conversed about politics and foreign affairs. Roosevelt's Iran policy began in 1941 with the inauguration of Reza Shah Pahlavi and initially focused on ensuring the young shah stayed away from an active role in politics to allow Iran's indigenous democracy movement to reestablish itself following the collapse of the Constitutional Revolution. Roosevelt pinpointed Iran as a country which could serve as a model for "an unselfish foreign policy" of promoting democracy in developing countries. The president remarked, "we could not take on a more difficult nation than Iran. I would like, however, to have a try at it."

Douglas strongly supported Roosevelt's policy. In his frequent public writing he put forth powerful statements calling for the United States to take a more active international role and to better promote democracy by supporting grass roots efforts, land reform, and mass education of the developing world.

But by mid-1940s, the United States began to move away from their unselfish policy and instead cast eyes over Iran's natural resources. Moreover, as the Cold War began, American officials began to prioritize stability in allied countries that bordered the Soviet Union and this invariably meant support for the strong, dependable rule of friendly dictators rather than the unstable growth of democracy. In Iran, this meant greater support for the shah rather than the country's democratic institutions.

Douglas argued against this change, saying in 1948 that the Cold War would be won in the rice fields not the battlefields and that the United States had to reach out to the people of the developing world. To learn more about the region, Douglas took numerous trips to the Middle East in the late 1940s and early 1950s when the court was not in session. He would frequently travel the globe during his vacation time and earned him the nickname "Marco Polo Douglas" from his fellow jurists. Iran became a focus for his travels after his first visit in 1949, returning two years later to travel extensively around the country. He was not so much interested in formal diplomatic meetings but rather experiencing the daily life of ordinary Iranians, particularly in the countryside. He travelled extensively, climbed Mount Damavand, and met with many tribal leaders, developing a particularly close relationship with the Qashqai tribe. Upon his return to Washington he frequently brought up their concerns about the Shah's rule to senior American officials.

His trips to the Middle East became the source for a part-travelogue part-prescriptive policy proposal published in 1951, called *Strange Lands and Friendly People*. The book fleshed out his belief that more attention needed to be given to the everyday people of the developing world if the United States wanted to guarantee

victory in the war against Communism. He warned that the America he loves is not the America the people of Asia see, and that American policy was no longer focused on promoting the ideals of democracy, liberty, and justice, but in preventing the spread of communism through force and strong leadership. This meant that while we "talk about democracy and justice... we support regimes merely because they are anti-Communist." He called this a negative policy – the United States was trying to prevent something rather than promote something – and that a negative policy will beget a negative response. The United States might defeat the enemy through strength but strength alone cannot win the hearts and minds of the people. Instead, the United States needed to pursue a positive policy of promoting reform, good governance, and democracy to draw the people towards the United States.

The book became an instant best seller and in articles and interviews that followed, Douglas railed against American policy which continued to place an emphasis on stability and the shah's strong, personal rule.

Douglas instead argued that Iran needed support and development and called for financial aid in the region of \$100 million to support its movement towards democracy and away from Communism, telling President Truman that "if something is not done in the immediate future the [Iranian] Government may fall – and then we shall be in a bad spot." He was not alone in his concern. The US ambassador to Iran, John C. Wiley, called the administration's refusal of increased aid to be "as weird as the Eleusinian Mysteries and as unintelligible as the Epic of Gilgamesh."

When Mohammad Mossadegh became prime minister in 1951, American aid decreased rather than increased, yet Douglas called him a "true democrat" and wholeheartedly supported him in the ensuing oil dispute with Great Britain. Douglas and Mossadegh met repeatedly and when back in Washington, Douglas would argue his case to anyone that would listen. Given his influential position, this meant he met with senior officials including President Truman. Douglas later wrote that he tried "to promote in

every way I can the cause of Iran and its very wonderful leader, Mossadegh” but was unable to sway the president. The Truman administration sided strongly with Britain and instead saw Mossadegh as a problem rather than a solution. Douglas later recalled how Truman would “give me long lectures about the Persians and they were the demonstrations of the greatest ignorance I have ever known from a person in a high place. I always thanked him, but I always realized his abysmal ignorance of what actually went on in the world.”

In particular, the two disagreed on how best to handle the oil crisis. While Truman attempted to restrict Mossadegh and force him from power, Douglas argued that he should be embraced both diplomatically and financially. He despaired that without financial aid, the US Ambassador in Iran was being “forced to play in a game for enormous stakes without any chips,” and that “if Iran is to be kept this side of the Iron Curtain, I am convinced that Ambassador Grady needs substantial and immediate economic aid to be utilized at his discretion.” He argued that the United States was on the wrong side of history in its support for the increasingly authoritarian Shah. His solution was for \$100 million to be sent in immediate aid not to the Shah, but to support a peaceful transition of the people towards freedom and democracy.

Unable to sway the president, Douglas went to the American people, producing a documentary film about Iran and writing a widely-read article for the New Republic in April 1952. There he reiterated his view that the United States must not seek to support the status quo.

This is a revolution that is going on...a revolution against the control by a few men of the destinies of the great masses of the people... Are we for the people or are we for the landlords? [The American aid program] is a political instrument [which will] weld the economy either one way or the other. As long as it's American influence and American ideas and American dollars, I say let's do it the American way.

As international pressure grew for Mossadegh to submit to British oil demands, Douglas labeled Western policy as “ugly and greedy.” The United States, he warned, was “playing for disaster in Persia,” and reiterated that there was “a great nationalism out there... Forces so powerful no one can stop them.” Rather than delivering Iran to Communism as the British and Americans argued, Douglas felt Mossadegh gave the peasants a political alternative that was the antidote to Communism. “Mossadegh,” he wrote, represented a rare opportunity for the United States to promote “freedom, justice and opportunity, and dignity for the common man”. “If you and I were in Persia,” he wrote to the American public, “we’d be for Mossadegh 100%.”

Having made repeated attempts to find accommodation between Mossadegh and the British demands, the increasingly desperate Truman administration turned to Douglas’s proposals in the final few weeks of their time in office. In December 1952, one month before transition, Truman ordered Acheson to reach a settlement with Mossadegh even, he said, “if it may impair our relations with the British.” The result was along the lines suggested by Douglas: American aid of \$100 million in return for future delivery of Iranian oil to Western companies. Mossadegh signaled his interest in the deal and according to Henry Byroade, Assistant Secretary of State for Near Eastern Affairs, a solution was “80-90% worked out when the Administration changed.” Dean Acheson was similarly confident, saying they were “very close” to an agreement but ultimately failed to get a reply from both parties before they left office. In their stead came the Dulles brothers, already in discussion with the British on their own plan based not on financial aid, but on a controlled uprising to remove Mossadegh from office altogether.

Truman was replaced by the Republican Dwight Eisenhower and the influence of liberals such as Douglas waned. Instead of offering aid, the new administration soon succeeded in removing Mossadegh and thereafter preferred the shah’s personal rule rather than continued democratic experimentation. Douglas did try to influence their thinking, visiting Iran again after the coup

and writing numerous letters arguing in favor of support for the democratic struggle, but without close connections to the Republicans, his voice was largely ignored. This would change when John F. Kennedy assumed the presidency in January 1961.

Douglas was a close friend of Kennedy's father and had known the new president since he was 14 years old. Even closer was his relationship with Robert Kennedy, the incoming attorney general, who he had once employed as a law clerk and later brought with him on his tour of the Soviet Union in 1955. Douglas was therefore one again influential and Kennedy came to power with the hope of restricting the shah in favor of laying the foundations for a more democratic government. Soon after entering the White House and presumably after correspondence had been sent by Douglas, Kennedy replied that he was "following the Iranian matter as carefully as possible with your advice in mind."

This advice was for the United States to provide a counter plan to Communism based on positive ideals rather than what he saw as the negative and defensive nature of containment. He continued to call for the United States to support the people and help them emerge from the yoke of repressive landlords. US foreign aid, he argued, should be made conditional upon the government instituting basic reforms that would help create democratic societies abroad, starting with land reform to allow democracy to build up from the village level and emerge as the product of their own energies, albeit supported by American dollars.

What emerged was an Iran policy very much in line with his advice. The administration convinced the shah to appoint Ali Amini to the position of prime minister, a man who had long cultivated close relations with the United States. Financial aid was increased along the lines suggested by Douglas and other policies such as land reform to help Iran's rural population became a priority. Government owned land was reassessed and large amounts given to landless peasants while efforts were also made to break-up the large holdings of the landed gentry. Village councils and cooperatives were

established which Hasan Arsanjani, Amini's Minister of Agriculture, hoped would lead to the eventual establishment of a "healthy democracy" in Iran.

Not only was Douglas close to the new American administration but he also had strong ties with Iranian opposition figures who had been forced into exile after the overthrow of Mossadegh. He made sure that their views on the Iranian situation were heard in Washington. Ali Shayegan, once Mossadegh's Minister for Education and who now organized the National Front abroad, praised Douglas for his "high ideals, integrity, and liberalism." In a letter to the president, Douglas urged Kennedy to reach out to these people, saying "all the Jack Kennedys of Iran are now in hiding or in exile." In response, the president instructed his brother to listen to their views and Douglas arranged numerous meetings

However, the synchronicity between Douglas and the Kennedy administration ended as the process of building democracy led to instability in Iran, a situation the United States could not allow given its influential geostrategic position. After eighteen months in power the American-backed prime minister was forced to resign after failing to make progress and ensure stability. Rising social unrest and economic decline convinced the Americans that Iran needed a new policy, one that emphasized stability even if it meant sacrificing some of the liberal progress they had made. Without a backup plan, the shah was seen as the best solution and he once again assumed a more central role following Amini's departure.

William O. Douglas however, did have a backup plan. During his many travels in Iran he had become particularly friendly with the Qashqai tribe and its leader, Nasser Khan. He also despaired at the shah's rule and told the Kennedy administration in 1962 that "the only solution to the Persian situation is to get rid of the shah." In its place he suggested a regency of the shah's young son with a cadre of advisors composed of pro-Western, democratic strong men such as Ali Amini and Nasser Khan.

But while Douglas viewed the shah as the problem, the administration were seeing him more as the solution and this disconnect meant that Douglas soon lost favor in Washington. A member of the national security council wrote that “while most of us share Justice Douglas’s concerns about corruption, inefficiency, and the lack of democracy in Iran...[he] has been influenced too much by disgruntled anti-regime Iranians.”

This firm American support for the shah continued for the next 15 years, through successive presidencies, until the shah’s downfall in 1979. Voices of opposition, such as William Douglas, were increasingly ignored in favor of uncritical support for a valuable cold war ally.

However, for almost two decades, William Douglas was a consistent supporter of Iranian democracy through calls for land reform, support for the Iranian opposition, and for limiting the influence of the shah in the day-to-day running of the government. While his regency plans were far-fetched and unlikely to succeed, they showed awareness that the shah’s personal rule was part of the problem in Iran rather than the solution. However Kennedy, and later Johnson, Nixon, Ford, and Carter, all felt the shah offered the best prospects for stability and increasingly supported his authoritarian rule, even after the revolution had begun. The forces that eventually toppled the shah were the very same that Douglas had hoped to bring into an alliance with the Americans but after being ignored, had instead come to see the United States as the enemy. History however, could have been very different.

Douglas made himself an influential voice on the world stage through the strength of his personality and his contacts, not the political strength of his office. Unable to participate in politics as much

as he would like due to his position on the largely apolitical Supreme Court, Douglas held ambition to attain political office. He came close to the position of vice president on numerous occasions as Roosevelt, Truman, and Johnson all felt at times that Douglas would make an excellent running mate. However his private response to a friend after being offered a place on Truman’s ticket in 1948, that he was not prepared to be a number two man to a number two man, reveals his deeper ambition. Douglas wanted to be president and came remarkably close to achieving this at what would have been a turning point in US-Iranian relations. In 1939 he was widely perceived to be Roosevelt’s successor, with the President himself reportedly referring to him as “the Crown Prince.” Roosevelt’s long tenure in office meant that the Crown Prince had to wait until 1944 for his chance. Campaigning for his 4th term but with his health declining sharply, it was clear that the choice for running mate would undoubtedly become the next president and Roosevelt made clear that he wished for Douglas to join him on the ticket.

The Democratic Party, and particularly the chair of the DNC, Robert Hannegan, did not concur. With his wild private life and lack of political experience, Hannegan felt Douglas to be a liability. After intense debate with Roosevelt

over the matter, the president finally relented and agreed to nominate the safer option of Harry Truman. “I know this makes you boys happy,” the president wrote to Hannegan, “and you are the ones I am counting on to win this election. But I still think Douglas would have the greater public appeal.” Roosevelt continued you to speak about Douglas’s suitability and when asked to put the matter to rest once and for all by putting his final decision of Truman down in writing, the president wrote that he would “be



Dr. Collier with Dr. & Mrs. M. Sarraf

very glad to run with either” Harry Truman or Bill Douglas. The matter therefore continued to the Democratic Convention where Douglas’s chances increased thanks to the offer of financial assistance from his old friend Joseph Kennedy. But with Truman having the backing of the DNC, the Douglas camp hoped a last minute phone call to the president would settle the matter once and for all in his favor. Roosevelt however was on a train heading west and all calls were forwarded to Hannegan. He erroneously informed them that the president was undergoing a secret operation and could not be reached. Unable to contact Roosevelt, the conference ultimately voted for Truman. According to Douglas’s assistant, “We brought him to within a nickel’s phone call of the vice presidency” but did not have the direct line of communication to the president that Hannegan had.

Douglas was furious but powerless due to his position on the Supreme Court preventing him from openly campaigning. He later quipped that “all I needed to do to win was to get two cases of scotch and some girls and get a suite of rooms in the convention city and operate.” Three months after being sworn in as Vice President, Franklin Roosevelt passed away and Harry Truman, not Douglas, became President of the United States of America.

It was Truman therefore who went on to change Roosevelt’s policy of support for Iranian democracy to more of a focus on the Shah’s personal rule, a trend that continued for much of the twentieth century. It was Truman, not Douglas, who went on to face the oil nationalization crisis in which he allied with the British to try to force a pro-Western settlement on Prime Minister Mossadegh. Had Roosevelt had his way and chosen Douglas, a staunch defender of Mossadegh and the promotion of democracy in Iran, there is little doubt that the future of Iran and US-Iranian relations would have been vastly different. In an interview in

1963, Douglas ventured that had he won the nomination he would most certainly have demanded democratic reforms in return for financial aid to feudal countries in Africa, the Middle East, and Latin America. The difference between policies pursued by Truman and those potentially pursued by Douglas would have led to major differences to the world we know today.

Douglas represented a strain of liberal Democratic thought that was rarely heard from in the twentieth century. He came so close so often to attaining political office that would have allowed him a profound influence on US policy towards the Middle East, oil nationalization, and democracy in Iran. No other senior US official before or since has invested so much time and effort into understanding the Iranian people which remains a great weakness in US relations with Iran even today. His assertion that Iran needed “to be known more intimately by the West” remains as true now as it did then.



Dr. Collier receiving his plaque of appreciation from Dr. S. Bozorgzad

Dr. Pardis Sabeti Key Note Speaker

23rd Annual Meeting ~ May 2016 ~ Boston, MA

Dr. Pardis Sabeti is an Associate Professor at the Center for Systems Biology and Department of Organismic and Evolutionary Biology at Harvard University and the Department of Immunology and Infectious Disease at the Harvard School of Public Health. She is an Institute of Harvard and MIT, and a Dr. Sabeti is a computational geneticist with expertise developing algorithms to detect genetic signatures of adaption in humans and the microbial humans. Her lab's key research areas include: (1) Developing analytical methods to detect and investigate evolution in the genomes of humans and other species (2) Examining host and viral genetic factors driving disease susceptibility to the devastating and deadly diseases in West Africa, Ebola Virus Disease and Lassa hemorrhagic fever. (3)



Investigating the genomes of microbes, including Lassa virus, Ebola virus, Plasmodium falciparum malaria, Vibrio cholera, and Mycobacterium tuberculosis to help in the development of intervention strategies. (4) Determining the microbial cause of undiagnosed acute febrile illness.

Dr. Sabeti completed her undergraduate degree at MIT, her graduate work at Oxford University as a Rhodes Scholar, and her medical degree summa cum laude from Harvard Medical School as a Soros Fellow. Dr. Sabeti is a World Economic Forum (WEF) Young Global Leader and a National Geographic Emerging Explorer, and was named a TIME magazine 'Person of the Year' as one of the Ebola fighters. Her awards included the Smithsonian American Ingenuity Award for Natural Science, the Vilcek Prize for Creative Promise, the NIH Innovator Award, the Packard Fellowship, and an Ellis Island Medal of Honor. She has served on the MIT Board of Trustees and the National Academy of Sciences Committee on Women in Science, Medicine, and Engineering. Dr. Sabeti is also the lead singer and co-song writer of the rock band Thousand Days.

IAMA PUBLIC AWARENESS IN HEALTH ISSUES

According to the Bylaws, IAMA has started "Public Awareness in Health Issues" in the medical and allied fields for Iranians in the United States. This program will alternate between the NY and NJ Chapters every other month. IAMA would like to encourage all other chapters to initiate this program in the state which is part of the IAMA Bylaws. If you don't have a chapter in your area, we encourage you to make one or you can call the IAMA Office to discuss ways to promote this program.

If you are interested in being a speaker in the medical and allied topics at one of these seminars, please email IAMA at iama@iama.org or calling the office at [973-595-8888](tel:973-595-8888). Please be sure to include your topic and your information.

Thank you for your support in helping to promote public health awareness.

“Be the **change** that
you want to see in
the world.”

Mahatama Gandhi

An Iranian Swedish, a true story

It was the in the year 1351 that a newborn baby was found by a teacher in front of a house in Molavi Street in Tehran, Iran. The baby was placed in a Nursery in Narmak, Tehran and was called Ashg (Tear) because she constantly cried. Seven months later, he was adopted by a Swedish couple who took him to Sweden.

After many years, Ashg discovered that he was of Persian descent. It was then that he became interested in Persian culture and Persian language, proving to be a quick study in both fields. He has become the professor of Persian literature in the University of Oslo in Norway. He has written a book about Persian Grammar which is a source of reference in Scandinavian countries. He has also translated into Swedish the poems of Rumi, Hafez, and two other Iranian writers.

The following are excerpts of what Professor Ashg mentioned during an interview by Elaheh Ravanshad from Farda Radio.

He says:

"My name is Ashg Dolan, born in 1351 in Iran. I am 37 years old and living in Norway. I lived in a nursery in Iran for seven months when my present parents adopted me and brought me to Norway. I was raised by them in this country. As far as I know, a teacher found me in front of a house in Molavi Street in Tehran, and took me to a nursery in Narmak within a few hours.

I considered myself to be Swedish until I was 11 or 12 years old. I then realized that my roots were from Iran. I studied Iranian language, literature and culture. During college, I studied Persian literature whenever I had a chance. My Professor was very knowledgeable in the field, and he motivated me to learn quickly."

In regard to selection of his name Ashg (meaning tears), he refers to the history of The Ashkania dynasty in Iran and the kings Ashg1 and Ashg 2. He also knows that he was named Ashg because he used to cry frequently while he was in the nursery in Iran. In response to the question concerning compatibilities and differences between Persian and Swedish culture, he mentioned that the Swedish people used to consider Persians as a sample for Asian culture; however, they have been thinking more realistically about Iranian culture in the past 20 years. He added that he sees similarities between the cultures and customs of the two nations. These similarities include dining and philosophy. There has been an increase in the translation of books, movies and TV programs between the two languages. These attempts can draw the two nations closer to each other.

Professor Ashg also emphasized the importance of parental involvement in the development of children. He believes that his parents' involvement encouraged his understanding and promotion of Persian studies.

He added that he is married to an Iranian and pleased to have a Persian family in Iran who always

receives him with love and compassion during his visits.



The following is the picture of Professor Ashg while receiving the literature prize from the Queen Sylvia.

Emailed by Dr. N Soleimanpour ~ English translation by Dr. H. Mohtashemi.

CHAPTER ACTIVITIES

New York

The New York Chapter of IAMA had several professional Thursday night meetings at Manhattan with chapter's officers and IAMA chairman and vice Chairperson and other IAMA and IAMA Javan members attended.

NY Chapter arranged several public awareness meetings for general audiences and professionals held conveniently located at Queens bureau which is easily accessible from New York City, New Jersey, Connecticut and Long Island.

These meetings are held on Sundays with lunch (Persian food) and music .

Iranian physicians and scientists, well known and experts in their fields, volunteered for this community service. The subjects discussed so far are:

- 1- Breast cancer screening.
- 2- Dental Health.
- 3- Depression ~ Speaker Dr. Ahkami.
- 4- Sleep disorders ~ Speaker Dr. Hormoz Ashtiani
- 5- Aging, Challenges and opportunities. Speaker ~ Dr. Hosseinali Shahidi.
- 6- Zika Virus ~ Speaker Dr. Zahra Zakeri.
- 7- Lung Cancer screening ~ Speaker Dr. Ardeshtir Hakami.
- 8- Cardiac rehabilitation ~ Speaker Dr. Farshid Radparvar.

**Reza Hedayati, MD,
President – IAMA-NY**

Texas

For the year of 2016, the Board of Directors held regular meetings scheduled for the first or second Tuesday of each month.

Additional meetings were also held as needed. The extra meetings were held in preparation for our breast cancer screening, cholesterol and blood sugar test.



Board of Directors for 2016

Dr. Shahin Tavackoli, MD, President
Dr. Tanaz Armaghani, MD, Vice President
Dr. Homayoon Ataei, MD, Treasurer
Dr. Ehsan Arabzadeh, DDS, Secretary
Dr. Homayoon Mohager, DC, Member at Large
Dr. Neda Ghedami, DC, Member at Large

Advisory Boards:

Dr. Hooshang Guilak, MD
Dr. Frahang Jamae, PH.D

This year IAMA-TX created 4 committees as follows:

Membership Committee, Publication Committee, Scholarship Committee, Website Committee.

Membership Committee for the period of year 2016 increased our active members last year to 10 active members this year. The total number of active and student members is 13 members.

Service to Community:

The services of the IAMA – Texas can be summarized as follows:

~ Scholarship: 2 – 3 scholarships to college students in the healthcare profession. The total scholarships will be between \$4,000 - \$6,000 and will be given by the end of this year.

~ Yearly annual cholesterol, glucose, blood pressure and breast examination for early detection for the Iranian community.

New Activities

To expose our association to the public and attract them to help us for our activities, this year, we decided to have quarterly lectures for the Iranian community. So far three lectures were performed about the following topics, coronary artery disease, breast cancer screening and effect of hypnosis to cure some diseases. The next lecture will be held in January 2017 about liver transplant by IAMA President, Dr. Hosein Shokouh-Amiri.

Also monthly articles continue this year at Asheghaneh Magazine for public awareness. So far we published 10 articles about general medical information for the Iranian community.

Networking:

This year, Dr. Arabzadeh, the secretary, established our activities via facebook, internet and twitter for members,, potential members as well as for non-members those who are part of the Iranian-American community and have shown support and

interest toward IAMA-TX mission and activities.

Outreach:

Phone hotline to assist the Iranian-American community with medical questions and needs.

Shahin Tavackoli, MD
President, IAMA-Texas

Ohio

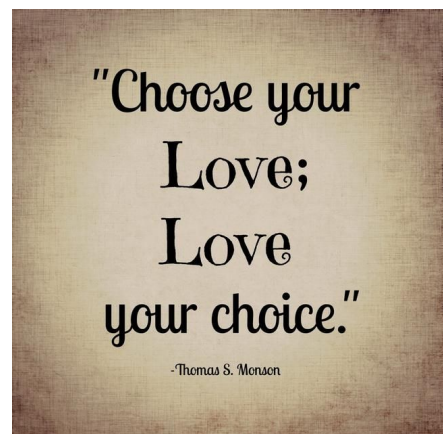
The Ohio Chapter of IAMA meets quarterly.

Our activities include educational medical programs for the Iranian community as well as cultural and musical discussions.

A concert is scheduled for December 10, 2016 at the prestigious Cincinnati Aronoff center performed by the Cincinnati Persian Music Ensemble. IAMA is among the sponsors of this event.

At our last gathering with IAMA members ,we encouraged everybody to renew their membership and attend the annual meeting in San Diego. The overall response was very positive.We are also actively reaching out to our medical community for new members.

Freidoon Ghazi, MD
President, IAMA-OH



Massachusetts

As the largest medical association of Iranian Healthcare Professionals in North America, the State of Massachusetts is among seven States in the Union that has the privilege of having an active IAMA local chapter (IAMA-MA). In keeping with IAMA's primary mission, the Massachusetts Chapter holds Quarterly Social and Scientific events in the greater Boston area. The Organization invites all of the prominent physicians, dentists and biomedical researchers to attend or make a presentation in the area of their interest and expertise. We encourage all Iranian American health professionals residing in Massachusetts and neighboring States to take advantage of the unique opportunity for genuine social scientific cultural exchanges at IAMA-MA's Quarterly Events. This past year, IAMA – MA was proud to be the host of the Annual Meeting for IAMA.

Activities:

- Quarterly social/scientific conferences.
- Disseminating the healthcare knowledge among the Iranians living in Massachusetts by a Health Clinician Guide and Reference Directory.
- Providing young healthcare professionals with a senior IAMA associates through a Mentor-Mentee program to inspire them in pursuing their career goals.
- Promote networking among the healthcare professionals in Massachusetts.
- Providing medical assistance to the needy Iranians in Massachusetts.
- In October, IAMA-MA presented \$500 for the 2016 Young Investigator Award.

Board members of IAMA-MA are as follows:

President: Farhad Askarian, MD
Vice President: Anahita Hadioonzadeh, PhD
Secretary: Nahal Panah, DMD
Treasurer: Mahnaz Zeinali, PhD
Member at-large: Reza Madani, DMD
Member at-large: Alireza Ziaie, MD

Advisory of Boards:

Dr. Bahram Ghassemi, Dr. Khalil Sharifzadeh, Dr. Reza Saidi, Dr. Reza Madani, Dr. Badrieh Edalatpour, Dr. Hamid Esbah, Dr. Hesam Karimeddiny, Dr. Iraj Hooshmand, Dr. Amir Zamani, Dr. Khosro Farhad, and Dr. Alireza Hosseinneshad.



**Farhad Askarian, MD,
President, IAMA - MA**

**The only thing that will stop you from
fulfilling your dreams is **YOU****

~Tom Bradley

New Jersey



New Jersey Chapter of IAMA continued its activities including Public Awareness educational sessions and regular Board meetings in 2016.

NJ Board of Directors:

President: Shervin Mortazavi, MD

Leily Mahdavian, MD, Pegah Ameri, DDS, Shervin Mortazavi, MD, Ali Tabarroki, MD, Payam Torei, MD

Vice President: Pegah Ameri, DDS

Secretary: Payam Torei, MD

Treasurer: Ali Tabarroki, MD

IAMA Javan: Leily Mahdavian, MD

The following topics were presented during the Public Awareness sessions of IAMA NJ:

- Pain Management, presented by Dr. Vahid Grami
- Dental Care and Oral Hygiene, presented by Dr. Shahram Lashgari and Dr. Pegah Ameri
- Obesity and its complications, presented by Dr. Mehrdad Soleimani
- Emergency Management, presented by Dr. Arash Arvin
- Peptic Ulcer and GI disorders, presented by Dr. Mohammad Erfani

Also, in July of 2016, NJ chapter hosted a Gala at Fiesta Banquet, honoring Professor Farid Hosseyni and to help young Iranian

physicians get into Residency programs, Dr. Shervin Mortazavi hosted two educational sessions in collaboration with IAMA Javan of NJ and NY at Dr. Mortazavi's office in New York. Topics of Residency Application



Preparation, and Interview Skills were presented and discussed in an interactive format.

**Shervin Mortazavi, MD,
President, IAMA-NJ**



No surprise to any one...

The Best immigrants the USA has ever inherited

Iranians (Persians) are amongst the most educated, most contributing, most tax paying and most law abiding immigrants that the US of America has ever witnessed.

Iranians in US: According to extrapolated 2,000 & 2010 U.S. Census data, the subsequent reports & other independent survey analyses carried by think-tanks, it is estimated there are up to: 1.5 million Iranian-Americans living in the U.S. in 2012

Whereby their largest concentration - about 700,000 people –residing in Greater Los Angeles. An NPR report recently put the Iranian population of Beverly Hills as high as 20% of the total population.

Iranian communities in the US; they also have a very diverse religious population.

Muslims,
Iranian-American Baha'is,
Armenian-Assyrian Christians,
Zoroastrians,
Jews,
Mystics,
Spiritualists and
Humanists...
are eminently present in every community.
Other large (>100,000 each) communities
include
New York;
North New Jersey;
Washington D.C.;
Seattle WA,
Washington DC,
Boston MA, and



Houston/Dallas TX.

The majority of the Iranian born had a bachelor's degree or higher. According to **Census 2000**, 50.9% of Iranian immigrants have attained a bachelor's degree or higher, compared to 24.0% among the total foreign-born population. According to the latest census data available, more than **one in four Iranian-Americans holds a master's or doctoral degree, the highest rate among 67 ethnic groups ever studied.**

The Small Business Administration (SBA) recently conducted a study that found **Iranian immigrants among the top 20 immigrant groups with the highest rate of business ownership, contributing substantially to the U.S. economy. Almost one in two Iranian-American households have annual income exceeding \$100K (compared to one in five for the overall U.S. population).**

According to a study carried out by the Massachusetts Institute of Technology ISG, Iranian scientists, engineers and businesses in the United States **own or manage around one trillion dollars. They are**

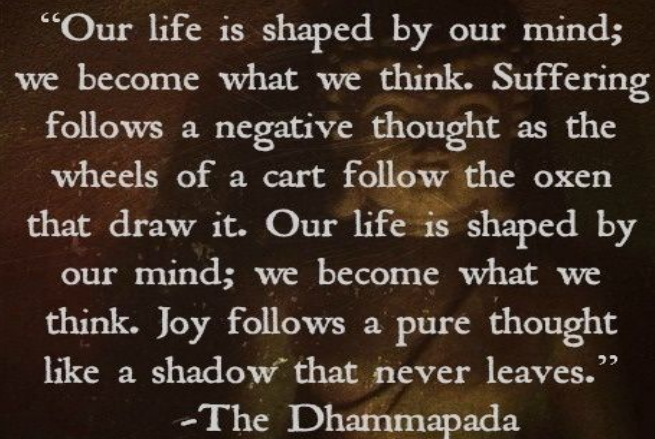
however eminently present in every sector of the society.

At present, there are nearly **10,000 physicians of Iranian heritage** working in the United States who have their own practice and/or work in medical institutions.

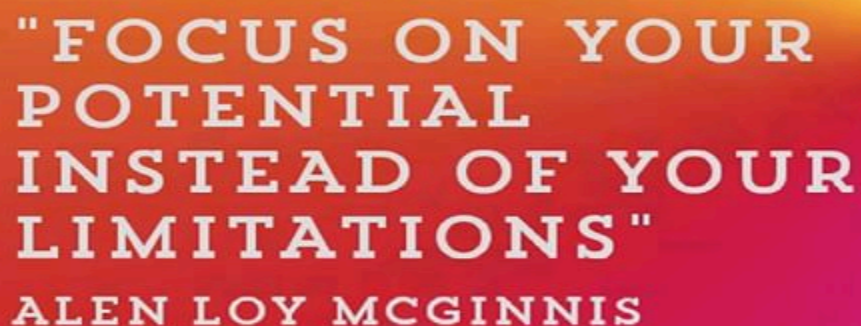
As the most law abiding ethnicity ever, the rate of allegations or even convictions for major or even minor (misdemeanor) crimes in the Iranian-American community ranks as the lowest ever for any community, immigrant or otherwise, in the history of the U.S.

It is also estimated that the total number of **Professors of Iranian heritage** who teach and research in higher education institutions in the United States was approaching 10,000. One is hard pressed to find a single American university or college,

Where one or more Iranian American professors at bare minimum, is not serving. What is most striking is the majority (>75%) of these 10,000 professors serve in the top 200 of the 4,000 universities and colleges in the nation.



“Our life is shaped by our mind;
we become what we think. Suffering
follows a negative thought as the
wheels of a cart follow the oxen
that draw it. Our life is shaped by
our mind; we become what we
think. Joy follows a pure thought
like a shadow that never leaves.”
-The Dhammapada



"FOCUS ON YOUR
POTENTIAL
INSTEAD OF YOUR
LIMITATIONS"
ALEN LOY MCGINNIS

**A Single Migration From Africa
Populated the World, Studies Find**
By Carl Zimmer, NY Times
(September 2016)

Modern humans evolved in Africa roughly 200,000 years ago. But how did our species go on to populate the rest of the globe?

The question, one of the biggest in studies of human evolution, has intrigued scientists for decades. In a series of extraordinary genetic analyses published on Wednesday, researchers believe they have found an answer.

In the journal *Nature*, three separate teams of geneticists survey DNA collected from cultures around the globe, many for the first time, and conclude that all non-Africans today trace their ancestry to a single population emerging from Africa between 50,000 and 80,000 years ago.

“I think all three studies are basically saying the same thing,” said [Joshua M. Akey](#) of the University of Washington, who wrote a [commentary](#) accompanying the new work. “We know there were multiple dispersals out of Africa, but we can trace our ancestry back to a single one.”

The three teams sequenced the genomes of 787 people, obtaining highly detailed scans of each. The genomes were drawn from people in hundreds of indigenous populations: Basques, African pygmies, Mayans, Bedouins, Sherpas and Cree Indians, to name just a few.

The DNA of indigenous populations is essential to understanding human history, many geneticists believe. Yet until now scientists have sequenced entire genomes from very few people outside population centers like Europe

and China.

The new data already are altering scientific understanding of what human DNA looks like, experts said, adding rich variations to our map of the genome.

Each team of researchers tackled different questions about our origins, such as how people spread across Africa and how others populated Australia. But all aimed to settle the controversial question of human expansion from Africa.

In the 1980s, a group of paleoanthropologists and geneticists began championing a hypothesis that modern humans emerged only once from Africa, roughly 50,000 years ago. Skeletons and tools discovered at archaeological sites clearly indicated that modern humans lived after that time in Europe, Asia and Australia.

Early studies of bits of DNA also supported this idea. All non-Africans are closely related to one another, geneticists found, and they all branch from a family tree rooted in Africa. Yet there are also clues that at least some modern humans may have departed Africa well before 50,000 years ago, perhaps part of an earlier wave of migration.

In Israel, for example, researchers found a few distinctively modern human skeletons that are between 120,000 and 90,000 years old. In Saudi Arabia and India, sophisticated tools date back as far as 100,000 years.

Last October, Chinese scientists reported finding teeth belonging to *Homo sapiens* that are at least 80,000 years old and [perhaps as old as 120,000 years](#).

In 2011, Eske Willerslev, a renowned geneticist at the University of Copenhagen, and his colleagues came across some puzzling clues to the expansion out of Africa by sequencing the genome of an Aboriginal Australian for the first time.

Dr. Willerslev and his colleagues reconstructed the genome from a century-old lock of hair kept in a museum. The DNA held a number of peculiar variants not found in Europeans or Asians, raising knotty questions about the origins of the people who first came to Australia and when they arrived.

Intrigued, Dr. Willerslev decided to contact living Aboriginals to see if they would participate in a new genetic study. He joined David W. Lambert, a geneticist at Griffith University in Australia, who was already meeting with Aboriginal communities about participating in this kind of research.

In collaboration with scientists at the University of Oxford, the researchers also obtained DNA from people in Papua New Guinea. All told, the team was able to sequence 83 genomes from Aboriginal Australians and 25 from people in Papua New Guinea, all with far greater accuracy than in Dr. Willerslev's 2011 study.

Meanwhile, Mait Metspalu of the Estonian Biocentre was leading a team of 98 scientists on another genome-gathering project. They picked out 148 populations to sample, mostly in Europe and Asia, with a few genomes from Africa and Australia. They, too, sequenced 483 genomes at high resolution.

David Reich, a geneticist at Harvard Medical School, and his colleagues

assembled a third database of genomes from all six inhabited continents. The [Simons Genome Diversity Project](#), sponsored by the Simons Foundation and the National Science Foundation, contains 300 high-quality genomes from 142 populations.

Examining their data separately, all three groups came to the same conclusion: All non-Africans descend from a single migration of early humans from Africa. The estimates from the studies point to an exodus somewhere between 80,000 and 50,000 years.

Despite earlier research, the teams led by Dr. Willerslev and Dr. Reich found no genetic evidence that there was an earlier migration giving rise to people in Australia and Papua New Guinea.

“The vast majority of their ancestry — if not all of it — is coming from the same out-of-Africa wave as Europeans and Asians,” said Dr. Willerslev.

But on that question, Dr. Metspalu and his colleagues ended up with a somewhat different result.

In Papua New Guinea, Dr. Metspalu and his colleagues found, 98 percent of each person's DNA can be traced to that single migration from Africa. But the other 2 percent seemed to be much older.

Dr. Metspalu concluded that all people in Papua New Guinea carry a trace of DNA from an earlier wave of Africans who left the continent as long as 140,000 years ago, and then vanished.

If they did exist, these early human pioneers were able to survive for tens of thousands of years, said Luca Pagani, a co-author of Dr. Metspalu at the University of Cambridge and the Estonian Biocentre.

But when the last wave came out of Africa, descendants of the first wave disappeared. “They may have not been technologically advanced, living in small groups,” Dr. Pagani said. “Maybe it was easy for a major later wave that was more successful to wipe them out.”

The new research also suggests that the splintering of the human tree began earlier than experts had suspected.

Dr. Reich and his colleagues probed their data for the oldest evidence of human groups genetically separating from one another.

They found that the ancestors of the KhoiSan, hunter-gatherers living today in southern Africa, began to split off from other living humans about 200,000 years ago and were fully isolated by 100,000 years ago. That finding hints that our ancestors already had evolved behaviors seen in living humans, such as language, 200,000 years ago.

In a fourth **paper in Nature**, researchers described a computer model of Earth’s recent climatic and ecological history. It shows that changing rainfall patterns periodically opened up corridors from Africa into Eurasia that humans may have followed in search of food.



The KhoiSan, hunter-gatherers living today in southern Africa, above, are among hundreds of indigenous people whose genetic makeup has provided new clues to human prehistory. Credit Eric Laforge/Gamma-Rapho, via Getty Images



Eske Willerslev, a geneticist at the University of Copenhagen, analyzed DNA from Aboriginal Australians for clues to the earliest chapters in human history. Credit Laerke Posselt for The New York Times



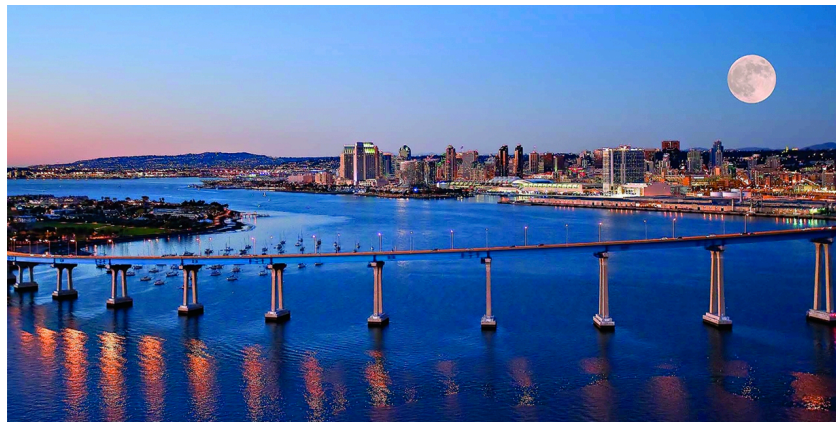
A replica of a human skull discovered in Israel that is about 90,000 years old. Finds like this one hint that some humans may have migrated from Africa earlier than 50,000 years ago. Credit Chris Stringer/Natural History Museum



24th Annual Meeting of IAMA

Memorial Weekend ~ May 26-29, 2017

San Diego, CA



SCIENTIFIC ABSTRACTS PRESENTED AT THE 23rd ANNUAL MEETING OF IAMA May 27 - 30, Boston, MA



*Professor H. Shokouh-Amiri, chair,
welcoming all to CME presentation.*

Dr. Marzieh Khavandi, Presenter

Institution

Tehran University of Medical Sciences -
School of Pharmacy

Effects of Selenium Nano particle on cyclooxygenase II specific inhibitor; Celecoxib-induced learning and spatial memory deficit

Background

Preventing Alzheimer's Disease (AD) would necessitate knowledge about its etiology to a degree of detail not yet available. Many investigation have focused on medicinal effects of nanoparticles. Considerable data has accrued that Se might play different roles in the progression of or protection against AD.

Aim

In this study we have investigated through an animal (rat) model, the effect of pre-training bilateral intra-hippocampal infusion

of celecoxib, cyclooxygenase- II specific inhibitor (0.1M. 1 µg/side), and three different intraperitoneal doses of SeNPs (2.5,5,10 mg/kg) on spatial acquisition.

Materials & Methods

Male Albino Wistar rats weighting 180-220 (gr) were trained and tested during a consistent light cycle. Animals were anesthetized intraperitoneally for stereotaxic surgery. Bilateral intra-hippocampal infusions were performed through guide cannula (21-gauge). Training of animals started 30 minutes after injection and continued for 4 days (each day included 4 trials). All experiments were conducted through the Morris Water Maze (MWM). The rats were trained in the water maze to find the hidden platform during a period of 90 seconds. The escape latency (the time to reach the hidden platform), the traveled distance (the length of swimming path), and the swimming speed for each rat were recorded automatically by a video tracking system and analyzed with Ethovision system.

Results

The result of this study showed that bilateral infusion of celecoxib makes significant difference in escape latency, traveled distance and time spent in target quadrant compared to the control group. In contrast, the group which received SeNPs and the control group had no considerable difference

in aforementioned parameters. Furthermore, combination group (i.e. high dose of SeNPs (10 mg/kg) with celecoxib) showed no significant difference compared to control group.

Discussion

Research during the last decades, has provided the presence of oxidative stress (OS) cells associated with

neurodegenerative diseases. This study was designed with consideration of the underlying mechanisms of AD (ie, protein-misfolding, cholinergic pathway disruption, oxidative stress) and biological activities of this element. Increases in reactive species are often combined with a loss of antioxidant defense, such as low levels of reduced glutathione (GSH) and diminished antioxidant enzyme activity. Suggested mechanism for protective effect of SeNP on celecoxib-induced memory impairment is its ability to increase cholinergic transmission. Also, anti-oxidant effect may be responsible at least in part.

Conclusion

Our data suggested that selenium nanoparticle did not improve learning and memory in this study; however, it prevented destruction of celecoxib induced spatial memory.

Dr. Sophia Abdehou, Presenter

Co-Authors' Full Name

Gazi Zibari, Shahab Ahmadzadeh, Andrew Marsala, Sathya Jaghanmohan, David Dies, Neeraj Singh, Hosein Shokouh-Amiri

Institution

John C Mc.Donald Regional Transplant Center

Management of Rare Complications of Pancreas Transplant

Background

Pancreas transplant provides best glycemic control to Type I diabetic patients. Post-transplant immunosuppressive complications are well known, but unusual short and long term complications and their managements need to be reported to optimize patient and allograft survival.

Aim

To identify the long term and rare complications of pancreas transplant.



Moderators ~ Professor A. Zamani & Dr. F. Ghazi.

Materials & Methods

Demographic data, type of transplant, immunosuppression, complications and survival were analyzed retrospectively with IRB approval in 134 pancreas transplant done since 1995.

Results

110 patients are alive 2 months to 20 years after transplantation. Well known complications occurred in 42 patients (hernia, abscess, bowel obstruction, fistula). Allograft duodenal perforation occurred in 6 patients 16 days to 108 months post-transplant. All were managed surgically and pancreas continue to function well in 5 patients. One patient died 16 years after repair of perforation of causes unrelated to transplant. One patient continues to have a controlled fistula with minimal output with excellent pancreas function 5 years after perforation and repair. Two perforations were due to rejection, no one due to CMV. Three early (2-6 days) and four late (36 days-114 months) post-transplant pancreatectomies were performed. already , three patients have been retransplanted. One patient developed massive bleeding from pancreas 9 years post-transplant not controlled by coiling of the artery. Bleeding stopped by occluding the arterial inflow by placing covered stent in common iliac artery, Then Pancreatectomy was performed. Another patient developed aneurysm in reconstructed arterial inflow 10 years post-transplant which was managed by covered stent placement.

Discussion

Short term complications of pancreas transplant have been documented adequately

in literatures. Long term complications still need to be discussed since patients with pancreas transplant can keep their organ functioning for many many years. To be aware of those complication is a must in order to manage them appropriately and keep the function of allograft even more prolonged.

Conclusion

Complications after pancreas transplant can occur any time after transplant, but can be managed innovatively with excellent results.



Moderators Dr. R. Hedayati & Dr. S. Hanjani

No legacy is
so rich as
honesty.

William Shakespeare

Mrs. Jennifer Amirhamzeh, presenter

Co-Authors' Full Name

Jennifer Amirhamzeh, Janet Bobango, Todd T Talley

Institution

Idaho State University

Myths and misconceptions surrounding Chantix use among health care professionals

Background

In 2006, the FDA approved Varenicline (Chantix), as a new pharmacological intervention for individuals needing help with smoking cessation. Varenicline is a partial agonist of $\alpha 4\beta 2$ nicotinic acetylcholine receptors (nAChRs), a full agonist with moderate affinity for $\alpha 7$ nAChRs, and a partial agonist for $\alpha 3\beta 4$ and $\alpha 6\beta 2$ nAChRs as well as the closely related serotonin type 3 receptors (5-HT₃). In addition, Varenicline has significant affinity for the acetylcholine binding proteins (AChBPs) allowing the generation of high resolution X-ray crystal structures of the compound in complex with the AChBPs by our group and others. However, Varenicline use has been associated, correctly or not, with series of concerns about its safety and adverse drug reactions including depression and suicide. These concerns have resulted in a decrease in the prescription of Chantix by physicians.

Aim

The purpose of this study is to assess pharmacists, physicians and student pharmacists conceptions about indications and side effects of Chantix by asking

individuals a series of questions in a short survey. This information will be used for educating health care professionals about Chantix use in their practices.

Materials & Methods

We will assess pharmacists, physicians and student pharmacists conceptions about indications and side effects of Chantix by asking individuals a series of questions in a short survey. This information will be used for educating health care professionals about Chantix use in their practices.

Results

This information will be used for educating health care professionals about Chantix use in their practices.



Moderators Dr. M. Nouri and Professor H. Azar

Choose your love, Love your choice.

— Thomas S. Monson —

Discussion

In 2006, the FDA approved Varenicline (Chantix), as a new pharmacological intervention for individuals needing help with smoking cessation. Varenicline is a partial agonist of $\alpha 4\beta 2$ nicotinic acetylcholine receptors (nAChRs), a full agonist with moderate affinity for $\alpha 7$ nAChRs, and a partial agonist for $\alpha 3\beta 4$ and $\alpha 6\beta 2$ nAChRs as well as the closely related serotonin type 3 receptors (5-HT3). In addition, Varenicline has significant affinity for the acetylcholine binding proteins (AChBPs) allowing the generation of high resolution X-ray crystal structures of the compound in complex with the AChBPs by our group and others. However, Varenicline use has been associated, correctly or not, with series of concerns about its safety and adverse drug reactions including depression and suicide. These concerns have resulted in a decrease in the prescription of Chantix by physicians. This despite subsequent studies not supporting these concerns. The purpose of this study is to assess pharmacists, physicians and student pharmacists conceptions about indications and side effects of Chantix by asking individuals a series of questions in a short survey. This information will be used for educating health care professionals about Chantix use in their practices.

Conclusion

In 2006, the FDA approved Varenicline (Chantix), as a new pharmacological intervention for individuals needing help with smoking cessation. Varenicline is a partial agonist of $\alpha 4\beta 2$ nicotinic acetylcholine receptors (nAChRs), a full

agonist with moderate affinity for $\alpha 7$ nAChRs, and a partial agonist for $\alpha 3\beta 4$ and $\alpha 6\beta 2$ nAChRs as well as the closely related serotonin type 3 receptors (5-HT3). In addition, Varenicline has significant affinity for the acetylcholine binding proteins (AChBPs) allowing the generation of high resolution X-ray crystal structures of the compound in complex with the AChBPs by our group and others. However, Varenicline use has been associated, correctly or not, with series of concerns about its safety and adverse drug reactions including depression and suicide. These concerns have resulted in a decrease in the prescription of Chantix by physicians. This despite subsequent studies not supporting these concerns. The purpose of this study is to assess pharmacists, physicians and student pharmacists conceptions about indications and side effects of Chantix by asking individuals a series of questions in a short survey. This information will be used for educating health care professionals about Chantix use in their practices.



Moderators Dr. R. Saidi and Professor H. Shokouh-Amiri

Dr. Atabak Parsa, Presenter**Co-Authors' Full Name**

Dr. Mehdi Karimian

Institution

Shiraz University of Medical Sciences

Hemiparasis due to fatal occlusion of ACA,MCA,PCA**Background**

68 y o male with rt sided weakness and facial deviation P/E MP 1/5 IN RT SIDE rt facial palsy gaze deviation to left side babinski in rt side , Since the pt came after 4.5 hrs of tpa therapy , he didnt receive it and admitted on aspirin and observation, the day after, the pt developed with full hemiparesis that in imaging complete occlusion of ACA,MCA,PCA noticed

Aim

look for the pathophyiology of pt symptoms and signs

Materials & Methods

HX,PE,Lab data ,Brain CT

Results

complete occlusion of ACA,MCA,PCA noticed

Discussion

68 y o male with rt sided weakness and facial deviation P/E MP 1/5 IN RT SIDE rt facial palsy gaze deviation to left side babinski in rt side , Since the pt came after 4.5 hrs of tpa therapy , he didnt receive it and admitted on aspirin and observation, the day after, the pt developed with full hemiparesis that in imaging complete occlusion of ACA,MCA,PCA noticed

Conclusion

occlusion of ACA,MCA,PCA secondary to unilateral carotid emboli

Dr. Atabak Parsa, Presenter**Co-Authors' Full Name(s) (if any)**

Dr. Mehdi Karimian

Institution

Shiraz University of Medical Sciences

Bilateral temporal brain abcess**Background**

The patient is a 74 y o male,rt handed married from shira came with cc of fluctuationin his LOC and decreased in his hearing he was well up to 14 days prior to admission presented with severe rt ear and retro auricular pain and after one week with decreased in hearing and 4 days later decreased LOC

Aim

finding the pathophysiologY of his symptoms ,list the ddx and the primary possible causes

Materials & Methods

HX,P/E ,Lab data(CBC,ESR,CRP...) ,MRI

Results

b/l mastoiditis leaded to b/l temporal abcess

Discussion

an old man with fluctuationin his LOC and decreased in his hearing +ve hx of severe rt ear and retro auricular pain and after one week with decreased in hearing and 4 days later decreased LOC,-ve hx of abnl

movements,headache,wt loss,visual disturbance

Conclusion

the pt received antibiotic and in hospital course he responded to meds and his follow up MRI showed abcess shrinkage

Dr. Atabak Parsa, Presenter

Co-Authors' Full Name

DR.VIJAYANANDA KUMAR

Institution

Shiraz University of Medical Sciences

Mastocytosis in visceral Leishmaniasis

Background

visceral leishmaniasis(VL) is endemic in iran and may simulate and cause many hametologic dx like pancytopenia,myelofibrosis,hypercellular bone marrow and masticytosis

Aim

investigate the effects of mastocytosis manifestation of VL on treatment response and that is observed in bone marrow biopsy and aspiration

Materials & Methods

prospective study of 394 patients with VL on bone marrow aspirate and biopsy in the

department of pathology of shiraz university of medical sciences ,giemsa and H&E Stained biopsies were review by two pathologists....

Results

91 of 349 patients with VL who had mastocytosis recovered completely after treatment without any evidence of relapse but the others had once or twice episodes of relapse in f/u examination (p value

Discussion

Bone marrow aspiration cytology is useful for diagnosis of kala azar in endemic countries ,many abnormal cell change maybe seen in these pts,so in any pt with cilinically suspected kala azar which marrow smear showed no leshman bodies the cytologic findings like pancytopenia,myelofibrosis,hypercellularow and masticytosis raise the possible diagniosis of VL.

Conclusion

With this study we can conclude that mastocytosis in patients with VL is a favorite sign and good clue for response to treatment



Moderators Dr. J. Moshirpur and Dr. H. Khatamee

Dr. Fereshteh Boozarjomehri, Presenter

Co-Authors' Full Name

Margaret Dziadosz, MD; Morgan Peltier, PHD; Fatima Sarah Boozarjomehri; Anthony M. Vintzileos, MD; Ilan Timor-Tritch, MD; Frederick Naftolin, MD

Institution

Winthrop University Hospital

Revision of a failed cerclage is associated with higher risk of premature birth compared to primary cerclage.

Background

We aim to compare pregnancy outcomes between patients (pts) with a sonographically short mid-trimester Cx who received a single cerclage versus those who require a revision cerclage. Pregnancy Outcome 1st attempt (n=68)

1 pts lost to follow up Revision (n=9) P-value

Gestational age at delivery 1 254 (29) 192 (46) 0.003a

Aim

We aim to compare pregnancy outcomes between patients (pts) with a sonographically short mid-trimester Cx who received a single cerclage versus those who require a revision cerclage.

Materials & Methods

Cohort of 77 pregnant patients (pts) with US cervical length (CL) of

Results

There were 4 pregnancy losses (2 in 1st attempt, 2 in revision). 1 additional patient was lost to follow-up. Table. Pregnancy Outcome 1st attempt (n=68) Revision (n=9) P-value (1 pt lost to follow up) Gestational age at delivery (wks) 1 36 2/7 (+/- 4 1/7) 27 3/7 (+/- 6 4/7) 0.003a

Discussion

Revised cerclages were associated with a high take-home baby (7/9 or 77.8%) but also with high preterm birth rate (8/9 or 89%), which should be considered when counseling pts who are candidates for revision cerclage.

Conclusion

Patients who need cerclage revision have worse outcomes compared to those who have successful primary cerclages.



Dr. Fereshteh Boozarjomehri, Presenter

Co-Authors' Full Name

Margaret Dziadosz, MD, Morgan Peltier, PHD; Fatima Sarah Boozarjomehri; Anthony M. Vintzileos, MD, Ilan Timor-Tritch, MD, Frederick Naftolin, MD

Institution

Winthrop University Hospital

More data supporting that intra-amniotic "sludge" does not affect pregnancy outcome in patients undergoing cerclage for a short cervix.

Background

Previously we showed that finding of intra-amniotic “sludge” (IAS), an ultrasound (US) finding of hyperechoic matter in the amniotic fluid (AF) close to the internal os, was not associated with IA infection and did not change the pregnancy outcome in asymptomatic pts undergoing cerclage for short cervix (Cx).

Aim

We aim to find if addition of 22 pts changes the result.

Materials & Methods

Records of 68 consecutive pts, who underwent McDonald cerclage between 16-24 6/7 weeks (wks) from 2007-2015, were reviewed. Prior to cerclage, transvaginal US was performed and images were evaluated for Cx length and presence or absence of IAS. AF was collected at the time of cerclage (amnioreduction) and evaluated for infection by culture, Gram stain (GS), glucose (Glu), red (RBC) and white blood cell (WBC) count. Pt characteristics, AF results, and pregnancy outcomes were compared between those with and without IAS.

Results

Pts with IAS had shorter Cx lengths at the time of the procedure 9.9 ± 7 vs. 13.7 ± 6.7 mm; $P = 0.025$) and more often had Cx funneling ($P = 0.005$). Cerclage occurred at earlier GA for the IAS Group. Other baseline characteristics were largely similar. 64/68 pts had amniocentesis. All culture and GS results were (-). No differences between groups were detected with regard to Glu, RBC or WBC and pregnancy outcomes were similar (Table)

Amniotic fluid results		No Sludge (n=28)		Sludge (n=36)		P-Value
Glu1	37 +/- 13.7	35.2 +/- 10.2	0.482a			
RBC2	10 (0,130)	11 (0,600)	0.442a			
WBC2	7 (0,110)	5 (0,233)	0.845a			
(+) Culture3	0/28 (0%)	0/36 (0%)	0.438b			
(+) GS3	0/28 (0%)	0/36 (0%)	0.438b			

Pregnancy Outcomes		No Sludge (n=32)	Sludge (n=36)	P-Value
Gestational Age at delivery (wks)	1 36 4/7			
+/-	4 2/7 36 1/7	+/- 4	0.719a	
Delivery at				

Discussion

The presence of IAS in asymptomatic pts with an US short Cx at mid-trimester does not constitute an indication for an amniocentesis to rule out IA infection. Also in these pts, post-cerclage pregnancy outcome is similar in pts with or without IAS.

Conclusion

IAS is not associated with intra-amniotic infection, therefore it should not be a contraindication for cervical cerclage in pts with short Cx who may benefit from cerclage



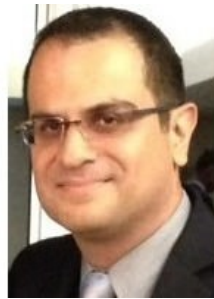
Drs. Nouri and his family

**Dr. Navid Mokhtari-Amirmajdi,
Presenter**

Institution

LSU Health Shreveport

**Not All Pedal Edemas
Are Salt! (clinical
vignette)**



Background

A 59 y/o Caucasian male with poly-substance abuse (tobacco, ethanol and marijuana) presented to the ER for intermittent swelling of lower extremities for 3 weeks. He denied any other associated symptoms including chest pain, shortness of breath, cough, abdominal pain, nausea, vomiting, hematemesis, diarrhea, constipation, melena, hematochezia, fever, chills, night sweats, weight loss or gain, swallowing difficulties, dizziness, lack of consciousness, headache, numbness or weakness. Upon presentation to the ER, his vital signs were within normal limits. Physical exam was unremarkable except trace bilateral pedal edema and hepatomegaly. He did not have JVD, lung crackles, scleral icterus or neurological deficits. Patient had anemia with elevated liver enzymes and serum sodium of 121. Random urine sodium was 17, urine osmolality 468 and serum osmolality 250. Hyponatremia with euvolemia was interpreted as SIADH. Sodium levels improved with fluid restriction. Liver ultrasound showed multiple liver masses. With hemoglobin of 8, positive fecal occult blood test and alpha-fetoprotein of 2.9, his liver disease was considered metastatic rather than primary. CT chest/abdomen/pelvis was done. Thickening

of anterior wall of distal esophagus was noted. EGD revealed an exophytic, friable lesion of distal esophagus extending into stomach. Biopsy demonstrated poorly differentiated adenocarcinoma. PET/CT demonstrated avid FDG uptake in distal esophagus, liver, mediastinal lymph nodes and brain. MRI confirmed a small solitary mass in right cerebellopontine angle. Patient underwent gamma knife radiosurgery and palliative chemotherapy.

Discussion

First, although SIADH caused by a brain mass is not surprising. Non-specific presentation of subtle pedal edema leading clinician to end-stage cancer disease, teaches one to evaluate patients thoroughly and take every single minimal complaint seriously. Secondly, review of literature shows that esophageal cancer with brain metastasis is not really common. A very recent systematic review of brain metastases in GI cancers published in July 2014 revealed that from 1980 through 2011, only 116 cases of brain metastasis with primary esophageal cancer were reported. Only 21% (25 cases) originated from distal third of esophagus. Unfortunately, survival rate and life expectancy are poor.



Questions & Answers session

Dr. Ali Aliabadi, Presenter

Co-Authors' Full Name

Maryam Farahmand, Ali Javaheri, Arash Esfandiari, Hossein Ghahramani

Institution

1Department of Clinical Studies;
2Department of Basic Sciences, School of Veterinary Medicine, Kazerun Branch, Islamic Azad University, Kazerun, Iran
Summary

ANTIOXIDANT EFFECTS OF SILYMARIN ON ISCHAEMIA – REPERFUSION INJURIES OF THE RABBIT RETINA

Background

Retinal ischaemia is a common cause of visual impairment and blindness. Ischemia is a term used to describe a tissue whose blood supply has been reduced to an insufficient level. Retinal ischaemia-reperfusion models are used to study several components of various eye disease pathologies such as retinal vein occlusion, diabetic retinopathy, and glaucoma.

Aim

The aim of this study was to investigate the protective effect of silymarin in injuries induced by ischaemic-reperfusion of rabbit eyes.

Materials & Methods

Thirty male adult New Zealand white rabbits were divided into three groups of ten animals each. All animals in the two

experimental groups underwent bilateral common carotid ligation for 60 min. After 48 hours reperfusion all animals were sacrificed. Silymarin-treated group received 250 mg/kg of silymarin 48 h before surgery, placebo-treated group received same volume of normal saline as experimental group I, without any medication and control group was non-ischemic and untreated. After processing, retinal histology samples were investigated by electron microscopy. The concentration of lipid peroxides in retinas was measured.

Results

Histology results of this experiment revealed that in the reperfusion groups, the group that received no treatment had major signs and silymarin group had minor signs of pathology. The loss of outer segments, scattered and disorganized inner segments were observed in placebo-treated group, but in silymarin treated group the outer segment was normal and inner segments were organized. On the other hand, some pyknotic, condensed, and karyorrhexis nuclei in the outer nuclear layer were obvious in placebo - treated group. Measurement of concentration of lipid peroxides in the retina also showed a significant decrease in malondialdehyde (MDA) level in silymarin-treated group.

**CONFIDENCE IS
CONTAGIOUS.
SO IS LACK OF
CONFIDENCE.**

VINCE LOMBARDI

Discussion

The data obtained in the present study showed that silymarin protected the different retinal parts which may relate to its antioxidant effects in prevention of oxidative stress. decrease of free radicals in silymarin group compared to placebo group may reveal the positive effect of silymarin on the reduction of free radicals in retina after 48 hours.

Conclusion

In conclusion, the present investigation showed that silymarin treatment was useful in the functional recovery of the retina after injury by the ischaemia reperfusion, and also, this finding may provide a basis for the development of novel therapeutic strategies for protection against the damages caused by ischaemia-reperfusion.

Dr. Reza Saidi, Presenter



Institution

Alpert Medical School Of Brown University

Is Stem Cell Ready for Clinic: Progress and Obstacles

Background

Novel stem cell-based therapies or the development of advanced human cell-based in vitro-manufactured preclinical test systems offer great potential to generate advances in clinical practice in human's diseases such as cardiovascular, diabetes or cancer.

Aim

This review aims to provide a brief overview of the current advances in the field.

Materials & Methods

We performed a literature search on clinical trials using stem cells in clinical practice.

Results

There are 5278 clinical trials currently posted on NIH website which are using stem cells in various studies in humans. Majority of these studies are in cardiology, oncology, transplantation and neurodegenerative disorders. Clinical studies on stem cell-based therapy have shown inconsistent results, in part because of variations in study-specific dosages, low number of patients and/or routes of administration.

Discussion

The small number of patients and the lack of randomized control groups preclude conclusions regarding efficacy of stem cell-based therapies. Randomized controlled, intermediate-sized, double-blind clinical trials must now be undertaken to this end.

Conclusion

Stem cell therapy may one day be feasible for the treatment of both adult and pediatric diseases.

Dr. Azadeh Rabiei, Presenter



Co-Authors' Full Name

Christopher P
Morley, Kyle
Plante, Emily
Mader

Institution

SUNY upstate
Medical University

Medical workforce and Millennium Development Goals.

Background

Healthcare availability and having access to it, is a human right. Global reports shows the shortage of 12.9 million healthcare workers by 2035.

Previous studies mentioned about health indicators and its relationship with the supply of physicians for example Sub-Saharan Africa has the world's highest child mortality rate and experiences 24% of global burden of disease with only 2% of the global supply of doctors.

Aim

We evaluate the global relationship between number of physicians and the maternal and child health indices as a part of United Nation's Millennium Development Goals.

Materials & Methods

The dependent variables of measles and DPT vaccination rates for children age 12-23 months, maternal mortality rate per 100,000 live births, and the neonatal and under-five mortality rates per 1,000 live births were obtained from the World Bank DataBank for 208 countries across 11 years

(2004 to 2014). Predictors of these targeted outcomes were determined through a series of mixed-effects models. Independent predictors included physicians per 1,000 population, nurse/midwives per 1,000 population, GDP per capita (adjusted to current USD), unemployment rate, and a ranked variable for country income level (low income, lower middle income, upper middle income, high income).

Results

Physicians per 1,000 was significantly predictive of an increase in the measles vaccination rate ($\beta=0.709$, $p=0.044$), decrease in the maternal mortality rate ($\beta=-12.015$, p

Discussion

Country income level was significantly associated with every outcome variable. Low, lower middle, and upper middle income levels were predictive of decreased vaccination and increased mortality rates, with a larger effect occurring as the income level decreased.

Conclusion

Our results provide evidence that the amount of physicians per population has an impact on the Millennium Development Goals (MDGs) 4 and 5, as it is associated with higher vaccination rates and a reduction in maternal, child, and infant mortality.

**It does not
matter how
slowly you go,
so long as you
do not stop.**

CONFUCIUS

Dr. Hamid-Reza Moein, Presenter



Co-Authors' Full Name

Maria Lopez,
Deshea Harris,
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Institution

Tufts Medical
Center

Immune modulation to prevent corneal graft rejection: A new horizon to increase graft survival

Background

Corneal transplantation is the most common solid transplantation performed all over the world.

In normal risk patients rejection rate is around 20% while in patients with previous graft rejection or inflamed corneas the rejection rate reaches up to 70%. Immune rejection is the most common cause of corneal graft rejection. Mucosal addressin cell adhesion molecule (MAdCAM)-1 and vascular cell adhesion molecule (VCAM)-1 are involved in trafficking of leukocytes (including conventional dendritic cells [cDCs]) to peripheral tissues. cDCs are professional antigen-presenting cells, mediating immune rejection of corneal grafts.

Aim

To investigate the expression of MAdCAM-1 and VCAM-1 following corneal graft rejection, and assess their role in corneal immune cell (DCs) trafficking.

Materials & Methods

Corneal buttons from 8-10 week old male C57BL/6 mice were sutured onto age- and sex-matched BALB/c mice. Accepted and rejected corneas were harvested and the gene and protein expression of cell adhesion molecules assessed by real time PCR and immunohistochemistry, respectively. Furthermore, in vivo rolling and adhesion of adoptively transferred fluorescently-labeled cDCs were studied in limbal vessels utilizing epi-fluorescent intravital microscope. Graft rejectors received either 100µg of MAdCAM-1 blocking antibody or isotype control via tail vein. Then, 20 million labeled cDCs were injected through a cannula into the contralateral carotid artery and visualized in the corneolimbal vessels of the transplanted eye. Naïve mice also used as another control.

Results

MAdCAM-1 and VCAM-1 mRNA were significantly increased in corneas of rejected grafts as compared to accepted grafts (8 and 3.2 fold) and naïve corneas (4.5 and 6.4 fold), respectively (p

Discussion

Searching for corticosteroid substitutes is ongoing and many biological treatments have been investigated to increase the survival of solid grafts in recent years. Blockade of very late antigen 1 (VLA-1) or $\alpha 1\beta 1$ integrin increased corneal allograft acceptance by inhibition of T-cells and immune cells access to the cornea. Although clinical translation of this drug was not successful because of developing thrombosis in patients. Our study investigated the role of MAdCAM-1 and VCAM-1 in corneal

grafts rejection and proposed new targets for preventing corneal graft rejection.

Conclusion

We demonstrate, for the first time, upregulation of MAdCAM-1 and VCAM-1 also their expression on both blood and lymphatic vessels in rejected corneal transplants. MAdCAM-1 mediates corneal cDC trafficking in rejected grafts through reduction of rolling and sticking. MAdCAM-1 or its receptors may provide new molecular targets for pharmacological intervention to enhance corneal allograft survival.



Questions and Answers Session



Questions and Answers Session

Mrs. Mahsa Khanbabai, Presenter



Institution

Khanbabai Immigration Law

Trump This: Visa Changes That Are A Prescription For Disease.

Background

Immigration Law has seen some significant changes in the last 1 year.

Aim

To educate the audience regarding the new and proposed changes to the immigration laws, especially as they affect allied health professionals.

Results

A better understanding of the complex immigration laws as related to Allied Health professionals.

Discussion

How does one maneuver the new laws.

Conclusion

What one can do to protect themselves and effect more positive changes.

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