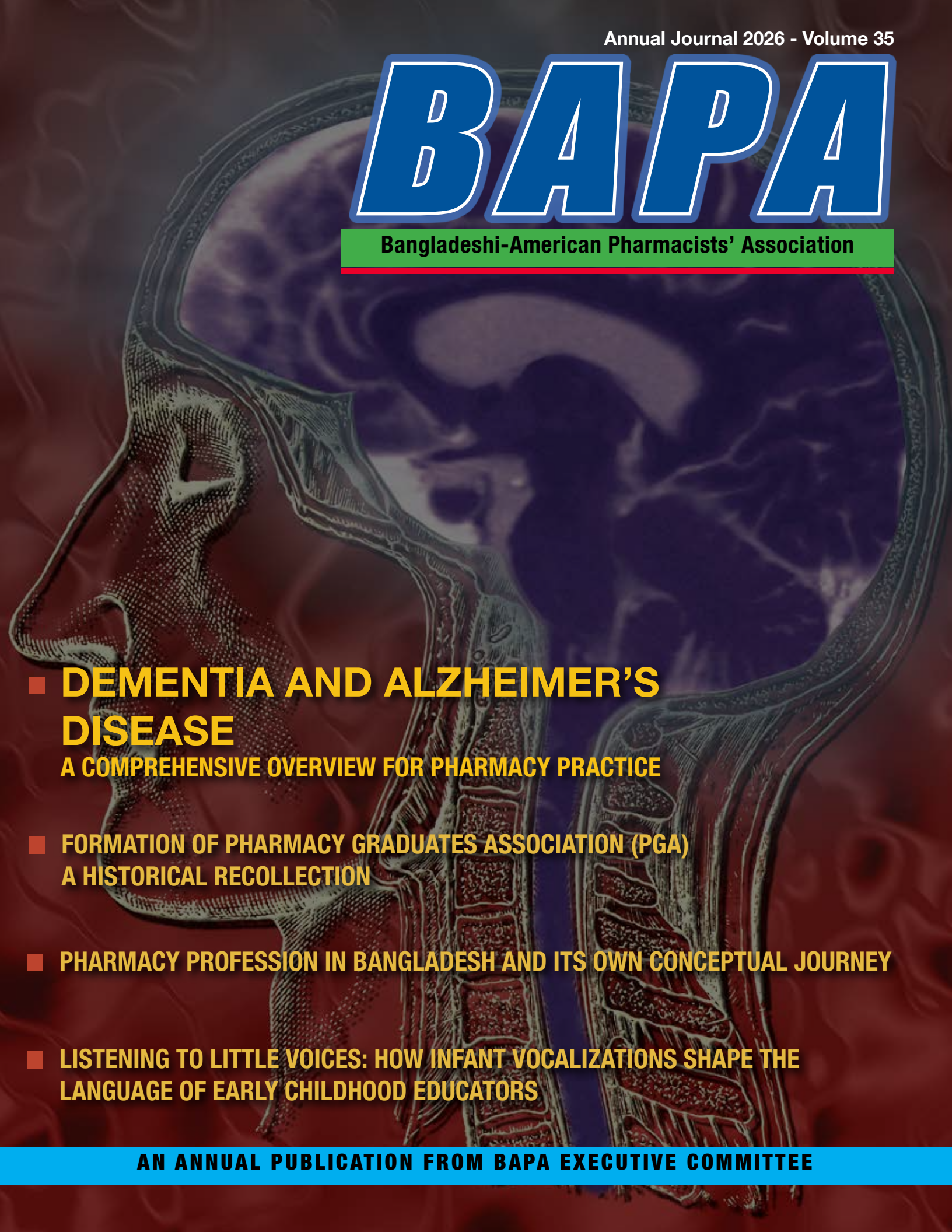
Annual Journal 2026 - Volume 35

BAPA

Bangladeshi-American Pharmacists' Association



DEMENTIA AND ALZHEIMER'S DISEASE
A COMPREHENSIVE OVERVIEW FOR PHARMACY PRACTICE

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MD GIAS UDDIN
LEETU MOHAMMED ZAMAN

Departed Souls

We deeply regret and mourn the departure of our fellow friends.
We miss them a lot and remember them in our prayers.
In this day of the Convention we will miss their presence.

Nazir Ahmed
Khurshid Anwar
Mohammad Azim
Mohammed Hakim Bhuiyan
Manju Biswas
Utpal Kanti Biswas
Amanullah Chowdhury
Mohammad Jamshed Chowdhury
Dr. Faisal
Qamrul Huda Fiaz
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Mohammed Wahidur Rahman
Shahidur Rahman (Khokon)
Dr. Rashid
Sujash Chandra Guha Roy
Abdullah Al Sad
Mohammad Sikandar

Disclaimer: If we missed anybody's name it is an unintentional mistake.

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35TH ANNUAL CONVENTION SCHEDULE

HILTON EAST BRUNSWICK
3 TOWER CENTER BOULEVARD, EAST BRUNSWICK, NJ 08816

DAY 01.

FRIDAY | AUGUST 14, 2026
CONVENTION 2026

2pm - 8pm

CONFERENCE REGISTRATION
CONVENTION 2026
SALON A FOYER

7pm-9pm

DINNER
BUFFET STYLE
SALON C & D

8:30pm-11:30pm

CULTURAL SHOW
BAPA FAMILY MEMBERS
SALON C & D

DAY 02.

SATURDAY | AUGUST 15, 2026
CONVENTION 2026

8Am - 3pm

CONFERENCE REGISTRATION
CONVENTION 2026
BALLROOM FOYE

8Am - 10Am

BREAKFAST
BUFFET STYLE
BRUNSWICK

8Am - 12Pm CONTINUING ED. CREDIT

OPTIMIZING DEMENTIA CARE: EVIDENCE-BASED MANAGEMENT OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS FOR PHARMACIST
KAZI ANAM, MS, R.PH., ND
SALON B

12PM - 3Pm CONTINUING ED. CREDIT

MEDICATION ERRORS UPDATE 2026
PROF. FERNANDO GONZALEZ, MS, R.PH.
SALON B

ALL DAY

EXHIBITS
BY VARIOUS VENDORS
SALON A,B,C-FOYE

DRESS SHOWCASES
BY VARIOUS VENDORS
SALON A

PRAYER ROOM
ALWAYS OPEN
PISCATAWAY

BAPA

35TH ANNUAL CONVENTION SCHEDULE

DAY 02.

SATURDAY | AUGUST 15, 2026

CONVENTION 2026

1pm - 2:30pm

LUNCH

BUFFET STYLE

SALON C & D

3:30Pm-4:30Pm

FOUR-FACTOR PROTHROMBIN COMPLEX CONCENTRATE (4F-PCC)

SALON B

FARIBORZ REZAI, MD, FCCP
Clinical Professor, Rutgers Medical School
Senior Vice President, Critical Care Medicine
RWJ Barnabas Health

3:30PM-4:30PM

REFRESHMENT BREAK

BALLROOM FOYER

4PM - 5PM

CULTURAL EVENT

BAPA FAMILIES

SALON C & D

7PM - 9 PM

FORMAL DINNER

SEATED

SALON C & D

8;30PM-11:59PM

CULTURAL SHOW

INVITED GUEST ARTIST

SALON C & D

DAY 03.

SUNDAY | AUGUST 16, 2026

CONVENTION 2026

8AM - 10AM

BREAKFAST

BUFFET STYLE

BRUNSWICK

9AM - 11AM **CONTINUING ED. CREDIT**

PHARMACY COMPLIANCE UPDATE 2026

JAMES SCHIFFER, R.PH., ESQ

SALON B

ALL DAY

EXHIBITS

BY VARIOUS VENDORS

SALONA,B,C-FOYER

DRESS SHOWCASES

BY VARIOUS VENDORS

SALON A

PRAYER ROOM

ALWAYS OPEN

PISCATAWAY

Message from the PRESIDENT



Mohammed Nurul Haque
M.Pharm, R.Ph.

Dear fellow BAPA members and their families.

It's indeed a pleasure and privilege to be a team member of the BAPA executive committee who are dedicated to present you a beautiful convention in a cordial atmosphere. Ever since the inception of BAPA ,we navigated through lots of challenging situations but didn't loose track because we all acted together to sustain our spirit of professional fraternity. We profoundly cherish the memories of our beloved members who are no more with us today. We are grateful to our vendors for their continued support. Apart from continuing education,the convention gives us a wonderful platform to come closer to share our memories. BAPA is a shared vision to dignify our professional journey in terms of ethics and moral standards. May God Almighty bless us all with mercy.

Mohammed Nurul Haque M.Pharm, R.Ph.

President, BAPA

Message from the VICE PRESIDENT



Mahbub Zaman Khundkar
M.Pharm R.Ph.

Dear Members, Colleagues, Distinguished Guests, Sponsors, and Friends,

It is my great pleasure to welcome you to our 2026 Annual Convention. Your presence, enthusiasm, and unwavering support have made this convention a remarkable success. Thank you for being an important part of this celebration of our profession and our community.

Our sincere gratitude goes to our generous sponsors, exhibitors, donors, and vendor partners. Your support enables us to provide meaningful educational programs, networking opportunities, and community initiatives. We deeply appreciate your confidence in BAPA and your continued partnership.

I would also like to take this opportunity to highlight an important issue affecting many of us. A significant number of our members either work for or own independent pharmacies and continue to face increasing challenges from declining reimbursement, evolving regulations, and a rapidly changing healthcare landscape. The Pharmacists Society of the State of New York (PSSNY) has been instrumental in advocating for fair reimbursement, protecting the interests of independent pharmacies, and advancing the pharmacy profession. I encourage all eligible members to become involved and lend their voices to these important advocacy efforts. Greater collaboration between BAPA and PSSNY will strengthen our profession, amplify our collective voice, and ultimately benefit the patients and communities we proudly serve.

As we come together, let us celebrate our accomplishments, reconnect with colleagues and friends, learn from one another, and enjoy every moment of this convention. Together, let us make the 2026 BAPA Annual Convention a truly memorable experience.

With warm regards,

Mahbub Zaman Khundkar

Vice President, BAPA

Message from the GENERAL SECRETARY



Hasib Hossain
Pharm.D, R.Ph.

Dear BAPA members,

First and foremost, I would like to say that it is quite an honor to serve as the General Secretary of BAPA. There is a level of trust that goes into serving the BAPA membership and I will try my hardest to live up to your faith in me. Much thanks goes to the BAPA executive board for putting me in this position and I'm hoping to bring a fresh perspective and ideas to the organization. I also want all the members to know that if you have any queries or want to discuss anything, I am always open to a discussion with you whether it be via phone call, email, or in person. Please feel free to use me as your resource.

Also, I would like to welcome everyone to the 2026 Bangladeshi American Pharmacists Association 35th annual convention at the Hilton East Brunswick. I'm hoping everyone will have a good and relaxing time while also taking part in the professional and cultural activities that are planned.

I have been an active BAPA member for around a decade or so now but I have been a part of BAPA for almost my entire life considering my father was a member when I was younger. He used to bring me to the annual picnics and conventions when I was growing up and it helped keep me in touch with my peers and my Uncles and Aunties but it also helped foster my interest in the profession of Pharmacy. After I graduated from pharmacy school and passed my boards, I signed up to be a BAPA lifetime member soon after. As a new pharmacist at the time, I felt that the Uncles and Aunties that I looked up to were a part of a precious network and resources that can help me become a better pharmacist but also help me keep anchored culturally to my roots. I also believe in BAPA's ability to bridge generations of Bangladeshi American Pharmacists as I am a living testament to that and I will try to continue to make that a priority for myself as the new general secretary. executive board.

Sincerely,

Hasib Hossain

General Secretary BAPA

Glimpses from Dinner 2025





























Glimpses from Picnic 2026












ARTICLES

DEMENTIA AND ALZHEIMER'S DISEASE: A COMPREHENSIVE OVERVIEW FOR PHARMACY PRACTICE

Kazi M Anam MS, R.Ph., ND

Introduction

Dementia is considered not a specific disease but rather a set of clinical syndromes characterized by progressive impairment of cognitive function that is sufficiently severe to interfere with daily living and independence. The deficits may involve memory, reasoning, communication, attention, judgment, and personality. Alzheimer's disease (AD) is the leading cause of dementia, followed by vascular dementia, dementia with Lewy bodies, and frontotemporal dementia.

Dementia is absolutely a rapidly growing disease due to the aging of the global population. Presently, it is estimated that over 55 million people are living with dementia around the globe, which is expected to increase almost three-fold by the year 2050. Of all dementia cases, the largest share is contributed by Alzheimer's disease.

Although a definitive cure has yet to be discovered, early diagnosis with possible symptom management, disease modifiers, and supportive treatment options, along with patient-focused additional care plans, have advanced the healthcare features associated with this disease state. As an integral part of the patient's multidisciplinary healthcare team, pharmacists can help contribute to safe medication practices, reductions in adverse drug reactions, increased patient medication adherence, and patient and caregiver medication education.

Understanding Dementia

Dementia is considered a decrease in cognition caused by an acquired disease process. This results in prominent loss of function and is not due to the aging process. This syndrome disrupts the capacity for work, social activities, or personal care.

The major cognitive domains affected include:

The cognitive subdomains are: Memory, Language, Executive function, Attentional control, Visuospatial functions, and Social cognition. Dementia progresses slowly over the years and can ultimately result in complete dependency on caregivers.

Alzheimer's Disease

Alzheimer's disease is a chronic neurodegenerative brain disorder characterized by the irreversible loss of neurons, especially in the hippocampus and cortex.

It often has an insidious onset with mild memory loss, which progresses to profound cognitive impairment, significant behavioral disturbance, and loss of functional autonomy.

Two pathological hallmarks define Alzheimer's disease:

1. Amyloid-beta plaques

Extracellular aggregates of amyloid-beta protein cause dysregulation of inter-neuronal correlates and inflammatory responses.

1. Neurofibrillary tangles

Accumulation of hyperphosphorylated tau protein in neurons leads to cell death and dysfunction. These pathological processes affect these areas of the brain, resulting in progressive atrophy.

Epidemiology

Dementia continues to be considered one of the top causes of disability among the older population. Important epidemiological facts include:

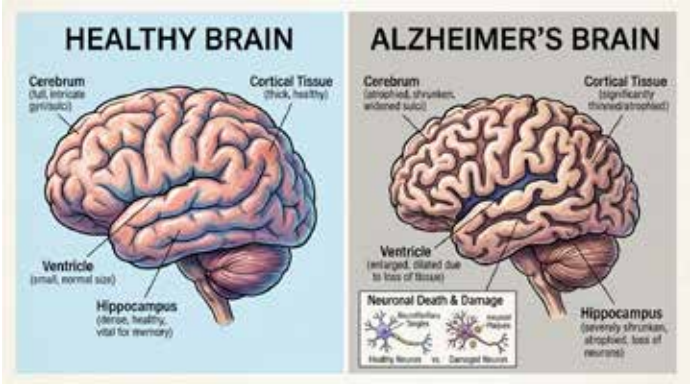
Alzheimer's disease is known to account for 60–70% of all dementia syndromes. The incidence increases steeply beyond the age of 65 years. The prevalence in women is higher because women live longer. The prevalence is known to double approximately every five years after the age of 65. The costs of dementia are now known to exceed hundreds of billions of dollars worldwide on an annual basis.

Dementia is recognized as a major threat to healthcare in the 21st century, mainly due to improved longevity and increased life expectancy.

Types of Dementia

Alzheimer's Disease

Its main feature is the gradual loss of memory and cognitive functions.



Vascular Dementia

Reduction of blood supply to the brain due to stroke or chronic vascular disease.

Dementia with Lewy Bodies

These symptoms include: 1. fluctuating cognition, 2. recurrent visual hallucinations that are not caused by other disorders, 3. Rapid Eye Movement sleep behavior disorder (REM), and 4. parkinsonism.

Frontotemporal Dementia

Mainly impacts personality, language, and behaviour, and more often occurs at a younger age in comparison to Alzheimer's disease.

Mixed Dementia

In several older patients, pathological features of both Alzheimer's disease and vascular dementia are seen.

Risk Factors

Non-modifiable Risk Factors

Non-modifiable risk factors: older age, family history, genetic mutations, female sex, and Down syndrome.

Modifiable Risk Factors

All these conditions are behaviorally related in humans, such as: hypertension, diabetes mellitus, hyperlipidemia, obesity, smoking, alcohol intake, physical inactivity, depression, social isolation, hearing loss, and traumatic brain injury.
Modifying a person's lifestyle can help decrease the risk and delay the onset of dementia.

Pathophysiology

The pathogenesis of Alzheimer's disease is multifactorial. Major mechanisms include:

Amyloid Cascade

Toxic amyloid-beta peptides are produced by the abnormal cleavage of amyloid precursor protein and aggregate into plaques.

Tau Pathology

Hyperphosphorylated tau protein produces neurofibrillary tangles, which destabilize neuronal transport systems.

Neuroinflammation

Inflammatory cytokines released by activated microglia induce neuronal damage.

Oxidative Stress

The excessive production of reactive oxygen species can lead to increasing damage to cellular proteins, lipids, and DNA.

Neurotransmitter Deficiency

The loss of cholinergic neurons results in reduced acetylcholine levels, which play a role in memory deficits.

Clinical Features

Early-stage symptoms include:
Some signs to look out for are memory loss, difficulty learning new words or vocabulary, forgetfulness (misplacing items), and disinterest in any new activity.
Middle-stage symptoms include:
The preceding list includes some typical manifestations of confusion. Late-stage symptoms include:

Profound memory loss, loss of communication, dysphagia, urinary and stool incontinence, inability to remain independent, inability to work, and disability.
Anxiety, depression, agitation, hallucinations, aggression, and apathy are the major signs and symptoms.

Diagnosis

Early diagnosis improves disease management. Diagnostic evaluation includes:

Clinical History

A comprehensive medical, medication, and family history.

Cognitive Assessment

Common screening tools include:
Cognitive testing tools: MMSE, Montreal Cognitive Assessment test, Mini-Cog, and clock testing.

Laboratory Tests

To exclude reversible causes:
Investigations may include the following tests:

Neuroimaging

Brain imaging with MRI and CT scans is used to assess for the presence of brain atrophy and to rule out structural abnormalities.
Selected patients can be assessed for the presence of amyloidosis or tau positivity using positron-emission tomography (PET) imaging.

Biomarkers

The specialized use of cerebrospinal fluid and blood biomarkers has been increasing.

Disease Staging

Alzheimer's disease progresses through:

Mild Cognitive Impairment (MCI)

Mild cognitive impairment without significant functional loss.

Mild Dementia

Memory impairment can be slight and have minimal impact on day-to-day life.

Moderate Dementia

Getting more dependent for normal activities with some behavioral problems.

Severe Dementia

Complete dependence requiring full-time care.

Pharmacological Management

The available treatment options can improve symptoms, but they are not capable of reversing the neuronal damage caused.

Cholinesterase Inhibitors

Examples include:

- Donepezil
- Rivastigmine
- Galantamine

Mechanism:

Acetylcholinesterase inhibition increases acetylcholine availability.

Common adverse effects:

- Nausea
- Vomiting
- Diarrhea
- Bradycardia
- Weight loss

NMDA Receptor Antagonist

Memantine Mechanism:

Reduces glutamate-mediated excitotoxicity. Indication:

Moderate to severe Alzheimer's disease. Common adverse effects:

- Dizziness
- Constipation
- Headache

Combination Therapy

In select patients with moderate to severe disease, cognition and activities of daily living may benefit from the use of donepezil in addition to memantine.

Disease-Modifying Therapies

Recent breakthroughs encompass the emergence of anti-amyloid monoclonal antibodies that specifically target amyloid-beta pathology in selected patients with the early stages of Alzheimer's disease. Although these treatments might decelerate cognitive impairment in select individuals, they

necessitate thorough clinical judgment, confirmation through appropriate biomarkers, periodic follow-up, and assessment of presumed adverse events (i.e.,
amyloid-related imaging abnormalities [ARIA]).

Non-Pharmacological Management

Non-drug interventions remain essential. These include:
The treatment modalities available for cognitive impairment include:
Such interventions improve quality of life and reduce behavioral symptoms.

Prevention Strategies

Although Alzheimer's disease cannot always be avoided, there are various actions to limit risk, including:
Exercise Dietary habits
Improve hypertension Control glycemia
Quit cigarettes Sleep well Learning
Keep social contacts
Get rid of hearing impairment
Controlling cardiovascular risk factors over the life course may help reduce the risk of dementia. With these strategies, Alzheimer's and dementia risk can be minimized significantly.
Complications
Progressive dementia may result in:
Falls, malnutrition, aspiration pneumonia, pressure ulcers, depression, infections, hospitalization, caregiver burnout, institutionalization, and increased mortality.

Role of the Pharmacist

Pharmacists are integral members of dementia care teams. Major responsibilities include:
Medication review; identifying potentially inappropriate medications; enhancing medication adherence; providing counsel to patients and caregivers; monitoring for adverse drug reactions; preventing drug-drug interactions; educating caregivers regarding disease progression; supporting vaccination and preventive care; participating in multidisciplinary care planning; and encouraging healthy lifestyle changes.
They are often the healthcare professionals who first identify cognitive impairment and make a timely referral.

Future Directions

Current research focuses on:
Genetic testing, big data computing, invasive tumor blood biomarker-based detection, artificial intelligence in diagnostic processes, liquid biopsies, non-invasive molecular imaging, cancer signal

transduction inhibitors, and combination personalized treatment strategies.
In short, biomarkers and targeted therapies will continue to advance, enabling us to diagnose earlier and determine which treatment is best for our patients.

Conclusion

Dementia and Alzheimer's disease are emerging global health issues with profound medical, social, and economic impacts on individuals and society. Dementia is an irreversible, progressive brain disorder, with Alzheimer's disease representing its most common type and presenting the characteristic hallmarks of amyloid-beta plaque deposition and neurofibrillary tangles. Early recognition, appropriate diagnosis, comprehensive management, and multidisciplinary care for Alzheimer's disease are paramount to improving outcomes. While the available pharmacological therapies are mainly symptomatic, emerging disease-modifying therapies promise exciting opportunities to slow steady disease worsening in a specific subgroup of patients. Non-pharmacological management, caregiver education, and modification of risk factors remain integral parts of holistic patient care. Pharmacists contribute to the
well-being of patients and caregivers through medication optimization, patient education, monitoring and reporting adverse events, and interdisciplinary communication, which positions them as important members of the multidisciplinary approach to improving the well-being and quality of life of patients with dementia.

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FORMATION OF PHARMACY GRADUATES ASSOCIATION (PGA)

A HISTORICAL RECOLLECTION

Hasan Imam, B. Pharm (Hons), M. Pharm RPh

The Birth of PGA

After several meetings, gatherings & discussions involving this matter that most of which took place here at this residence/house, a modest small tin-shed building under the shade of a big tree at the mouth of a road/lane leading to Shiddeshawri Girls College through locality & this mouth is connected to Shantinagar-Malibagh road & the address, thereof, most likely the then 262 Shiddeshawri, Dacca, Bangladesh. This the house of Hasan Imam, 1st batch, B. Pharm (Honors), M. Pharm & the Sr. Quality Control Officer of Pfizer Labs International, Bangladesh Ltd, at Mirpur Section 12 & 13 and, henceforth, the PGA — Pharmacy Graduates Association, Dacca, Bangladesh was born & formed in this house in the month of September, in the year 1969, whereof, Hasan Imam being the prime initiator & also authored the draft Constitution of PGA as the Chairman of the Constitution Committee.

This meeting was presided per most recollection by Pharmacist Mohammed Saleh, B. Pharm (Honors). This final special meeting & all the other previous meetings in this regard were primarily organized and conducted by Hasan Imam mostly done in his-this house. This adaptation was carried out with full consent & support of all concerned Pharmacists present and or absent at the event. And present, they were, as inscribed here below, all Pharmacists namely: Hasan Imam, Mohammed Saleh, Mohammed Aminullah B. Pharm (Hons), and Amirul Islam B. Pharm (Hons).

Early Activities and Leadership

The first annual general meeting of PGA was held at Tophkhana Road in a tin-shed building-hall adjacent & immediate next to Bangladesh Council, north of Secretariat Building & the first annual dinner was held in Chung Wah Chinese Restaurant on Bijoynagar Road in the north-west corner of extended Baitul Mokarram with the then Health Minister as the Chief guest, Zahur Ahmed Chowdhury, January 12th, 1972, to this Minister later years we have submitted a detailed drawn out map- work of a totally Separate & Independent Pharmacy Directorate & not under Medical Directorate as it was then.

Importantly at this occasion, we have produced a Souvenir magazine, PGA's first ever printed magazine, organized under the leadership of General Secretary Hasan Imam and also under supervision Literary Secretary Amirul Islam, and President Mohammed Saleh.

For consecutive five years, the founder General Secretary Hasan Imam continued to lead and sustain

the organizations/Institution & kept it alive & nourishing under several Pharmaceutical Industry Managing Directors as Presidents, prominently around and before the Independence Liberation War time & thereafter whole time until he left for America towards the end of 1973, handing over all the files of international communications, in which once he was invited to Manila, Philippine to attend the Asian Pharmacists Association conference, plus all the national work correspondences records to a dear junior Pharmacist named Shahjahan, I believe, he was a junior teacher at that time in the Pharmacy Department of Dacca University.

Unfortunately, a dear friend of mine by mistake threw out the valuable PGA magazine which I brought and had in my New York apartment along with my precious Pfizer Pharmaceutical company souvenir-magazine of a play name ' Pup-O-Pupi' written by Nurul Islam Shikha, an employee and hired by me the then TV actor Farid Ali as the Director of the play, all acted by Pfizer industry employees including me as an actor and as Chairman of the Pfizer Drama Committee while being a sitting Quality Control Manager of Pfizer International Co Ltd., Bangladesh that we have staged it at Engineer's Institute for two nights, March 3rd & 4th,1973, one night for Pfizer employees families & one for invitees & citizens (we have pictures of the play).

Coming back to PGA, as General Secretary, he served with Mr Wahedur Rahman, Managing Director of Fisons Pharmaceuticals, as President PGA Mr Salimullah, Managing Director of Jasons Pharmaceuticals, as President PGA, Mr. Mubdi Shelly, Production Manager of ICI (Imperial Chemical Industry) Company situated in Narayongonj.

Defending the Status of Pharmacists

During these formative years of PGA, we encountered several conspiracies against PGA and against Dr A. Jabbar, our beloved Chairman, Dept of Pharmacy. These conspiracy actors were not from a Pharmacy background and out of these, most vocal was Dr Khan, Managing Director of Dacca Pharmaceuticals, Dr Rahim, Plant Manager of Pfizer Pharmaceutical Co,Dr Anam, Quality Control Manager of Dacca Pharmaceuticals, Shukkur Khan a teacher of Pharmacy Dept, Azad Chowdhury, with a background in bio chemistry the same in later years he became from teacher to Vice Chancellor, to some extent Dr A. Rashid Purakaista a teacher, Dept of Pharmacy, against Dr Jabbar. The Conspiracy was involving to destroy PGA and its prospect, its reputation in pharmaceutical industries because they were afraid of the influence and ultimately the probable takeover of Industrial administrations and the group influence in its way. Dr Khan occasionally used to say in a famous way, "what you would be …a Compounder?", mocking to humiliate us, our degree and education and to discourage us. But at later time out of my outspoken vigor to protect the status of Pharmacists and PGA, and to enlighten PGA he would quite realize what we are & what he is up against and in fact he was so much afraid of me as an outstanding personality for Pharmacists & PGA in those months and years for my straight forward voice, speeches and viewpoints in favor of the Pharmacy Dept & the

Pharmacists graduating from there. Mr. Salimullah knows & shall remember all these & has firsthand knowledge of my activities. We together faced them many times & stopped their ill motive activities in many ways.

Bangladesh Pharmaceutical Society Reinstated

After independence of Bangladesh in 1971, Pakistan Pharmaceutical society will be transformed into Bangladesh Pharmaceutical Society. We were having meetings about it and the Constitution has to be revised and its laws, bylaws and most articles to be amended.

We were having meetings frequently on the green grass lawn in, front of the Chemistry Department under that big tree next to Carzon Hall, Dacca University. While discussing

the constitution, articles, laws and by-laws, we noticed that whenever the issue of Pharmacists status, positions, duties come into play, the whole conspiracy group opposed the laws and were trying hard to put the Pharmacists in the same category with the Matric & non-Matric groups of people, working in the industry in salary & positions.

This fight goes on in every meeting. We had few meetings under this tree and one day we moved to the Chemistry Dept gallery to hold the meeting after acquiring permission from the Dept & Dr Jabbar was supposed to preside the meeting as we wanted. But Dr Khan and others were very opposed to it. Me & Mr. Salimullah tried hard to convince them and in the mean time we sent out for Dr Jabbar to come to preside who was not at the spot at that moment. And trouble started from the opposing group saying that they would not support Dr. Jabar to preside the meeting in any case. So, we had to postpone the meeting that day. Just to let you know, this is the way we had to fight out for every article, laws and by/laws to keep Pharmacists status, positions & so on.

Foiling the Secretly Called Meeting

After this event, in the meanwhile, they secretly called a general meeting to pass the incomplete Constitution that was against the Pharmacists interests, in Bangladesh Council auditorium, next to Tophkhana Road north side of the Secretariat building complex, without inviting us, the PGA leadership, me as the General Secretary and Mr. Salimullah, the President & not even letting us know. Incidentally at the last moment, that is, the day before the event I came to know about the secret conspiracy general meeting. Extremely worried I instantly called Mr Salimullah and next day we gave them a huge surprise, they hurriedly, before scheduled time, started the meeting already when we arrived. I believe it was Dr Khan who was on the dias speaking. I nodded Mr. Salimullah & stepped forward towards the podium. Dr Khan and others grew nervous, saying, “Hasan Sb, Hasan Sb, what are you doing?” Most notably, I said “Dr Khan, your time is up, would you please step down?

I am taking the microphone and the podium".
Then I announced to the whole audience that this was a conspiracy, this meeting was a conspiracy, they called this general meeting secretly to pass this constitution which was not fully corrected or completed yet, to present to the general public and so on.

The audience clapped happily as Dr Khan, Dr Anam, Dr Rahim, Dr Rashid and others from the conspiring group were shocked to see us. They thought they would fool us and almost had it done,no…not yet. Then I declared that this meeting is null and voicd and adjourned until further notice from us from the PGA. These are the real events, witnesses and as some official records of events and that is how me Hasan Imam, the founder General Secretary PGA protecting & running PGA for consecutively five years & Mr Salimullah the President PGA-hope we have saved the PGA, it's Pharmacists status, positions & respect in Bangladesh Pharmaceutical Society's constitution & in the Pharmaceutical Industrial Domain.

The Vision for a Separate Pharmacy Directorate

Before the independence war, I believe, we have worked very hard to formulate a separate Directorate and sketched out a separate step by step design, called Pharmacy Directorate completely separate from Medical Directorate, until that time the Pharmacy Department & Pharmacists graduating from there remained subordinate under the control of the Medical Directorate. We noticed the unfairness in dealing with them, So, we decided to claim & demand a completely separate Directorate under the Ministry of Health and worked through it. The Health Minister's residence was in Nilkhet, close to the Vice Chancellor's office. While working on this Directorate project, Mr Salimullah will know & remember, I made so many visits to meet the Health Minister, in his residence office. This is the same Minister who was our chief guest in PGA's first Annual Dinner in Chung Wah Chinese Restaurant.

Many may not remember if they were not deeply involved in this project. In all accounts and in all pride, on behalf of the PGA, I submitted that drawn out design for completely separate Directorate to the Ministry of Health, to the Health Minister, in their Matijheel Office, Dacca , and to mention, Mr Salimullah unfortunately could not make it to be present that day that moment. This effort was the organizations proudest achievements and one of the earliest formal attempts to establish an independent administrative recognition for Pharmacy professionals in Bangladesh.

Dacca University Pharmaceutical Society (DUPS) Formed in 1965

Let me touch a little on the University activities and put a brief light on what happened there from 1964 to 1968, when PGA did not exist yet. W hile a second-year student in Pharmacy Department, Hasan Imam, as the duly elected class captain, by defeating Amanullah Chowdhury in the election,

formed the Dacca University Pharmaceutical Society along with and under the guidance of the Professor & our beloved teacher Mr., and later Dr, Habibur Rahman as the President & me as the General Secretary of this Society. A wooden plaque was supposed to be hung as decided then, on the wall next to Dr. Jabber's office, signifying the formation of DUPS and its official identity and personnel.

Honoring the responsibility given by Professor Habibur Rahman, Hasan Imam authored the Constitution of DUPS, printed it in a press located next to New Market, going there many times from his residence in F. H. Hall, room number 109, to the preservice the constitution.

Dr. Jabbar was always in the knowledge of DUPS activities and programs. In fact, Dr. Jabber was the presiding Chair in the farewell ceremony given by DUPS for Prof Habibur Rahman leaving for his PhD. This Society later conducted various functions, such as organizing the activities of the yearly Dacca University Science Fair, organizing tours for the class body, department picnics, and a farewell dinner given by DUPS for the first batch of outgoing graduates, at the Hotel Purboragué at Matijheel, behind the Dacca Stadium. Also, most importantly in 1968 to 1969, as the Captain in the Department, Hasan Imam was the leader in charge, without the presence of a teacher-guide, of the Educational Tour to Edrook Pharmaceuticals for thirty days in Pabna for the 1st batch students in their third year. This responsibility and confidence to maintain the discipline of the group without any trouble or bad name to Dr Jabbar & thereby to the department was bestowed upon Hasan Imam by the Chairman of the Dept Dr Abdul Jabbar & the stay & accommodation thereof was hosted by Edrook Pharmaceuticals itself. Our deepest exceptional appreciation and gratitiude to Edrook Pharmaceuticals. Accordingly, he had to organize the groups departure journey safely to Edrook, Pabna & their safe return to Dacca as well, after the educational training & tour was completed and all the time, he maintained the liaison functionalities between Dr Jabbar & Edrook Managing Director officials.

At one-point DUPS was giving farewell gifts and a framed honorary plaque, written by Hasan Imam and as was selected by DUPS, recited by the then, 1st yr student Purobi, to our respected Teacher Prof Habibur Rahman, the President of DUPS, in the 3rd Floor Seminar room of Pharmacy Dept & Bio Chemistry Dept, since we were in the same building, we shared the Seminar Room, when he was going abroad to do his Ph.D.

Recognition and Adoption of Bangladeshi RPh Certificate

In the early quarter of 1973, a very good friend of mine, Golam Panjeton RPh who is the first ones to migrate to USA, New York, made an urgent appeal to me from New York to try to get it for them at a time when I was very busy as Quality Control Manager of Pfizer International Lab Ltd. The issue is yet another important initiative on my part that would benefit Bangladeshi pharmacists abroad, which

is the procurement of a Bangladeshi RPh Certificate that will facilitate them in a positive way to be attached along with their application process in New York for the purpose of taking RPh certificate exam towards achieving the official Licensed Certificate RPh to practice as a registered Pharmacist in New York and overseas.

I spoke to and informed Mr Salimullah and I proceeded with the project. Realizing the gravity of the situation, I undertook an urgent approach to the matter and headed towards the office of the Ministry of Health. By this time, I was a familiar figure to them because of my many past visits in that Ministry Office at Matijheel on the issue of promoting our agenda for the establishment of Pharmacy Directorate completely separate from Medical Directorate. I spoke to the appropriate Ministry officials for the creation and adoption of a system to allow us get this Certificate as a symbol of recognition for our degree which will help the Bangladeshi Pharmacists in foreign countries. It was a big success to win their hearts as they recognized the importance of this critical matter.

They suggested me to make a design of the certificate with official language formalities. I took an endeavor to research the sample certificate by going to the British Council in Nilkhet & Dacca University Central Library in between F H Hall & Dacca Hall by the big pond there. I made a more than few urgently needed visits to the Health Ministry Office. And, after all those purposeful shuttles, finally it happened and the Health Ministry has accepted my sample design and model. At this moment and scope, I might as well point out, as it is worthwhile, I believe that I have taken hundreds of shuttle rickshaw trips in this place alone, from Shiddeshwari to this lined up typist sitting in row with a chair, table and typewriter in Gulistan Cinema Hall Road, to have typed all my official letters, correspondences and documents in English for five years, as you know what I mean, I would like to give a very real and first hand feelings and knowledge of how things were done those days. If you remember the letters and correspondences you received from me, all those were typed here in this place.

All the certificates were being printed and the Ministry office was asking me to print the very first certificate in my name, as an honor to all my endeavors and efforts. I humbly declined and requested them to make the first one in the name of my good friend Golam Panjeton. From that time, in a few weeks, I will be leaving myself for New York and I carried with me about ten certificates for all the friends who have requested for themselves. And, I duly notified our highly regarded Dr A. Jabber, Chairman Dept of Pharmacy, of this great success. I might as well lovingly point out here that Dr. Jabbar overly made me indebted to him by paying a very dearly surprised visit to the Tajgaon International Airport to see me off in front of my family & friends at time of my departure which I could not even imagine that he would find out & know when I am leaving for New York, on May 18th, 1973.

Legacy

An intimate comment by, Mondal Dvabrata RPh, on behalf of Pharmacy professionals, on this short biographical article;

“The formation of PGA and the associated efforts to elevate the pharmacy profession represented more than organization activity. They reflected a broader struggle for professional recognition, institution dignity and academic independence in Bangladesh.

From student activism at Dacca University to advocacy within the Ministry of Health, Hasan Imam and PGA helped lay the foundations for future generations of Bangladeshi pharmacists. His efforts contributed significantly to the establishment of professional identity, organization unity and institutional respect for pharmacists in Bangladesh and abroad.”

About The Author

Founder General Secretary PGA, Dhaka, Former President & General Secretary, Bangladesh Society, New York.

Former Founder/President for 8 years of Bangladesh Forum of North America – BFONA New York. President of Foreign Students Body- FSB while doing PhD in Kinetics (Pharmacy Dept) under Dr A. Simonelli in 1975 at the University of Connecticut, Storrs Campus and Dr. Knapp as the Director of the International House. A chief guest of Bridgeport Lions Club’ in 1976 Annual event, Connecticut, as the main speaker on the issue of Bangladesh Liberation War in 1971. Author of full-length draft Constitutions of many organizations as Chairman of the Constitution Committees, such as PGA, Dhaka, Bangladesh Society NY, FOBANA (Federation of Bangladeshi Associations in North America) before its split into two in 1986, Dacca University Pharmaceutical Society (1965), FARAKKA Committee, Committee for Democracy in Bangladesh (1983) and more. In addition to his organizational works and activities, Hasan Imam is an author of twenty-four literary publications in Bengali (predominately poems on humanity and nature), out of which includes three novels and two books of poetry translated to English by the author himself. His works are available under his penname of M. Hasan Imam, in the U.S. through Barnes and Noble and internationally online for about ten years. And a Freedom Fighter in the Liberation War of Independence in 1971 in the then Comilla Sector, Bangladesh.
Books in English 1. Deprived Solicitation (Bonchito Ubder) 2. In Search of Light (Alok Bortikar Shondhaney), and all his 24 publications plus a souvenir booklet, compiling the critiques of his first 12 books by then 12 renowned journalists in Dhaka, Bangladesh, circulated at the publication’s ceremony of which chief guest was national poet Rafique Azad, presided by poet Shaiful Bari and

the main critic speakers were poet Shamudra Gupta and Mohanobish and kota shilpi Selina Hossain, of the book ‘ BONCHITO UBDER (Deprived Solicitation)’ at the VIP Lounge of National Press Club, Dhaka August 11, 2006 and are available in his hometown Port Washington Public Library on Long Island, NY.

Port Washington water view drive and Shore Road, his hometown, has been developed in order to beautify the bay walk and heighten the scenic view after Hasan Imam suggested and submitted his beautification project idea, in writing, in the month of November, 2001, to the mayor and incorporated office of Port Washington North. An important recognition gift with letter, addressed to Mr. Imam, was presented to him by Palma Torrisi in the Mayor’s office on November 29, 2001, for this valuable suggested project. The development was materialized the following year.

PHARMACY PROFESSION IN BANGLADESH AND ITS OWN CONCEPTUAL JOURNEY

Mohammed Nurul Haque M.Pharm R.Ph.

Ever since the inception of pharmacy department in Dhaka University by our beloved teacher Professor Emeritus Late Dr. Abdul Jabbar,this profession was never fully understood by the health care pundits.They thought the pharmacy graduates will only cater the needs of the pharmaceutical industry along with chemistry/biochemistry graduates.The pharmacy curriculum was also designed with that kind of mindset. Pharmacy council was formed as a registration device to streamline this misunderstood profession.No body in their wildest dream thought that these pharmacy graduates will ever stand behind the counter of retail pharmacy as a healthcare provider.So they devised a formula to divide this profession into three categories. Pharmacy graduates as category A. So called diploma holders category B and some experience in pharmacy as category C . In a nutshell,they are all pharmacist. Category A will go into Industry and other categories will go to retail pharmacy. Some kind of cosmetic change happened today from that old concept of course but that's too little too late kind of story. As a matter of fact,the way whole health care sector is structured in Bangladesh,pharmacy as a profession has very little scope to flourish or at least to make a profound impact in the health sector.In Bangladesh we have hundreds of thousands of retail pharmacy all over and vast majority in the rural areas running without licenses.Now how they maintain this status quo is any body's guess. Similarly there are hundreds of wholesale pharmacy stores in Mitford Dhaka and Hajari lane Chittagong without proper supervision and documentation catering drugs particularly to rural areas in a very questionable way.Unless the retail distribution is overhauled with proper surveillance,the vast majority of the population will remain at risk of severe health hazards.Under the existing circumstances there is little scope that the pharmacy as a vital health care provider can make significant impact.
So let's focus our attention where pharmacists can be absorbed as a vital healthcare provider. In the hospitals,the pharmacy department is pseudo functional with out appropriate structure.There should be pharmacy core in the defense department to absorb Pharmacists as commissioned officers where they can render vital services along with medical core.The BAPA can establish a liaison with the Pharmacy departments and Pharmacy Organizations to continue communication and coordination to further our mutual understanding.We have a moral obligation to the land and the people where we came from.From that view points we should establish a communication link with our Bangladesh counterparts for mutual professional and technical know how.

LISTENING TO LITTLE VOICES: HOW INFANT VOCALIZATIONS SHAPE THE LANGUAGE OF EARLY CHILDHOOD EDUCATORS

Hanna Mater, BS
Department of Biology, Lebanon Valley College
Accelerated Bachelor of Science in Nursing Student, Georgetown University

Hanna Mater, BS, earned her bachelor's degree in biology from Lebanon Valley College, where she participated in research examining infant-caregiver interactions and early language development. She is currently an Accelerated Bachelor of Science in Nursing student at Georgetown University.

THE BIG IDEA Infants are active communication partners: their vocalizations help shape when and how educators respond.

Infants begin communicating long before they speak their first words. Through coos, babbles, squeals, and other vocalizations, they express curiosity, interest, and a desire to engage with the world around them. While parents and educators are often viewed as the primary drivers of early language development, our research demonstrates that infants themselves play a far more active role in shaping these interactions than previously understood. Rather than simply receiving language from adults, infants influence the way adults communicate with them, creating a dynamic, reciprocal process that supports learning from the earliest stages of life.

STUDY AT A GLANCE

34	10–15	5 min
educator–infant dyads	months old	natural free-play sessions

HOW THE STUDY WORKED

Our study, Infant Vocalizations Shape the Sensitivity of Childcare Educators' Language, examined how infant vocalizations affect the language used by early childhood educators during everyday interactions. We analyzed video recordings of 34 educator–infant dyads during free play sessions in childcare settings. The infants, ranging from 10 to 15 months of age, interacted naturally with their educators while us researchers carefully coded both infant vocalizations and educator responses. Educator speech was categorized as either contingent, meaning it directly responded to an infant's vocalization or behavior, or non-contingent, meaning it occurred independently of the infant's actions. We also classified infant vocalizations based on their quality and whether they were directed toward an object, another person, or neither. This approach allowed us to better understand not only whether educators responded, but also how the characteristics of infant vocalizations influenced the quality of those responses.

WHAT WE FOUND

Our findings revealed a clear pattern: infants actively shaped the language they received. When educators responded directly to infant vocalizations, their speech was significantly more sensitive, developmentally appropriate, and language rich than when they spoke without responding to the infant. Contingent responses frequently included affirmations, object labels, descriptive language, and imitations that reinforced communication and supported vocabulary development.

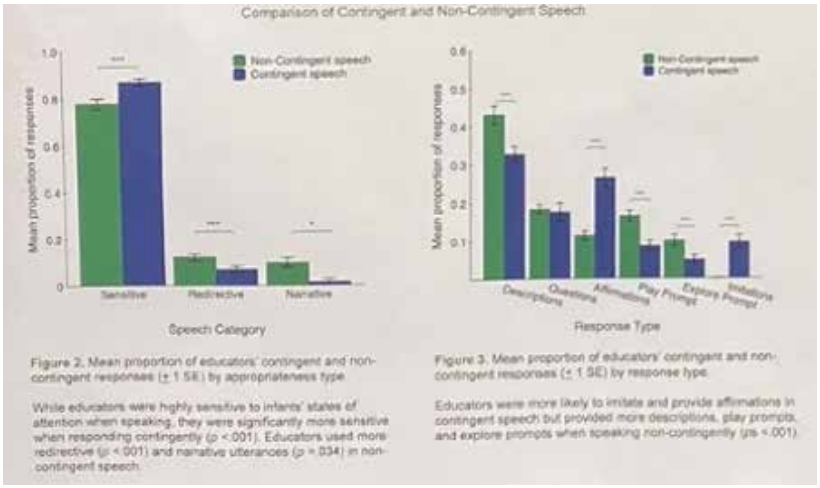


Figure 1. Contingent educator responses were more sensitive and differed in response type compared with non-contingent speech.

FOLLOWING THE INFANT'S FOCUS

One of the most compelling findings involved object-directed vocalizations. When infants vocalized while looking at or interacting with an object, educators were more likely to respond by labeling or describing that object. These descriptive exchanges naturally exposed infants to new vocabulary while maintaining their focus of attention. Because language learning is most effective when connected to an infant's immediate interests, these interactions created valuable opportunities for meaningful learning.

"Language learning begins with noticing what has already captured the infant's attention."

WHY IMITATION MATTERS

We also found that educators were more likely to imitate infants who produced more advanced vocalizations. Although imitation may appear to be a simple behavior, it serves an important developmental purpose. By repeating infants' sounds, educators acknowledge their communication attempts, encourage continued vocal exploration, and establish the back and forth interactions that form the foundation of later conversation. These responsive exchanges strengthen social engagement while promoting early speech and language development.

Perhaps the most important implication of our research is that infants are not passive recipients of language. Instead, they actively organize and influence their learning environments. Every babble,

squeal, or consonant-vowel combination provides educators with information about what has captured an infant's attention and creates an opportunity to respond in ways that support cognitive and language growth. This reciprocal relationship highlights the importance of following an infant's lead rather than directing every interaction.

WHAT THIS MEANS FOR EDUCATORS

These findings have meaningful implications for early childhood education. Professional development often emphasizes increasing the amount of language educators use throughout the day. While frequent conversation remains important, our research suggests that the quality and timing of educator language may be even more influential than quantity alone. Responsive, contingent communication, language that follows the infant's interests and vocalizations, creates richer learning experiences and strengthens educator child relationships.

For educators, these results reinforce the importance of recognizing every infant vocalization as a meaningful attempt to communicate. Rather than viewing babbling as random noise, caregivers can respond by describing objects, expanding on the infant's focus of attention, asking simple questions, or imitating sounds to encourage continued interaction. These everyday moments require no specialized equipment or structured lessons, yet they have the potential to significantly influence language development during one of the most critical periods of brain growth.

TURN A VOCALIZATION INTO A LANGUAGE-RICH MOMENT

1	2	3	4
NOTICE Pause and identify what the infant is focused on.	RESPOND Answer the sound or gesture while attention is shared.	EXPAND Label or describe the object, action, or feeling.	CONTINUE Imitate, ask a simple question, or wait for another turn.

A HEALTHCARE PERSPECTIVE

Participating in this research provided valuable insight into the complexity of early communication and the remarkable role infants play in shaping their own learning experiences. As someone pursuing a career in healthcare, this project strengthened my appreciation for evidence based developmental practices and reinforced the importance of responsive, family centered communication. Whether in early childhood education or pediatric healthcare, recognizing infants as active participants in communication allows professionals to better support healthy cognitive and language development.

Ultimately, our research reminds us that language development begins with listening. Every infant vocalization represents more than a sound; it is an invitation to connect, respond, and build the foundation for lifelong communication. By embracing these early exchanges, educators and caregivers can transform ordinary moments into meaningful opportunities for learning, growth, and connection.



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