



JOURNAL

Dae – Behman – Spendarmad 1381 AY (Fasli) • Amordad – Shehrever – Meher 1382 AY (Shenshai) • Shehrever – Meher – Avan 1382 AY (Kadimi)



Cancer Care— Where Help Inspires Hope.

Also Inside:



Jashan at New Traditional
Dar-e-Mehr in Houston



City College Honors
Kaikhosrov Irani



Destruction in Sandy's
Wake



Building a New World
Order: Trita Parsi

FEZANA JOURNAL

PUBLICATION OF THE FEDERATION OF ZOROASTRIAN ASSOCIATIONS OF NORTH AMERICA

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"The Healing Cloak", 2012 - acrylic

Artist: Cheryl Braganza, Montreal

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Spring 2013

Scouting and the Z way of life

Guest editor: Arzan Sam Wadia

Special Edition Summer 2013

CYRUS CYLINDER

Fall 2013

The Zarathushti World

a 2012 Demographic Picture

Guest Editor Roshan Rivetna

www.fezana.org

A word from the Editor



2013 THE YEAR OF CONSOLIDATING OUR PRESENCE

The year ahead affords us the chance to showcase our religion and heritage. Advocacy and promotional activities will take central stage. We begin with The International Conference “**Celebrating a Treasure - The First Meherjirana Library, Navsari, Gujarat**” in January.. Then one of the most iconic objects of religious tolerance and multiculturalism, the Cyrus Cylinder, will for the very first time, be on display in five major museums in the United States, followed by The Zoroastrian Exhibition “**The Everlasting Flame**” organized by SOAS and the British Museum, October to December 2013. The year will culminate in the **10th World Zoroastrian Congress in Mumbai**, December 27-31 2013..

While we look forward to these events with great anticipation, we are reminded of the recognition some of our members received recently. Dr Dhun Noria (Ontario) and Ms Bella Tata (British Columbia) were the recipients of the Queen’s Diamond Jubilee Medal, (page 62). Daraius Bharucha, (Ontario) was the recipient of the Award from the Governor General of Canada for Excellence in Teaching History (page 63) Prof Kaikhosrov Irani was felicitated on his 90th birthday by his University for 61 years of academic excellence Unfortunately he also lost his beloved wife Piroja after 59 years of marriage on November 28, 2012.

We also had some tragedies towards the end of the year, the



gang rape of women in India and elsewhere, senseless killings of innocent children all in the name of right to carry arms, the devastating destruction along the eastern seaboard of United States caused by superstorm Sandy. (page 8)

The cover story for this issue “**Cancer Care Where Help Inspires Hope**” was chosen with much thought. Cancer is a much dreaded word, and the first reaction to it, is that it is a “death sentence”. But in recent years there has been a paradigm shift in the way we look at outcomes. The treatment of what used to be a terminal disease has shifted from an “acute” illness to a “chronic” illness with extended periods of feeling good. In a chronic disease model you can concentrate on living with the disease rather than searching for a cure. According to the American Cancer Society the five year survival rates for breast cancer patients leaped from 75% in the 70s to 90% by 2002. Unfortunately this is not true for all types of cancers. It would be wonderful if one day a cure could be found. After all, that was the goal promoted by President Richard

Nixon in 1971. However given the enormous complexity and variety of the malignancies, this goal has been eluding us.

The community has lost many to this disease and each family is bearing their loss with courage and fortitude, and channelizing their grief into a positive action in memory of their loved one. We salute all who have been battling this and have agreed to share their experiences. We appreciate their courage and generosity of spirit. We salute the young scientists and the experienced doctors who have shared their knowledge and research. We also salute those who raise funds for much needed research and those who export their expertise around the world.

I end with a quote from Maya Angelou ...” as we come into 2013 we bring with us a need to find answers and the hope to find what we can do to prevent the recurrence of these despairing occurrences. I think we must commit to a commitment to all human beings and decisions to accept our responsibility to nature’s outpouring and human misbehavior. 2013 can bring us the chance to be kind to each other and kind to ourselves. We deserve each other and each other’s generosity.”

I wish each and every one of you all the very best in health and happiness throughout 2013.

A Message from FEZANA President



Dear Zarathushtis

Greetings & Best Wishes from the FEZANA Family to Your Family

Let us begin the New Year 2013 with love and understanding towards all humanity and live in peace & harmony for times to come

May the New Year be filled with new hope, new joy and new beginnings & may each day of the coming year be vibrant with many reasons for celebrations

May Ahuramazda shower his choicest blessings on you and your family with Abundance of Good Health, Peace, Love, Joy, Happiness and Prosperity

2012 was a year full of mixed emotions for Zarathushtis in North America. We experienced a gamut of celebrations and catastrophies. FEZANA celebrated its 25th Anniversary in 2012 and several events were organized across USA & Canada. FEZANA started its Silver Jubilee celebrations by adding \$10,000 of its own funds to the 25th Anniversary Academic Scholarship endowment. Our member associations also celebrated FEZANA's Silver Jubilee in their respective cities and towns, starting with the first celebration on July 3, 2012 in Toronto, organized by the Zoroastrian Society of Ontario. This celebration was combined with the closing ceremony of Z Games - 2012 Olympics and was attended by over 600 participating Zarathushti youth from all over the world in addition to the local Zarathushti community. The Zoroastrian Association of Metropolitan Chicago also celebrated the Silver Jubilee with a full day program with Parsi bhonu (dinner) at the Chicago Darbe-Meher on July 14, 2012. On August 2, 2012, FEZANA hosted the Silver Jubilee Gala Dinner and Dance in New York at the XVI NAZC. It was an event to remember, attended by our donors, guests and community members. On October 27, 2012, the Zoroastrian Association of Houston celebrated the Silver Jubilee with a full day event with two speakers Dr. Touraj Daryaee and Dr. Yuhan Vevaina, followed by a gala dinner and an entertaining Parsi natak. I thank the Presidents and the Zarathusti community of the various associations (refer to the FEZANA Bulletin – December 2012 for details) for their generous cash contributions aggregating more than \$17,000 to FEZANA for its Silver Jubilee celebrations.

The North American Zarathushti community witnessed a very successful event in August 2012. The Sixteenth North American Zarathushti Congress, hosted by ZAGNY at the Rye Hilton, New York, from August 2nd to 5th, 2012 was a resounding success! On behalf of FEZANA, I would like to thank all the XVI NAZC organizing committees, their

countless volunteers and valuable supporters for a fantastic job accomplished by them.

In Q4 2012, two events occurred on the east coast of USA that impacted people from all walks of life and brought followers of various religions together to pray for the common good of all humanity. Super Storm Sandy ravaged the coastlines of New York, New Jersey and other northeastern states and the Tragedy at Sandy Hook Elementary School in Connecticut cut short lives of 20 innocent children and 6 educators.

The cover story for this issue is Cancer and most of us know somebody who has been diagnosed with Cancer. In the past 15 years, I have lost a few of my friends to breast & ovarian cancers; however, today I am surrounded by many friends who have successfully conquered their Cancers and are living a normal, healthy life together with their dear ones. I have two messages for all of you: Reach out to the individuals & families who are experiencing this diagnosis. Often it is not the monetary help that is required but emotional, moral support and "words of comfort" that go a long way in brightening these dark days. Pick up the phone and call them, visit them, talk to them about the memories you shared, make them laugh and share their fears, sorrows and happiness. My second message is to the scientists, doctors, researchers who are working to find a cure for Cancer: Go & Strive Your Best to find a Cure and may Ahuramazda guide all of you to find a cure in the very near future.

As promised in my manifesto, I have appointed several young adults as Co-Chairs on various FEZANA Committees and the FEZANA web-site is being updated. Make it a habit to read the monthly FEZANA Bulletin for current news on Zarathushtis in North America and upcoming events in NA and globally. You can find the Bulletin on the FEZANA website and sign-up if you want one delivered to your in-box.





So in 2013, I request that all of us follow the 5-STAR Guiding Principles for FEZANA:

Teamwork, Respect Diversity, Innovation, Empowerment & an Optimistic 'Can Do Attitude' (see FJ Fall 2012 for details).

My vision for FEZANA is that those of us who are the nucleus of our individual families and communities can make this happen with a strategy for holistic action by taking active leadership roles at community levels locally, nationally and globally. We cannot do it alone, so involve your families, your friends – Zarathushtis as well as others, to work individually and collectively for a unified, healthier Zarathushti community that can take its place in the front lines with other world communities in the 21st. Century in North America and the World.

I would like to thank my colleagues on the FEZANA Executive, the FEZANA administrator Zenobia Damania, the presidents & representatives of FEZANA's 26 member associations and 14 corresponding members as well as 23 Committee Chairs for their help, cooperation and efforts in garnering the support and participation of their members in promoting the various activities and causes supported by FEZANA in 2012.

The FEZANA Executive and I look forward to working with all of you collectively in harmony and with an optimistic can-do attitude in 2013 in supporting FEZANA's goals and activities

Katayun Kapadia
FEZANA-President

WHAT AN AWFUL WAY TO GO!!!!

These innocent kids
Meant no one any harm
They were snatched away
From their
parents arms
Kissing their parents
"Last Goodbyes"
They had no clue
They would be cut to size

Full of life love
Laughter Hope
As well cheer
Already in the
Christmas mood
Making holiday plans

With their families so dear
Awaiting arrival of Santa Claus
Delivering presents in his sleigh
Driven by his reindeers
It's a stab through the heart
From a child one has to part
I can imagine the carnage
That the parents witnessed
Even before they arrived
Their precious cargo
Had breathed their last
What a horrific scene it must be
To realize that their darling
Kids are no more
All they have is beautiful memories
Of how they were before

Now & forever more
With a heavy heart
And tears in my eyes
All I wish to say:
May their sweet innocent
Souls rest in eternal peace

If there was a way
To bring them back
But, alas!!
All we can offer is
Sincere condolences
And deepest sympathies

In Memory Of The Innocent Lives Lost In Sandy Hook School Connecticut
Farida Bamji Canada



FEZANA UPDATE

BUILDING A NEW WORLD ORDER – THE ROLE OF ZARATHUSHTI VALUES Dr TRITA PARSI

KEYNOTE ADDRESS

AT

THE 16th NORTH AMERICAN ZARATHUSHTI CONGRESS 2012
RYE, NEW YORK

“ZARATHUSHTI EXISTENCE IN THE CONTEMPORARY WORLD”.

Dorood bar hamegi

It is a great pleasure for me to be here today, a true honor. I am very grateful to the North American Zarathushti Congress for organizing these wonderful events, serving the Zoroastrian community and giving me this opportunity to speak to you. I'm particularly grateful to Professor Dadachanji, Ferzin Patel, Nina Mistry and Shirin Kiamanesh for all their help.

I am not a regular at Zoroastrian events and there is a reason for that. Witnessing the sad developments in Iran over the past 30 years, the need for and value of separation of church and state could not be any clearer to me. I believe this must be practiced to the fullest and since my regular work is in the realms of international affairs and politics, I have kept an appropriate distance from all things religion. Not to protect the politics, but to protect the religion.

Today, I have agreed to make a small exception because I strongly believe that humanity is in dire need of the intellectual wealth and moral strength of Zoroastrian wisdom. In my talk here today, I will be treating the thoughts and values of the Zarathushti religion more as a philosophy than as a religion.

The theme for the conference today is Zarathushti existence in the contemporary world. I will try to address the meaning and value of Zarathushti ideas in the contemporary world.

Let me start of by saying that I am not an expert on religion. I don't have a degree in theology or philosophy. I am not going to present to you the results of painstaking research done over the course of a decade. In fact, I will not present to you any conclusions at all.

Rather, I am going to share with you some observations from my years of working in a western political setting where our interactions and behaviours were informed not by Zoroastrian thought but Western

philosophical thought and ideas derived from the Abrahamic faiths.

These observations and thoughts will hopefully lead us to ask some interesting questions.

In my regular work, I interact with opinion-makers, decision-makers, policy experts and politicians on a regular basis. I attend closed conferences and track-II meetings between world leaders, military and civil society leaders. Crisis after crisis is addressed at these meetings, from the deterioration of Iraq a few years ago, to the Iranian nuclear challenge, to the war in Lebanon, to the carnage in Syria.

The reasoning at these meetings, regardless of issue, is founded on a few assumptions about the nature of mankind. These assumptions, which I will come to shortly, create patterns of behavior and everyone acts in a certain way based on the assumption that others will behave according to the same calculations.

But these patterns, which we have been taught to emulate, which we have been taught are innate to our nature, are failing us.

We are at a moment globally, in which international institutions are withering away. International law is increasingly disregarded and we are decisively returning to the law of the jungle. The sense of direction that gives people hope and the strength to reach beyond the horizon is lacking. The ideas that we thought could manage conflict and create peace and co-existence are failing.

There are also crises at the individual and community levels. Wealth has been created, yet the poverty of unhappiness is prevailing. Technology has advanced, yet human interaction is becoming more primitive. Connectivity is at its height, yet humanity has never felt so lonely.



FEZANA UPDATE



There are several aspects to these crises. Today, I will focus on the realm that I have some experience with, the interaction between states and the efforts to create a more peaceful world.

This may not sound to be of immediate relevance to Zarathushti faith but Zoroastrianism and the values and insights it carries are actually very relevant to the future state of affairs between nations. Let me explain why.

Every aspiring political science student is given, on his first day of class, a copy of Niccollo Machiavelli's *The Prince*. Machiavelli was an Italian historian, diplomat and philosopher, based in Florence during the Renaissance. A founder of modern political science, he was a civil servant of the Florentine Republic. His advice on how a ruler should rule is considered a masterpiece.

Everything that is taught in political science references back to Machiavelli and some of the other key Western thinkers within the school referred to as Realism, a school of thought that I personally believe is the strongest in explaining and predicting international affairs as it is currently configured. Within international relations theory, this school of thought holds a hegemonic position. It dominates and determines.

Everything that occurs is primarily understood, interpreted, predicted and acted upon through the lens of the likes of Machiavelli, Thomas Hobbes and Thucydides.

So what then are those lens? What does it tell us about human nature and the interaction between men and between states?

Since Machiavelli is the most direct and uncensored of the realists, let me start of with a few quotes from him to give you an idea of what young political scientists are taught when they take their first steps towards learning how to analyze and conduct the affairs of the state:

- "It is necessary for him who lays out a state and arranges laws for it to presuppose that all men are evil and that they are always going to act according to the wickedness of their spirits."
- "Of mankind we may say in general they are fickle, hypocritical, and greedy of gain."
- "It is better to be feared than loved."
- "It is double pleasure to deceive the deceiver."

- "A prince never lacks legitimate reasons to break his promise"
- "Politics have no relation to morals."
- "War should be the only study of a prince. He should consider peace only as a breathing-time."

Thomas Hobbes, another key thinker of the dominant realist school, is known for several quotes, including: "Peace between states is merely war by other means."

One of Thucydides most famous quote reads: "The strong do what they can and the weak suffer what they must."

These are the thoughts and beliefs that constitute the guiding principles for how we conduct state interaction.

We assume that man is evil. We assume this is his nature, it is innate and it is permanent. We assume peace is impossible; it is at best a breathing period between wars.

Of course, the realists say that they are only describing reality. This is the way the world is. Our description of the world or our beliefs about it has no impact on it: the world does not change because of our beliefs about it. There is an objective reality that is derived from our selfish, evil and unchanging nature. Realism belongs to the category of theories that claims it existed even before it was invented.

Realism does not have the ambition of creating a more peaceful world because it doesn't believe peace is possible. Our nature is too selfish and evil for peace to be possible. At best, it seeks to manage conflict.

But rather than believing that this is an accurate description of our nature, there is an argument that it is these theories that actually shape our thinking and behavior, rather than our nature.

We teach our young students to depart from the assumption that man is evil - and to act accordingly. We teach them that breaking your word is necessary. That it is a pleasure to deceive. That politics is amoral and as a result, we don't need to give it any second thoughts.

Perhaps we shouldn't be surprised that the world looks as it does.

At a moment when the world is facing a crisis of values, we should pause and try to reimagine the world.



FEZANA UPDATE



Imagine if students of political science, in their preparation for handling the affairs of state, studied not Machiavelli and Hobbes, but rather the thinking of Zarathushtra.

Imagine if they were introduced to the idea that man's nature is not set. It is neither good nor evil, but rather, as Zarathushtra says in Yasna 30.2, "each man and woman must make his and her own choice".

Imagine if the departure point for the analysis and conduct of statecraft was not the belief that evil is necessary to give meaning to the good, as the Abrahamic faiths imply, but rather the metaphor of Zarathushtra about the truth and the lie. Meaning: The lie, as a corruption of the truth, cannot exist on its own and as a result, can ultimately not prevail over truth.

Imagine if the altruism espoused in Zarathushtra's Ashem Vohu was mandatory reading rather than Machiavelli's justifications for deceit and greed?

Would the world not look different? Would we be stuck in this perpetual cycle of dominating and being dominated? Would peace be nothing more than brief windows of respite while preparing for the next inevitable war?

I suspect that we must conclude that the world would look different. If we did not, there would be no reason to follow the words of Zarathushtra since it would be inconsequential.

I know I am comparing apples and oranges. Can one really compare theology with international relations theory? I think one can, because it's all about ideas. The question is what are these ideas and what behaviors do they inspire. If they don't inspire any specific behavior at all, then all intellectual discussions are irrelevant, forget all the names of philosophers and thinkers, cancel the Nobel festivities.

But ideas do inspire behavior. And the ideas of the dominant Western school of thought have trapped humanity in a corner. Their ideas have helped perpetuate a state of warfare and turned it into a seemingly permanent reality.

What I would like to suggest is that the universal message of Zarathushtra and the ideas and values it carries have applicability well beyond theology and philosophy. In the current crises of values that humanity is facing, it can provide answers, but only if knowledge about it, is spread and shared.

I would like to commend those, like Dr Ali Jafari, who have dedicated their life to studying, interpreting and sharing the ideas of Zarathushtra with new audiences. As a community, we Zarathushtrians have understandably focused much of our energy on the survival of the community itself. That is a task which in and of itself has grown more difficult over time.

But I hope we don't forget that the wisdom of Zarathushtra goes well beyond us. That his thinking was not just aimed for us.

I am not suggesting efforts to convert others. Again, I approach the teachings of Zarathushtra more as a philosophy than as a religion. I suggest, bringing the treasure of his thinking and intellectual wealth into the marketplace of ideas.

I have yet to see widespread scholarly work contrasting Zoroastrian thinking with the leading Western philosophers in the area of statecraft human interaction: scientific papers on how new global institutions would look like if the pillars of the global order would be inspired by Zoroastrian ideas rather than those who have departed from war and evil as the characterizing feature of humanity.

Machiavelli said that "It comes about that all armed Prophets have been victorious, and all unarmed Prophets have been destroyed."

I hope that if there are any young aspiring political scientists or philosophy students in the audience today, that they will take up the challenge - as a first step - of proving Machiavelli wrong and proving Zarathushtra right.



Dr Trita Parsi was born in Iran and grew up in Sweden, where his father was the head of the Iranian Zarathushtri community. He is the 2010 recipient of the Grawemeyer award for Idea Improving World Order, is the founder President of the National Iranian American Council and an expert on US-Iranian Relations. Iranian foreign policy and the geopolitics of the Middle East. He holds a doctorate in International Relations, from Johns Hopkins University School of Advanced International Studies. He has extensively published on Middle Eastern Affairs and is a frequent guest on CNN, PBS's Newshour with Jim Lehrer, NPR, the BBC and Al Jazeera. He is the author of three books. Trita is a practicing Zarathushtri with a keen interest in both community as well as in the philosophy and theology of the religion.



FEZANA UPDATE



San Diego Board of Directors and The Zoroastrian Sports Committee (ZSC) is pleased to announce the next 8th Zoroastrian Unity Cup Soccer Tournament at Beautiful San Diego. This event is coming up fast. It is scheduled for the 2013 Labor Day weekend.



**8th Zoroastrian
UNITY CUP GAMES**

ZSC and San Diego Board of Directors in cooperation with San Diego Sports Committee proudly present the 8th Zoroastrian Unity Cup Games in beautiful beach city of San Diego.

**LABOR DAY WEEKEND
2013**

MARK YOUR CALENDAR and expect to spend two fun filled days in a park setting with plenty of activities for the whole family.

Get your teams ready, get your fans hyped up and join us for a weekend of soccer, friends, and as always, lasting memories.

What: 8th Zoroastrian Unity Cup Soccer Tournament

When: 2013 Labor Day Weekend

Where: The Beautiful Beach City of San Diego

See you all there!

San Diego Board of Directors.

Super Storm Sandy hit the

Atlantic Coast of North America on October 29 and 30th causing more than \$ 20 billion of damage, loss of 50 lives and 8 million people without power. New York City was shell-shocked!! The storm surge had inundated lower Manhattan, Staten Island and parts of Brooklyn and Queens.

What really set Sandy apart was its immense size with destructive winds and flooding extending more than 450 miles (752km) from its center as it made landfall in Atlantic City NJ. The storm hit multiple states and tens of millions of people more or less simultaneously making it impossible for the hardest hit states to borrow emergency personnel or utility crew from neighbouring states.

This is an area of high concentration of Zarathushtis and the Darbe Mehr of ZAGNY is situated here.

Sheroo Kanga, Secretary of ZAGNY writes "Several Zarthushtis in the tri-state area of ZAGNY were affected by Hurricane Sandy. Most suffered power loss, some suffering in the cold for up to 2 weeks and some even longer. While power has been

restored, physical damage to their homes and properties is expected to be repaired over time. Some losses included treasured belongings and memorabilia. Thankfully, there was no loss of life and no one was hurt except for the psychological trauma involved in dealing with a storm of this magnitude.

ZAGNY has been closely involved in supporting its community and has reached out to and provided assistance to members in distress and continues to offer succor to members in need, within the limits of its resources. We have set up a fund to help out those in need of financial assistance.





FEZANA UPDATE



Our Darbe Mehr also incurred some roof and structural damage from a fallen tree. Fortunately, the insurance company has agreed to compensate us for the damage. Our Trustees have responded with lightning speed and the Darbe Mehr was fully functional within a few days for which we are thankful."

Fali Shroff, the Chair Person of the Darbe Mehr Zoroastrian Temple (DMZT) writes



"There have been 5 to 6 trees which were uprooted with three trees overlapping on other trees. The membrane of the roof has been punctured in 7 different places and needs to be patched up and then completely redone. Below the membrane roof is our dining room which has been punctured as well and the rafters need to be replaced. Our Darbe Mehr was in a mess with water leaking from the top membrane roof. Our caretaker was able to fix this temporarily.

**From: FEZANA UNITY & WELFARE COMMITTEE
DATED NOVEMBER 16, 2012
APPEAL FOR HURRICANE SANDY
VICTIMS**

This weekend marks three weeks since Hurricane Sandy upended lives on the Eastern seaboard, the longest three weeks of many people's lives. The East Coast is just starting to get power back and we are hearing about families that have had massive losses. Zarathushti families have been affected and we have begun the process of helping them.

If you would like to help, please donate:

1. Online at www.fezana.org to the Welfare and Critical Assistance: HURRICANE SANDY

2. By check, made out to FEZANA with the memo: HURRICANE SANDY. Checks to be mailed to:

Ratan Mistry, FEZANA Treasurer, 1258 Water Lily Way, San Jose, CA 95129

For further information, contact:

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STORIES OF THREE FAMILIES

Imagine sitting in front of a TV, thousands of miles away watching the news of the impending disaster in your State and your county being caused by the Tropical storm Sandy and then getting a phone call from your neighbour that your house is being flooded. You want to come back as fast as you can to save your property but you cannot as the airports are closed and then there are no flights available for 10 days.

This is what happened to **Khorshid and Kersi Bellihomji**, a retired couple, living in 78 Miller Avenue, Sayreville, New Jersey. They had been living in their 1974 built home since 1999. Kersi and Khorshid came to USA in 1980 from Iran escaping the revolution. They had left behind everything in Iran and escaped via Pakistan and India finally arriving in Austria from where they got their visa for the US. Now 32 years later they lose everything once again to Superstorm Sandy. When they were able to fly back they found the whole lower level of their bi-level house that had the kitchen, the living room, one bed room, the sun room, the fireplace all destroyed, their hard wood floors ripped up, the expensive rugs, the sofas, TVs fridge, stove, washing machine and dryer, winter clothes all gone, destroyed.



FEZANA UPDATE



The furnace and the electrical wiring in the lower-level were damaged with no heat no light and no gas in the house when they arrived. Part of the roof as well as the exhaust fan cover was blown off by the severe wind, both the cars in the driveway were submerged in water and were a write-off. All their memories buried in the photo albums of the children's navjotes and weddings, their parents letters before they died, all lost.

Panic sets in when you see this. What are you to do, whom should you call? They stayed with friends and neighbours till things could get sorted out. As if sent from heaven, 20 young and old men and women of the Baptist Bible Church came to help to clean up, all voluntary!!!

FEMA sent them a cheque. ZAGNY and FEZANA helped also but all of these barely covers any of the expenses at restoration. The house insurance as usual was of very little help (as this damage is considered to be caused by flood and not wind hence no coverage), car insurance was adequate, they are using their life savings to get their house and their lives back in order.

Some of their good Parsi friends who instead of rendering physical help, provided them financial help that totalled to \$3,500, for which they are very grateful.

Another family affected was **Faroukh and Khurshid Tarapore of Baldwin, New York**. Their house is next to a park which is next to the ocean. As they saw the water coming closer and closer and higher and higher, Khurshid and the children who were in the house (Faroukh, a physician was at the hospital), went to the upper level of the house. They constantly kept looking at their watches for the high tide and the water to recede which it eventually did after 2 hours leaving behind a series of destruction: basement with all electrical supplies ruined, garage turned office ruined, one car ruined by water, a horizontal crack in the side of the wall caused by the 8 ft of water banging against the wall causing plumbing and electrical problems. There was no electricity for 2 weeks but good friends and neighbours provided home hospitality.

The biggest damage was caused by a big tree in the backyard falling on the kitchen roof and destroying it, And to the insurance company damages caused by the wind is the owner's responsibility.

Even though they were reimbursed by Flood Insurance and not by FEMA, it was difficult to find people to help clean up and start restoration. But they are grateful all of them are safe and they have a roof over their heads and warm house to sleep in.

Yasmin and Jamshed Ghadiali of Baldwin, New York had 28 inches of water within 45 minutes in the lower ground level of their home which receded within 24 hours. But in those 24 hours it caused severe damage to their property, destroying their furniture, their memories contained in albums, videos, all the crockery and cutlery which Yasmin stocks for her annual fund-raisers for the Parsee General Hospital. The power in their house was restored in three days and they were able to use space heaters and cook on a gas stove. The Ghadiali's live in a flood zone and were fortunate (if you can call it so) to have flood insurance.

We sympathize and pray for the Bellihomjis, the Tarapores and the Ghadialis as well as hundreds of other families who lost all in this superstorm sandy. Hurricanes have always been a part of life on this planet and they will continue to do so but our governments all over the world need to be have better response preparedness to help families in distress.

Report prepared by Dolly Dastoor, with grateful thanks to the three families who shared their stories



FEZANA UPDATE



THE ZARATHUSHTRIAN ASSOCIATION OF NEW ZEALAND
&
THE ZOROASTRIAN YOUTH OF NEW ZEALAND
PRESENT



THE 6TH WORLD ZOROASTRIAN YOUTH CONGRESS AUCKLAND, NEW ZEALAND DECEMBER 2015

A BRIEF UPDATE ON THE CONGRESS

The Zoroastrian Youth of New Zealand (ZYNZ) have had a very successful year with the planning and implementation of ideas for the Congress. Our various fundraisers for the year 2012, have yielded positive results and we will continue with these fundraising events as planned for 2013.

Appeals for sponsorship globally have also proved successful.

We look forward to the continued help and support from our Zoroastrian well-wishers worldwide.

SPONSORSHIP & DONATIONS

We are now welcoming sponsorship and donations from our global Zoroastrian community.

For more details kindly email
Tinaz Karbhari, Chair

or
Danny Master, Sponsorship Coordinator on:
6thwzyc@gmail.com

EMBRACE - ENHANCE - EVOLVE
www.6wzyc.co.nz

APPEAL FROM ZOROASTRIAN ASS OF KENTUCKY, OHIO & INDIANA (ZAKOI) CENTER FUND COMMITTEE

To raise funds for our own Worship Center/Prayer Hall the *Center Fund Committee of ZAKOI* is looking for at least 100 Donors to donate \$1,000 each to our ZAKOI Center Fund. We appeal to all our fellow Zarthushtis worldwide to consider sending your donation to us for this worthy cause. ZAKOI will send a gift of appreciation to each donor of \$1000 or more. The gift is an individually handcrafted Asho Farohar mounted on a frame, size approximately 6" X 6". This beautiful piece of art is made by Zohre, an artist from Iran, living in our ZAKOI community. If you want to gift this Asho Farohar to your children or dear ones, we can personalize it (To.....From). in calligraphy! A smaller Farohar frame (approximately half the size of the bigger one) will be gifted to donors of \$500 or more. We will work with every donor as to the color and frame of their choice for the Farohar .

All donations are tax deductible as allowed by the IRS in the USA. You may also donate online to our ZAKOI Center Fund listed under the category of funds to donate online under Funds, in the FEZANA website at www.fezana.org/Funds. We appeal to all of you to please help us succeed in our 2013 campaign. Your donation checks may be made to "**ZAKOI CENTER FUND**", and sent to Bakhtavar Desai at 6383 Jamesfield Court, Fairfield, OH 45014. or contact Bakhtavar for more information at 513-829-7818, or at bfdesai@aol.com Thank-you! Submitted by the ZAKOI Center Fund Committee



PRESS RELEASE FROM BPP

**10th WORLD ZOROASTRIAN CONGRESS
“Zoroastrianism in the 21st Century:
Nurturing Growth and Affirming our Identity”.
DECEMBER 27-31, 2013, MUMBAI**

The 10th World Zoroastrian Congress will be held in Mumbai from 27th December 2013 to 31st December 2013. Mumbai is the birthplace of Parsi entrepreneurship, and is closely identified with Parsi and Iranian Zoroastrians. The community has made a substantial contribution to the city and the nation in every field of endeavor, including arts and culture, law, science and engineering, medicine, defense of the nation and more.

www.wzcmumbai.com.

Dr. Cyrus S. Poonawalla, Chairman, Serum Institute of India Ltd. has graciously offered to sponsor the 10th World Zoroastrian Congress to a significant extent.

The occasion of the 10th World Zoroastrian Congress will be utilized to showcase the contribution of the Parsi/Iranian Zoroastrian community to the country and the world, and to provide an impetus for future generations to build on this contribution and ensure that the reputation of the community, which is completely disproportionate to its actual physical size, continues to evolve respect.

For this purpose, it is intended to make the 10th World Zoroastrian Congress not only a forum to discuss the community's strengths, weaknesses and opportunities internally but also to ensure that the focus of the country is on the community.

For this, the Congress will not only have prominent Parsi/ Iranian Zoroastrians in all fields exchanging

their views and preparing a blueprint for the community, but also important dignitaries attending the Congress, imparting it with an importance and acknowledging the past contributions and the future of the community.

Various committees have been formed for a systematic and intense approach towards the success of the 10th World Zoroastrian Congress.

The Organizing Committee is headed by Chairman of Bombay Parsi Punchayet, Mr. Dinshaw Mehta; the 6 BPP trustees, Mrs. Arnavaz Mistry, Mrs. Armaity Tirandaz, Mr. Jimmy Mistry, Mr. Khojeste Mistree, Mr. Yazdi Desai and Mr. Muncherji Cama along with Mr. Maneck Davar, Hon. Sec; Mr. Mehli Colah, C.E.O, BPP and Mr. Cawas Panthaki, Sr. Executive Welfare, BPP

An exhibition of Parsi heritage has also been conceptualized by Mrs. Pheroza Godrej and Mrs. Firoza Punthakey Mistree, titled “From Canton to Mumbai – The

Story of Parsi Textiles”, this exhibition to be held at the National Gallery of Modern Art (NGMA) is intended to showcase Parsi Iranian Textiles and costumes, such as Gara saris, Tanchoi saris, Jablas (loose blouse) and Coatees, Ijars (loose pantaloons) Embroidered Shawls and Zoroastrian Costumes from the province of Yazd, Iran. Showcasing Canton of the 19th Century from where Parsi merchants purchased the Garas and brought them to Bombay to be worn by Parsi ladies. Iranian Costumes will also be displayed. These costumes were worn by immigrant Zoroastrians from Iran (popularly referred to as the Iranians in India) when they came to Bombay in the 19th Century.

The proposed program for the Congress will see a total of approximately 30 sessions and panel discussions addressed by eminent speakers and scholars from India and all over the world. There will be few topics dedicated



FEZANA UPDATE



to breakout sessions with experts speaking on topics as diverse as:

- Socio-Religious Issues including declining demography and how to arrest the decline.
- Lessons from History including global cooperation and respecting opposing views.
- Youth Affairs & Women's rights and their Status.
- Role of Mobed / Mobedi in the future including how to attract mobed's son to the priestly profession as well as the options available with the growing shortage of Mobeds in the Diaspora.

Arts, Theatre and Law – Aspects of Community Living

- The corelation between Rituals and Religion
- Dedicated Iranian Section

Based on your experience of and insight into community issues in your part of the world, it is requested to give your suggestion about topics/subjects that you believe would have an impact on a global Parsi/Irani Zoroastrian audience, and also recommend names of prospective speakers who would have an in depth knowledge of such topics/subjects and articulate them in an interesting way. Since time is short it will be appreciated if you could provide your inputs at your earliest convenience.

In order to provide an opportunity to the creative talent in our community, the Organising Committee of the 10th World Zoroastrian Congress decided to host an international logo

competition open to all Parsi/Iranian Zoroastrians, in all parts of the world, to design the logo for the Congress. The prize amount for the chosen logo was Rs 100,000/-

The Contest received an overwhelming response with more than 350 entries received from across the world, from people ranging in age from 13 to 83. A record 75% of the entries were received from India, and the rest from USA, Iran, Canada, New Zealand, Pakistan, South Australia and UK.

LOGO DESIGN CONTEST

Mr. Ashdeen Lilaowala, 31, from New Delhi, India is the winner of the 10th World Zoroastrian Congress International Logo Contest, Mumbai and has won the prize of Rs 1,00,000/-.

CREATOR'S VISION

The Faravahar or Farohar is one of the best-known symbols of Zoroastrianism. To most Zoroastrians around the world, the symbol is a reminder of one's purpose in life, the righteous path and the union with Ahura Mazda. In my logo, I have artistically represented the Faravahar along with a handshake. I believe a handshake globally represents an expression of equality. It signifies a union of mind, body and soul. It is a positive symbol, which signifies peace and unity. Today, as our religion faces challenges towards tradition and rituals, a platform like the World Congress will help us to unite, reconnect and celebrate our glorious heritage and unique culture.

TRUST

must be earned

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FEZANA UPDATE

Calendar of Festivals

September 2012 to March 2013

Fravardian Jashan

Mah Fravardin, Roz Fravardin

Monday, August 6 (K)
Wednesday, September 5 (S)

Maidyozarem Gahambar

Mah Ardibehesht, Roz Khorshed-Daepmeher

Tuesday, August 28 - Saturday, Sept 01 (K)
Thursday, Sept 27 - Monday, Oct 01 (S)

Paitishem Gahambar

Mah Sheherevar, Roz Ashtad Aneran

Wednesday, Sept 12- Sunday, Sept 16 (F)

Jashne-Mehergan

Mah Meher, Roz Meher

Tuesday, October 02 (F)

Ayathrem Gahambar

Mah Meher, Roz Ashtad-Aneran

Friday, Oct 12- Tuesday, Oct 16 (F)

Jashne-Avangan(Avan Ardivisur Parab)

Mah Avan, Roz Avan

Friday, October 26 (F)

Maidyoshem Gahambar

Mah Tir, Roz Khorshed-Daepmeher

Saturday, Oct 27 - Wednesday, October 31 (K)
Monday Nov 26- Friday, Nov 30 (S)

Jashne-Adargan

Mah Adar, Roz Adar

Saturday, November 24 (F)

Death Anniversary of Zarathushtra

Mah Dae, Roz Khorshed

Thursday April 25 (K) (K)
Saturday, May25 (S)
Monday, December 26 (F)

Maidhyarem Gahambar

Mah Dae, Roz Meher-Bahram

Monday, Dec 31-Friday, Jan 04 (F)

Jashne Daegan

Mah Dae, Roz Daepdin

Monday, January 07 (F)

Jashne Bahmangan

Mah Bahman, Roz Bahman

Wednesday, January 16 (F)

Paitishem Gahambar

Mah Sheherevar, Roz Ashtad-Aneran

Thursday, Jan 10 - Monday, Jan 14 (K)
Saturday, Feb 9 - Wednesday, Feb 13 (S)

Jashne Sadeh

Mah Bhman, Roz Aban

Thursday, January 24 (F)

Ayatherem Gahambar

Mah Meher, Roz Ashtad-Aneran

Saturday, Feb 9 - Wednesday, Feb 13 (K)
Monday, March 11 -Friday, March 15 (S)

Fravardegan/Panjeh/Hamaspathmedayem Gahambar

Five Gatha days

Sat, March 16 - Wednesday, March 20 (F)

Char-Shanbe-Soori (Heralding the New Year)

Tuesday Prior to NauRooz

Tuesday March 19 (F)

NauRooz or Jamshedi NauRooz (New Year)

Mah Fravardin, Roz Hormazd

Thursday, March 21 (F)

(S=Shenshai, K=Kadmi, F=Fasli)



Caring for Cancer...

Caring....

This issue of the Journal is motivated by a sense of Caring. Specifically, Caring for Cancer: for one who is newly diagnosed, the survivor, the caregiver, the families, friends and communities of those marked in their lives by a loss of a loved one. While this essay may appear prescriptive, it is not meant to be so. What is shared comes from having walked on both sides of the aisle. Opportunities abound to serve and care at every step.

Initial Diagnosis

Time was when experienced doctors practised not only the science but the art of medicine. Sacrificed to the divinity of technology such specimens are almost extinct. Now, the news of a life altering diagnosis may come through a phone call from the medical-industrial establishment. If at all possible, the best person to break the news of a cancer diagnosis is a loved one (very hard on the person who has to break the news, but far easier on the person hearing the dreaded "C" word). Try, if you can, to be that loved person who breaks the news.

Treatment Options

The triad for Cancer treatment is Surgery, Chemotherapy and Radiation Therapy. Till such time that humankind understands the origins of cancer, these symptomatic interventions, sometimes of benefit, often with serious and even lethal side effects shall stay with us. Add to these: building up a strong immune response, perhaps the most important of options where the patient, through life-style choices, has the ability to make the greatest impact in remaining healthy.

Visits

Visits lift up the cancer patient mentally and emotionally. There is an old Parsi saying: "*Dukhe sukhe javanoo; Sukhe Nahi Javai tau Dukhe Jaroor Javanoo.*" [Visit at happy times

Behram Pastakia

and at times of distress; if one cannot visit at happy occasions, be sure to visit during distress]. However, just out of chemotherapy, a patient may not be up to even looking at a visitor. Find out whether it is kosher to visit. Password protected blogs keep friends apprised with health updates. When you go, keep the visit short.

Transport

Give of yourself. Volunteer to drive patients to treatment sessions. Free transport options from Cancer Societies are available, but the value of the presence of a friend is incalculable. Sitting through the chemotherapy or radiation therapy session and driving the patient back home will be doing the work of Ahura Mazda.

Advocacy

Become an advocate for cancer patients too debilitated in body or in mind to navigate the medical establishment. To be effective, educate yourself reading vetted sources on the internet, supplemented by questions put to specialists in oncology. Decisions made during Tumor Boards by concerned professionals can be tempered by an assessment of the level of family support available.

Children

Tiny tots may not understand fully what is going on with cancer in the family; however they have a way of sensing that all is not right. Emotional support for children from the healthy spouse is irreplaceable. Time vanishes in the shuffle of finding the properly qualified doctor, the well reputed hospital, the appropriate regime for treatment, to prepare for the hair loss which comes with its own desultory baggage, or of finding palatable foods for one whose mouth and gullet is full of sores from the side effects of treatment. Resulting inattention by parents of the bewildered children is devastating.

Try to keep to their daily routine as far as possible and spend time with them, reading a book or telling stories. Parents of the child's school friends are a tremendous source of help and relief. Life-long family friendships result from such encounters.

Be aware that Social Security benefits are available for orphans. Many first generation immigrants may not know of the benefits offered by civil society.

Healing

The presence of a caring human being works wonders in the healing process. Not all are blessed with family members who would take a year off in their lives to provide emotional and physical support. A walk in a park or by a lake or canal close to nature, away from the noisiness of daily life can help the recovering patient turn the corner. Reach out in ways that may appear trivial, but to the cancer patient, are a tremendous source of strength.

Food

Strengthening the Immune system with exercise and proper food.

We are what we eat.

I leave with you a verse from the Gatha of Free Choice: Zarathushtra's Dedication (1);
to decide for yourself what we should eat:

*Among those guilty of such sins,
Yima, son of Vivanghvant,
is notorious.*

*He permitted the bull sacrifice
to gratify the desire of his people
(to become immortal by eating the
flesh of the slain bull)*

*I separate myself from such sinners
Knowing what will come to them at
The final Judgment, O Mazda.*

Yasna 32.8

Economics

Cancer related job loss adversely affects the family. Disability insurance is affordable when one is in good health. Job loss creates a loss of workplace identity with significant mental overtones. For families where



Caring for Cancer...

cancer becomes a chronic disease, the caregiver(s) may face pressures if performance at work is compromised. Not all employers, however well intentioned, can remain sympathetic; they have to watch their own bottom lines. The economic security of the caregiver may thus be at risk. Medical coverage in Canada is not an issue, however, in the USA medical bills from catastrophic illnesses can lead to bankruptcy. Beware of charlatans who promise “remedies” beyond the pale.

Wills, Estates, Inheritances

A living will is a good idea. Provide clear instructions when life prolonging measures are to be discontinued and codify “Do Not Resuscitate” orders. To deal with decisions about estates, inheritances and guardianship of minor children realize that the life span of the cancer patient is limited. Otherwise a rational discussion for choices may never take place. Prolonged chemotherapy, from inherent toxicities, can lead to “chemo-brain”; decisions made by the dying patient may not be logical or lucid and may arise from fear of the unknown. So overcome denial, begin a dialogue and make decisions sooner than later.

Caring for the Caregiver

Be with the caregiver when surgery is underway. Operations may take hours; the uncertainty which accompanies such vigils can be searing, softened by the presence of a loving circle of friends. After the initial diagnosis, make an assessment of needs. The caregiver, close to the problem, may not realize that help is needed. Prolonged stress on caregivers can adversely affect their health.



If family support is not available, provide home health care through live-in aides and, when needed, by nurses trained in hospice care.

Behram Pastakia, Chair of the Publications Committee of FEZANA, is a member of the Zoroastrian Association of Metropolitan Washington Inc.

Dignity

As the end approaches, one is tempted to capture memories of the loved one with videos and photographs. Desist! Respect the dignity of the one who is dying. Would you wish to be remembered with images of a body misshapen by the ravages of chemotherapy and radiation treatments?

Hospice

Face the writing on the wall. Home hospice care to make the dying comfortable and pain free may mean getting rooms ready for continuous oxygen and other medical hazards. It is well worth the effort.

Bereavement

Death is the time to kick into top gear with support. Funeral arrangements: sagdid ceremonies, finding a priest, arrangements at the cremation or burial ground, washing the body for the final journey; informing the community of the demise, volunteering to be corpse bearers, arranging rituals for *uthamna*, *dasma*, *masiso*, *porseh*, all are opportunities to help.

Have you ever wondered why the first Gatha, the Ahunavati, is recited at the time of a Zarathushti funeral? I would humbly submit that it is a prayer for the living. It is an emotional time for all gathered to learn the lessons of a life well lived. Next time at a funeral, take a copy of the Gathas with transliterations and translations, follow the prayers as they are intoned by the priest and decide for yourself.

Days after the funeral, offer to help write thank you notes. Sort out the rafter of papers from the medical insurance industry which bludgeons the bereaved family if you can.

Closure

For a parent who loses a child to cancer, closure may never come. For others, seek out ways to bring closure: plant a tree or an orchard, write poetry,

paint a picture, play music, start a scholarship, pray, endow a fund to commemorate the memory, or seek, in ways that you can, to fulfill the dreams not fully realized of the one who has passed.

The Phenome and the Genome

Genetics is entwined with cancer; however we do not choose our genes. We can create family trees with histories marking those who have succumbed to cancer. If identified as a cancer family, the information could help us care for ourselves, and for an as yet unborn generation, with advances in medical research, may prove of therapeutic value.

The Phenome we can affect.

Screening/Lifestyle choices: If you are fifty years old, get a screening colonoscopy for colon cancer; do not procrastinate. Avoid smoke, first hand and second hand. Lung cancer traced to exposure to cigarette smoke is discovered often at a late stage with a poor prognosis. Breast cancer is best dealt with when detected early.

Boost your immune system; get up at dawn and sleep by nightfall; eat to live rather than live to eat. Eliminate stress. Exercise!!

The Positive

Interact with survivors of cancer. Those who have faced the jaws of death and come out alive have a changed perspective of life. These lucky souls are transformed, having learnt that each day could be their last and live to make choices that can be uplifting and wondrous to behold.

Reference:

- (1) The Gathas of Zarathustra – Translation and Commentary by Pillo Nanavutty. ISBN 81-85822-56-5 Mapin Publishing, Ahmedabad, India. (1999). Edited by Shernaz Cama



Caring for Cancer...

CANCER, THE CRAB

Dinaz Rogers

Simply put, cancer is one of the most dreaded words in any language. For most of us, our lives have been touched by a loved one's death and suffering from cancer. But now, more than ever, many are surviving this dreaded affliction.

Known since Hippocrates (400 BCE), who used the term *karcinos* (to describe tumors), this word has gradually developed into cancer. In 1971 President Nixon signed the National Cancer Act which led to an explosion of cancer research and related institutions whose basic goal was to study the molecular (cellular) foundations. In fact the survival rates have increased from 3 million (1971) to 12 million (2012) that speaks to the benefits reaped from this massive push (to keep cancer awareness in the public eye) which keeps on snowballing—into cancer walks and runs, awareness in the media, both electronic and print, telethons, personal testimonial of the famous and the ordinary cancer survivors, cancer treatment centers with a holistic approach.

In reality, cancer is a catchall word for an array of widely varying diseases that affects practically every part and organ of the human body. In spite of all the complexities involved, cancer is basically, pathological cell division, that is, one rogue cell—dividing unchecked into many, occupying every available space, and if untreated and unchecked spreading from its point of origin (metastasis) to other parts of the body, by means of tiny clumps of cells through blood and lymph vessels. Through the process of mitosis, healthy cells divide to repair or growth, but at times mutations occur at the genetic level (DNA in the nucleus) which signals cells to multiply unchecked to either blood cancers (a very high count of white blood cells) or body tumors. And it is this dilemma of how to end, block or somehow cure this unchecked growth has been the unrelenting focus.

In fact, the complexity of even the same type of cancer is difficult to understand and its treatment varies from patient to patient; that is to say, every patient has his or her own custom-designed made to-order treatments. Some of the answers to this have been accelerated by the mapping of the human genome, an important breakthrough, Regular and proper screening with advanced, sophisticated detection machines, technologies, and specific tests has made it possible to catch cancer in its very early stage as in: breast, uterine, colon, cervical and prostate cancers.

There is also great hope in the newer family of drugs like Gleevec that targets a specific gene mutation and destroys cancer cells but leaves the healthy cells alone without any awful side effects. Unfortunately, these cancer cells eventually mutate and evolve into drug-resistant cells, thus moving one step ahead of Science. Other drugs with success are Tamoxifen and Raloxifen. These “miracle” drugs have for many cancer patients, transformed their cancer from a death sentence, to a chronic condition.

Adding to early detection and therapies, cancer patients, and as a preventative measure, the general public are asked to be aware their family medical and ethnic histories; adding to which is another fairly new approach—cancer prevention! How can this be possible? For one, stop smoking (Zoroastrians are supposed to heed to this command about defiling our holy symbol with spittle and saliva); try to clean up environmental pollution, along with cleaner water, air and healthy soil (Zoroastrian injunctions). A healthy, well-balanced diet, exercise and well-being of the mind (lessen or eliminate stress) and body, also help combat or lessen the chances of getting this disease.

The much dreaded treatment and its trauma (some patients refuse chemotherapy, because of its horrendous side effects) have been lessened a great deal through precise surgery (by pin pointing the exact spot where cells are dividing unchecked, through MRIs) and targeted radiation.

Counselors, spiritual or religious advisors, and other networks of mental health professionals, along with family and friends to help with the psychological coping are at times just as important towards healing and lessening of pain and suffering.

So in 2013 are we closer to a cure? Sadly, the extreme divergent nature of cancer, its adaptability, and gradual immunity to drugs keep researchers busier than ever. Yet the fact that the survival rate since 1971 has increased fourfold and since 2001 by 20% gives us hope and faith.

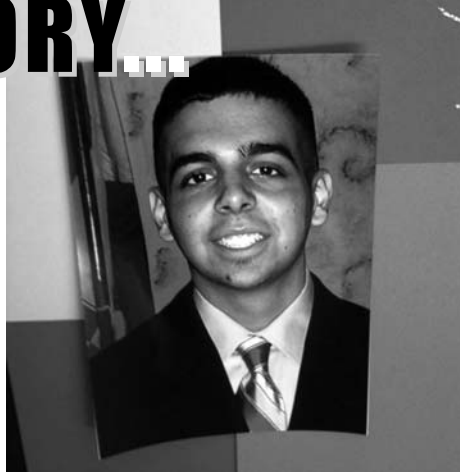
***Dinaz Rogers** is a published author and a poet and is currently working on a heritage book, on Parsi-Gujarati Sayings: MY MOTHER USED TO SAY, along with Roshan Rivetna. She lives in Albany, Oregon with her family and summer flowers, and is involved in poetry and writing clubs in Albany and Corvallis.*





Caring for Cancer...

CYRUS' STORY



At age 18, our son Cyrus Desai was ready to embrace the world. He had recently graduated from high school with honors. He was treasurer of his marketing club (DECA); he won the regional competition and placed second in the business entrepreneurship section of the state competition. As part of FCCLA (Family Carrier Community Leaders of America), he was the only one from his school to make it to the state competition where he received second place. Cyrus was an active member of ZAH youth group & held various positions including treasurer, vice president & president.

Sports were his passion. Cyrus enjoyed playing and watching all sports. He played for the All American Football league starting in third grade and continued until sixth grade. He went on to play for his middle school team. Though he was not the biggest on the team, Cyrus had a lot of heart and his toughness was admired by all his teammates.

Just as Cyrus was starting a promising college career, he was diagnosed with osteosarcoma. An active sportsman Cyrus was used to the rough and tumble of the athletic world. He seldom complained of aches and pains; however, when he started complaining of knee pain he was examined by multiple doctors. It took six months and a battery of tests before the terrifying diagnosis of Osteosarcoma was given. By that time the tumor, which was in his femur, had spread to his lungs. Unfortunately, Cyrus's scenario is not unusual, as most patients with osteosarcoma are diagnosed several months after the onset of their symptoms.

A loving son and brother, Cyrus fought bone cancer for 3 years. Despite the best efforts by some of the finest doctors at MD Anderson Cancer

Center in Houston, he was unable to overcome this horrific disease and lost the battle he had waged so valiantly at the tender age of 21. Cyrus touched many with his vibrant personality and cheerful demeanor. Till the very end, he was always upbeat and never complained in spite of being in severe pain.

Cyrus brought great joy, laughter and love to our family for the short time he was with us. In order to cope with our grief and to honor Cyrus' memory we established the Cyrus Desai Charitable Foundation (CDCF). Our website www.tacklebonecancer.com was created to raise awareness about this scourge and the necessity for early detection. Unfortunately, this Pediatric cancer is often fatal and research dollars are limited. Our mission is to raise money to create awareness and find ways to educate physicians and the general public about the importance of early diagnosis of this rare and aggressive tumor. With the help of specialists from MD Anderson Cancer Center, two Continuing Medical Education seminars were held in Houston for physicians to educate them about rare bone tumors. Another goal is to support research to better understand this disease and to one day find a cure. To achieve this we established a post doctoral fellowship at MD Anderson to conduct research. We hope to create collaboration and partnerships with international

communities where physicians and researchers can share their work and experiences. To meet these very lofty goals, last year we held our very first Gala fundraiser which was a success. This October we will hold our second annual gala in Houston.

We were truly honored when the executives of the Congress 2000 legacy planning committee, Homi Davier, Aban Rustomji and Farokh Mistry, designated one of the awards the "**Cyrus Rohinton Desai Award**". The Congress 2000 legacy award was established as a result of the funds that resulted from the success of the World Zoroastrian Congress 2000 in Houston, TX. The honor recognizes two young Zarathushti freshmen entering a university who have achieved excellence in academics and communal service. To keep Cyrus' memory eternally alive, we are committed to support this scholarship

In our darkest hour, the love, compassion, and immense support we received from our local Zarathushti community helped us through this ordeal. Our family is forever grateful to all our friends, family and supporters; none of this would have been possible without the encouragement and support of the Houston Zarathushti community. We humbly thank you.

Rohinton and Thrity Desai
281-796-6018

Thrity and Rohinton Desai are members of the Zoroastrian Association of Houston. They run the Cyrus Desai Charitable Foundation (CDCF). Information on the foundation is on the website

www.tacklebonemarrow.com



Caring for Cancer...

Running for a Cure

Philanthropy comes from Greek words “philo” (love) + “anthrops” (mankind) = love of mankind—to promote common good or improve the quality of life.

All over the world people are running in hopes of finding a cure for cancer. Why run???

This is my story on why I chose to run a 26.2 mile marathon through the hills of San Francisco, California to raise funds to aid in the support of cancer patients and cancer research.

Behroze B. Taraporewalla

Leukemia and Lymphoma Society’s Team In Training (TNT).

Team In Training is an organization that supports and trains individuals in fundraising while participating in a specific athletic endurance events such as a half marathons, full marathons, century rides, hiking adventures, triathlons, and obstacle racing. The organization forms teams all over North America and has weekly practices and social events for its members. Many members have run multiple races and raised funds for large philanthropic organizations, while others are running and fundraising for the very first time. Some have had their lives directly affected by cancer, some indirectly, while others not at all. However, we all came together to unite in the fight against cancer. Every donation collected is tax deductible and over 75% of each dollar raised goes directly toward research, patient aid, and education.

My team (photo left) met twice every week. Together we shared our grief, found our strength, and worked together to motivate one another. With each practice, fundraiser, or run our team became more connected in the fight against cancer. With every stride, I felt more empowered and less and less helpless. I had the wonderful opportunity to meet those who had fought against cancer and won, others who were still fighting the disease with their heads held high, and others who had lost loved ones to this horrible illness.

My mother has been undergoing the best possible treatment thanks to the love of her caring oncologist, City of Hope Comprehensive Cancer Center and all the family and friends who pray for her on a daily basis. There was nothing I could say or do to help my mother overcome this great challenge, but in honor of her I ran the Nike Women’s Marathon in October 2011.(photo next page) Every leap I took, mile I ran and dollar I raised helped me cross finish line, while helping cure deadly diseases in the blood cancer family. Running 26.2 miles in a few hours is no easy feat. However, every time I felt tired or that I could not take another step the cheers in the crowd and the chanting of “You are amazing! You Look Strong! Run!” kept me going.

In January of 2011 my mother found a lump under her collarbone, and found out that she had a very rare form of non-Hodgkin lymphoma (a blood cancer). Every four minutes one person is diagnosed with a blood cancer; every ten minutes someone with a blood cancer loses their battle, and in turn their life—that’s 148 people each day, or more than six people every hour (Leukemia & Lymphoma Society).

My family and I were devastated and felt hopeless with my mom’s diagnosis. Our new “normal” consisted of multiple daily doctors’ appointments, weekly eight-hour chemotherapy sessions, and countless scans and blood draws. There were hours of wondering, waiting, and praying. With CANCER there is a constant level of uncertainty... has the cancer spread? Is the chemotherapy working? Will my mother live to see me



achieve my life goals? The uncertainty leaves you feeling powerless and helpless. In our particular case there was even more uncertainty as my mother was initially misdiagnosed and was suggested a treatment that would have caused her more harm than good. The misdiagnosis delayed proper treatment and caused a lot of confusion and stress to my mother and our family.

As a caregiver, it was my responsibility to provide support and strength for my mom. I had to be her advocate and stand up for her while she did not have the strength to do so. However, while I stayed strong in front of my mom... I felt powerless and lost while I was alone. While my mom was fighting cancer with all her might, I wanted to do something to fight as well. I chose to join the



Caring for Cancer...



I left my first race with a sense of deep accomplishment and felt that I had truly contributed to my

mom's fight against cancer as well as the fight that billions of people with cancer undergo every day. After running several endurance races, raising thousands, and now a support-staff member of TNT I am proud to announce my mother is declared in remission and stable. There is no cure for her type of cancer, but there is hope, thanks to the work of the Leukemia and Lymphoma Society (LLS) and Team In Training. In the last several years, this great organization has made great strides in research and continues to work relentlessly towards funding research that could prolong and possibly save my mother's life and the other heroes that battle leukemia, lymphoma and myeloma. Thus, I continue to run and support the Leukemia and Lymphoma Society.... in the hopes that the funds I help raise will one day find a cure for my mom's cancer as well as the many others that have no cure.

If you would like more information on training, fundraising, or to make a donation please feel free to contact me at behroset@gmail.com or 626.378.5564. Every donation is tax-deductible and over 75% goes directly to patient aid and research.

<http://pages.teamintraining.org/los/rnr13/btaraporew>

I have a dream that in my lifetime, there will be a CURE for CANCER

Can you IMAGINE a world free of cancer?

<http://www.youtube.com/watch?v=7mXYOv0W5Rccc>

Behroze B. Taraporewalla graduated Summa Cum Laude with a B.A. in Liberal Studies and Human Development., then studied at the prestigious Claremont Graduate University, earning an M.A. in Educational Studies and graduated in the top 1% of her class. She taught as a Peter Lincoln Spencer Fellow and has presented at several educational conferences and universities. She is an Education Specialist, holding credentials in Special Education as well as General Education in the Los Angeles County School System She is a marathon runner and an avid supporter of the Leukemia and Lymphoma Society

(Behroze and her mother)



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Caring for Cancer...

NK DHABHAR CANCER FOUNDATION

Cancer is a much dreaded disease which instills a sense of fear in the person who hears it, the fear of the unknown as to what this disease will bring and the uncertainty of the length of life. This fear exaggerates the problem and prevents the patient from coping realistically.

To support cancer patients in various ways the NK Dhabhar Cancer Foundation was launched on June 5, 2011 in Mumbai in memory of Mr Nariman K Dhabhar, who died of pancreatic cancer in April 2007. He was the father of Dr Boman Dhabhar, the internationally known oncophysician in Mumbai.

The Foundation is a non-profit organization which provides :

1. monetary and medical assistance for cancer patients
2. spreads awareness on prevention and early detection of cancer
3. strengthens existing cancer treatment facilities
4. provides palliative care and terminal cancer care
5. promotes research
6. interacts with national, international government professional bodies and NGOs.

SERVICES OFFERED

FOR THE PUBLIC

The Foundation has conducted three Breast Awareness Campaigns in Mumbai for creating awareness on prevention and early detection of cancer among women. A week long cancer detection program was conducted where women were screened and examined and further tests like mammograms were suggested. About 100 women were advised on breast cancer during this week. The Dhabhar Foundation also subsidizes the cost of mammograms upto 50%.

Breast Cancer awareness campaigns were held at Cama Park, Andheri, at Usha Pravin Gandhi College of Management, Ville Parle, for their female staff and students. Dr Zenobia Madan explained the symptoms, treatment and precautions to be taken for Cervical, Ovarian and Breast cancer.

In order to spread awareness about breast cancer and to educate women on self breast examination, lifestyle, proper nutrition and early detection, a booklet on Breast cancer has been prepared which is distributed at the Breast awareness camps.

FOR THE PATIENTS

The Foundation facilitates counselling and support services to resolve issues around chemotherapy. This assists patients to make a quick recovery and maintain a positive attitude.

Advice is given to patients on the benefits of good nutrition to keep up the strength and energy to build immunity and to fight side effects, to lower the risk of infection and to heal and recover faster. Advice is also given on the types of foods that should be eaten and those that should be avoided.

Programs in Yoga, Music therapy, Tai Chi, and to ease the stress and strains created by this disease in a marriage, marriage counselling is offered to patients to help them in their recovery and rehabilitation process.

The BND Onco Centre launched a very special book "CAN YOU STOP SMILING" by *Villie Daruvala*, a cancer survivor, which is distributed free to NGOs and other cancer patients. Dr R.S. Rao MS, FICS, Former Director and Chief of Surgery, Tata Memorial Hospital, wrote in his foreward, "she has recounted her experience from the time cancer was suspected to well over 18 months after treatment, there is very little medical jargon, not so much about her physical ailments, she describes her response to the problem at mental, intellectual and spiritual levels... she has vividly described her moments of suspense, anxiety and uncertainty".

Palliative care is offered to terminal patients with advanced stage cancer. The aim is to relieve suffering in all areas of the patient's life, be it physical, psychological, social or spiritual. The goal is not to cure but to give comfort in the final days.

FOR THE CAREGIVERS

The caregiver plays a very pivotal role in the recovery process which increases the stress and anxiety level of the care giver. They need support as well. The Foundation reaches out to the caregivers through a *Care Bear* group sessions. Here the caregivers are encouraged to express and share different emotions and situations and receive support from the other caregivers in the group.

For more information Contact

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Report prepared by Dolly Dastoor, Editor



Discovering my Sacred Space

A Cancer Odyssey

© Cheryl Braganza



arthritis, constipation, or stress. Physio-therapy only made things worse. Soon I couldn't walk without a cane. Still, no one knew why.

Reaching 60 is usually a call for celebration. On February 25, 2005 as cards and birthday flowers arrived, I lay in bed paralyzed in pain. My spine trembled when I moved even slightly sending sharp quivers through the rest of my body. It was a new sensation. An ambulance rushed me on a plank to the hospital. Countless blood-tests later, in the crowded ER corridor, a resident doctor took my hand "I'm really sorry but your tests confirm you have multiple myeloma". Frowning, I asked him what that meant as I had never heard those words before. "Cancer, you have cancer of the bone marrow." I stared back at him mummified. Me? How can that be? How the hell can that be? I had never had any major illnesses in my life. Does this mean I am dying? I can't die now. I can't leave my three sons now. "Are you sure, are you absolutely sure?", I asked. "Yes, you have two crushed vertebrae and we have to treat you immediately. You can't go home".

And so began a new chapter in my life. I had multiple myeloma, cancer of the bone marrow, a cancer that will always belong to me because it is incurable.

There were whispers from student doctors suggesting I might last three years. My world as I knew it up to then, began to crumble, shattering into tiny jagged splinters. Chemo-therapy began immediately. MRIs, CT scans, IV's, X-rays, CBCs, pik lines, TPN, C difficile, morphine, anemia became part of my vocabulary for the next five months. I had dwindled to 75 lbs, the same weight as when I was 12. "Kyphoplasty" was used to prop up the crushed vertebrae. In lay terms, it meant making a tiny hole in my back, putting in a balloon, filling it with a kind of cement which when hardened, would hold up the damaged bones. All this while I had a needle phobia!

What was catastrophic was losing my hair. As hundreds of black strands covered the white hospital sheets, I grabbed my matted hair and pulled angrily until chunks came off in my hand. Images of my mother washing, curling and braiding my long hair when I was 4 years old appeared and disappeared. In the mirror, a holocaust survivor stared back at me, a stark reminder that it was time to accept reality. Yes, I had cancer and yes, I was immortal no longer. The tears came, stopped and started intermittently for days until they dried up and I could cry no longer.

My three sons, in their thirties, all with very different personalities, were now burdened with a cancer-ridden

It's 2 am - a frigid December 2012. Outside a wash of deep purple and blue hang heavily in the panoramic landscape. Tiny lights twinkle and tremble in the distance. I strain to listen for sounds, but hear only a hushed silence. Unlike New York or Mumbai, the cities that never sleep, here in Montreal, we do. So what am I doing up at this strange hour?

I'll take you back to 2004. In my late fifties, I ran my own fabric business, travelled widely, played tennis twice a week, enjoyed outings with my friends and painted canvases when time allowed. A rosy existence indeed. Up to then, being healthy was what I took for granted. I was going to live forever. So were my friends. Death after all only existed on the Obituary page of the Gazette, which I often skipped as I did any articles that mentioned the "C" word.

It all started with a few aches in my joints, then my ribs. I put it down to fatigue and rested. Within a few months, the pains became more severe with doctors in three different ER's suggesting a diagnosis of osteoporosis,



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mother. I could only imagine the anger, resentment and despair they each felt. I remembered the Indian woman I had met in Oncology who was having chemo across from me. She related how she had never told her two grown sons in Montreal about her cancer because she was afraid to worry them. They never even noticed her wig. I was shocked and wondered how long she could keep up the lying and the pretence for the so-called good of the family but then on reflection, understood that each of us chooses our coping strategies and who was I to judge another victim.

Looking back now, those sombre 140 days in the hospital are a congealed memory. I am happy not to recall any details, the depression or the pain though I know that family and friends remember it all too well. Art and music therapy helped. What I do remember is the terror that descended when it was time to leave the hospital. I had grown accustomed to the dedicated doctors, nurses and other staff on the ward who in a sense became part of a larger family. I knew their first names. I didn't think I could survive without them and finally understood what being "institutionalized" meant.

It took a while to adjust to my home environment. Taking one step became a huge feat. For the next 8 months, I would be an out-patient for a variety of treatments to kill the remaining cancer cells. Friends, family, the VON and the CLSC home-care meant a regular flow of caring people who brought light into my dark existence. During the day, they would encourage me to play the piano and to paint. My cousin read me cards and letters that arrived daily including Shakti Gawain's book "Creative Visualization" while I tried hopelessly through the nausea and pain to imagine pleasant scenes by the ocean. At night, I needed to listen to the CD of Buddhists monks

chanting in order to fall asleep. Friends plied me with positivisms: "You're a strong woman, Cheryl", "You will beat this." "There is so much you have to live for". While I smiled outwardly and thanked them, deep down I felt only despair and sadness. A year of my life had disappeared. This was never in the plan.

In January 2006, when my oncologist told me the cancer was in remission, I had difficulty showing any emotion. Here she was celebrating our dual victory and all I could do was remain numb. It took a while for the good news to seep in but slowly I went from strength to strength, starting with a move from suburbia to a condo in downtown Montreal with spectacular sunrises. Later, I travelled to India, Italy, the UK, the US and Mexico. I needed to come alive and this was the only way I knew how. Experiencing the familiar warmth of family and friends, feeling the sun burn my skin, finally able to relish spicy aromatic cuisine, anticipating school-reunion hugs, watching from the sideline in Mumbai as thousands of people went about their daily chores all this accelerated my determination to survive. Yes Robert Frost, I did "have promises to keep and miles to go before I sleep".

The seven year gift of remission flew by, punctuated with a lot of unexpected moments. I won awards, painted vigorously, held solo art exhibits, studied jazz piano, re-enrolled at Concordia and McGill Universities, committed myself to organizations and became even more engaged in human rights – all of which helped re-vitalize my spirit.

Though I remained in denial, at the back of my mind I always knew that the cancer would return and late in 2010, it did. I wasn't sure I could go through another round of gruelling treatments but courage arrived from heaven in July 2011 in the form of a little angel, the newest addition to



our family, my grand-daughter Chloé. With her enigmatic smile, she was able, in an instant, to wipe away all my fears and inject me with hope, hope for a brighter tomorrow, hope for survival, hope for a cure.

After failing the requirements for a new clinical study, I spent the year in chemotherapy in preparation for an autologous stem-cell transplant, which was the next recourse. The complex and almost miraculous procedure of harvesting, freezing and replacing cancer cells with my own (cleaned up) stem cells took place in January of this year. It began with a super-powerful dose of chemo. I lost my hair again. I despaired again. No, it wasn't fun, as you can imagine. After spending two months in hospital and nine at home, preliminary tests showed that the cancer was once again in remission.



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Another reprieve and for how long? Of course there are times when I get discouraged. I still suffer from chemotherapy and emotional fatigue. But I am also besieged with a profound urgency that today is all I have, that nothing lasts forever and that if I don't do what I can now, it might be too late. So I wake up at ridiculous hours, paint or write furiously and try to work on the disconnects in my life. Family is always a good place to start. I look at old black & white photos to jog my memory and induce tears. I remember friends and lovers from long-forgotten pockets of time. I am still a mum, a grand-mum who loves dark chocolate and crying at the movies. Human rights violations upset me as do injustices of all kinds especially to women and children. I think about death and envision the future for my children and grandchildren. What kind of a world are we moving toward when helpless little school children and teachers can be murdered so brutally? Will hurricanes and earthquakes eventually annihilate us? Why is death such an unspoken word? Will the internet become the next religion? Will anyone ever remember me? So many questions. So many possible answers.

Cancer, the word and the disease, is no longer the embarrassment as it was for my parents years ago in India. I am actually grateful for the gift, for it has changed the trajectory of my life. I'm not shy to speak about it. Whenever I do, people are happy to share and we all gain something crucial and inspiring from the exchange. I sense an obligation to give back in whatever way possible. With the mountains of research being done in the field, I am confident that one day there will be a cure for multiple myeloma. I wish it with all my heart.

For those of you going through cancer right now, I offer some thoughts: Throw away all your former plans and work ethics. This is your time. Block away 6 months to a year

and allow this time to be sacred to you because you deserve it. Don't feel guilty to stay in bed all day. Stay close to loved ones and never be shy to ask for help because there are people who are waiting in the wings to lend a hand and an ear. They will help you to heal. Talk to yourself. Close your eyes often and picture the cancer cells being destroyed and leaving your body forever. Remain calm, patient and stress-free. I promise things will get better.

It's now 5 am. Three hours have passed since I began to write. Streaks of pink and magenta have broken through the dark clouds on Montreal's horizon. Lilac mountains rise up through the haze. The curve of the St. Lawrence Seaway shimmers quietly in the broken light, as puffs of white smoke signal sub-zero temperatures. Sure, it's unsettling and unnerving to dip into the past especially into those dark cavernous corners, but while it brings back sensations of dread, it also shines a light on the human spirit, it also reminds me how far I've come, how grateful I am for so much and to so many, and imbues me with hope and courage for my journey onwards.

Soon, soon, the sun will rise and I will be there to honour and greet it.

"Winter never fails to turn into spring" – Nicheren (13th century, Buddhist monk)

Cheryl Braganza is a Montreal artist and writer. She can be reached at Cheryl@cherylbraganza.com. Her paintings can be seen on her web-site: www.cherylbraganza.com



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BLOOD AND MARROW TRANSPLANTATION, A COMPLICATED BUT LIFE SAVING PROCEDURE

What is blood and marrow transplantation and when is it indicated?

Bone marrow is a cellular tissue found in the bones and functions as a factory to manufacture blood cells. Interestingly, although there are many cells that proliferate in the bone marrow, only a few “mother cells” (hematopoietic stem cells) have a sustained ability to survive and divide through the individual’s life to continually replenish the bone marrow.

In certain disorders it is necessary to replace diseased or damaged marrow with a fresh supply of stem cells. When the stem cells are derived from another individual, typically a tissue-matched donor, the transplant is referred to as an allogeneic stem cell transplant. Alternatively, when the stem cells are obtained previously from the transplant recipient and frozen for later infusion, it is termed an autologous transplant. The principal difference between the two procedures is that in an allogeneic transplant not only is the marrow compartment replaced, but the recipient’s immune system is rebuilt from that of the donor. The historical source (also known as the “graft”) of cells to repopulate the bone marrow was a bone marrow harvest in an operative procedure. Recognizing that only a few of these transferred marrow cells are immortal (stem cells), there are other stem cell enriched options to traditional bone marrow grafts. These include cryopreserved umbilical cord blood from a baby and stem cells that have been pushed into the peripheral blood by injections of a growth factor, such as G-CSF.

Transplantation is an aggressive medical (non-surgical) procedure characterized by complexity, heavy resource utilization and high-risk. Consequently, blood and marrow stem cell transplantation is only recommended for otherwise life threatening conditions. Transplantation is now a well-established medical procedure for patients with blood cancers (such as leukemias, lymphomas, myelodysplasia, etc.), bone marrow failure states (aplastic anemia) as well as rare congenital conditions (immunodeficiencies, storage disorders). About 7,000 allogeneic and a higher number of autologous transplants are performed in the US each year and with improving outcomes, the procedure is becoming more common.

How do transplants work in malignancy (cancers)?

The most common indication for stem cell transplantation is a blood or lymphoid malignancy. These cancers tend to be sensitive to high doses of chemotherapy and/or radiation. However, the limiting feature of chemo-radiation at high doses is toxicity to the bone marrow and the immune system. In stem cell transplantation, otherwise lethal doses of chemoradiation (known as the conditioning

or the preparative regimen) can be administered followed by bone marrow rescue from the transplanted autologous or allogeneic stem cells.

In the special context of an allogeneic (but not an autologous) stem cell transplant, the curative power of higher doses of chemo-radiation is amplified by the transfer of a foreign immune system, that perceives the cancer as “foreign” and exerts a potent “graft versus malignancy” (GVM) effect. The GVM effect varies in intensity for various disorders: it is marked in chronic leukemias, less powerful in acute myeloid leukemia and lymphomas and even weaker in acute lymphoblastic leukemia. Unfortunately, the curative potential of GVM sometimes comes at the risk of a general immune attack by the donor cells on the recipient, termed Graft Versus Host Disease (GVHD). GVHD, which is sometimes lethal, needs to be controlled by anti-rejection medication and is the principal reason for the toxicity and complexity of the allogeneic transplant procedure.

How do transplants work in bone marrow failure?

Bone marrow failure disorders, such as severe aplastic anemia, are relatively rare non-malignant conditions. Severe aplastic anemia is the consequence of the interplay of immune and sometimes genetic factors resulting in a critical loss of marrow stem cells. The preparative regimen is minimal and designed to prevent the rejection of the graft. The transplant procedure replaces the damaged marrow and the deranged immune system from a tissue compatible donor.

In an allogeneic transplant how is a donor identified?

When an allogeneic transplant is required, then the greatest urgency is to identify the most appropriate donor. Tissue typing (HLA-matching) is performed to identify the best-matched donor because this greatly influences transplant outcomes. A perfect HLA-identical donor will be found on average for one in every four full brothers or sisters. It is usually futile to tissue type other members of the family such as parents or children, uncles/aunts/cousins, unless there is consanguinity. If a matched sibling is not found then the next step is to try and find the best-matched unrelated donor. Given the extreme variability in human tissue typing, this is analagous to searching for a needle in a haystack, but is often successful by virtue of large donor registries such as the National Marrow Donor Program with nearly a million potential altruistic donors. Even so, finding a close match is a long and expensive procedure. New advances in transplant technology are showing outstanding success with mismatched donors. This has greatly expanded the donor pool to cord blood and mismatched (haplo-identical) relatives.



Caring for Cancer...

How is the graft obtained from the donor?

The process is similar for autologous and allogeneic donation. After checking for transmissible infections and the general health of the donor, the donor is generally offered a choice of bone marrow versus peripheral blood stem cell extraction. Donation is exceedingly safe but may be accompanied by discomfort.

If a bone marrow graft is selected, then marrow is extracted from multiple (~100-300) punctures into the hip bones in the operating room under general anaesthesia over 1-2 hours. After a few hours of observation and a possible blood transfusion, the donor is usually discharged the same day to continue recovery at home with pain medication.

Cord blood units are derived by squeezing out the umbilical cord blood after birth. The units are stored in freezers in public cord blood bank and have the advantage of immediate availability.

How is a transplant performed?

Specialized transplant units with special air-handling and trained personnel are required. A central catheter (line) is placed to access the blood stream. This is followed by the

preparative regimen of chemotherapy and/or radiation which serves to cytoreduce any malignancy and make space for the graft. The graft, which may have been previously cryopreserved, is thawed and infused via the central catheter. The stem cells in the graft migrate into the empty marrow and within a few weeks start making sufficient numbers of cells. The initial hospitalization is for 4-6 weeks, in order to closely monitor for infections and provide aggressive supportive care till blood counts recover.

The early transplant period is followed by a long period of recovery, 3-6 months for an autologous transplant but lasting from one to several years for an allogeneic transplant. Important complications can be relapse of underlying malignancy, graft rejection (typically ~5%), opportunistic infections, toxicity from medications and other accumulated organ injury. Transplant related mortality at one year is typically 1-2 % for autologous but as high as 20% for allogeneic transplantation.

What are the future directions?

Impressive strides are being made to safely utilize mismatched alternate donors, reduce the burden of graft versus host disease, improve the treatment of opportunistic infections and reduce the risk of relapse. It is important that all allogeneic transplantation be done under clinical trials in order to increase accountability and optimize outcomes in the future.

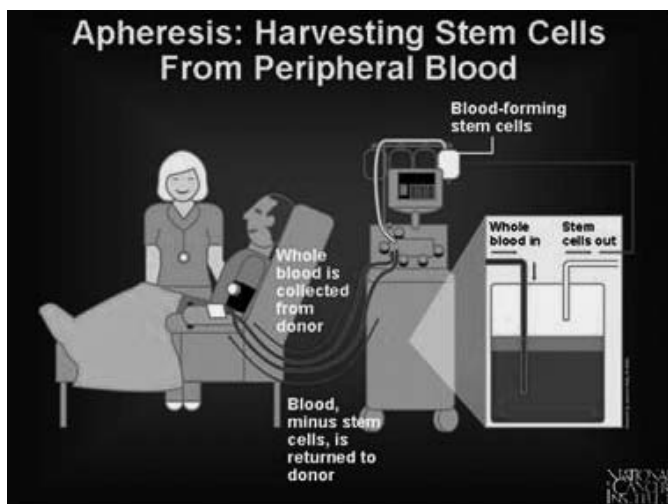
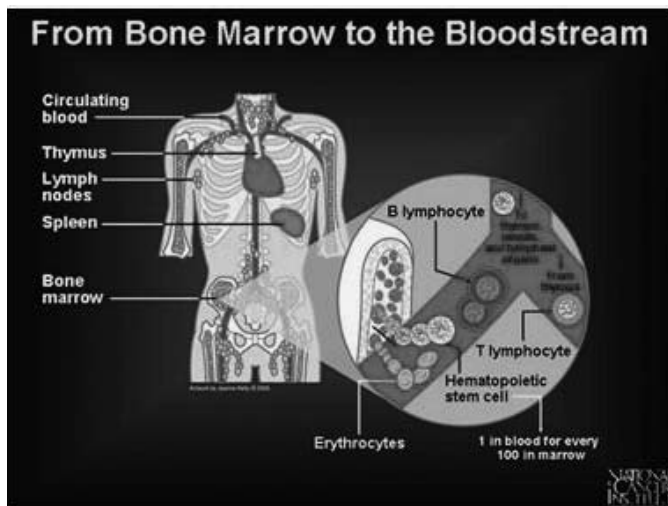
What are the implications for the Zarathushti community?

The Zarathushti community suffers from the same spectrum of disorders that can be treated with transplantation. However, reductions in family size mean that identifying a perfectly matched sibling donor will be

For peripheral blood stem cells, the donor is given five to six days of injections of a natural white blood cell growth factor (G-CSF or Neupogen®). This pushes the stem cells into the blood circulation from the bone marrow (figure 1 left top) ,

The cells are then extracted by circulating the blood through an apheresis machine over one or two sessions (figure 2 left.) The G-CSF shots can induce severe body aches, but the entire process is done as an outpatient.

unlikely. Since tissue typing follows ancestral patterns, the likelihood of finding an unrelated donor in a registry is dependent on the numbers of registry participants with a similar ancestral background. This is liable to prove extremely limiting for Zarathushtis as is the case for other minorities. Participation of normal volunteer donors in the registry (www.marow.org) is greatly encouraged for precisely this reason.





Caring for Cancer...

Dr. Minoo Battiwalla, MD, MS is a senior clinical researcher at the Hematology Branch, NHLBI, National Institutes of Health, Bethesda, MD (2010). He has developed novel forms of allogeneic transplantation and contributed to advances in immunobiology, myelodysplastic syndromes and leukemias.



He is board certified in Internal Medicine and Hematology. He earned his medical degree from the Medical College, Calcutta, India (1994); residency training in Internal Medicine at Stony Brook, NY (1999); Fellowship training in Hematology and Oncology at the NIH (2002), Masters in Health Science at Duke University (2003), faculty at Roswell Park Cancer Institute, Buffalo, NY (2003-2009).

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CONFLICTS OF INTEREST:

The author is an employee of the US government and has no conflicts of interest. The information provided does not necessarily reflect the official position of the NHLBI, NIH, DHHS or the United States, Minoo Battiwalla, MD, MS
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LUNG CANCER FOR LAY PEOPLE

New Weapons Against Lung Cancer

Jimmy Vevaina, M.D., Maria Torre, R.N., and Mishelle Paredes, M.A.

Lung cancer is the most common and most aggressive cancer in humans. In the United States it is responsible for more deaths than any other form of cancer that afflicts human beings. Whereas lung cancer is very rare in Zarathushtis, breast cancer on the other hand is much more common in Parsi and Zarathushti women.

Without doubt, cigarette smoking is a major factor in the cause of lung cancer, but there are countless cases of lung cancer in people who never touched a cigarette in their lives. Dana Reeve (wife of famous actor Christopher Reeve who became a paraplegic,) was one of the 15% of women who never smoked yet developed this devastating and lethal lung disease and died from it.

Cigarette smoke contains more than 7000 different chemicals of which 69 are known to be carcinogens or cancer producing substances. If you are a current smoker, in order to reduce your risk of cancer, quit smoking. . If you are a former smoker, it is highly advised you get screened. safe alternative to cigarettes. Pipe smoking is also linked to lung cancer

Exposure to the following list of substances increases the risk of Lung Cancer:

1. Radon exposure
2. Asbestos exposure
3. Second hand smoke
4. Exposure to agent orange
5. Exposure to Beryllium
6. Exposure to Uranium
7. Exposure to war and battlefield combustibles
8. Exposure to Arsenic

Radon is an invisible, odorless, tasteless, radioactive gas. It occurs naturally in soil and rocks. Exposure to Radon is the second leading cause of Lung Cancer. If you never smoked and still developed Lung Cancer, you probably have the gene for lung cancer and were exposed to Radon. An estimated 21,000 deaths each year are attributed to radon exposure.

Asbestos is a toxic mineral fiber that has been used in the manufacture of many products for decades. Most exposure to asbestos is occupational (job related).

Asbestos exposure produces a deadly form of cancer, and affects the lining of the lungs. This form of cancer is called a Mesothelioma. Many cases occur in shipbuilders or car mechanics who work on brakes. Many schools,



Caring for Cancer...

colleges, and old buildings contain asbestos, which increases the risk of cancer.

Military Service also increases the risk of developing lung cancer because smoking rates for those in the military are higher than the general population. Past and present military service also increases the risk of developing lung cancer. Rates of cancer in veterans are twice that of the general population. For example, in World War 2, exposure to asbestos occurred on ships, in shipyards and in submarines.

Agent Orange is a chemical which was used to defoliate the demilitarized zone, and contains a chemical called Dioxin which can produce cancer. Most of those cases occurred during the Vietnam War. In the Gulf war, smoke from burning oil wells, kerosene cookers, heaters in enclosed tents, and emissions from battlefields were all thought to increase the risk of lung cancer.

What is Cancer?

Cancer, also known medically as a malignant neoplasm, is an uncontrolled and unregulated growth of cells in a part of the body. In cancer, cells of the body divide and grow uncontrollably forming a harmful or malignant growth in the body known as a tumor. Not all tumors are cancerous. There are tumors that are benign, meaning they do not grow uncontrollably, and do not spread throughout the body.

What Causes Cancer?

Determining what causes cancer in any part of the body is a complex problem. Undoubtedly, if you have the genetic makeup, and you currently smoke or you smoked in the past, your chances of getting lung cancer are higher than a person who does not have the cancer gene and one who did not smoke.

Lung cancer can develop in any part of the lung including the cells lining the bronchi, the bronchioles, the alveoli, and the lining of the lung also known as the pleura. The first change is often caused by an abnormal gene or mutant gene that causes the cells in the lung to grow faster. These changes are called precancerous and may not be seen on x-ray, and may not cause any symptoms. Over time these precancerous changes may progress to true cancer.

As cancer develops, the cancer cells make chemicals that cause new blood vessels to form nearby. These new blood vessels nourish the cancer cells which can continue to grow and form a mass or tumor large enough to be seen on imaging tests such as a CAT scan.

At some point the cells from the cancer may break away from the original tumor and spread or metastasize to

other parts of the body. Lung cancer is a life threatening disease because it can spread even before it is detected on a chest x-ray.

Many modalities are known to increase the risk of cancer, including

Tobacco smoke, radon, exposure to radiation in childhood, chemical exposure at work or in the environment, lack of physical activities, obesity, etc. Even passive cigarette smoke can increase chances of getting lung cancer.

A famous case of passive smoking was a bartender who developed lung cancer from customers blowing smoke onto his face. The bartender sued the owners of the bar and won because under the law the owners of the bar were negligent in not protecting him from cigarette smoke.

Approximately 10% of cancers are hereditary.

In recent years, rates of the disease (lung cancer) have declined in men but have increased in women because of smoking. Further, non-smoking women are more likely than non-smoking men to develop lung cancer. Studies have shown that genetics plays a role in these gender differences. Currently, about 5 out of every 100 deaths in the United States are due to lung cancer.

Growth of Lung Cancer

There is now convincing evidence that by the time a cancer is found early on a chest x-ray or CAT scan, it has already been present for several years. If one takes the size of one centimeter, a spot detected on an x-ray, this growth has had 30 doublings of the original cancer cell.

Cigarette Smoke and Lung Cancer

Without a shadow of a doubt, cigarette smoking is the biggest and most serious contributor to the development of lung cancer. 90% of lung cancer develops in smokers.

In 1961, Oscar Auer Bach a pathologist first described pathological changes in the lungs of people who were smokers. Even after it was proven that the incidence of lung cancer could be decreased all over the world by quitting smoking, not a single government in the world has banned the production of cigarettes.

How do I know if I have Lung Cancer?

When cancer first begins, it invariably produces no signs or symptoms. Signs or symptoms only appear when the mass or growth or tumor continues to grow or ulcerate.

Most patients will come to their primary care doctor with symptoms of unexplained weight loss, chronic or intractable cough, or hemoptysis (coughing up blood). If the cancer



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has spread or metastasized there may be symptoms in other parts of the body. For example, if it has spread to the brain the patient may have headaches or seizures.

Lung Cancer Diagnosis

The most common tests for the diagnosis of lung cancer are blood tests, chest x-rays, CAT scan, PET scans, and surgery.

CAT stands for Computerized Axial Tomography. This is a medical imaging procedure that utilizes computer processed x-rays to produce slices of various areas of the body. CT scans produce a volume of data that can be manipulated through a process called windowing, to demonstrate various bodily structures based on their ability to block the X-ray beam.

Historically, the images are produced in the transverse plane perpendicular to the long axis of the body. This data can then be reformatted to 3 dimensional representations of structures. CT scans show defects in the lungs that normal chest x-rays do not.

Another newer test is a PET scan or Positron Emission Tomographic scan. PET scans utilize radiolabelled sugars, which are injected into patients. Malignant or cancerous cells take up more sugar than benign cells, and light up like a red light on PET scans. This is a sensitive way to see if a cancer is likely malignant, other tests that are routinely done are bronchoscopies, fine needle aspiration, thoracentesis, mediastinoscopy, and the newest weapon video-assisted thoracoscopy.

Evaluation of lung cancer begins with simple blood tests such as a complete blood count, erythrocyte sedimentation rate, carcinoembryonic antigen etc. If the tumor seems accessible in the bronchial tubes, usually the next step is passing a flexible tube with a video-light down the nose to look into the lungs. A tissue sample may be removed by direct biopsy if the tumor is visible to the naked eye.

If this fails to give a diagnosis, the doctor may order a fine needle biopsy. This procedure is usually done by a radiologist with the use of a CT scan. The needle will be inserted directly through the chest wall. It may also be inserted directly into lymph node tissue. Another new modality is endoscopic ultrasound guided fine-needle aspiration. Other procedures that may be performed are mediastinoscopy, thoracentesis, or VATS (video-assisted thoracoscopy).

In mediastinoscopy, a tube is passed through a small incision at the base of the neck. With this instrument (a mediastinoscope) the doctor can look down and find lymph nodes and take a biopsy of the node to see if the cancer has spread into different lymph nodes in the chest. This is

also called "staging" of lymph nodes and it tells the doctor how far advanced the cancer is.

In thoracentesis, a thin needle is inserted between the ribs into the pleural space and the fluid that is retrieved is examined under the microscope for cancer cells. If there is a large amount of fluid, a chest tube may be inserted.

Video-Assisted Thoracoscopy (VATS)

VATS is an operation, usually done by a thoracic surgeon. A tube with a video camera at the end is inserted through a small incision to collapse one lung. The chest cavity is entered so that the doctor can visually inspect the surface of the lung and perform biopsies guided by images on a video screen.

PET scan: This stands for Positron Emission Tomography. This tells the doctor more about the cancer and which parts of the cancer are active.

Pulmonary Function Tests: These are breathing tests done to make sure of the patients lung capacity and to see if he can withstand surgery.

Treatment for Lung Cancer

Without a shadow of a doubt, the secret for treating lung cancer is to find it early. Standard treatment options include resection surgery, radiation therapy or chemotherapy (injecting chemicals into the veins to kill cancer). Newer approaches are photodynamic therapy, electro cautery, cryosurgery, laser surgery and targeted therapy.

Each separate lung cancer treatment is tailored to the needs and wishes of the individual patient. Each treatment plan is developed with a particular patient in mind. The patient working with his doctor will decide which option best fits the needs of the patient.

The latest development in cancer is the ability to get a patient's genetic profile and receive more precise and personalized care in real time based on the patients' DNA.

Is a Cancer Treatment Clinical Trial the Right Choice for Me?

If you have been diagnosed with lung cancer your doctor may ask you to take part in a clinical trial. What is the purpose of a cancer treatment clinical trial?

These are research studies to find better ways to treat cancer. Doctors use clinical trials to find out whether a new treatment is safe and effective in cancer patients. Some patients are helped by these clinical trials, but not all. Deciding whether to join a clinical trial involves taking some risks. You will make this decision with your cancer treatment doctor. Some of the risks of cancer trials are that



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you may not get the new treatment or you may have side effects from the cancer treatment, which may be worse than your current treatment. Your personal information will be kept confidential.

To find out more, you may contact the American Cancer Society's clinical trials matching service. Please call 1-800-303-5691 or visit www.cancer.org.

How to be a Friend to Somebody with Cancer

Cancer patients need strong emotional support and a positive outlook in their battle with cancer. Many friends mean well, but don't know what to do. If you are a friend, show that you still care for your friend who has cancer despite changes that he or she may have in their body or how they look. For example, most cancer patients lose their hair; show the patient that it doesn't matter. What you can do is show support, write frequent letters, make short calls, and say 'I'll be in touch soon.'

Make sure to always call before visiting. Make visits short and provide physical and emotional support. Offer to bring a snack or treat to offer to your friend and try to visit during the weekday rather than the weekend. Begin the visit with a touch, a hug, or handshake. Help your friend keep an active role in their friendship by asking advice, opinions, and questions. Support your friend's feelings and you will see what a great difference the support with make to your friend's cancer.

Cancer screening wars:

Finally, patients always ask about cancer screening. This is a debatable issue.

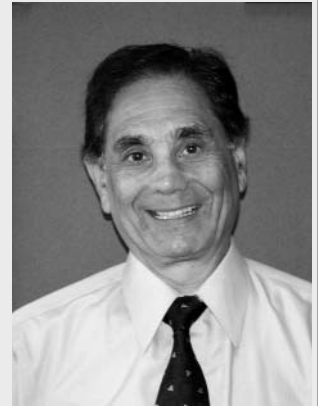
The issue is the amount of radiation that is delivered to a patient while screening for lung cancer, how often it should be done etc. The United States Preventive Services Task force keeps changing their position on different cancers. About a year ago they recommended against prostate-specific antigen screening. Uproar swiftly followed. Although the scientific evidence was solid for not doing the test, cancer survivors and stakeholders lambasted the decision.

Similarly in November 2009 the task force recommended against routine screening mammography in women younger than 50 years in age. Our opinion is low dose lung CT scans should be offered to heavy smokers.

Have we won the war against Lung cancer? Not really. The only war the medical profession has won is against Small Pox.

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Dr. Vevaina is the author, and Editor in chief of two text books: *The Legal Aspects of Medicine* published by Springer-Verlag and printed worldwide in several languages. and *Ethical Aspects of Medicine* published by Mosby. He has several scientific articles to his credit. He currently practices in La Jolla, California and is affiliated with Sharp Memorial Hospital, a tertiary care center.

Dr. Vevaina thanks Angela Luszcz for typing the manuscript.



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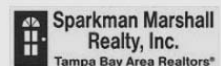
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Caring for Cancer...

Diagnostic Oncologist

The date May 13th 1994 will be forever etched in my mind. That was the day I took on a new role-- that of a patient.

I am a physician, a cancer specialist as well as a cancer survivor. In my work I look at surgical biopsies and tissues and make diagnoses; knowing some people would be receiving the good news that they did not have cancer, and others the bad news that they had cancer. On that day, however, it was I that was receiving the devastating news.

Today, after several surgeries, chemotherapy and radiation treatment I am here to tell everyone that **CANCER CAN REALLY BE BEATEN**. I was one of the lucky ones; my cancer was detected early. I was doing a routine breast self-exam when I found a small lump, which I knew, was not there before. After talking to my doctor she ordered a mammogram. This led to a biopsy that confirmed that this "lump" was indeed a cancer. While I diagnose cancers every day in my job, I was still in a shock over the finding. I experienced grief, fear, and anxiety, emotions that every cancer patient feels when they first get diagnosed.

Once my cancer was diagnosed, I had a number of decisions to make with respect to my treatment. Lumpectomy versus mastectomy Lymph node dissection versus sentinel lymph node biopsy?

About two decades ago we did not have as many choices. The only option for women with breast cancer was to have a mastectomy, where the entire breast was removed. Today however, many patients can now chose to have a lumpectomy; a type of surgery that does not remove the entire breast but only the cancerous tissue resulting in a better cosmetic outcome. This is still not an option for

women with large tumours or with tumours that involve too many parts of the breast. These women may have to have their entire breast removed. However, women with a mastectomy are now able to have breast reconstruction surgery and thus do not need to live with the disfigurement of the surgery for the rest of their lives. In Canada, the cost of breast reconstruction surgery is covered by the government.

Typically breast cancer first spreads to nearby lymph nodes, and then from those lymph nodes to distant organs (such as bone, lung, liver and other parts of the body). The less the tumour has spread, the better the prognosis. To determine the extent of tumour spread, most patients these days undergo "sentinel lymph node biopsy". In this procedure the lymph nodes that are closest to the tumour are identified and biopsied. Again, the pathologist determines whether tumour has spread to these lymph nodes. If it has, then very often the other neighbouring lymph nodes are also removed – i.e. these patients have "lymph node dissection".

Once the cancer is removed, the pathologist examines the tumour to determine its size, extent of spread and tumour 'grade'; a measure of tumour aggressiveness. Other routine tests include testing the tumour tissue for the presence of estrogen, progesterone and Her2/neu receptors. The results determine further treatment, including type of chemotherapy and whether radiation treatment is required. On average, tumours that express estrogen and progesterone receptors are less aggressive, and can be treated by drugs that block the action of estrogen and progesterone. Tumours that express the Her2 /neu receptor usually lack estrogen and progesterone receptors, and are therefore treated by

Dr. Dhun Noria beats Cancer!

drugs that block Her2/neu instead of estrogen and progesterone. Finally some tumours lack all three receptors and are called "triple negative"; they do not express estrogen, progesterone or Her2/neu receptors. These tumours are typically quite aggressive, and treatment is further confounded by the fact that there is no specific drug that is effective against them.

While tumour size, grade, extent of spread and receptor status (presence or absence of estrogen, progesterone and Her2/neu receptors) are relatively good indicators of prognosis, they are not perfect. Some tumours initially judged to be 'low risk' can recur and spread through the body, while others do not. There is extensive research into other molecular tests that may be able to do a better job at risk stratification. The ideal test would not only identify those tumours that need early aggressive treatment, but also identify patients with truly low risk tumours that can be spared chemotherapy or radiation.

There have been many advances made in developing such tests, but so far the Food and Drug Administration in the United States have licensed only one for clinical use. This test, Oncotype Dx™, has been specifically proven to be able to stratify tumours that are estrogen receptor positive into low and high-risk types, with regard to likelihood of recurrence and spread. The test is expensive and costs over US\$4000. It is, however, covered by several insurance policies in both Canada and the US.

The one question that many relatives, and friends ask me is, "Do you have cancer in your family?". Patients also want to know why they got this disease. There are a lot of misconceptions about the cause of breast cancer such as eating certain foods or exposure to radiation. In fact the most important and common risk



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factor is estrogen. This is the reason that the disease occurs in women who have a lifetime exposure to estrogen, and why the disease is extremely rare in men. It also explains why breast cancer risk is higher in women with early menarche (onset of menstruation) and late menopause. As obesity increases estrogen levels, it also explains why obesity is a risk factor for breast cancer. With estrogen being the main culprit, it is no surprise that breast cancer is perhaps the oldest known form of cancer in humans. The oldest description of was discovered in Egypt and dates back to approximately 1600 BC.E

“Familial cancer syndromes” – i.e. cancer that runs in families, frequently capture headlines and the fascination of the public. However, women with a familial breast cancer make up only 5 to 7 percent of all breast cancer cases. Thus, the vast majority of breast cancer occurs in women whose mothers, grandmothers and sisters do not have breast cancer. Furthermore, the risk of breast cancer is not related to other common types of cancers that may occur in one’s family, such as colon cancer, lung cancer or prostate cancer.

Two genes have been identified that cause familial breast cancer syndromes; these genes are called BRCA1 and BRCA2. The average woman has an approximately 12% lifetime risk of breast cancer. Patients that carry mutations in either the BRCA1 or BRCA2 genes, however, have a lifetime risk of 50-80%. Mutations in these 2 genes also increase the risk for other, relatively less common cancers, including certain forms of ovarian cancer, cancer of the fallopian tube and certain pancreatic cancers. These genes are more commonly seen in some groups

such as Ashkenazy Jews, some French Canadian families, and less frequently found in others such as people of Oriental heritage.

In our community there are a number of families that are affected by multiple related cancers, yet genetic testing often fails to identify mutations in BRCA1, BRCA2 or other genes known to be associated with familial cancer syndromes. Clearly, there are other, yet undiscovered genes that lead to increased cancer risk. We must await further advancements in medical research, which will hopefully identify these genes. If members of your family had more than one cancer you should talk to your doctor or a qualified medical geneticist.

I want to close with the most important factor to improving survival - **cancer screening and early diagnosis**. Treatments are more effective for early, as opposed to late stage cancers. In addition, in many cases tumours that are detected early require less treatment – whether that is less surgery or perhaps no need for chemotherapy or radiation therapy. Thus, early detection not only offers a better chance of survival, but also by requiring less treatment it can avoid unpleasant side effects, require less recovery time and less expense. This is true not only for breast cancer, but nearly all other types of cancer.

Women should do regular breast self-examination. There are many places one can learn how to do this. A simple Internet search will show you many websites with clear diagrams that are easy to follow. Your family doctor or the public health nurse can also teach you how to do it. It is easy and can be done in complete privacy. It is the best defence we have against breast cancer and the most sensitive

screening tool. The important thing is to do it regularly every month. If your health plan covers screening mammograms, be sure that you have those regularly starting at age 45. The amount of radiation used is minimal and mammograms can identify small cancers.

While my story is that of breast cancer, as a doctor, I should remind you that screening is also important for many other cancers. Many health insurance plans these days cover the cost of screening colonoscopy, which screens for colon cancer. Colon cancer is perhaps not as high profile as breast cancer, but it is a common cancer that unfortunately kills many people. Again, early diagnosis can save lives. “PAP smears” – a screening test for cervical cancer – are covered by even the most basic health insurance plans. PAP smears illustrate the success of early cancer screening and treatment. While cervical cancer used to be a very common cancer amongst women who do not have screening, these days when caught early it can be treated relatively easily, without the need for drastic surgery.

Many people get cancer despite the best diet, exercise and healthy lifestyle. In order to give oneself the best chance for survival, cancers need to be detected early. With advancements in medical research, cancer detection and treatment we can dream of healthier and happier lives for our children and grandchildren.

Dr Dhun Noria is Chief of Laboratory Medicine at The Scarborough Hospital, in Toronto, Ontario. She also is on the Board of Toronto General Hospital, Toronto Western Hospital and Princess Margaret Hospital which is one of the 5 largest Cancer Centres in the world.

Dr Noria is the recipient of the Queen’s Diamond Jubilee Medal

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Caring for Cancer...

About Boobies & Baldness

Shazneen Rabadi Gandhi

I was thirty-five years old, - wife to Hanoz, mother of two: Shayaan aged “almost three” and Jedd, just five months old - when I was diagnosed with Breast Cancer. In the movies, such horrific news is always delivered in person.... The doctors' office calls, you must come in for the test results, there's a requirement to sit. But in the US today, breast cancer is so common, that the doctor laid it on me over the phone, without any warning to sit down.

It was a surprise. I have no risk factors for cancer. “I'm saying your wife is probably going to need a mastectomy, and she'll have a crappy six months or so of chemo, but she is going to live a long life!” the doctor reassured my husband, almost jubilantly. I remember grinning like an idiot when I heard him say that. Well, in a manner of speaking he was delivering “good” news: Treatments for breast cancer are tried and tested and have amazing success rates.

A crash course on everything related to breast cancer, and mine in particular, began in earnest. I did not have the breast cancer genes, so only a unilateral mastectomy would be entailed. My cancer was Stage IIB because of the size and quantity of the tumors. Lymph nodes were in play.



Why did I get it? Who knows? After a while, “why?” became the most irrelevant question of all. My cancer was triple positive: it thrived on estrogen, progesterone and protein. It was time to do battle.

I had a mastectomy and began a breast reconstruction that took multiple surgeries over two years to complete. Then came chemo: Hard chemo for

three months; Herceptin for a year; Tamoxifen for five years.

Women always have issues with body image. I am no exception. Mastectomies are hard. You are amputating a part of your body that is not only functional, but one which is linked inextricably to your sense of physical beauty, sexual desirability, and femininity. Unilateral mastectomies are, possibly, harder. A period of lopsidedness is

inevitable, even when the patient has opted for a reconstruction. What implant could compare to a natural breast that has fed two children and now sags from the responsibility, fighting gravity with everything from underwire to prayer?

Chemo is even harder than mastectomy. It is administered as a preventive measure in cases like mine. The medical oncologist has a set of stats she relays when she plugs in your data... if you take this drug, your chance of recurrence reduces to this percent, if you take this other drug, it reduces further to x... and so on. You must take the chemo cocktail that gives you the lowest chance of recurrence. The side effects of chemo make you feel worse than the cancer itself. And all along you wonder if its worth it to put yourself through it all to kill any microscopic cancer cells that may or may not exist in your body.

Body image takes another beating when you lose your hair. Not just on your head; everywhere! Bloated from steroids, red spots on your face and neck, no eyebrows or eyelashes, so you feel like hell and also look like it. No matter how much you feel like a warrior, and want to be a survivor, you look like a victim of cancer. If only you could audition for one of those cancer movies on Lifetime! But for how long can you stop yourself from looking in the mirror?

Lopsidedness brought me laughter. My case presented unique challenges for my plastic surgeon. And despite the involuntary cringing that all the plastic surgeons I had met inspired, I was glad to have picked the one with an ego the size of Manhattan: he acts like his career depends on restoring my body to an even more glorious state than God intended! And who am I to cringe over that?

Given all the reconstructive procedures undertaken over the course of two years, Jedd constantly heard that he couldn't rush me for hugs, as two year old boys tend to like doing. He now asks, “Mama, are your boobies ok?” before he topples me over with a body slam of love. Occasionally, a hand will tentatively reach up to my breasts, “Mama, are your boobies gone?” This always makes me laugh. I will lean in and tell him, “Nope. Mama's boobies are here to stay!” I stretch the word boooooobies, as he does, and he hears how funny it sounds, and giggles away.

For the six months of my chemo, Jedd did not know me. When he would fall, he would seek out his caregiver for comfort. Blessed was I that my son was so bonded to her. Cursed was I that my son was so bonded to her because I



Caring for Cancer...

was too tired to be his primary caregiver. It took months for us to get to the stage where we could laugh about my boobies and where he would seek me out when he sought comfort. Shayaan looked at both parents with hair loss, and concluded that was the norm for all grown-ups. She cheerfully announced one day, "when I grow up I'm going to be baldy-waldy too!"

I remember having my picture taken for a license renewal when I was bald. The red spots and that look of death hadn't come yet. Apart from my shorn hair, I looked relatively healthy. I remember the blonde in front of me checked her picture and had it retaken five times, and still seemed dissatisfied with the image. When it was my turn, I stood on the little feet marked on the floor, took my cap off, looked up and smiled. I was going to be stuck with this

picture for ten years. When the Indian lady told me I could leave my cap on, I declined. When she asked if I wanted to look at it, I leaned over her counter to check it out. There I was smiling back, looking quite beautiful. She looked at me, "Do you want to take another one?" "No, I'm good, thanks." She grinned at me. "You look good!"

I am done with everything now, except my five-year course of Tamoxifen. Some side effects still exist. They are inconveniences though, not problems. I am mostly grateful: for my family, my friends, my doctors, for the eminently b l e s s e d circumstances in which I fought my battle with cancer.



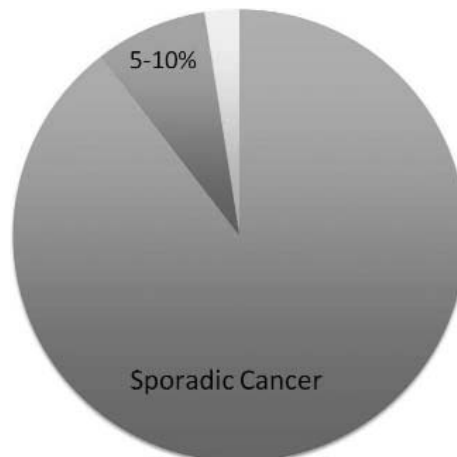
Shazneen Gandhi lives with her husband and children in Los Angeles CA. She now looks forward to hugs that topple her over (at least when they are from her children).

The Genetics of Breast Cancer

Ushtavaity Davar Canteenwalla

Where once, a diagnosis of breast cancer was something many kept private, women these days are openly talking about their own personal experiences as well as addressing their concerns when it comes to a family history of breast cancer. Although to date there is no specific number to document the incidence within the Parsi Zarathushti population, breast cancer is a condition that has affected many within the community. Unfortunately, most women in the Parsi community either know someone who has breast cancer, or has it themselves. This increased incidence and awareness of cancer within the community has left many women concerned about their own risks. Understanding the risk factors that indicate an inherited or hereditary form of cancer can help women identify their own personal risk as well as the risk of cancer for others in their family.

Within North America, approximately one out of every eight women will be affected with breast cancer. This is a striking number, and



(Image 1) ■ Sporadic
■ Inherited/Hereditary
■ Familial Clustering

explains why it is not unusual for someone to know many people affected with breast cancer. However, only 5-10% of all cases of breast cancer occur due to an inherited gene mutation. In these cases, we would typically see cancer occurring in multiple people within one family as well as occurring at earlier ages (before age 50). This would be

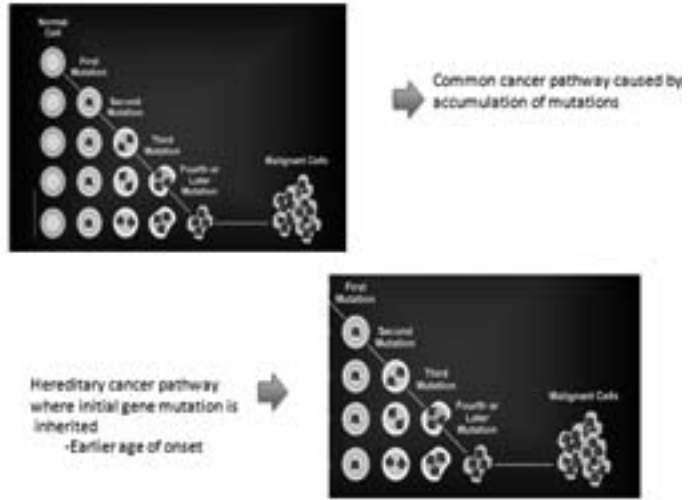
referred to as a hereditary or an inherited form of cancer. When there is no significant family history of cancer, we refer to it as "sporadic", meaning that there is no clear pattern of cancer being passed down within the family. Individuals in this group typically get cancer at later ages (above age 50). The third way that cancer can be classified is as "familial". In these families, there are a few people who have cancer, but there is no clear pattern of inheritance (image 1).

In order to understand more about the way that cancer is inherited, it is helpful to understand how cancer occurs. All cancer is genetic, but not all cancer is inherited. This is because cancer arises from a single cell that requires many gene mutations over an individual's lifetime to result in the disease state. A mutation is a change in the genetic material that causes the gene not to work the way that it should. In most cases of cancer (the sporadic form), there is a cell that undergoes damage which results in a mutation. With further damage to that cell, more



Caring for Cancer...

and more mutations accumulate until eventually that cell reaches a disease state and causes cancer. Conversely, in a hereditary form of cancer, the body is born with a mutation already in the cells. With further cell damage, that cell reaches a cancer state. However, compared to the sporadic form of cancer, individuals with a hereditary form of cancer will typically get cancer at an earlier age because it takes less time for that cell to accumulate all the damage to get to the disease state since there was already a mutation at birth (image 2 right).



There are many factors including environmental toxins such as ionizing radiation, pesticides, and certain chemicals that can cause damage to the cells. Researchers have conducted large studies to better understand the factors that can put an individual at an increased risk for getting cancer. When they looked at groups of individuals that had cancer compared to those that didn't, they noticed that those who had the following criteria were more often in the group that had cancer:

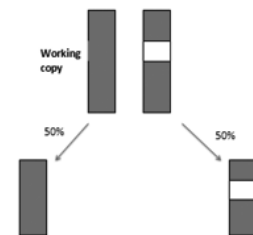
- **Age-** Cancer was occurring more often in people that were older (above age 50). This makes sense since cancer is caused by an accumulation of damage to the cells over time. The older a person is, the older their cells are and therefore the cell has a longer amount exposure to damage.
- **Family History/Genetics-** Those individuals with multiple people in their family with cancer were more likely to get cancer compared to those that didn't have a family history.
- **Early Menarche/Late Menopause-** Women that had their menstrual periods at an earlier age and/or menopause at a later age were more likely to get cancer. This relates directly to the amount of overall lifetime

- exposure to the hormone estrogen.
- **Female Hormone Replacement Therapy (HRT)-** Again, this relates to the excess exposure to estrogen.
- **Environmental Factors-** Exposure to ionizing radiation, especially in childhood as well as exposure to pesticides and other chemicals placed people at a higher risk for getting cancer.
- **Having Children Later in Life-** Having children earlier in life appears to have some protective properties in relation to breast tissue. This can also be related to breast feeding.
- **Excess Weight-** More women who were obese had cancer compared to those that were at an ideal weight.
- **Nutrition and Exercise-** Those that were physically inactive and had poor nutrition lacking in fruits and vegetables were more likely to have cancer than those that exercised regularly and ate a balanced diet.
- It is important to note that many of the items listed above are modifiable and within an individual's control. However,

some such as family history and genetics unfortunately are not.

When looking at a family history, there are a few clues or patterns that can indicate a hereditary or inherited form of cancer. Usually you would see multiple family members in several generation affected with cancer, typically at earlier ages of onset (before age 50). You would also see both breast and ovarian cancer occurring within the family, bilateral breast cancer (occurring in both breasts), as well as the possibility of breast cancer occurring in a male

Inheritance of BRCA1 & BRCA2 Genes: Autosomal Dominant



(males also have some breast tissue). And finally, if a mutation causing cancer is found within one member of the family, it is likely that that is the same mutation causing cancer in all the other family members. When researchers looked at many families



Caring for Cancer...

that had the above criteria suggestive of a hereditary form of cancer, they found that most of these families had a genetic mutation; found via a blood test in either the BRCA1 or BRCA2 genes. BRCA1 and BRCA2 are referred to as tumor suppressor genes. Their job is to stop a faulty cell from multiplying. If there is a mutation in one of these genes, then the gene no longer knows how to do its job and therefore doesn't stop the faulty cell from multiplying and turning into a tumor. These genes are in every single cell of the body, but mostly expressed or functioning only in breast and ovarian tissue.

We all carry two copies of each gene, one that we inherit from our mothers, and one from our fathers. A person who has a mutation in the BRCA1 or BRCA2 gene has one copy of the gene that is faulty or not working. There is a 50% chance that they could pass down the faulty gene to their children, or a 50% chance that they could pass down the working copy of the gene. This is referred to as autosomal dominant inheritance (image 3 page 35 bottom) When looking at a family history to assess risk, it is important not to overlook the father's side of the family as well. It is possible that a sister or aunt on the father's side can have cancer and a BRCA mutation. Although the father may not present with any cancer, he may carry the BRCA mutation and thus his children are at a 50% risk for inheriting the mutation and being at an increased risk for cancer.

If a family history is suggestive of a BRCA1 or BRCA2 mutation, genetic testing can be done on a sample of blood. There are three possible results that can come from the testing; positive result, negative result, or a variant of unknown significance. If a result is positive, it means that that individual has a mutation in one of these genes and is at a 50-80% increased risk for getting cancer. If the result is negative, the interpretation is

a bit trickier. If there is a family member who has cancer and has a positive BRCA mutation and you were to get tested for the same mutation and found to be negative, then we know that you are not at an increased risk of getting cancer over the general population risk (1 out of 8). This means that you inherited the working copy of the gene. However, if no one in your family has tested positive for the mutation, and you have a negative result, then the results don't give us much more information than what we

is a family history of cancer or if breast or ovarian cancer has occurred a very early age, it may be very beneficial to seek out a consultation from a genetic counselor who can help assess your personal risk as well as guide you through the genetic testing decision process. A genetic counselor in cancer genetics often works with a team of specialists including an oncologist and surgeon. Together, the team can help assess your risk of getting cancer as well as manage your screening and review any potential

Screening Guidelines

	General Population	Familial Risk	Hereditary Risk
Monthly Self Breast Exam	Begin at age 18-20	Begin at age 18	Begin at age 18
Clinical Breast Exam	Annual Exam	1-2 times a yr beginning 10 yrs earlier than youngest diagnosis of breast cancer, or age 40	2-4 times a year beginning at age 25
Mammogram	Begin at age 40	Begin 10 yrs earlier than youngest breast cancer diagnosis, or age 40	Begin at age 25, Breast MRI could also be considered
Ovarian Cancer: Ultrasound	N/A	Begin at age 50	Begin at age 40

had before you got testing. This is because we cannot identify what is causing the cancer in your family. It could be that there is another gene mutation causing the cancer in your family (not BRCA1 or BRCA2), or a mutation in a gene that science has yet to discover. The third type of result that could occur is called a variant of unknown significance. This means that we found a change or alteration in the gene, but our technology isn't good enough today to determine if this change is what's causing the cancer in your family.

When considering genetic testing, it is important to determine what information it will give you and whether or not it's information you want. It's also important to consider if it will change medical management. If there

surgical options (image 4). You can find a genetic counselor in your local area by searching the National Society of Genetic Counselors website at www.nsgc.org.

Currently, genetic testing for the BRCA1 and BRCA2 genes as well as a few less commonly affected genes is all we have available. Since the genetics of the Parsi population affected with breast cancer has yet to be fully studied, there is a possibility that there could be other genes not yet discovered that could be causing cancer in our population. It would be beneficial to do further studies on the Parsi population to understand more about the way that cancer is being inherited as well as if there could be other mutations in genes that are placing individuals at a higher risk.



Caring for Cancer...

Whether cancer occurs in one family member or many, it is a scary and emotional process to think about the implications for your self. What's important to keep in perspective is that just because a member of your family has cancer, it doesn't necessarily mean that you are automatically at an increased risk over that of the general population. Again, much of this depends on who in the family has cancer and at what age they had cancer. Learning about the risk factors

and gaining a better understanding of whether there is a hereditary form of cancer in your family are all proactive steps in the right direction towards awareness. Often there can be a lot of guilt associated with passing down a genetic trait. It is very important to know that we cannot control or change our genes. There is absolutely nothing we do or do not do that causes a genetic condition or trait to be passed down.



Ushtavaity Davar Canteenwalla, MS, CGC; *Ushta graduated with her Master's in human genetics from Sarah Lawrence College in 2005. Since then she has been practicing as a genetic counselor in various disciplines including prenatal, pediatric, cardiac, and cancer genetics. Most recently she managed the high risk pregnancy center at Columbia University Medical Center. Ushta is passionate about creating awareness and educating communities about genetic conditions. Currently she is at home with her son and works as a consultant part time. ushta@aol.com*

Beating the Clock Against Breast Cancer

Dr. Parizad Avari

We all know someone who has been affected by cancer at some point in their life. Early detection SAVES lives...

One out of every eight women born today will be diagnosed with breast cancer at some point during her life. There is a great amount of emotional distress in being a victim of breast cancer, affecting both a women's self-image

Globally, over 1 million new cases are diagnosed annually, resulting in over 400,000 annual deaths and about 4.4 million women living with the disease.

and self-confidence. In addition, there is the emotional burden when disclosing the diagnosis to loved ones.

There has been much discussion in recent years with regards to the occurrence of breast cancer in Zoroastrian women. Whilst the incidence of breast cancer in India is much lower than in Western Europe, research conducted in India during the 1970s and 1990s suggests that Zoroastrian Indian women may present with a slightly higher occurrence of this disease, being up to 1.6 to 3 times more likely to develop breast cancers than the rest of the Indian population. [1, 2] It has been suggested that this difference

is due to Zoroastrian Indian women leading a more Westernized lifestyle in comparison to the remaining Indian population, as well as having a more "conserved" genetic pool.

It remains difficult to conclude the precise risk of breast cancer in Zoroastrian women currently in comparison to different communities. However, understanding and identifying breast cancer remains paramount for every woman.

Breast cancer: Are you at risk?

Although breast cancer can develop for no apparent reason, there are certain risk factors which contribute to an increased risk of developing breast cancer. [3]

Age

The risk of breast cancer increases with age, doubling about every 10 years until the menopause, when the rate of increase slows dramatically.

Gender

Women are at much higher risk of developing breast cancer than men.

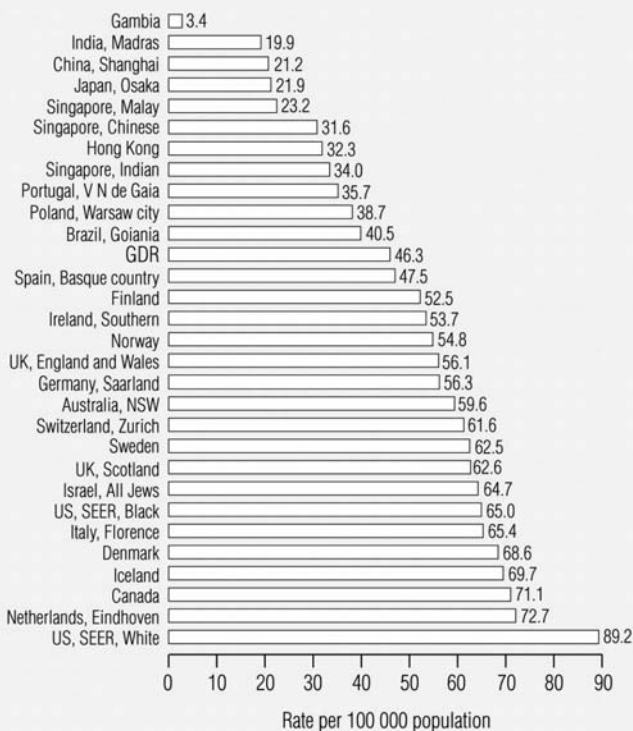


Caring for Cancer...

Men diagnosed with breast cancer tend to be older than women. Unfortunately the overall prognosis (outlook) is worse for men than women, usually due to the delay in presentation and diagnosis.

Geographical variation

Different populations worldwide experience different levels of breast cancer, and incidence varies by up to a factor of five between countries (adjusted for age). The difference between Far Eastern and Western countries, is beginning to diminish, but is still about fivefold. Studies of migrants from Japan to Hawaii show the breast cancer



Standardized mortality for breast cancer in different countries[3]

Although, Indian women are at lower risk of breast cancer compared to Western countries, Zarathushti Indian women are at higher risk.

rates in migrants lose the risk associated with their original home community and acquire the patterns of the new community within 1 or 2 generations. This data indicates that environmental factors, such as diet and lifestyle, are of significant importance.

Hormonal factors: Age at menarche, first pregnancy, menopause and hormone replacement therapy (HRT)

Other major risk factors are “hormonal” and can be related to a woman’s reproductive history. The greatest risk results from long periods of uninterrupted menstrual or ovulatory cycles. This is because breast tissue, in these situations, is consistently exposed to oestrogen. Thus, women who start menstruating early in life or who have a late menopause have an increased risk of developing breast cancer. Pregnancy will interrupt menses and is therefore protective; a woman who delivers her first child at an early age will have less risk, whereas a woman who has never given birth, is at an increased risk of developing breast cancer.

There is a slightly increased risk of breast cancer in women using hormone replacement therapy (HRT) and those who have ceased use 1-4 years previously.

Family History

Up to 10% of breast cancer in Western countries is due to genetic predisposition. Two breast cancer genes, BRCA1 and BRCA2 have been identified to account for a substantial proportion of very high risk families. Certain mutations (genetic changes) occur at high frequency in certain populations. For example, 2% of Ashkenazi Jewish women carry certain BRCA mutations, while a specific BRCA2 mutation accounts for about half of all familial breast cancer in Iceland.

Most breast cancers due to a genetic mutation are likely to occur before the age of 65years.

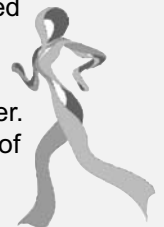
A woman’s risk of breast cancer is two or more times greater if she has a first degree relative (mother, sister or daughter) who developed the disease before the age of 50. The younger the relative when they developed breast cancer, the greater the risk.

The risk increases by between four and six times if two first degree relatives develop the disease.

Radiation

High levels of radiation exposure may increase the risk of developing breast cancer; teenage girls exposed to radiation during the Second World War showed a doubling of risk.

There is no definitive data linking pesticides to an increased risk of breast cancer. Silicone implants do not increase the risk of breast cancer.



Lifestyle

Weight

Obesity is associated with a twofold increase in the risk of breast cancer in postmenopausal women. The



Caring for Cancer...

theoretical basis for this association is that fatty tissues raise oestrogen levels and its activity. Physical activity has shown to decrease the risk of breast cancer.

Alcohol intake

With 'heavy' alcohol consumption, some studies have shown a link between heavy consumption and breast cancer incidence.

Smoking

Both active smoking and long term passive smoking among women who have never smoked can increase the risk of breast cancer.

The first symptom of breast cancer most women notice is often a lump or area of thickened tissue in their breast.

What to look out for...

A painless breast lump is usually one of the first symptoms. Remember, most breast lumps are not cancerous and are usually benign. However, a woman should always go see a doctor if a lump develops, as it may be cancerous.

Changes to look and feel for include:

- Changes in size/shape of breast
- Redness or rash around the nipple, which may look similar to a small patch of eczema.
- Dimpling or thickening of some skin as part of a breast
- A discharge from the nipple (which may be bloodstained).
- The nipple becoming inverted (turning in).

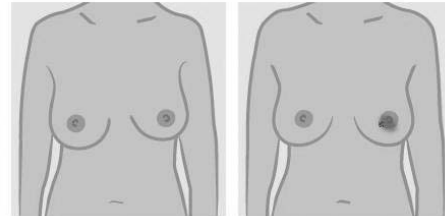
Remember, most lumps (90%) are not cancerous, but it is always best to have them checked by the doctor.

- A rash around the nipple, which may look similar to a small patch of eczema.
- Occasionally there may be pain in a breast or underarm, although many women develop painful breasts (mastalgia) and this is usually not cancer.

Diagnosing breast cancer

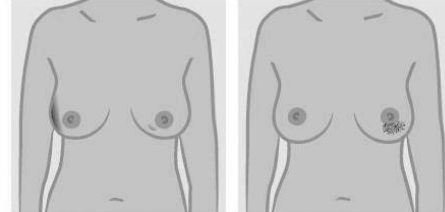
If a woman shows signs of breast cancer, her general physician will examine the breasts and may refer her for further investigations.

Mammogram and breast ultrasound



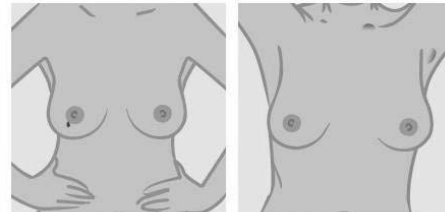
A change in size or shape

Redness or a rash on the skin and/or around the nipple



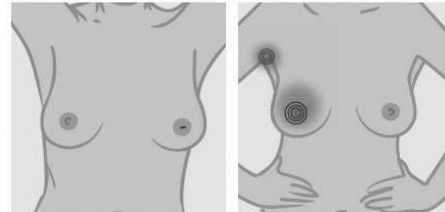
A lump or thickening that feels different from the rest of the breast tissue

A change in skin texture such as puckering or dimpling (like the skin of an orange)



Discharge (liquid) from one or both of your nipples

A swelling in your armpit or around your collarbone



If your nipple becomes inverted (pulled in) or changes its position or shape

Constant pain in your breast or your armpit

Mammography is a special X-ray test and aims to detect breast cancer at an early stage when treatment is most likely to be curative.

For younger women (under 35 years old), they may have breast ultrasound only. Younger women have denser breasts, which means a mammogram may not be as effective as an ultrasound in detecting cancer.

Biopsy

If there is suspicion that there may be cancer on the mammogram/ultrasound, a biopsy (sample of tissue) may be taken from the breast.

Breast Screening

Breast screening is a process of detecting breast cancer at an early stage. The aims are to reduce mortality by detecting and treating it promptly, when the cancer is small and before it has the chance to spread.



Caring for Cancer...

All medical professional organisations in industrialised countries recommend screening mammography for women between 50 and 69 years of age, however there are variations in recommendations.

In the US, mammographic screening every 1-2 years for women >40 years to 73 years of age is recommended. Currently in the UK, the NHS provides free breast screening to women aged 47-73 years every 3 years. [4]

These recommendations do not address breast cancer screening for women at high risk eg. a strong family history. Please see your doctor for more information regarding this.

The aim of screening is to reduce mortality from breast cancer by detecting and treating it when it is small and before it has the chance to spread.

Following the first part of screening, if there are any concerns, further assessment is carried out by a dedicated team of an experienced radiologist, surgeon and pathologist, supported by radiographers and a breast care nurse. Screening can sometimes find cancers which are treated but which may not otherwise have been found during your lifetime.

What is the treatment?

The main treatments for breast cancer are:

- Surgery
- Chemotherapy
- Radiotherapy
- Hormonal treatment: for cancers stimulated to grow by hormones; oestrogen/progesterone.
- Biological treatment: for cancers stimulated to grow by a protein called human epidermal growth factor receptor 2 (HER2). These may respond to trastuzumab (Herceptin).

Often a combination of two or more treatments are used.

Treatment usually depends on:

1. The cancer itself – its stage and size, whether it has spread, and the grade of the cancer cells

Dr. Parizad Avari completed her medical degree from Barts and the London, School of Medicine and Dentistry in London, UK in 2011 and is currently working at Basildon University Hospital, UK. She plays an active role in health promotion and organised the Cross-Cultural Cancer and Cardiac Health Awareness Seminar at Zoroastrian Centre, in London, 2010. She was Secretary for the Young Zoroastrians UK (years 2005 - 2012). A keen runner, Parizad participates in various running events including London Marathon and has raised in excess of £10,000 for various charities, including the British Red Cross and Cancer Research UK.



2. The woman with the cancer – her age, general health, and personal preferences for treatment.

A woman should engage in a full discussion with her specialist looking after the case. They would be able to give the pros and cons, likely success rates, possible side effects, as well as other details about various treatment options.

Conclusion

Worldwide, breast cancer is now the most common cancer diagnosed in women. But it is not what it was 20years ago, and thanks to greater awareness, earlier detection and advances in treatment, survival rates continue to climb.

Remember, prevention is better than cure and early detection saves lives.

DISCLAIMER: *The information contained herein should NOT be used as a substitute for the advice of a patient's health care provider. The information provided here is for educational and informational purposes only.*

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Caring for Cancer...

“Asha Jyoti” *Light of Hope*

An unique health outreach program for the underserved women in sub-urban and rural areas of North India

PROF NIRANJAN KHANDELWAL

Preamble

India is at epidemiological transition of communicable and non-communicable diseases. Where communicable diseases were largely amenable to curative treatments and preventive, measures through vaccinations; non-communicable diseases clearly seek primary/secondary preventive interventions for down-staging of disease in the community. Due to fee-for-service (FFS) payment model in India and more than 80% of healthcare expenditure being out-of-pocket, preventive healthcare and screening mechanisms for non-communicable diseases still seem to be a distant reality. Travel to a healthcare facility for any preventive measures is a large cost to underserved population in lost daily wages. In addition, fear of the unknown prevents proactive screening seeking behavior. Approximately, 70% of the Indian population is based in a rural areas where access to healthcare is difficult, and 88% of the entire population is classified as a lower income group. There is, therefore, a dire need to evolve new methodologies for providing low-cost healthcare at the door-steps of the poor through various mechanisms, including economies of scale achieved by sharing the same healthcare facility across a large population. A mobile van screening mechanism is one such way to address a large population with the capital and operational expenditure on set-up being shared by a large population and providing healthcare facilities in the vicinity of the needy.

A mobile van health provision has now been practiced for decades by

various charitable and corporate entities across world. What suffers most of these initiatives for non-communicable disease screening is their inability to follow-up diagnosis and treatment of the screen positives. PGIMER(Post Graduate Institute Of Medical Education and Research) Chandigarh has a unique advantage of being a state-of-the art public sector healthcare facility that has the ability to follow up on most diseases. The treatments are subsidized by the public sector. Mobile van initiative by PGIMER would increase the outreach to the poor and downstage the disease in the community, thereby saving lives and recurring costs associated with treatment advanced diseases.



Asha Jyoti: The approach

Asha Jyoti was our answer to the burgeoning need for accessibility of quality preventive healthcare to the masses. It is a women's healthcare outreach initiative started with partnership between (PGIMER), RAD-AID (a US based NGO) and Philips Healthcare (technology partner). The technical and educational collaboration from the RAD-AID volunteers, equipment support from Philips healthcare and the dedicated vision of PGIMER to provide healthcare to underprivileged population led to a dream becoming a reality in the form of “Asha Jyoti ”. We focused on women's health because it has been consistently shown by any successful social service that healthy and empowered women are key to societal upliftment and reformation. Also, cervical cancer and breast cancer are highly prevalent in India. It is estimated that there are 134,420 new cases of cervical cancer and 115,251 new cases of breast cancer every year. Unfortunately the majority of these cancers are detected at a later stage where the morbidity and mortality is very high even with the best treatment modalities. Together, these cancers account for 40.5% of cancer related mortality in women. Similarly, osteoporosis is a major cause of morbidity among post-menopausal women. Although exact numbers are not available, as per published estimates, 25 million Indians may be affected.

Planning and Service

Asha Jyoti aimed to do an organized population based screening using an integrated approach wherein



Caring for Cancer...

the women aged 40-60 years will be screened for breast cancer, cervical cancer and osteoporosis in a single visit in semi-urban and rural settings. We wanted to optimize operational usage of mobile van for pioneering a model for promoting preventive healthcare and screening through such mobile van initiatives. Asha Jyoti was first-of-its-kind customized truck built with a digital mammograph, video colposcope and DEXA equipment on board for screening breast cancer, cervical cancer and osteoporosis respectively. Usage of digital mammograph and DEXA was per standard guidelines. For cervical cancer we used visual inspection using acetic acid (VIA) under visualization by a digital colposcope. The recording was done as per protocols shown below.

Engineering of the vehicle was overzealous to suit the not so perfect

was trained on community sensitization.

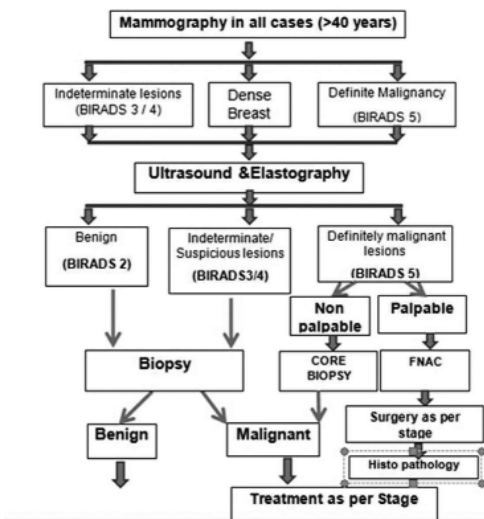
Many clinical experts from PGIMER came together to make this novel method successful. The participating groups included Department of Radiodiagnosis, Department of Surgery, School of Public Health, Department of Gynecology, Department of Pathology, Department of Orthopedics, and Department of Oncology and Radiotherapy.

Health screening is not a norm in India and it usually needs a significant effort to persuade the local population to volunteer. Trust in the public repute of PGIMER was of great help. We obtained all necessary administrative approvals and did perform community sensitization through discussions with all stakeholders in the sectors including religious leaders, NGOs, resident welfare associations and health care providers. Our primary

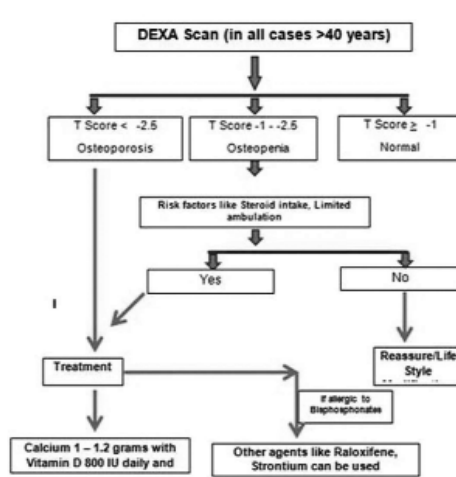
tremendous. On retrospective analysis of the first 615 cases, we observed that only one third of the women who came for screening were sensitized by our social worker. The rest of them came through word of mouth by friends and relatives. Such is the popularity of **Asha Jyoti** that now the van operates with a waiting list of almost one week.

The pilot phase was executed from June 2012 to Oct 2012 in an area around Sector 45 of Chandigarh which has a mix of urban, rural and slum populations. The patient data obtained during screening on the van was sent to PGIMER for review and analysis by radiologists and OBG specialists. Screen positive women were intimated on the following days. Screen positive women were issued a referral card with which they attended the treatment centre in PGIMER and underwent management as per the findings.

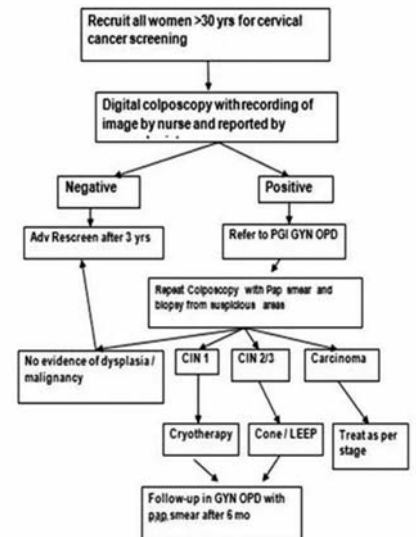
Protocol used for Breast Cancer Screening



Protocol used for DEXA scan for Osteoporosis



Protocol used for Cervical Screening



Indian road conditions. It has been staffed with well trained para-medical and support staff including public health nurse, staff nurse, technician, data entry operator, social health worker and driver. The public health nurse was trained for video colposcopy and self breast examination. The social health worker

healthcare outposts listed targeted populations in the identified sectors and our social health worker went door-to-door to make the population aware before the van was actually stationed for screening. Women were then invited for initial screening to the mobile van stationed in their vicinity. Surprisingly, the response has been

Preliminary Data

A detailed data analysis was performed for 503 women who were screened until the beginning of October. The majority of the screened population was in the 45-54 age group with a mean age of 46.6±6.9 years. We had a good mix of urban (41.8%) and rural (46.7%) population



Caring for Cancer...

but turn-out from the slum area was low. All women underwent mammography screening. Cervical cancer screening was not done in 80 women due to various reasons: 55 of these women had an hysterectomy. It was essentially a well - woman screening. Most of the women who came for screening did not have any symptoms. Only 8% of the women had any breast related symptoms, mostly pain in the breast. Similarly, only 6% of women had any gynecological symptoms mainly abnormal bleeding. Out of those screened, 2 women were detected with suspicious (BIRADS 5) breast lesions who were later found to have Invasive ductal carcinoma (IDC) and Duct ectasia respectively on Fine Needle Aspiration Cytology (FNAC). Of those who were screened for cervical cancer using colposcope assisted VIA, 41 had abnormal findings and none of them were found to have cervical cancer on Pap smear and biopsy. Most of these women had inflammation/infection that needed treatment. All the women screened also underwent DEXA scan. Again, only 8% had any symptom mainly persistent back pain . The screening showed that 29% of women had osteopenia and 11% had osteoporosis needing treatment. Women who came for screening were very happy with their experience. This initiative motivated them to get screening since they did not need to stand in long queues elsewhere and it was free.

LONG TERM VISION

We consider this initiative to have gained considerable public confidence. Mobile vans do not just provide a service but they bring a radical change by taking healthcare out of the hospitals to the common man's dwelling. This very effectively brings an association with health and well being against the perception of hospitals being there to treat only sickness. This initiative brought access to screening healthcare services, which was never a priority for the local population. It helped bring healthcare awareness to the local population and motivated the local healthcare delivery workforce to upgrade their skill set for screening. The awareness grew so rapidly that it became an ethical dilemma to shift the van to other sites after the pilot phase without screening the rest of the 7,400 targeted population in the area where the pilot was being conducted. It is evident that such initiatives bring a lot more than just screening services and it creates demand for quality healthcare. It is a right for all individuals but scarcity of resources and lack of right operational efficiency of existing infrastructure leave basic needs unfulfilled. "Asha Jyoti" is a model that need to be replicated to cover a wider area in a reasonable time frame to design a health policy to be adopted by the government.

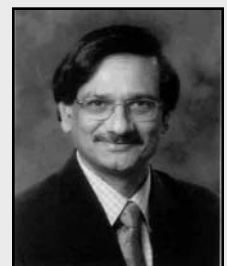
We are pleased to report another successful Haiti mission in December, which offered 2 weeks of training and workshops in Port-au-Prince. The RAD-AID Chapters Program now has 10 participating institutions with Tufts Medical Center and Emory recently announcing their RAD-AID Chapters. Tufts radiologists participated in the RAD-AID Haiti program.

RAD-AID's program with the World Health Organization is now expanding to include opportunities for radiologists in the WHO Geneva headquarters and regional offices in Asia and Africa. We look forward to working with you in 2013.

Best regards,

**Brittany Gorman
Director of Membership
Outreach
RAD-AID International
<http://www.rad-aid.org>**

PROF NIRANJAN KHANDELWAL, MBBS, MD, DIP.NBE, FICR is Professor & Head, Department of Radiodiagnosis, Postgraduate Institute of Medical Education and Research, Chandigarh. He trained at Boston, Mayo Clinic, and Rochester. He is a life member of several august bodies for Radiology, Neuroradiology, Neurology, Vascular and Interventional Radiology. He has published over 249 research papers, 32 book chapters; edited 4 books and co-edited 5 books He is a much sought after guest lecturer and chaired scientific sessions in various National and International Forums.





Caring for Cancer...

A Helping Hand IMAGING EQUIPMENT GETS A SECOND LIFE IN DEVELOPING NATIONS.

CHRIS HOBSON

Imagine while out harvesting grain one day, a young Ugandan woman notices a lump in her breast. She knows the dangers the lump represents, but she also realizes that proper medical equipment is unavailable in her village. So she leaves her farm and sets off for the capital, Kampala. Located halfway across the country, Kampala is home to Mengo Hospital, one of the few facilities in the country equipped with ultrasound technology. The trip is arduous, but when she arrives at the hospital, she is able to get the scan and treatment she needs.

The equipment at the hospital, along with the expertise to operate and maintain it, may well have been supplied by a U.S. organization. Imaging equipment manufacturers, hospitals, and radiology practices often donate used medical imaging technology to facilities in underserved countries. Whether through programs sponsored by manufacturers or by way of foundations dedicated to improving diagnostic imaging in the developing world, many options exist to refurbish and donate preowned equipment. In addition, several organizations educate radiologists to use and maintain the technology.

DOING GOOD ABROAD

One organization that facilitates this donation process is the nonprofit Global Ultrasound Equipment Donation Foundation (GUEDF). Established by Barry B. Goldberg, MD, FACR, the foundation helps to place technology in underprivileged countries around the world. Over its nine years in existence, the organization has found homes across the globe for more than 300 donated ultrasound scanners.

When companies or health-care facilities donate equipment to the GUEDF, Goldberg employs the nonprofit *Assist International* (www.assistinternational.org) of San Francisco, Calif., to help. Assist partners with professionals in the medical field to ensure the equipment is in good working order. Moreover, says Goldberg, Assist staff members fill out the import/export paperwork. This is a key step that requires special expertise, since each country has its own regulations. Assist then ships the equipment to its final destination.

SUSTAINABILITY: THE NAME OF THE GAME

Simply shipping equipment to another country is not sufficient to see positive returns, however. A concept central to the GUEDF's philosophy is sustainability. "When

you send equipment abroad," Goldberg explains, "you must make sure the individuals receiving it are trained and know how to use it. The worst thing I've seen in my travels is equipment that's just lying in the corner of a facility, and the recipients say, 'We received it, but we don't know how to use it.'"

Brad Short, ACR senior director of member services, agrees that placing equipment in countries of need is just one piece of the puzzle. Short helps run the ACR Foundation International Outreach Program (ACRIOP, online at <http://bit.ly/InternationalOutreach>), which is a hub for domestic donations of equipment and aid for international facilities in need. The ACRIOP also serves as a place for radiologists to register for international volunteer opportunities. One guiding principle of the foundation, Short says, is sustainability.

For example, in its first boots-on-the-ground effort, the ACRIOP facilitated the donation of a portable X-ray unit to Grace Children's Hospital in Port-au-Prince, Haiti, in the wake of the 2010 earthquake. Later, the organization partnered with both the American Society of Radiologic Technologists and the Society of Diagnostic Medical Sonography to send Short and a team of 11 radiologists to Haiti. They brought with them four portable ultrasound units, and over a two-day period, the volunteer faculty members taught Haitian medical professionals how to use the technology.

"Our project in Haiti focused on sustainability," explains Short. "We want to ensure that equipment isn't defunct, broken down, or no longer useful. So you've got to put a lot of time and effort into thinking about logistics, support, culture, political systems, traditions, and language barriers when you go into these countries."

One of the challenges faced when donating equipment to the developing world is ensuring that the machines can be properly maintained and utilized. "From an equipment standpoint, there are so many challenges," Short continues. "When we got to Port-au-Prince, we toured University Hospital. Interestingly, we saw a CT machine sitting outside that had been completely destroyed by the weather. They couldn't fit it in the front door. So there are a lot of well-intentioned organizations and people that are involved with



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this type of work, but you've got to really think through the logistics as part of the donation process."

To find out more about how to donate to the GUEDF, contact Barry B. Goldberg at info@guedf.org.

Chris Hobson is a staff writer for the ACR Bulletin.

Richard N. Hirsh, MD, FACR, founder of Radiology Mammography International (RMI, online at www.radiologymammography.org) in Akron, Ohio, agrees that sustainability is an important part of the process. RMI's missions involve supplying mammography equipment, technical assistance, and training to underserved countries. Hirsh says, "Simply donating medical equipment without providing training is totally useless, especially for mammography... Practically all of the developing countries where I do my projects do not have any real breast imaging training for technologists or for radiologists." He says, "Hands-on training is the key piece to the success of my projects."

Though there are many avenues to donation, it's easy to agree on one thing: giving refurbished equipment to underserved populations is a rewarding experience. While radiologists cannot solve all of the world's troubles, they can make a big impact on communities in need. With a mix of determination, cooperation, and an eye toward sustainability, organizations can help those who need it most.



An ultrasound system donated by the Global Ultrasound Equipment Donation Foundation is being used in Ho Chi Minh City, Vietnam, to evaluate a pediatric patient in the intensive care unit.

Courtesy of Barry B. Goldberg, MD, FACR

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HOW ONE COPES

The very term cancer raises the threat of psychopathological demon that affects not only the victim, but also the psyche of the entire immediate family. Very few among the laity can fathom the complexity that entails the term cancer. Being in the field of research I had a pretty good idea what it involved and where it is going to lead to. That was the turmoil that we lived through some twelve years ago when the family first learned about the condition of our dear Shiraz. From then on it was a life with a threat of a sword hanging over the head. Eight years may seem like a long time but our loving daughter Shiraz is no further away from us, than in our hearts and minds every day of our lives since it happened on July 28, 2004. For us she is as strong now as she was in her corporeal life. As I pen these words I believe it is she who is putting words in my mind. I think the most harmonious way that we can sustain this agonizing loss of her physical presence is to synchronize with the divinity (Fravashi) that she once nurtured in the physical. It is only through that recourse that we can feel the closeness of her support and her presence in every walk of life. It is only through celebrating her life that we can be at peace and find strength to continue in this corporeal world.

JEHAN BAGLI

EDITOR'S NOTE

The Bagli Family has set up a Memorial Fund
Shiraz Bagli Memorial Fund for Basic Research in Ovarian Cancer
Princess Margaret Hospital Foundation
610, University Avenue, Toronto ON M5G 2M9

AND they also support

MSM Foundation for Srikiran Institute of Ophthalmology and Education of Children in Poor villages
They have an office at following address:
MSMF, 23 Mary Drive, Glouster, ON K1V 1G9
Ph: 613 523 Readers may contribute where they wish



Caring for Cancer...

WHERE THERE IS LIFE THERE IS HOPE



Rukhshana Daroowala

to patients who were nearing the end of life. When you are 45 and your kids are barely out of school, palliative care does not feature even in your nightmares.

Before leaving my bedside, my Oncologist said: "Rukhshana, if you are here 18 months from now, it will be because somebody up there likes you. If you are here 5 years from now we will drink champagne together". I asked him "Doctor, are you going to give up on me?" He raised his eyebrows and said "Give up? Never!". That reassurance was good enough for me. He never gave up. And I never gave up! The stakes were clear: living or dying. I knew that my own resolution to succeed was going to be my best medication.

After my initial surgery I underwent months of difficult chemotherapy. The cancer went in to remission but re-emerged in my lungs, which required minor surgery. The first year was the most challenging; the second less so. By the third year I could dream again and get back to work. Five years after my surgery, in exchange for a bottle of champagne my Oncologist declared me cancer free! Since then I've been an official cancer survivor. Recently when my Doctor was nearing retirement, it was conveyed to me that he considered my full recovery as one of his greatest triumphs. It brought in to sharp focus how lucky I was.

Most people want to know how it is possible that I can live without a stomach. As the old song goes, most days are fine; some are just a little bit harder. My sweet and supportive husband, Sharookh, also waxed lyrical when he kept reminding me that *Sar salamat to paghdi ka kya* (so long as the head is okay why worry about the headpiece). Doubtless, Mother Nature has my back. What more can I ask? He who gives the disease, also gives the cure.

On hindsight, the initial period of shock, disbelief, blame, shame, guilt and the fear of dying could have been avoided but it was an essential phase in the cathartic process. Yes, it takes a while to get past the stage of repeatedly asking what does this even mean? What is the message in this madness? Time, however, is not your friend and uncertainties abound so I had to quickly remove the clutter in my mind and focus on the questions which could be answered.

There are several reasons why I'm still here and many wonderful souls to whom I owe a debt of eternal gratitude. I am truly blessed in so many ways.

Love heals. From the get-go, I had a loyal troop of family and friends to carry me on their wide shoulders. From all corners of the world they descended in to my

They say your life can turn on a dime.

In August 2001, just two few weeks before 9/11 changed everything for the world, everything in my world changed. In a matter of days, what seemed like a routine bout of tummy ache and exhaustion suddenly morphed in to Stage IV – the worst case - stomach cancer.

Stomach cancer is called the silent killer because it has almost no symptoms. By the time it is diagnosed, the patient is very close to dying, if not dead. There is no known cause or cure. The cancerous cells double every week. The standard treatment is to remove the infected tissues/organs followed by radiation and/or chemotherapy. My cancer was discovered totally by accident. I like to believe that it was divine intervention.

I had to go under the knife within days of my diagnosis. Initially I was told that only a small part of my stomach was likely to be removed. By the time my 4-hour surgery was finished, my entire stomach, gall bladder and spleen were gone. Within days, I lost 40 lbs. and went from a size 12 to size zero. Yes, your life can turn on a dime.

It wasn't quite disclosed to me at the time or perhaps I was selective in my listening but statistically my chances of survival were practically non-existent.

Following the surgery, my Oncologist told me that my cancer was vicious and pervasive. Radiation wasn't going to work as the disease had spread to my lymph nodes. He said something about palliative care, if chemotherapy didn't work. I didn't even know then that palliative care was given



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home and in to my heart. Because they made this a real team effort, I never felt alone or helpless. In life we often forget the people with whom we have laughed but we never forget those with whom we have cried. Sometimes, all it takes is a little tip here and a little touch there to turn an afternoon of gloom in to a week of bloom.

Just when I needed them most, hope, motivation and inspiration kept coming to me from unexpected places. A call from a long lost friend. My son's high school graduation. Books and stories on suffering and survival that made my travails look trivial. It's amazing how the universe gives of its gifts when you are open to receiving.

The Canadian Cancer Society and its extended network made available enormous resources at little or no cost. They included counselling, support groups, music and massage therapists, yoga and meditation classes, libraries and other reading and viewing materials, all dedicated towards healing. I tried all of them and most of them worked! Together, they provided me and my family tremendous solace. The knowledge that at any time we could tap in to an endless supply of compassionate and capable souls that truly cared for us was most comforting.

I had heard stories about how family members of cancer patients crack under the stress and make things worse than they are. I lucked out again because Sharookh and my sons, Rohaan and Rishad, turned in to champion care-givers and love-givers. It was enlightening to learn that the medical support system in the West pays as much attention to care-givers as they do to the patients. The point is that if the care-givers are taken care of first, they can then look after the patient. How true!

I also did some unusual things. Rather than battle with the cancer, I chose a friendlier option. Call it the "let's see if we can work this out together" approach. When I prayed for myself, I also prayed for the cancer.

Throughout, Ahura Mazda and the Khorddeh Avesta never left my side. He assigned me one of his loyal savants, a noble dasturji, who prayed for me every evening at 7 p.m. in Mumbai. Through the power of telepathy and good intention the miles melted away as I contemporaneously visualised and prayed with him in Vancouver. This daily ritual was as authentic and cleansing as it was surreal and powerful.

Amongst the countless initiatives of FEZANA stalwarts is a little-known prayer circle; an exceptional group of men and women who collectively pray for the sick and needy. From their lips to God's ears! As someone in dire need, I cannot tell you how reassuring it was to feel included and rooted for by the best among us. Prayers work!

There are more than 100 different types of cancer. In North America alone, 1 in 3 men and 1 in 4 women will get cancer in their lifetime. Whereas prevention is of course

better than cure, I am living proof that miracles do happen. Hope triumphs over disaster. Faith survives the worst disease.

As the great Marie Curie said: **Nothing in life is to be feared. Just understood.**

Rukhshana Daroowala
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Rukhshana Daroowala is a Vancouver, Canada based travel agent. As a means of giving back and doing seva, she is a trained volunteer for the Canadian Cancer Society's CancerConnection program. She helps countless cancer patients in Canada who have been diagnosed with stomach cancer. She was recently honored by the Canadian Cancer Society with its 2012 Regional Volunteer Achievement Award. In part, the Award's citation reads: Rukhshana Daroowala is a survivor of stomach cancer. She understands the profound fear this type of cancer can cause. She allows her CancerConnection clients to share their fears with her openly and fully. She is a source of hope and of extraordinary support.

Sheila Craigie, Corodinator, CancerConnection

"The referral of your friends and family is the greatest compliment you can give me. Thank you for your trust."

Zeenia



Caring for Cancer...

Are Parsis Inbred and Purely Persian? Findings from a small genetic study

Hormuzd A. Katki

It has been commonly suggested to me that the “high” rates of cancer in Parsis are partly due to Parsis being “inbred”. The issue of whether Parsis truly have high cancer rates is addressed in another article in this issue of the FEZANA Journal (pg 52). There is a presumption that Parsis must be inbred if Parsis have been marrying exclusively within the community for over 1000 years. Whether or not Parsis have truly only married other Parsis for over 1000 years, inbreeding is a genetic concept that can only be properly evaluated with genetic data. Although Avesthagen Inc. (Bangalore, India) has been collecting genetic data on the Parsi community, I am unaware of any peer-reviewed scientific publications from them on Parsis.

However, in 2004, a paper in the prestigious American Journal of Human Genetics was published analyzing DNA from 910 people from 23 populations in southwest and central Asia, including 44 Parsis from Pakistan, 34 Gujaratis, and 42 Persians.(1) In 2002 in the same journal, a study was published of 718 men from 12 populations in Pakistan, including 90 Parsis.(2) Although I am not a geneticist, as a scientist who does research in cancer genetics, I will explain their findings on Parsi heritage as simply and clearly as I can. I believe these tentative findings shed new light on the origins of the Parsi community.

THE SCIENCE

DNA is a molecule whose bases contain information about a person's heredity, with roughly one-half of the molecule being inherited from each parent. However, there are two notable exceptions to this rule: the Y-

chromosome is entirely inherited from the father (and is only present in males), and mitochondrial DNA (“mtDNA”) is entirely inherited from the mother (and is present in both sexes). The authors(1,2) read a string of certain DNA bases (not all), called a haplotype, for each person in the study.

The key point about haplotypes is that many of them are mostly found only in certain ethnicities. In particular, some haplotypes are found predominantly in South Asians, and others predominantly in West Eurasians. Therefore, if South Asian haplotypes are found in Parsis, then by definition, Parsis have some South Asian ancestry. Of the mtDNA haplotypes in Parsis, 64% were South Asian and 36% were West Eurasian. Therefore, because mtDNA reflects on maternal inheritance, Parsis clearly have maternal South Asian ancestry. Furthermore, of the mtDNA haplotypes in Persians, 10% were South Asian and 90% were West Eurasian and of the mtDNA haplotypes in Gujaratis, 70% were South Asian and 30% were West Eurasian. Thus, although the study had only small numbers of people, these data suggest that the maternal ancestry of Parsis is closer to that of Gujaratis than Persians.

The Y-chromosome data, which reflects on paternal inheritance, shows a different picture. Although the authors2 do not have a sample of Persian or Indian men, they claim that the frequencies of each haplotype in the 90 Parsi men were very similar to frequencies they had previously calculated for Iranian men (3.) This led them to a statistical calculation estimating that 100% of Parsi Y-chromosomes had an Iranian origin.

There are some weaknesses in this conclusion. First, they had no sample of Gujarati men to compare with. For example, if their Parsi haplotype frequencies also match those of Gujarati men [however unlikely that possibility may be], then the claim of a purely Iranian origin would be dubious. Second, the authors admit that one of the haplotypes uncommon in the Parsi men was even more rare in Iranian men. This suggests that their 100% calculation is likely an overestimate and more data is needed.

The differences in Parsi paternal and maternal inheritances are striking: most, if not all, Parsi paternal inheritance was of Iranian origin, but the maternal inheritance was of mostly South Asian origin and very similar to Gujaratis. This suggests several hypotheses about how the Parsi community may have formed. One is that only Persian males left ancient Persia for Gujarat, where they married into the local population. Another is that intermarriage with Gujaratis has happened in Parsi history, but only Parsi men were allowed to bring their children into the Parsi community. One hypothesis that has no support in these data is that Parsis are of purely Persian ancestry.

Because Parsis appear to be a mix of Persian and Gujarati ancestry, one might not necessarily expect the Parsis to be particularly “inbred”. These papers did not directly measure genetic inbreeding, but report the haplotype diversity index, a number between 0 and 1, where 0 means identical twins and 1 means everyone has a different haplotype. This index was 0.943 for Parsi mtDNA1 and 0.974 for the Y-chromosome2. Although the Parsis had less genetic



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diversity than most other populations, the authors state that for Parsis, "diversity of both Y-chromosome and mtDNA lineages remains high" (1). The numbers of Parsis in the studies are small, but these data do not support the presumption that Parsis necessarily have dangerously low levels of genetic diversity.

The Y-chromosome and mtDNA are only the tiniest slice of our DNA, reflecting on only the purely maternal and purely paternal lines of Parsi ancestry, with no information on every other ancestor. New genomic sequencing technologies will enable the entire genome, base by base, to be available for analysis. The findings I have explained are merely a glimpse of what will surely be an evolving and interesting story.

MY OPINION

The value of scientific findings is that it forces us to cast aside what we hope we are, in favor of, what we truly are. However, this will be an unwelcome outcome for many people. For many conservative Parsis, it would come as a shock to realize that they are not of purely Persian ancestry. For many liberal Parsis, it would be a shock to accept that the Parsis may not have ultra-low genetic diversity and may not really be "inbred". Genetic studies in other small communities have revealed unexpected and unwelcome aspects of their ancestry. In one notable case in the US, the Havasupai Indians of the Grand Canyon won a court case to have their blood samples returned to them when researchers published papers that offended them.(4).The researchers offended the Havasupai by determining that they have a high degree of inbreeding and

by determining that their distant ancestors came from Siberia, and thus contradicting their holy oral tradition that their ancestors were natives of the Grand Canyon. As more comprehensive and definitive studies of the genetics of Parsis will be conducted, the researchers need to not only do a first-rate scientific job, but also take the time to communicate their findings to the Parsi community so that every Parsi layman can understand. I can only hope that Parsis, upon hearing the truth about their ancestry, whatever that truth may be, will be open-minded enough to accept reality.

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Hormuzd Katki is a statistician and cancer researcher who does research in clinical genetics and cancer prevention in the Washington DC area. The opinions expressed in this article are solely his and do not represent those of his employer or anyone else.

WEBINAR RESOURCES AVAILABLE FOR PATIENTS

Annually in the spring, the American Cancer Society partners with Cancer Care to host a series of survivorship calls open to patients and caregivers. If you click on the "Register for Upcoming Workshops" tab, constituents are able to register for upcoming webinars throughout the year. If you click on the "Listen to Past Workshops" tab, you are able to listen to any previous workshops including the survivorship series that were partnered on last spring.

Any patient can be referred at 1.800.ACS.2345 or www.cancer.org where additional survivorship information can be provided and they can be connected to national and community resources.

The American Cancer Society is here 24 hours a day, 7 days a week, to help guide you through every step of a cancer experience. Whether you've recently been diagnosed, are currently going through treatment, or are caring for a loved one with cancer, we are here with information, day-to-day help, and emotional support every step of the way. From free lodging and transportation to help making decisions about your care, we offer programs, services, and resources. Each year, we provide free information and support to the nearly 1 million people who call us at 1-800-227-2345 or who visit www.cancer.org.

Shanna Lee, Atlanta, Georgia.



Caring for Cancer...

RADIOLOGISTS WITHOUT BORDERS

Saving lives,

One Image at A Time

INTRODUCTION:

Radiologists Without Borders (RWB) was founded in upstate NY, in 2008, by Dr. Tariq Gill. After working more than thirty years as a radiologist, Dr. Gill grew tired of witnessing perfectly good imaging equipment go to waste as a result of the 'one-upping' competitive relationships between hospital and freestanding sites, fighting for imaging market share within their communities. This U.S. reality has created an overabundance of decent second hand equipment, subject to rapid depreciation and limited resale markets.

With the exception of RWB's work in Port-au-Prince, Haiti, following the 2010 earthquake, many of RWB's original projects were opportunity based: that is, available imaging equipment was discovered, and attempts were made to place it in an appropriate location. Due to the highly sensitive nature of this equipment, there was not always an obvious location ready to accept shipment, which has created logistical and financial challenges related to storage needs.

Additionally, prior to November 1, 2011, RWB did not have the appropriate state incorporation or federal tax exempt status, which severely limited RWB's ability to compete with other not-for-profit organizations seeking grants and other sources of charitable funding. Despite its legal delays, Dr. Gill has used his longstanding reputation in the communities in which he has worked, to generate substantial interest among hospital executives, physicians, medical staff, imaging manufacturers, industry leaders and other charitable organizations.

BREAST CANCER

Breast cancer is a malignant neoplasm mostly affecting women all over the world. It is second only to cervical cancer as a cause of death from cancer among women. The most commonly affected group is women over 30 years of age with the mean and median age being 60 and 61 respectively.

There are several risk factors we've learned to identify to help diagnose breast cancer more quickly. The largest risk factor includes genetic predisposition, 85% of women diagnosed with breast cancer have been found to have a mutation on the BRCA1 gene found on chromosome 17. Mutations at BRCA 2 and P53 have also been noted. Nulliparous (women who have never given birth) and women whose full term pregnancy was after 35 years of age have been found to have a 1.5 times higher risk than multiparous women (women who have multiple births). In addition, early menarche (under 12 years) and late natural menopause seem to be high risk factors. Papilloma or atypical epithelial hyperplasia fibrocystic disease can develop breast cancer when associated with proliferative changes. Women with uterine cancer have been found to have increased risk of breast cancer as well as increasing in age.

TANZANIA

In Tanzania little is known about carcinoma of the breast, which is now increasing tremendously. ORCI data shows that breast cancer ranks number two after uterine cancer in Tanzania. Diagnosis of breast cancer in Tanzania is made too late and most of the times only once it is already ulcerating. This is due to poor health education in most women and lack of the availability of medical equipment to diagnose.

Radiologists without Borders (RWB) is currently collaborating with Muhimbili University in Dar es Salaam: <http://www.muchs.ac.tz/>. In February of 2010 Dr. Tariq Gill, Brian Wetzel, and Matt Coletta traveled to Dar es Salaam, Tanzania to the university to embark on a mission to establish needs and provide expertise in Medical Imaging. In February of 2011 Lourdes Breast Care Center (in partnership with RWB) conducted a clinical education program geared toward mammography. Dr. Lulu Fundikira (Radiologist) and Catherine Semkudi (Senior Technologist) were trained at Lady of Lourdes Hospital in Binghamton, NY with Laurie Ziegler (Chief Mammographer) spearheading the program.



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RWB has delivered two mammography units to the project site (courtesy of Sywest Medical), making MUHAS's first ever Breast Cancer Screening program a reality. In February of 2013 the RWB team will travel to Tanzania to assist in installation oversight and additional training.

HONDURAS

Breast cancer is the second leading cause of death by cancer for Honduran women, after cervical-uterine cancers, of which there are about 1600 new cases annually. Breast cancer screening programs are currently nonexistent in the country. The only mammography available is for the few insured under the Government Social Security Plan or in a for profit free-standing center.

RWB has collaborated with the largest public hospital in the capital city of Honduras (Hospital Escuela) to provide mammography equipment. Now for the first time in the history of Honduras, free mammography is being offered to women.

IRAQ

RWB is currently working on a project in Iraq. Since the Iraq war began in 2003, over 4 million Iraqis have been displaced. Very little is known about preventative cancer care in this population, but stark disparities have been documented. These people are facing severe health consequences of war with danger and decrease in quality and availability of Iraqi medical care, making day to day survival paramount. As one said, "[Iraqis] are living in a state that has forced them to forget about their own lives. Here, no. An individual will pay attention to his health more ... to his food, to his health, to his sleep, to his appointments... all these things, here, you have the luxury to pay attention."

RWB is beginning to collaborate with Medical Organization for Development and Empowerment (MODE), a not for profit entity directed by Dr. Hatem Mukhlis to establish a Women's Health Program in Tikrit, Iraq. Dr. Mukhlis is an Iraqi-American physician with over 35 years of experience in Emergency Medicine. Dr. Mukhlis has been involved in many charitable causes in Tikrit. Tikrit is a town in Iraq located 140 km northwest of Baghdad on the Tigris River. The town (with an estimated population of 260,000 in 2002) is the administrative center of the Salah ad Din Governorate.

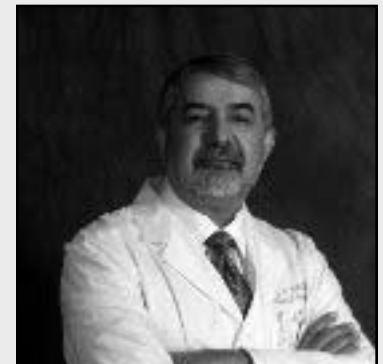
CONCLUSION:

Radiologists Without Borders (RWB) is a mission of multiplication. It is a human truth that as gifts are shared and proper stewardship is utilized that the end result will be a multitude of touched lives. Radiologists Without Borders approaches current projects and opportunities knowing that not only will the recipient be blessed but the giver as well. Knowing what one offers to someone in the world community is a treasure beyond measure.

The multiplication of gifts includes: bringing connectivity to other countries to enable radiological support from stateside radiologists, providing stateside educational advancement opportunities for Radiologists and Radiology Technicians, providing education material for multiple country radiology departments, establishing You Tube and teleconferencing capabilities for training purposes and identifying, shipping, and installing donated equipment from multiple sources in the US.

Dr. Gill is a New York-based Radiologist who also serves as a Clinical Educator in Radiology. He is a respected advisor to several national healthcare, technology, and service organizations, as well as two international universities. Dr. Gill is an advocate of business practices that put patient considerations above all, as well as superior imaging standards in the Radiology profession. He lectures extensively on wellness and preventative care measures, and has developed imaging centers featured in U.S. Health and News Report, Good Housekeeping, Red Book, and Women's Day. In 1999, Dr. Gill established the first mammography screening program for the uninsured, recognized by the American Cancer Society and the New York State Assembly. He is also responsible for the first regional free-standing mammography center (1985), the first regional practice to establish a stereotactic biopsy program (1993), and the first regional digital mammography unit (2002). Dr. Gill founded Radiologists without Borders in 2008.

Radiologists Without Borders
www.radiologistswithoutborders.com





Caring for Cancer...

Do Parsis have high cancer rates? Findings from the Mumbai Cancer Registry

Hormuzd A. Katki

It has been commonly suggested to me that Parsis have high rates of cancer. The stories I am told are anecdotal, usually involving some unfortunate relative who died of cancer at a young age. There appears to be a presumption that these “high” cancer rates are due to genetics, based on another presumption that Parsis are “inbred”. The issue of whether Parsis are “inbred” is addressed in another article in this issue of the FEZANA Journal. (page xxx) Rather than anecdotal stories about cancer, what is needed is direct data on cancer rates among Parsis.

The Mumbai Cancer Registry was established in 1963 as a unit of the Indian Cancer Society. The Registry and Society were founded and led by the pioneering cancer surgeon Dr. Dali J. Jussawalla, who was also the first to establish a Department of Chemotherapy in India at the Tata Memorial Hospital, Mumbai in 1956. The Mumbai Cancer Registry was initiated in collaboration with, and with financial support through 1975, from the Biometry Branch of the US National Cancer Institute of the US National Institutes of Health. I am proud to work in a descendant Branch of that original Biometry Branch, but see my disclaimer at the end of this article.

In 2001, researchers from the Mumbai Cancer Registry published a peer-reviewed paper comparing cancer rates in Parsis to non-Parsis.¹ The Registry has also published its latest cancer statistics for 2008.² As a cancer researcher, I will explain their findings on cancer rates in Parsis as simply and clearly as I can. I believe these findings, while not definitive, will help Parsis better understand their cancer risks.

THE SCIENCE

The goal of the Mumbai Cancer Registry is to collect information on every cancer diagnosed every year in the Greater Mumbai area. Staff members visit the more than 100 cooperating hospitals and nursing homes regularly to interview cancer patients and examine their medical records. The crude rate of cancer is simply the number of cancers diagnosed divided by the total population. The total population is known from the decennial Census of India. Cancer risks calculated using Registry data are based only on Parsis living in Mumbai, but the plurality of Parsis worldwide live in Mumbai.

Cancer risks are typically represented as per 100,000 people per year. Over 1993-1997, Parsi men had a crude cancer rate of 130 cancers per 100,000 Parsi men per year, as compared to a rate of 71 cancers per 100,000 non-Parsi men per year.¹ Similarly, Parsi women had a crude cancer rate of 225 cancers per 100,000 Parsi women per year, as compared to a rate of 80 cancers per 100,000 non-Parsi women per year. ¹ **Thus crudely, Parsis do indeed have higher cancer risks than non-Parsis in Mumbai.**

However, crude cancer risks do not account for the fact that Parsis live much longer than non-Parsis, and are thus more likely to attain old ages where cancer naturally becomes a leading cause of death. For example, the leading cause of death in non-Parsi men in Mumbai in 1989 was tuberculosis¹, a disease that I expect hardly any Parsis died from. For non-Parsi women, the leading causes of death were pneumonia and obstetric/perinatal mortality¹, from both of which I expect that Parsi women are much less likely to die from.

A better measure of cancer risk is the age-adjusted cancer rate, which averages the age-specific cancer rate for every age. For example, the age-adjusted cancer rate averages the crude cancer rates for people aged 30-39, with the rate for people age 40-49, with the rate for people aged 50-59, and so forth. The key point is that the age-adjusted rate is free



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from problems related to some people not living as long as others, because it averages over age-specific rates, each of which only includes people of roughly the same age.

The age-adjusted cancer rate for Parsi men was 71 cancers per 100,000 Parsi men per year, as compared to an age-adjusted rate of 120 cancers per 100,000 non-Parsi men per year.¹ Similarly, Parsi women had an age-adjusted cancer rate of 120 cancers per 100,000 Parsi women per year, as compared to a rate of 121 cancers per 100,000 non-Parsi women per year.¹ Thus, after accounting for the fact that Parsis are much less likely to die young from tuberculosis, pneumonia, obstetric/perinatal mortality and other causes of death predominant in non-Parsis, these data support the thesis that Parsis do not have higher cancer risks than non-Parsis in Mumbai.

Different types of cancer are more likely or less likely to occur in Parsis. Cancers associated with poverty are less likely to occur among Parsis: oral cancers and lung cancer (likely reflecting the lower usage of tobacco products and betel quid chewing among Parsis), and cervical cancer (caused by human papillomavirus). Parsis have higher rates than non-Parsis of cancers associated with Westernization, such as breast cancer (45 vs. 28 per 100,000 women per year)¹ and ovarian cancer (18 vs. 6.6 per 100,000 women per year)².

Breast cancer is the most common cancer in Parsi women and Indian women generally (although more Indian women die from cervical cancer than breast cancer)³. Breast cancer has been singled out to me as a cancer especially common in Parsis. While breast cancer appears to be more common in Parsis than non-Parsis, the difference is not dramatic. People have also confided to me that Parsi “inbreeding” is responsible for our high breast cancer rates, but genetics appears to account for no more than 10-20% of all breast cancers in general⁴. Instead, most breast cancer is likely due to lifestyle factors (late age at first childbirth and having fewer children) but most predominantly, unknown lifestyle or environmental factors. Most of the genes responsible for breast cancer risk remain unknown or only slightly increase risk. However, there are mutations in some genes that predispose women to high risk of breast and ovarian cancer, such as mutations in BRCA1 or BRCA2. Any woman concerned about her family history of breast cancer, and especially ovarian cancer (which is more deadly than breast cancer), in her mother or sisters should seek counseling from a clinician specializing in clinical cancer genetics.

The biggest drawback of data from the Mumbai Cancer Registry is that it is likely to miss many cancers occurring in Mumbai. For example, in 2008, the Registry recorded a total of 110 cancers in Mumbai Parsis.² It is hard to believe that so few cancers would occur in the Mumbai Parsi community in one year. Thus is it quite likely that the cancer rates reported by the Registry are underestimates. However, the comparison of rates between Parsis and non-Parsis remains valid, so long as cancers in both populations are equally likely to be recorded. Presuming that cancers among people living in poverty are less likely to be recorded, I might expect that cancers in Parsis are more likely to be reported to the Registry than cancers in non-Parsis. If so, this implies that the comparison of Parsi versus non-Parsi cancer rates would artificially favor the Parsis as having the higher rate. Thus, I expect that the main finding, which showed similar or lower rates among Parsis versus non-Parsis, would be strengthened if the Registry were perfect.

MY OPINION

The value of statistics is that it can test presumptions and anecdotes and move our thinking closer to the truth. The available data suggests that Parsis do not truly have higher cancer risk than other Indians. Parsis may seem to have high cancer risk, but only because Parsis are fortunate to live long lives. Dadar Ahura Mazda!

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Hormuzd Katki is a statistician and cancer researcher who does research in clinical genetics and cancer prevention in the Washington DC area. The opinions expressed in this article are solely his and do not represent those of his employer or anyone else.



Caring for Cancer...

The Economic Costs of Cancer

The personal and societal costs of cancer are enormous and heartbreaking. Until recently, however, there has been less focus on the economic costs associated with cancers, including opportunity costs associated with lost employment, caregiver burdens, and diversion of resources from other activities. This is particularly important in the context of low- and middle-income countries where dollars spent on care and treatment of patients with cancer are not available to be used to build infrastructure, schools, or provide other preventative healthcare services, and where the death or illness of individuals in their prime years can have significant consequences on economic viability of families and communities.

Cancer is well-known to be the leading cause of death worldwide (followed by heart disease and stroke); perhaps less well-known is the fact that, according to the American Cancer Society (ACS), cancer has "...the greatest economic impact from premature death and disability of all causes of death worldwide...".

In their 2010 report, ACS estimates that the cost of this premature death and disability worldwide is \$900 billion. This represents approximately 1.5% of the global gross domestic product. Importantly, this figure represents only economic losses, not the direct medical costs (e.g. medications, doctors, hospitals, palliative care services etc) associated with treatment itself. When these direct medical costs are included, the overall economic cost of cancer becomes even more significant, approaching \$1.5 trillion.

The economic losses associated with cancer are staggering: the lost years of life and productivity caused by cancer represent the single largest drain on the global economy, even when compared to other causes of death including war, infectious diseases (such as HIV/AIDS) and other medical conditions. According to the World Health Organization, low- and middle-income countries experience a disproportionate burden with respect to economic loss: cancers of the mouth and throat, lungs, cervix and breast are reported to have the greatest impact. In these countries, social safety nets may be less well developed and these cancers tend to strike individuals during their prime family-raising and employment years. Beyond the emotional and personal burden associated with a diagnosis of cancer, the loss of employment income and caregiving activities causes profound issues. Worldwide, it is estimated that in 2008, 7.6 million people died from cancers of all kinds; over 60% of these deaths, and close to 60% of the approximately 12.4 million cases of cancer diagnosed each year occurs in developing countries where access to quality health and palliative care may be severely constrained and where other financial and community supports for families and caregivers may be marginal or non-existent.

Table: % National GDP Economic Loss due to cancer-related conditions

Country	% national GDP Loss	% national GDP Loss due to smoking-related cancers
India	-2.9%	-1.5%
South Africa	-3.1%	-1.9%
Brazil	-3.3%	-2.1%
Philippines	-3.2%	-2.0%

The World Health Organization is increasingly aware of the uneven distribution of economic losses due to cancer across the globe. For example, in the United States (which has in absolute dollar terms the highest economic losses), cancers cost the country approximately 1.73% of its GDP. But cancer in Hungary, with its much smaller population, economy and less well developed financial and community supports for families and caregivers, the economic toll of cancer is estimated at 3.05% of national GDP. WHO estimates that more than twenty five middle-income countries lose more than 2% of their national GDP annually to death and disability directly attributable to cancer. These losses have a major knock-on effect as it represents money that is not available to actually support national development needs and priorities; in short, the economic burden of cancer and other diseases is actually preventing countries from moving out of low- and middle-income status.

Fortunately, there are opportunities to learn from the experience of high-income countries and to undertake public health interventions and education to begin to address these problems. For example, cancer of the lung, bronchus and



Caring for Cancer...

trachea alone account for ~\$200 billion of economic drain on the global economy. In most cases, these cancers are directly attributable to smoking - and it is well established that on average smokers will die 15 years earlier than non-smokers in low- and middle-income countries. By 2020, WHO estimates that, worldwide, eight million people will die from tobacco related cancers alone, with over 80% of these deaths occurring in low- and middle-income countries. Further, cancers from second-hand smoke will kill over 200 000 more people. Health promotion strategies that have successfully been implemented in high-income countries to reduce smoking rates could have a significant impact on these figures, and result in significant economic savings.

Cervical cancer is a preventable and treatable form of cancer that also disproportionately affects those in low- and middle-income countries. ~300 000 women die each year from cervical cancer, with 80% of these deaths occurring outside North American and Western Europe. Importantly, cervical cancer tends to affect family structures most significantly, depriving children of mothers and families of economic and financial stability. According to the World Bank, cervical cancer alone accounts for more than 10% of the economic losses associated with all cancers, mainly due to the knock-on effects of the loss of mothers and grandmothers from families and communities. Unfortunately, the majority of women in low-income countries may not have access to preventative care interventions (such as vaccinations) or early diagnosis and treatment options that have known success. The routine human papilloma virus immunization, and screening and treatment that women in high-income countries may take for granted is simply not available, and the personal and economic consequences of this disparity are significant. Fortunately, the interventions required to bring low- and middle-income nations to the same level as high-income nations are cost effective and increasingly available and there is reason to hope that within a generation, the scourge of cervical cancer may be attenuated worldwide.

The experience of lung and cervical cancer suggests there are opportunities to address health disparities and economic losses associated with cancer across the globe. Public health researchers and economists estimate that, in 2008, over 83 million years of "healthy and productive life" were lost due to death and disability linked to cancer. These losses are tragic for families and communities, and a significant impediment to economic growth in low- and middle-income countries. The fact that many cancers strike individuals during their prime economic and family-raising years produces a series of economic consequences that must be addressed at the national and international levels. Fortunately, coordinated work by different agencies is now underway, in an attempt to target specific cancers (such as lung and cervical) through public health interventions in a cost-effective and beneficial manner. Still, on-going research is required to identify other valuable interventions which could be implemented, to ensure the economic consequences of cancer are mitigated and (more importantly) the personal and social toll of this illness is minimized worldwide.

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Caring for Cancer...

Cancer...

The Financial Implications

JIMMY BHARUCHA

Unfortunately, more than one million people in the United States are diagnosed with cancer each year. Hearing the diagnosis can be one of the most dreaded day of your life. After the initial shock and denial wears out, fear and anxiety sets in. Soon you begin accepting the inevitable, and gradually start coping with the various aspects of this disease.

There are many manifestations and far reaching issues linked with the management and treatment of cancer. In addition to the medical, emotional, physical and spiritual aspects, there is one major aspect that is often overlooked – the financial. This implication carries the threat for both you and your family, by depleting your life's savings. The timing and stage of progression of the disease, along with the onset age, play a large role in coping with the financial burden directly associated with cancer care. Thanks to the advancements in treatment, availability of support groups and encouragement from cancer survivors, the chances of recovery and the prolonged management of the disease has significantly increased. This, in turn, has resulted in a much longer convalescent period and a need for greater funds, to pay for such ongoing care.

While none of us can predict whether cancer will strike our families, we can take appropriate measures to safeguard our loved ones, from the possible financial impact, when we are in good health. With the proper insurance products and other legal, tax and financial instruments in place, we can help alleviate this potential financial burden.

When diagnosed with cancer, patients often think about these five major concerns:-

1. What will happen to my spouse and children? Do I have enough life insurance?

For optimal life insurance protection, a policy needs to be in effect before diagnosis occurs. Once diagnosed, policies can cost 100 to 200% over normal premiums, or you can be denied coverage altogether.

2. What if I am unable to work and have a sudden loss of income?

With no incoming pay check, you must have a plan to continue to pay for your house mortgage and other fixed and incidental costs. To compensate for sudden loss of income, especially for the major income producing member of the family, adequate Disability Income Insurance is a must. This is also very important for self-employed persons, who do not enjoy any employer group disability protection.

3. What if I need 24hr assistance to cope with the activities of daily living?

Depending on how the disease has progressed, patients may need help with their daily activities of living, such as bathing, eating, dressing, toileting, continence and transferring. Unfortunately, Medicare does not offer this assistance. In a long and prolonged sickness, a comprehensive, tax-qualified Long-Term Care Insurance policy, may prove to be a valuable asset.

4. What if I need a lump sum of cash for some new or experimental treatment plan?

If you have low income and do not have enough savings or other assets to liquidate for immediate cash, you may consider buying a Critical Illness Insurance policy. This type of coverage gives the policy insured a lump sum of money on the very first diagnosis of cancer, and many other critical medical conditions as defined in the policy. This is a valuable benefit to have when large sum of funds are required in a short period of time.

5. What if I cannot work, and lose my Health Insurance coverage at work?

When you lose your work-based medical insurance, or you leave your job, you have the option of keeping your current medical coverage through a program called **COBRA**.

Cobra is a federal law, that allows you and your family to keep your employee health coverage for a limited time, usually



Caring for Cancer...

18 months. Your employer does not pay for this, but you have to pick up the full cost. Cobra requirements apply to employers with 20 or more employees only. All members of your family who were on the current plan, will also be eligible on the new Cobra plan. You have 60 days, after your last day of coverage, to sign up for Cobra. You also have "Conversion" coverage and special other rights to buy individual health coverage as a "HIPAA Eligible Individual".

It is advisable to make sure, that all your above insurance policies – *Life, Disability, Long Term Care, Critical Illness and Health Insurance*, are in effect and in good standing, when you are in good health.

However, if you do not have insurance coverage, and you are already diagnosed with some form of cancer, you should still consider applying for coverage, because many insurance carriers are now aggressive enough to underwrite several cancer risks, but such protection is generally offered at a very high rated premium.

Another way of generating immediate access to funds is through the sale of your existing life insurance policy. This is called Life Settlement. When one has a very short, defined life expectancy (i.e. 3-5 years), and that person can no longer afford to continue paying his regular life insurance premiums, the insured can opt to sell his current life insurance policy. In essence, your policy is sold to a third-party, for immediate funds greater than its cash surrender value (the funds you would get on surrendering the policy), but less than its death benefit (the funds your beneficiary would get upon your death, if the premiums are continued to be paid). There are, however, a few tax implications associated with such a sale, and hence should be executed by a reputed firm specializing in such transactions. When structured correctly, Life Settlement transactions can present a viable solution for immediate funds.

As an integral part of advanced planning, you may also consider executing a Living Will, Power of Attorney, your Last Will and Testament and any other Trust arrangements. You should seek the services of a competent tax advisor and/or estate attorney who can navigate you through the tax, legal and financial issues, and offer viable solutions relevant to your situation. This in turn, provides you with peace of mind, and facilitates in a smooth and easy transfer of your assets to your loved ones, in a tax-efficient and cost effective way.

Learning that you have cancer is devastating and beyond your control, but you do have the ability to plan in advance and take the necessary and corrective steps to lessen the financial impact associated with the treatment of the disease. While we all pray to stay healthy, we must use the tools available to safeguard ourselves and our families, when we enjoy good health. As you plan ahead into 2013 and beyond, please take some time to review your own portfolios, and check to make sure you have the proper insurance policies and protection in place.

For additional information, please refer to these links from--- **The American Cancer Society**.

1. www.cancer.org/treatment/supportprogramsservices/index
2. www.Whatnext.com (cancer support network)
3. www.Circleofsharing.com (personalized cancer information)
4. www.HealthCare.gov (this site is managed by the US Dept. of Health and Human Services, and explains key parts of the new law, and how to obtain medical coverage, if you have a pre-existing condition)..

For more specific information and consultation, please contact:--

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IN THE NEWS

MOBEDYAR CEREMONY IN LONDON, ONTARIO-----A HISTORIC AND MEMORABLE EVENT

Ervad Tehemton Mirza



On Roj Sarosh Mah Tir 1382 YZ, December 2, 2012, **Guloo Austin and Aspi Dorabjee** were initiated as Mobedyars in London Ontario under the watchful eyes of the representatives of North American Mobed Council (NAMC) *In photo above Ervad Tehemton Mirza with Mobedyar Guloo Austin on his right and Mobedyar Aspi Dorabjee on his left.*

As outlined by NAMC regulations, a **“Mobedyar” is not a “Mobed”; nor a replacement of a Mobed. Mobedyar is an assistant to a Mobed.** It is a Mobedyar’s role to assist a Mobed in his duties of performing various ceremonies (viz. Jashan, Afringan, Satum, Navjote, Wedding etc). Only in the absence of a Mobed, a Mobedyar can perform certain basic ceremonies like Jashan, Afringan, Farokshi, Satum and funeral ceremonies throughout North America. A Mobedyar cannot perform Weddings, Navjotes or Inner liturgical ceremonies (Yasna, Visparad, Vandidad, Baj, Boi etc.).

It took more than two years of extensive training under the mentorship of Ervad Tehemton Mirza for Guloo Austin and Aspi Dorabjee to complete NAMC requirements of a Mobedyar and to prepare for this initiation.

The day started early for Guloo and Aspi. In preparation of this “Mobedyar” initiation ceremony and as set out by the NAMC protocol, Guloo and Aspi had to undergo a “Nahan” ritual, or a spiritual and physical purification process. During this Nahan, they chewed a “pomegranate leaf” and sipped “Nirang” while reciting “In khurram, in pakieatan, yozdathre ravanra” meaning “I drink this for the purification of my body; for the purification of my

soul”. They also recited “Patet Pashemani” (repentance of sins) to purify their mind in preparation for their initiation.

Once physically, spiritually and mentally pure, they recited their basic compulsory prayers (farajyat) of Kusti, Sarosh Baj, Haaven Geh, Khorshed and Meher Nyesh.

Ervad Kobad Zaria, President of the NAMC examined them in their competency in Jashan and Afringan ceremonies.

Listing their community service and involvement, Guloo and Aspi were introduced by Ervad Tehemton F. Mirza to a congregation of about 40 Zarthostis of London, Ontario & surrounding areas and to the representatives of NAMC.

As representatives of NAMC, *Ervad Kobad Zaria, Ervad Nozer Kotwal, Ervad Noshir Mirza and Mobedyar Khushroo Mirza* had travelled long distances to examine the candidates and attend this ceremony.

Guloo and Aspi performed a Jashan ceremony with offering reverence to the holy fire by reciting “Atash Nyesh”, followed by “Doa Naam Satayeshne” to offer homage unto Ahura Mazda, the Lord of Wisdom. As customary in London, Ontario congregation, the entire congregation stood in reverence to the holy fire while they recited these prayers. Thereafter, they invoked the blessings of “Ahura Mazda” for thanksgiving, “Dahm yazad” for prosperity and “Sarosh yazad” for protection. Finally, they blessed the congregation with “Aafreen”. To prove their competency, Guloo and Aspi alternated as “Joti” and they recited the “Dibacho” aloud for “Dahm” and “Sarosh” kardo. They also alternated in reciting the “Aafreen”. The entire congregation joined in as they recited “Din no karmo” and “Tandoorasti”.

On satisfying themselves of Guloo and Aspi’s competency in the requirements of a Mobedyar as set out by NAMC, *Ervad Kobad Zaria presented them their “Mobedyar” certification and pronounced them “Mobedyars”.*

The members of the congregation greeted the new “Mobedyars” with standing ovation, presentations and felicitations.

Zarthosti ladies of London, Ontario, under the leadership of Zenobia Anary and Zenobia Mirza, served a delicious seven course lunch and “Sev, Dahi and Ravo” to conclude this memorable and historic event.

IN THE NEWS

THE CITY COLLEGE OF NEW YORK (CCNY) HONORS PROF. KAIKHOSROV IRANI FOR A REMARKABLE 61 YEAR ACADEMIC CAREER

Khursheed Navder, ZAGNY

On June 13th, 2012, on his 90th birthday Professor, Kaikhosrov Dinshah Irani, was honored by the City College of New York (CCNY) with a Faculty Service Award for his incredible career spanning six decades and for touching and inspiring generations of students during that time..The members of the Zoroastrian Association of Greater New York (ZAGNY) proudly celebrated this jubilant, milestone event with him.

CCNY President, Lisa Coico, on felicitating Prof. Irani with this honor spoke glowingly about his distinguished career as a philosopher, scholar, chair, teacher and mentor. He has been a source of continuous cultural and intellectual enrichment and encouragement, not only for students of philosophy, but for all students, who had the privilege of interacting with him. She continued that the interests of KD (as he is popularly known) are diverse -- on one hand he is an expert on ancient civilizations and religions (especially Zoroastrianism); and on the other, he is adept on philosophical issues in modern physics, which led him to work with Einstein.

One of his prodigious alumni, an anonymous Scandinavian who became a successful chemical engineer, had credited KD's influence as essential to his own achievements, and had bequeathed two million dollars for The Irani Fellowship in 1999. This fellowship continues to enrich the lives of CCNY students via contact with distinguished visiting philosophers.



L to R: Khursheed Navder, Ervad. Pervez Patel, Prof. Kaikhosrov Irani, Natalie Vania and Rusi Gandhi, Photo of young KD on Table



ZAGNY members celebrating this milestone with Prof. Irani

Many of CCNY's distinguished alumni, who have gone on to achieve great success and to make important contributions of their own, remember KD especially well and fondly.

The Albert Einstein Connection

Kaikhosrov Dinshah Irani was born on May 1, 1922 in Mumbai, India, and moved to USA in 1947 to continue his studies in Physics at Princeton University where he was taught by Albert Einstein, and it was Einstein's letter of recommendation that led him to get appointed at CCNY in 1950. He married Piroja Irani in 1953. KD has consistently manifested all the intellectual and humanistic qualities that Einstein prized him with, and which Kaikhosrov in turn stimulated in so many generations of CCNY students and alumni. He taught philosophy at CCNY for 41 years and has been Professor Emeritus ever since. In Spring 2012 at the age of 90 Prof. Irani completed his final class at CCNY. A remarkable achievement indeed.

The Faculty Service Award from the Alumni Association was a fitting close to his historic career.

CONGRATULATIONS DEAR PROF KAIKHOSROV, A GRATEFUL NORTH AMERICAN COMMUNITY SALUTES YOU AND THANKS YOU FOR BEING OUR ANCHOR, OUR MENTOR, OUR INSPIRATION, OUR FRIEND AND ENRICHING OUR LIVES WITH YOUR SUCCINT AND LIVELY PRESENTATIONS FOR ALL THESE YEARS... Editor Dolly Dastoor

IN THE NEWS

Presentations by Two Scholars mark the Zoroastrian Association of Houston Celebration of FEZANA's 25th Anniversary.



As a founding member of FEZANA, the Zoroastrian Association of Houston (ZAH) celebrated the 25th Anniversary of FEZANA in grand style on Saturday, October 27, 2012. **FEZANA President Katayun Kapadia and husband Kersi** were the honored invitees. The celebration started with talks by two reputed scholars from California during the day (sponsored by the ZAH Library Committee), and a gala dinner and entertainment program in the evening.

Dr. Touraj Daryaei, Professor at the University of California, Irvine, spoke on: *"The Sasanian Empire and the Creation of a Persianate Identity"*. Dr. Daryaei covered the history of the Sasanian Empire, from its beginning with Ardeshir to its fall during Yazdgerd III. The emphasis was on the cultural and intellectual achievement of the Sasanians and their contribution to world civilization. Their promotion of learning, specifically in body and mind, was the main focus of the discussion.

Dr. Yuhana Vevaina, with a doctorate from Harvard University, teaches a number of courses on ancient Iran and Zoroastrianism at Stanford University. His talk was titled: *"Knowledge from the Teachers of Old Zoroastrian Theology and Religious Practices in late Antiquity"*. Dr. Vevaina fascinated the audience with an understanding of Classical Zoroastrianism as laid out in "The Book of Advice of Zarathushtra".

It was evident from the extended question-and-answer session that followed each talk that the audience was engaged and interested.

The next morning, Sunday October 28, featured an informal roundtable discussion with the two scholars. It was heartening to see our youth turn up and participate in the discussion that covered a wide range of topics – from translations of the Gathas, to Evolution/Creation, and the study of Zoroastrianism in high schools.



IN THE NEWS

The ZAH Library, which is home of **FIRES**, is one of the few organizations in North America that periodically invites scholars in Zoroastrian studies to further the knowledge of the community not only in the religious aspects of the faith, but also in Zoroastrian history and culture. Our two speakers helped us tremendously to accomplish what we have set out to do. Through this rare opportunity to connect directly with distinguished scholars like Dr. Darayee and Dr. Vevaina, ZAH members gained access in a few hours to the knowledge and wisdom that the scholars have accumulated through years of learning and study.(photo above The ZAH library committee)

Later that evening the Gala started out with an entertainment program by ZAH's local talent who put on a natak that incorporated FEZANA's 25th anniversary. Orchestrated by **Kamalrukh Gandhi**, the event was filled with humor, music and dance and was a sheer delight to

watch. The evening continued with FEZANA representative **Sarosh Collector** reflecting upon the major role ZAH has played in FEZANA over the years. **Aban Rustomji, chair of FIRES**, talked about the future of FIRES as the premier informational resource for Zoroastrian Studies in North America. FEZANA's President Katayun Kapadia presented the organization's history, activities and her vision for the future. She also presented two **FEZANA Academic Scholarship Awards to Houston students Firoozeh Roointon and Nikita Engineer**. A scrumptious dinner was a fitting end to the day's events.

Jangoo Mistry,
Zoroastrian Association of Houston

Khurshid Mistry

wins National Road Race 10 KMS Race in 52 minutes.

Masters Athletics of Maharashtra had organized the Masters National Road Races on November 25, 2012 at Thane. Around 500 athletes from various states of the country participated in the Nationals.

Ms Khurshid Mistry represented the State of Maharashtra and won the 10 kms National Road Race in 2nd position. She completed 10 kms in 52 minutes.

This time the competition was tough for her because she was running in the age group of 30+ which was much lower than her age category.

This is her second achievement in long distance running for this year. In January 2012 she had won the Standard Chartered Mumbai Marathon 2012- Half Marathon under the Veteran Category. She completed 21 kms in 1hour 53 minutes and secured 3rd position (2nd Indian women in the category). Thereafter in the month of March 2012 she won 3 Gold Medals in State Level Meet for 100mts, 200mts and 400 mts sprints.

Ms Khurshid Mistry is basically a Sprinter who has won a number of accolades in 100 mts, 200mts and 400mts in various competitions in State, National and International level during the last four years. Recently she has also started running the Marathon. She trains daily with her coach **Mr Dinanath Maurya at Priya Darshini Park**. She is working as an Associate Vice President at UTI Mutual Fund. Regarding her achievement Khurshid said, "*When I have to run the Marathon, at least three months before the event I need to stop my speed training and start long distance endurance training. The transition is not simple and requires a lot of hard work and self motivation*"

Source Zoroastrians.net



IN THE NEWS

Diamond Jubilee Medals

The Diamond Jubilee medal was created to mark the 60th anniversary of Her Majesty Queen Elizabeth the second's accession to the Throne. It basically recognizes the contributions of people to making Canada a better place, people who have given long standing and dedicated service to their community be it, chosen field, place of work, charitable organizations, commitment to participate on Boards and Commissions, etc.

Two outstanding Zarathushtis were recognized for this distinguished award: **Dr Dhun F Noria, MBBS, FRCP, (C) Scarborough, Ontario**
Ms Bella Tata, Vancouver, BC



DR DHUN NORIA

On June 24, 2012 **Dr. Dhun Noria** was honored by receiving Queen Elizabeth's Diamond Jubilee Medal for dedicated, unwavering and meritorious services to people of Canada and Ontario. Dr. Dhun Noria is the Chief of Laboratory Medicine at The Scarborough Hospital and chaired the Metro Toronto District Health Council during the critical time of the restructuring of 44 Hospitals in Toronto. Dr. Noria is a Trustee of University Health Network and Yee Hong Centre for Geriatric Care. She is a Provincial appointee on the Toronto Police Services Board.

Dr. Noria has a life-long commitment and distinguished service record within various community organizations serving the South Asian, Chinese, Sri Lankan, Zoroastrian and mainstream Canadian communities. She has received 25 year Teaching and Service award from University of Toronto in recognition for her volunteer activities in Canada, India and USA.

On May 12, 2011 Dr. Noria was inducted in the Scarborough Walk of Fame and a year later in May 2012 the Ontario Medical Association which represents 21,000 physicians in Ontario gave her the President's Award for her life time achievements in health care sector, humanitarian and voluntary activities. Dr. Dhun Noria believes in giving back to the community and has volunteered in several areas for the well being of Canadians despite being a two time cancer survivor (see page 31)

MS BELLA TATA

On November 20, 2012 **Bella Tata** received the Diamond Jubilee medal for her outstanding contribution to Canada and her community, in a special ceremony hosted by the Deputy Minister, Industry Canada, Mr. John Knubley, and members of the Departmental Executive Committee. (photo right) Bella has been working as an Executive Assistant to the Executive Director, Pacific Region, Industry Canada for many years; having joined the federal government almost 30 years ago. This is her third and final medal. She had received two Community Contribution Awards in 2005 and 2011, and the FEZANA Humanitarian Award in 2002.

She was the secretary of Zoroastrian Society of British Columbia (ZSBC) from 1996 to 1998 and President from 1998 to 2000. and chaired the 8th North American Zoroastrian Congress in 1992. Bella was the first FEZANA Congress Committee Chair, and chaired the FEZANA Awards Committee before the late Dinshaw Joshi took over. Bella Tata is the architect of the TORs for FEZANA and the World



IN THE NEWS

Congress in Houston. Bella says "I am just an ordinary person with a big heart, and that is the gift passed on to me by my parents, for which I take no credit. I have a wonderful sister, brother-in-law, partner, friends, ex-bosses, colleagues. I draw from you all and give back what my heart tells me to".

Bella's name is synonymous with "**Service**" She is very generous with her time in the service of the community and there may not be a single person in Vancouver who has not benefitted directly or indirectly from Bella

Congratulations to these two wonderful ladies, the community is proud of you. **Dolly Dastoor Editor**

Governor General's History Awards for Excellence in Teaching

Winners of the 2012 Governor General's History Awards for Excellence in Teaching were announced on November 7th 2012



From left Stefano Fornazzari San Martin, Daraius Bharucha and His Excellency The Right Honourable Governor-General of Canada, David Johnstone.

and **Daraius M. Bharucha, President of the Zoroastrian Society of Ontario**, was one of the recipients presented with this honour. **Congratulations Daraius**

The Governor General's History Awards established in 1996, by Canada's National History Society, recognizes excellence in teaching Canadian history and honors exceptional achievements in five areas: teaching, scholarly research, popular media, museums, and community programming. The Governor General's History Awards for Excellence in Teaching for 2012

was awarded to six recipients one of whom was Daraius Bharucha, who teaches at Bill Crothers Secondary School in Unionville.

The award is given each year to select teachers across Canada for their innovative and interactive teaching concepts and contributions to the landscape of history education in Canada. This year, Daraius and his colleague, Stefano Fornazzari San Martin, were nominated as a team who use multimedia to connect their students' family experience of immigration with major periods of Canadian history through a project called "My Place in Canadian History: Digital Storytelling with Historical Thinking Concepts".

The submission process includes external nominations, submission and rationale of work, a lengthy written statement of teaching philosophy, articulation of practice, student submissions and references, filming of teaching practice and interviews. An anonymous panel of university professors, archivists and educators across the country judge the submissions and applications each year. In addition to the medal, there is a cash award to the recipients as

well as their school, along with an all-expenses paid trip for two to the awards ceremony.

On December 10th 2012, Daraius, along with the other winners, received his medal from His Excellency The Right Honourable David Johnston, Governor General of Canada, at Rideau Hall in Ottawa. Daraius gave the acceptance speech on behalf of all the Teaching Awards recipients. Later that day, all the award recipients were honored in the House of Commons when the Speaker announced their presence in the gallery. This was followed by a reception with other Members of Parliament, with media activities such as interviews for radio and print.

Daraius and his colleague Stefano have chosen to use the prize money to establish an annual scholarship at their school, Bill Crothers Secondary School, in Unionville, Ontario, for graduating students pursuing post-secondary studies in history.

In 2005, on graduating from York University, *Daraius was the recipient of the Governor General's Academic Medal for excellence at the undergraduate level.*

IN THE NEWS

NINA GODIWALLA inducted in the TEXAS WOMEN'S HALL OF FAME.

On October 12, 2012, Nina Godiwalla was inducted into the Texas Women's Hall of Fame by Governor Rick Perry. Nina was one of five inductees recognized for her contribution in the field of Business.

The Texas Women's Hall of Fame was established in 1984 by the Governor's Commission for Women, to recognize and honor the State's most accomplished women. Inductees have been first ladies, astronauts, athletes and teachers. For this biennial ceremony, Texas residents submit nominations and a bi-partisan, independent panel of judges selects the recipients for induction into the Hall of Fame.

Nina is often sought as an international speaker on leadership, diversity and women in the corporate world and is featured frequently on national media as an expert on business and women's issues. She serves as an industry leader for the White House and the Wall Street Journal Executive Task Force for Women in the Economy, a writer for the Wharton magazine, a leadership instructor for UT Austin's McCombs School of Business MBA program. Nina is a mother and a wife.

Nina Godiwalla is the author of "Suits, A Woman On Wall Street".

Source. ZAH newsletter

The Cyrus Cylinder travels to the US

First declaration of human rights' to tour five cities in the United States'

The Cyrus Cylinder is one of the most famous objects to have survived from the ancient world. The Cylinder was inscribed in Babylonian cuneiform (cuneiform is the earliest form of writing) on the orders of the Persian King Cyrus the Great (559-530 BCE) after he captured Babylon in 539 BCE. It is often referred to as the first bill of human rights as it appears to encourage freedom of worship throughout the Persian Empire and to allow deported people to return to their homelands. The cylinder was found in Babylon in modern Iraq in 1879 during a British Museum excavation and has been on display ever since.

The Cyrus Cylinder is truly an object of world heritage, produced for a Persian king in Iraq and seen and studied for over 130 years in the British Museum. It is valued by people all around the world as a symbol of tolerance and respect for different peoples and different faiths, so much so that a copy of the cylinder is on display in the United Nations building in New York. The Museum has previously lent the Cylinder to the National Museum of Iran in 2010 - 2011 where it was seen by over one million people. This tour will provide the first opportunity for a wide US audience to engage with this unique object of world importance.

The Cylinder will travel with an exhibition of 16 objects under the title 'The Cyrus Cylinder and Ancient Persia'. The exhibition shows the innovations initiated by Persian rule in the Ancient Near East (550 BC-331 BCE). The Persian Empire was then the largest the world had known. It had a huge impact on the ancient world, introducing changes in



Photo above FEZANA United Nations NGO Committee Co-Chair, and VP Homi D. Gandhi holds up a replica of the Cylinder of Cyrus at the closing session of the 16th NAZC urging member associations and small groups of FEZANA to subscribe to the idea of using the iconic symbol from the Achaemenian dynasty lifting up respect for religious freedom and human rights in the local jurisdictions where they live.

The British Museum announces that one of its most iconic objects, the Cyrus Cylinder, will tour to five major museum venues in the United States in 2013. This will be the first time this object has been seen in the US and the tour is supported by the Iran Heritage Foundation.

IN THE NEWS

terms of ethical behavior as witnessed in the proclamation on the Cyrus Cylinder. A gold plaque from the Oxus Treasure with the representation of a priest shows the spread of the Zoroastrian (Zarathushti) religion at this time. Persian kings also introduced a new writing system, Old Persian cuneiform, as seen on part of a column base from Hamadan, and on the famous seal of Darius (522-486 BCE). They also developed new forms of luxury goods including beautifully decorated gold and silver bowls and sumptuous gold bracelets featuring fantastic animal shapes, some of them from the Oxus Treasure.

The tour will debut at the **Smithsonian's Arthur M. Sackler Gallery in Washington DC** in March (March 9 to April 28) before travelling to the **Museum of Fine Arts in Houston**; (May 3 to June 14,) **The Metropolitan Museum of Art, New York** (June 20 to August 4) **the Asian Art Museum, San Francisco** (August 9 to September 22) and will conclude at the **J. Paul Getty Museum at the Getty Villa Los Angeles** (October 2 to December 2) The exhibition is curated by John Curtis, Keeper of Special Middle East Projects at the British Museum and curatorial colleagues at each of the venues.

Neil MacGregor, Director of the British Museum said, "You could almost say that the Cyrus Cylinder is A History of the Middle East in one object and it is a link to a past which we all share and to a key moment in history that has shaped the world around us. Objects are uniquely able to speak across time and space and this object must be shared as widely as possible. I am delighted that it will travel to the US and am hugely grateful to both our US partners and the Iran Heritage Foundation for making this possible."

John Curtis, Keeper of Special Middle East Projects at the British Museum said "The Cyrus Cylinder and associated objects represent a new beginning for the Ancient Near East. The Persian period, commencing in 550 BCE, was not just a change of dynasty but a time of change in the ancient world. Some of these changes and innovations are highlighted in the exhibition."

Alireza Rastegar, Chairman of the Board of Trustees of Iran Heritage Foundation America, said "Iran Heritage Foundation is proud to be partners with the British Museum and leading US venues in bringing this magnificent exhibition to the United States. The Cyrus Cylinder and its message of respect for diversity and

universal human rights carries a timely message about tolerance for all of us today. We are very grateful to the Iranian American community who have supported us in this endeavor and are looking forward to a positive reception as the Cylinder tours the US."

Jay Xu, director of the Asian Art Museum, said, "The San Francisco Bay Area is home to both the signing of the United Nations Charter and the birth of the Free Speech Movement, major pillars supporting human rights and civil liberties. The Asian Art Museum is proud to partner with the British Museum and our US museum partners to bring the Cyrus Cylinder to San Francisco. This important object not only provides a foundation for understanding the ancient world, but also a touchstone for continued efforts to strive for common human freedoms."

Timothy Potts, director of the J. Paul Getty Museum, said, "The Cyrus Cylinder is one of the most important artifacts to have survived from the ancient world and we are delighted that it will be on view next fall to visitors at the Getty Villa, where it will be shown in the context of other artifacts and inscriptions from the period of the Achaemenian empire. More than any other document from the ancient world, this declaration by King Cyrus of the return of conquered nations to their settlements, has a continuing relevance to the peoples of the Middle East and indeed throughout the world. As home to the largest community of Iranian Americans in the United States, I have no doubt that Los Angeles will be thrilled by this once-in-a-lifetime opportunity."

Iran Heritage Foundation (IHF) is the leading supporter of Iranian studies in the UK. It promotes academic research through fellowships, grants, scholarships and publications. In association with museums and leading institutions, the IHF organizes exhibitions and convenes conferences on the history and contemporary culture of Iran. IHF America, launched in 2012 as a US based non-profit organization, administers a number of grants to North American institutions and is the core funder of the tour of the Cyrus Cylinder.

For more information visit
www.iranheritage.org
www.ihfamerica.org

IN THE NEWS

MAZDA YASNI ZARATHUSTHI DAR-E-MEHER (MYZD) group celebrates with an Inaugural Jashan at the future site of a first ever traditional Atash Dadgah in Houston

On Sunday morning Dec 2nd 2012, ADAR mahino (month) & SAROSH roj,(day) the inaugural JASHAN on the future site of MYZD's first ever perpetually burning Atash Dadgah was performed. Volunteers started leaving their homes in the early morning fog with the first volunteer arriving at the gates of 9000 West Airport Boulevard before the Sun came up. Soon others followed

All around the great city of Houston, many Parsi/Irani Zarathusthis were busying themselves, some volunteered for fruits, some flowers, some started in earnest preparing *Malido, Sev, Ravo, Lagan nu Custard and other Parsi delicacies*. Over 150 people, children and adults congregated in friendship and fellowship in what was to be a historic day in their lives when they would set ablaze the

were set up and before the people started coming in...cars after cars after cars. The Priests arrived ..9 of them, all dressed immaculately in their pure white outfits led by our own Ervad Peshotan Unwalla with the youngest barely 11 years old. The Tent was soon filled to capacity by the young and old, families with children all congregating with the single minded purpose of protecting, preserving and perpetuating our time honored rituals and traditions in establishing the first and only perpetually burning consecrated Atash Dadgah in Houston, Texas.

The MYZD (**MAZDA YASNI ZARATHUSTHI DAR-E-MEHER**) group had been spearheading the effort to build this one of a kind house of worship to fulfill the spiritual void in our community and also for our young children to experience the power, grandeur and beauty of our sublime faith like we all did in India, Pakistan & Iran.

The word 'myzd' occurs many times in our litany and prayer rituals...more commonly in our "Doa Tandorosti" prayer when we recite "myzd roshan hame bersaad". The word 'myzd' can be traced back to old Avesta, Pahlavi/Pazend and Sogdian scripts meaning rewards or gifts and 'roshan' to mean bright or brilliant. When we pray "*Yazdaane Minoan, Yazdaane Getian, Haft Ameshapandan, Myzd Roshan Hame Berasaad*" we are beseeching the powers that be, the Yazatic Forces and Seven Ameshaspands that have dominion over our physical and spiritual world to give brilliant rewards to the true followers of the Mazdayasni Zarathusthi Religion.

After the Jashan, *Chasni* (consecrated food and fruits) was offered on the MYZD property while the crowd enjoyed the friendship and camaraderie of getting together for a common cause. It was a beautiful warm sunny day, and after the Chasni the crowd slowly made its way towards the ZAH building for a sumptuous lunch of "*Dhan Dar & Machi no Patio*" (rice, yellow dal and spicy fish sauce) and a desert. There was a short presentation and a speech with the very young amongst us singing their lovely "*Ashem Vohu*" song. Soon it was time for Tea and as always batasas, bakharas special parsi cookies) and other snacks accompanied the "*Fudina ni Chai*" (mint tea).



fires of our divine faith by consecrating the First ever Traditional Atash Dadgah in the western world.

Soon the tent was set up, the area cleaned and purified, street signs directing traffic were put out. Chairs

IN THE NEWS

GENERATION 1 CELEBRATES TENTH ANNIVERSARY



From left Noshir Khumbatta, Zubin Kotwal, Kyrus Buchia, Yazad Sidhwa, Rayomand Katrak, Faredoon Pundole, Vispi Katrak, Peshotan Unwalla, Noozar Boomla and Barjor Dastur.

What a wonderful day and what incredible show of support. It was so heart warming and touching to see so many of our folks that had gathered still have the fire burning quietly inside them.

Let us make Houston the Ray of Hope, the Beacon of Light for all traditional Parsi/Irani Zarathusthis who reside here in these United States of America...the greatest country in the world...the land of the free and the home of the brave.

Yatha Zamyat...Yatha Afrinami.

Aspi Colah

www.myzdgroup.org

Dr. Homi Dhalla invited to Bosnia for World Conference

Sarajevo, the capital of Bosnia, is of great historical significance. It was here that Archduke Franz Ferdinand of Austria was assassinated in June 1914 which triggered World War I. From September 9-11, 2012, an International Conference was held at Sarajevo where religious leaders and scholars from all over the world participated. **Dr. Homi Dhalla** was invited to represent the Zarathushti faith and speak on its behalf..The dignitaries included some heads of state and prime ministers. **Dr. Bakir Izetbegovic, the President of Bosnia and Herzegovina** inaugurated the conference.

The theme of the conference was **"Living Together is the Future --- Religions and Cultures in Dialogue"**. The entire conference was divided into 28 panels dealing with various subjects viz., Pluralism, Future of the Family, in Search of God, Environmental Crisis, Value of Life, Muslims – Christian dialogue, Minorities in Globalized World etc. **Dr. Dhalla** spoke on **"Minorities in India"**, with special reference to the Parsis. Time was set aside for discussion after the presentation of every paper.

On September 9, at a dinner hosted by the President of Bosnia where all the delegates were invited, Dr. Dhalla had the opportunity to meet **His Excellency, Mario Monti, Prime Minister of Italy**.(photo right)

On the final day, a place was set aside for a short ceremony of each religious tradition. As far as the

Zarathushti rituals were concerned, it commenced with the lighting of a fire by Dr. Dhalla, followed by a short talk on Zoroastrianism, the playing of a 'Monajat' (devotional song) on a CD, the performance of the kusti ritual, recitation of certain Avestan prayers with their translation and ultimately answering questions from the audience.

Participants from the various traditions then, walked in a **"Peace Procession"** through the streets of Sarajevo which were lined by thousands of cheering people. The final ceremony took place at Dom Armije Square which was televised all over Europe. Representatives of each tradition were asked to light the **'Lamp of Peace'** which Dr. Dhalla did on behalf of the Zarathushti faith



IN THE NEWS

"Birth of the Zoroastrian Apocalypse"

ENRICO G. RAFFAELLI

April 12, 2013 at 4pm,

Department of Near and Middle Eastern Civilization,

4, Bancroft Ave., Toronto

The lecture will propose a hypothesis of the origin of a literary genre, the "apocalypse" genre, which was very popular in ancient Iran. It will analyze the similarities between Zoroastrian and Judeo-Christian apocalyptic literature, and the mutual influence between Zoroastrianism, Judaism and Christianity that such similarities shed light on

ERVAD BAHROM FIROZGARY SELECTED ON RICE OWLS VARSITY BASKETBALL TEAM

In what may very well be the first time a Zarthushti, and an Ervad, is selected to play in a North American College Varsity Team. Tall and talented **Ervad Bahrom Firozgary** has been selected to play on the Rice Owls Varsity Basketball Team. Bahrom, a resident of Houston, Texas is currently a Junior at Rice University, Houston and represents Rice in the National Collegiate Athletic Association (NCAA) games. His jersey number is 44, which he gets to keep and continue his legacy from being Captain at Stratford High School Basketball Varsity Team. Bahrom gets to be only 1 of 2 players selected from the city of Houston, and also is the tallest on the team at 6'8".



Do notice his sneaker shoe size next time...which is a whopping Size 17..could be considered a small canoe or kayak) We at FEZANA are proud of you Bahrom, and wish you the very best and hope you have a wonderful season and career, and continue to make our community proud!!

Submitted by his proud father Farrokh Firozgary



Zoroastrianism

Mankind's first known attempt to acquire social justice

Determining the Location and Time of the Prophet Zarathushtra.

Installment 1 of 3

Pilsum Master, Calgary, Canada

Zarathushtra and Kavi Vishtaspa were products of an Indo-Iranian heroic world of semi-nomadic Chariot Warriors interacting with Settled Irrigation Farmers of Central Asia.

Zarathustra's philosophy and ideas – aside from being divinely inspired – were shaped by the conditions of the location and time he was born in. According to many western scholars, portions of the Gathas are probably the only part of the Avesta that can be attributed directly to Zarathushtra. It can be shown that some of the utterances in these Gathas were a result of the conditions under which Zarathushtra lived in, and we have a reasonable way of correlating these conditions to a particular time and place in history (or the Archaeological record), therefore, we have a way of assigning the time and place of the Prophet himself.

First we will investigate the rise of the semi-nomadic cultures on the Pontic-Caspian Steppes, and why their language and culture became dominant over the more settled agriculture based cultures that they came into contact with. We will see how the advances in Bronze Age Technologies related to weapon making and transport technologies such as breeding of horses, the wheeled wagons and war chariots played such an important part in the struggle for scarce resources on the Steppes and caused the creation of institutionalised inequalities on the Steppe.

Finally we will look in some detail at one of the settled communities and cultures in the Contact Zone of Central Asia and the Iranian Plateau – the Bactria-Margiana Archaeological Complex(BMAC) and its importance in the shaping of a complex mixed culture with the Steppe people, and its contribution to the Old Religion and social conditions in which Zarathushtra was born.

ZARATHUSHTRA AND THE GATHAS- A Cry for Social Justice:

In Yasna 31.15, Zarathushtra is clearly differentiating the common man of the day from a class of people who were making a living by committing violence against the common man:

“What retribution will there be for him who would secure the kingdom (political power) for the follower of the Lie, for the evil doer who cannot earn a livelihood except by doing violence to the husbandman's herds and men, though they have not provoked him.” (Zaehner;1961; pg 34).

In the Vendidad (ch 10: 7-9; Clark; 2001; pg 28), Zarathushtra's opposition to Indra and related Soma induced sacrifices that usually preceded the raids by this violent segment of society is emphasised, and we shall see why this helps point to a relatively specific time and place of his existence within the Archaeological record. At this time we can point to Central Asia (see Fig 1) as the most likely location, between the Caspian and Aral Seas and extending into the Amu Darya Basin to the edges of the Iranian Plateau. The time period was in the Middle Bronze Age but maybe later in the Late Bronze Age – but very likely not as late as the Iron Age.

EXPLANATIONS OF TERMS TO BE USED

Periodization Table Explained

Since there have been and will be references to the Bronze Ages etc., this table shows the Periodization of Human Prehistory for reference: The items below correlate the periods mentioned in our narrative to a time frame.

•	BCE = Before the Common Era (formerly BC = before Christ)	
•	Late Stone Age – Neolithic	10,000-- 4500 BCE
•	Copper Age - Eneolithic	4,500 – 3300 BCE
•	Early Bronze Age	3,300 – 2000 BCE
•	Middle Bronze Age	2,000 – 1550 BCE
•	Late Bronze Age	1550 – 1200 BCE
•	Iron Age	1200 – BCE



Three Modes of Human Survival – Before the Industrial Revolution:

- ✘ **SEDENTARY AGRICULTURAL SOCIETIES –City States.**
Agriculture/Pastoral
- ✘ **MOUNTED STEPPE PASTORALISTS –Semi-Nomadic.**
Herding/Pastoral/Hunter-Gatherer.
- ✘ **FORAGERS – Relatively Settled – Hunting/Gathering**

At any time and place in human history, these three could exist adjacent to one another and also it was not always a linear progression from Foraging to Agriculture or Nomadic to Agriculture. In fact, in many instances – including the main cultures we are going to discuss- the progression could swing back from Sedentary to Nomadic. Factors such as climate and population pressures and warfare generally played a role, but we are also going to discuss the importance of cultural dominance caused by technological adaptations of a particular culture.

LEGALIZED INEQUALITY

In **Foraging Societies** where everyone can do just about everyone else’s job, inequalities did exist (better hunter) but these were not institutionalised.

In the Mesopotamian **City States**, during the earlier Temple cultures, all property was communal and the Temple regulated the assignments of tasks and the supply of necessities of life. Writing on clay tablets developed to keep records of these transactions. Inequalities existed, but were not yet institutionalised. The conquests by Sargon in Mesopotamia started the Palace Culture which was triggered by the need to have a permanent class of warriors ready to defend the City State, and in return they were exempted from other duties and assigned privileges not shared by the vast majority of the population (Van De Mieroop; 2007).



Our story, however, begins on the Eurasian Steppes north of the Black Sea with the rise of the Steppe Pastoralists and their cultural evolution and spread over vast area from the Danube Basin eventually to Central Asia and Siberia, and we will see how legalized inequalities developed in their culture.

**FORMATION OF STEPPE (NOMADIC, SEMI-NOMADIC) CULTURES ON THE EURASIAN STEPPES
SPREAD OF THE PONTIC-CASPIAN STEPPE CULTURES, ENEOLITHIC TO LATE BRONZE AGE:
(from Anthony; 2007):**

We will start in the Pontic-Caspian Steppes, and then over a period of 2000 years follow the Steppe Cultures to Central Asia. The development of the Steppe Pastoralist Societies is an important part of our story. Understanding how these societies developed during the Bronze Age is a critical part of our understanding of the conditions that Zarathustra faced.

Figure 2 shows the physiography and present political boundaries in the area of interest. It also shows the location and spread of the Steppe Cultures from the Pontic-Caspian Steppe first west into Old Europe in the Danube Basin, and then east and south into Central Asia during the Bronze Age. Culture nomenclature is based usually on the name of the location of the Archaeological site where the culture was first discovered, or the geological name of the strata in which the remains were discovered.

Figure 2 also shows the spread of Agricultural communities as early as 6500 to 5500 BCE into the Danube River Basin and into the Carpathian Mountain Piedmont from Anatolia. This area is identified as “Old Europe” in the Archaeological record.





By 5200 BCE the climate got much warmer and large forests sprang up north of the Steppe boundary and the Foragers, probably learning from the Pioneer farmers, began to commit themselves to keeping livestock, mostly sheep and wild horses. This was likely the beginning of the Steppe nomadic cultures.

In Fig 2, the thick dark line marks the northern edge of the Steppe grassland. North of it is the Eurasian Forest Zone. Our story will be confined mainly to the Steppe grasslands and the boundary area between the Forest Zone and the Steppes.

THE FIRSTt MIGRATION OF THE STEPPE NOMADS INTO AREAS OF SETTLED AGRICULTURALCOMMUNITIES THE HARBINGER OF THINGS TO COME

Around 4200 - 4100 BCE the climate got colder with extremely cold winters between 4120 and 4040 BCE followed by a 140 year period of very cold weather between 3960 and 3821 BCE (Anthony; 2007). This increased stress on the **Steppe Herding Communities** more than on the **Settled Agriculturist of Old Europe**, and eventually by 3100 BCE the herding communities migrated westward from the Don and Dnieper River basins to the Danube River basin (as shown in Fig 2). The migration was for two reasons. The first was that herding communities preferred marshes for winter refuge because they provided good cover and forage for their herds, and these were more plentiful in the Danube delta and basin.

The second reason was that by 3500 BCE the **farming communities of Old Europe** had started producing lots of copper tools. Initially through trade and subsequently by their own efforts the neighbouring Steppe Herding communities began to mine and make copper tools and weapons also. This increased prosperity amongst the Steppe herding communities produced a new social order with social rank and deference paid to people of higher social order who in turn were obligated to provide the people with food and gifts and feasts. The higher ranked chiefs then had an increased need and desire to get more people to join their group and increase the numbers that they could control, at the expense of the Farming Communities of Old Europe (from Anthony; 2007).

THE RISE AND DOMINANCE OF THE STEPPE CULTURES

Although the discussion here is in context of the Steppe cultures in contact with the settled cultures of the west end of the Eurasian Steppes in the Eneolithic, the same applies later in the Middle to Late Bronze Age in Central Asia thousands of kilometers to the east.

The period after 4000 BCE is the story of how the settled farming cultures and the relatively nomadic Steppe cultures melded to influence subsequent events in our history, including the story of our immediate ancestors the Indo-Iranians.

WHAT WERE THESE EVENTS THAT CONTRIBUTED TO THE SPREAD OF THE STEPPE PROTO-INDO-EUROPEAN LANGUAGE AND CULTURES?

This is discussed in the following section. Also, the triggers that created the social strife during Zarathustra's time are described.

THE FIRST EVENT– THE WHEELED WAGON CAME INTO USE ON THE STEPPES (Anthony; 2007):

The social and economic importance of the first wheeled transport was immense. These earliest wagons were slow and clumsy and required teams of specially trained oxen, but permitted single families to carry manure to their fields, and to bring in firewood, supplies, crops and people back home. In fact, this reduced the need for cooperative communal labor and made single family farms viable.

Before wheeled transport heavy objects could only be moved by water transport on barges or rafts, or by utilising a large haul group over land that occupied large amounts of time and resources of one or more communities. This was obviously done, as evidence of remnants of large stone and hauled earth structures like walls and tombs from the Stone Age period.

THE WHEELED WAGON CONTRIBUTED

- (a) To disperse farming communities thousands of kilometers across Eurasia, and
- (b) on the Steppes in open grassland where people relied on herding more than on agriculture, the herders now no longer had to confine their activities to the forested river valleys that crossed the Steppes, but could now take tents, water, food and supplies to distant pastures far from the river valleys. For the first time a real nomadic fairly mobile lifestyle was possible on the Steppes when people could move all their families and belongings and supplies far and wide to follow their herds.

THE Second Event – WOOL TEXTILES AND FELT MANUFACTURING BECAME COMMON (from Anthony; 2007):

Around 4000-3500 BCE sheep with unnaturally long wool fibers appeared – about the same time as the Proto-Indo-European languages used the word Hwel or Hwol for sheep and wool.



A spinner of wool was then discovered that would pull a clump of long-fiber wool and twist them into a thread by hand feeding the strand onto a twirling weighted stick or hand spindle. This new development allowed the manufacture of woolen felt by beating or pressing the spindled wool fibers and pounding and rolling them into a loose mat.

The ability to make good felt allowed the Steppe dwellers to build shelters and clothing of felt that allowed survival on the open Steppe during winter.

THE THIRD EVENT– LEARNING TO RIDE A HORSE

According to Anthony (2007), the horse was first domesticated by people for food, but by about 4200 – 4000 BCE the people of the Pontic-Caspian Steppes had not only learnt how to ride, but also learnt to use horses in raiding neighbouring communities and in tribal wars.

The horse, unlike sheep and cattle, can use its hooves to dig through the snow in winter pastures and does not need to be fed with fodder saved in summer months. Evidence for the domestication of the horse is supported by the presence of horse remains in human funeral rituals found in archaeological digs dating as far back as 4800- 4600 BCE in the Volga River region. Also, archaeological studies of garbage dumps of semi-permanent settlements on the Steppes reveal the large percentage of horse remains.

The horse also gave greater mobility, as evidenced by the increase in single grave remains rather than communal graves, and extended the limits of raiding parties and this may have contributed to the collapse of the Old Europe communities in the Danube River basin.

THE SIGNIFICANCE OF THE THREE EVENTS TO OUR STORY (adapted from Anthony; 2007):

“Innovations in transport technologies can and have brought about immense changes in social and political life for humans”. The automobile is a recent example.

In the past the adoption of the wheel to the wagon and then subsequently the beginning of horseback riding and the use of horses to pull wagons and chariots brought about immense changes. In addition, the making of Wool Felt for clothing and shelter gave the ability to survive the harsh elements on the open Steppes.

As it has always happened, it is not necessarily the cultures that discover these innovations, but the ones that adapt it most successfully that gain the upper hand in social and political spheres. That is exactly what happened in the past.

Historians may credit the invention of the wheeled wagons to the settled city states of Mesopotamia, or their immediate neighbours on the Iranian Plateau to the east or to the cultures of Eastern Europe. It was, however, the Steppe people of the Pontic–Caspian Steppes that used these to spread out over thousands of kilometers of the Eurasian Steppes and to even encroach onto the other cultures of the Danube Basin, Anatolia, and then subsequently onto the north eastern edges of the Iranian Plateau, and then into Northern India.

THE FOURTH EVENT: INTERACTION BETWEEN THE SEDENTARY SOCIETIES AND THE STEPPE PASTORALISTS:

Although there is evidence, including historic ones, that this relationship was at times violent and even parasitic, the Steppe people did not depend on the settled agricultural communities to survive. The Steppe miners and craftsmen mined their own abundant ores of copper and tin, and later on iron, and crafted their own tools and weapons. In fact the Bronze Age civilisations of the Near East depended on them (Anthony; 2007).

IN THE SECOND INSTALLMENT

We will discuss the development of inequalities in the nomadic Steppe Cultures, and the triggers for their migrations across the vast expanse of the Eurasian steppes. The most critical part of our story is to determine why did the Steppe Cultures and their languages take precedent over the other cultures that they came into contact with. At the same time we will discuss the reasons for the rise of violence and warfare amongst the Steppe Cultures, and the rise of the Sintashta culture east of the Ural Mountains.

We end the second installment with the discussion of the BMAC Agricultural communities of Central Asia, and we will learn more about this important culture in Installment 3 and how it played a vital role in the life and times of Zarathushtra and Vishtaspa.

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Pilsum Master is a retired Minerals Exploration Geologist who spent 30 years in the Mining Industry as a Professional Geologist and Manager of Research. He has worked also as an IT Administrator. He has published articles in geology and industrial minerals for the Alberta Geological Survey and for the British Columbia Department of Energy and Mines. Pilsum currently resides in Calgary, Alberta. He is also very much interested in the Zoroastrian religion and in the archaeology and pre-history of Central Asia, Iran and India. Pilsum maintains a website on these subjects. <https://sites.google.com/site/azaintis/>



**TWO PARSIS NAMED IN THE 2013 REPUBLIC DAY PADMA AWARDS
Padma Bhushan to Shri Adi Burjor Godrej for Trade and Industry
Padma Shri to Ms Mahrukh Tarapore for Art**

CONGRATULATIONS THE COMMUNITY IS PROUD OF YOU

108 Padma Awards, the country's highest civilian awards were approved on January 26th 2013 India's Republic Day. **Padma Vibhushan**, for exceptional and distinguished service, **Padma Bhushan** for distinguished service of high order and **Padma Shri** Awards for distinguished service in any field.



SILVER VOICES - III

Farishta Murzban Dinshaw interviewed community members who have lived in North America for more than 25 years and have seen the Zarathushti community take seed and flourish in their new homeland. In the final feature of a three-part series, seven American Zarathushtis talk about the changes they have witnessed and their vision for our future. Previous articles featured stories of Canadian Zarathushtis [Spring, 2012], and Generation 1.5 or those who immigrated to North America before or during their early teens [Summer, 2012].

NOSHIRWAN HORMUZDIAR
Danbury, Connecticut



Coming to the USA: I came to study at the University of Wisconsin from Poona [now called Pune] in 1961. At that time, Poona had the second largest Zarathushti population in India. There were many markers of Parsi life in Poona - Parsi teachers, celebrating gahambars, the Naoroji Wadia College, which is now a college of Poona University, Mody Colony.

Transitions: Coming to the US was a big culture shock, but I loved it. There were about 23,000 students at the University and I was one of just three Parsis. I was a navar [priest] so I was used to reciting my prayers by rote. My dorm was close to the college so I would recite them while walking to class. I moved to Chicago, Illinois, in 1963. There were only four or five families then; more came after the visa regulations were relaxed around 1966-67. We had a Jashan to mark the start of the Zoroastrian Association of Metropolitan Chicago (ZAC). It was presided over by Dastur Kutar who came from the UK. In 1977, we moved to Danbury, Connecticut, and I joined the Zoroastrian Association of Greater New York (ZAGNY) but split from there in 1983 after the controversy surrounding the navjote of Joseph Peterson. I have been associated with the Iranian Zoroastrian Association (IZA) since then.

Looking Forward: Our future will depend on our present. Right now we [Parsis] follow India culturally and focus little on the Gathas and Gathic teachings. We need more priests who will be lead the community, who are without ego, who pray slowly, with meaning and resonance. Reciting the Ashem Vohu and Yatha Ahu Vairyo [prayers] are meaningless if you do not understand the messages and practice them. We should encourage people to become priests at any age, not just at puberty. Retirees should be encouraged to become mobedyars [auxiliary priests]. If we do not change, my feeling is that culturally we will survive, but our religion will be diluted. I am a firm believer that you do not need to visit an Atash Behram to be a good Zarathushti. We need to go back to the values-based religion of Asha, of truth and righteousness, of kindness and charity. **

NARI DASTUR
Cheshire, Connecticut



Coming to the USA: My son, Adil, and I came to the USA in 1969 to be with my wife, Dinoo, as she studied for her PhD. We lived in Columbus, Ohio, and our daughter, Armin was born in the States. We returned to Karachi, Pakistan, in 1971, but the returned in 1972 because of the volatile political

and economic situation there. We settled in Cheshire, Connecticut as I found a job with Hartford Insurance.

Transitions: When we first settled in Connecticut, we did not meet any Parsis right away, but gradually got to know that there were about four or five families here. Often we used to drive two or more hours each way to visit Parsi friends or attend functions at ZAGNY [Zoroastrian Association of Greater New York] or ZAGBA [Zoroastrian Association of Greater Boston Area]. Now we have four Parsi families in Cheshire alone, and about twelve-fifteen families in Connecticut. We are a very close knit group that get together frequently and are always ready to help one another in times of need. We are like one big family here.

One of the things I have noticed since we first came is that people have become more open minded about mixed marriages. Younger people are also more involved in learning about Zarathushti culture.

Looking Forward: I think the future of the Zarathushti community is in the hands of the youth. They are a progressive and bright group in all fields – science, sports, business, medicine – but they must be more active in the operation side of associations and committees. FEZANA should organize more conferences and events that provide an opportunity for them to get together more often to follow up on what was discussed at Conferences. Four years is too long a time between conferences and what was discussed gets lost. Of course, meeting regularly can be expensive and not everyone has the time to attend, so we should take advantage of technology like Skype to keep connected. **



SILVER VOICES - III

FRENY DEBOO
Deerfield Beach, Florida



Coming to the USA: I came to the US in 1976. I was born in Nasik, but spent my early childhood days in Aden. Later, I returned to Mumbai, India where I completed my high school and college education. The best years of my life were spent in a boarding school, Awabai AF Petit Girls High School in Mumbai. We had a Parsi teacher, Ms. Printer, specially assigned to give us religion lessons on a daily basis. As boarders, we always had the best Parsi food under the supervision of Silla Irani.

Transitions: When I first moved to Michigan, US with my family, there was no Zarathushti association. However, my husband's family and many Parsi families lived nearby and we met at least three or four times a month. Raising children as Zarathushtis in North America was not easy. Fortunately, our children were raised under great care and guidance of two loving grandparents who lived with us in the same house at the time our children were growing up. They participated in most of the North America Zoroastrian conferences and took active part in the Zoroastrian religious classes held by our small community in Michigan. Now that I am retired and have moved to Florida, I have more leisure time. My husband and I are very fortunate and proud to be a part of the Zoroastrian Association of Florida (ZAF).

Things have certainly changed for Zarathushti community. We feel more connected with one another than decades ago. Technology helps. For instance, in recent years, seminars and religious classes on Zarathushti religion are being conducted by teleconferencing by Ervad Dr. Soli P. Dastur. In my opinion, our Zarathushti community although more liberal than conservative, is more united than split up as we were decades ago.

Looking Forward: With more Zarathushtis marrying outside of the religion, our community in North America is likely to see many changes over the next 25 years. That does not mean our next generation in North America will lose their identity, culture and sense of what it means to be a Zarathushti. The future of our community is in the hands of the young generation. Hence, my advice to FEZANA is to place more emphasis on education funds, and more involvement and participation of youth in FEZANA activities. Youth have responsibility too and my advice to them is to be connected to our community by way of becoming a member of a Zarathushti association and by participating in as many social Zarathushti meetings and functions as possible. **

FARZAD AIDUN
Gaithersburg, Maryland

Coming to the USA: I spent my childhood in Tehran, but my family left



Iran in 1979 just ahead of the Revolution. We spent a couple of

months in London, Britain, before coming to the States. For six months, we lived in the San Jose area, California, but it was difficult for my father to start from the beginning there. He had a brother in Syracuse, New York, so after some discussion with my uncle, my parents, my sister and I piled into our Chevette, which had no air conditioning, and drove across the country to Syracuse.

Transitions: In Syracuse, my three cousins and I were the only four Zarathushtis – in fact the only four Iranians – in the school. I was in sixth grade in Iran when I left and spending time in London, then San Jose, before settling in Syracuse had left my education fractured. I aced Math, but the other subjects were tough. There was also some bullying because they saw me as a strange kid with an accent eating crazy food. Being a Zarathushti didn't figure into school life so much; most of my time was spent with my cousins, my parents, and the television. My cousins and parents already knew I was Zarathushti, and the television didn't ask questions. By Junior High, I was more outgoing, was doing well in class, and had made lasting friends, one was Jewish, two were Christian, and religion was not something we discussed or displayed. It was personal. I moved to the DC area in 1990, and that was my first experience with a larger Zarathushti community. It was different to see young people my own age who were Iranian and Zarathushti. I became involved with the Zoroastrian Association of Metropolitan Washington [later Zoroastrian Association of Metropolitan Washington Incorporated], even serving on the committee for six years, first as a Secretary and then as Vice President. I teach in the Avesta classes.

Looking Forward: The Zarathushtis of the future are going to be hybrid – Chinese children adopted by Zarathushti parents, American children of interfaith marriages, those who choose to study and accept the



SILVER VOICES - III

religion. I don't think "marketing" religion for conversion like other religions is intrinsically Zarathushti. It is for those who seek to learn and accept. Ultimately, it is a personal choice. You compare and contrast and find out what is most important to you. If we learn from history, our peak was with the Achaemenians, Cyrus the Great. They practiced the religion without imposing it on others and it spread. The Sassanians institutionalized it. It became politically motivated, and it crashed.

Education is key. I became involved with Avesta classes at ZAMWI when my children were born. These classes have grown and are very successful. They are not "religion" classes, but more about living life meaningfully, and with that you can't help teaching about Zarathushtra's message. On Fridays, I listen to StoryCorps [a nonprofit project that celebrates the lives of everyday Americans by sharing their stories] on NPR [National Public Radio]. FEZANA should consider doing something similar. Interviews like this make you think about your beliefs, about what being Zarathushti means to you, about your own story. The Journal is a great resource, but it has limited reach. We need to use the Web. Soli Dastur in Florida is already doing this. The idea could be expanded. Maybe we can have an interactive video conference with four or five experts across North America speaking in one session, and it can be videotaped to put up on YouTube for later consumption. **

ARNAVAZ SETHNA
Missouri City, Texas

Coming to the USA: My husband, Hoshang, and I came to the USA in 1978. In Karachi, Pakistan, we were very involved in the "Parsi lifestyle". I went to a Parsi school, and lived in a Parsi bagh [Parsi apartment complex].

Transitions: Not much has changed for us in terms of associating with other Zarathushtis and maintaining the "Parsi lifestyle" in



Houston. There are many Zarathushti families here and we meet up quite often. The Zoroastrian Association of Houston (ZAH) was already formed a few years before we arrived and the members were very helpful in helping us settle. We became very much involved in ZAH activities including fundraising and building of the Zarathushti Heritage and Cultural Center opened in May 1998. One change we have noticed is the increase in inter-racial marriages.

Looking Forward: There may not be many Parsis left in the next 25 years. My advice to the community is not to stay clannish and stay with the people of the same region from where they have come - remain a Zarathushti, rather than a Parsi. To FEZANA I would say, let's concentrate on religious education, not the way it is taught in "old country", but the way it can be practiced here in North America given the circumstances. Religion doesn't end at Navjote - that is the beginning. Many parents need education first. There is a need to concentrate more on sudreh and kasti and make these available here so that people don't have to rely on India and to find ways of growing sukhad [sandalwood] here in North America. With all the research in agriculture that has been done, there must be somewhere in the US that they can make soil conducive to growing sukhad trees **

JAMSHEED MEHTA
Phoenix, Arizona

Coming to the USA: I came to Lawrence, Kansas, 1984 as a student.

My initial 16 years in Karachi, Pakistan were Parsi-centric. I went to the BVS Parsi Boys High School where my closest friends were Parsis and where the school's administration was primarily in Parsi hands. Religious and cultural celebrations at school were a constant influencing factor in reminding me of my heritage. Growing up in Katrak Parsi Colony also played a role in being less influenced by non-Parsis. The community offered a safety net that was always there. The distinction between friend and family was fuzzy in Karachi. I took that for granted, and



sometimes I do miss that aspect of communal closeness.

Transitions: In Lawrence, there was one other Zarathushti, a friend from my high school in Karachi. Another friend from Karachi joined me at Kansas University within six months. A couple years later, I discovered a larger group of Zarathushtis in Kansas City. Most of them were either from India or Iran, and all were extremely helpful and friendly. The Zoroastrian Association of Kansas (ZAKA) was formed about the time I discovered them. I did serve on the ZAKA board for a couple years. Since we moved to Arizona in 2005, we have been involved in the Zarathushti (Parsi) gatherings three/four times a year. I currently serve on the ZAAZ [Zoroastrian Association of Arizona] board. One of the changes I have observed over the years are more non-Zarathushti spouses among our friends



SILVER VOICES - III

that adds to the richness and the diversity in my circle of non-work-related friends.

Looking Forward: In 25 years, there will be more native-born Zarathushtis in North America in proportion to immigrant Zarathushtis. The North American Zarathushtis community will be more diverse and more accepting of different opinions and interpretations of cultural and religious values and the protectionist and discriminatory practices of some conservative Zarathushtis will have dwindled. My advice to FEZANA is to focus more on the youth and provide multiple occasions for informal youth gatherings. Organize nature camps, tours, and year-round fun-activities to help the younger generation build lasting friendships and to discover their cultural similarities. Do not preach, but channel that energy to provide opportunities for youth and open-minded individuals to meet and experience life together. **

FARIBA PIRGHAIBI
Laguna Beach, California



Coming to the USA: I came from Tehran, Iran, in January 1980 to go to school. I grew up going to Avesta classes every Friday, and I performed in dances and plays at various Zarathushti functions. My school in

Eau Claire, Wisconsin was in a small town with only four Iranian students, but no other Zarathushtis.

Transitions: It was difficult raising my children as Zarathushtis here. I did push them to go to Farsi/ Avesta classes every Sunday from the time they were six-years-old. This was crucial to me as the school they went to had predominantly White students with very little diversity. I did not want them growing up with this complex that they are different with no one to share their views. When my daughter was in preschool, the teachers had gathered all the children right before Christmas and were asking them what they wanted Santa to bring them. She matter-of-factly said that Santa is at the mall he does not come to our house. In first grade my older daughter was asked by a school librarian if she was a Muslim and she said no. When asked, "What is the name of your religion?" she said, "I don't know but it starts with a Z." Since Zarathushtrianism is now being taught at Claremont Graduate University (one of the top ten schools of theology in the US) as a field and there are a tremendous number of Zarathushtis from Iran who are migrating to Southern California as refugees I find that now at least one out of 10 people may have heard of us versus before when we usually got the "deer in the headlight" look when we mentioned Zarathushtrianism. Just this past weekend I was boarding a plane and an American security office checking my boarding pass looked at my fravahar [a Persian/Zarathushti symbol] necklace and said, "You must be Zoroastrian." I said, "Wow! I am impressed you have heard of us" and he said, "Of course." and started giving me statistics about Zarathushtis in North America.

Looking Forward: The Zarathushti community's future is conditional: if it stays closed and Orthodox I foresee very little difference in 25 years and if it progressive and open to all who embrace it then it will prosper like it did in Zarathushtra's time. My advice is not to be so fearful to lose tradition. It will stay since it is history. Focus on principle, on philosophy and ethical and universal aspect of this religion. People get so sucked into rituals and performance, but if you ask them about the core of the religion no one knows.

FEZANA needs to continue its good work with promoting youth activities (the Olympics are a big success in my opinion) and engage a diverse population of youth in decision making. For example, the youth congress in Vancouver [5th World Zoroastrian Youth Congress] according to the Parsi youth was a success and according to the Irani youth was horrible and not inviting. The organizers were all Parsis, There was actually a dozen Iranian youth that obtained visas and went to this event from Iran. There was not even a single sign in Persian to tell them where their dorm room was. There were no Persian translations of the talks so they would not feel excluded. The activities were based on what the Parsis liked. So they stopped attending midway through. My suggestion is that when committees are selected and programs planned they should be diverse so your reach is to all different demographics. **



Farishta Murzban Dinshaw is a new Canadian. She works with a non-profit community agency to raise awareness about problem gambling and family violence amongst ethnocultural communities in Southern Ontario. She also teaches in the MA in Immigration and Settlement Studies program at Ryerson University, Toronto, and is interested in issues related to South Asian Diaspora identity.



The Real NOW ROOZ

Fariborz Rahnamoon

WHERE THE SUNRISE & EQUINOX COINCIDE

THE REAL NOW ROOZ OF 2013

Will be in NEW YORK

The Sun Rise (New Day) will coincide with the Vernal Equinox (New Year) on
March 20, 2013 at 7:02 AM in NEW YORK, USA.

NOW ROOZ the Persian New Year is the only scientific New Year celebrated in the world today. It is celebrated exactly at the moment in time when the vernal equinox takes place. Now Rooz has crossed all religious and national boundaries and is celebrated by all the people that once formed the vast Persian Empire.

Now Rooz is made up of two Persian words, 'Now' meaning New and 'Rooz' meaning Day. The question that should arise is; why is the New Year called New Day? However, nobody raises that question, for it has gradually taken the form of a proper name.

The Iranians have lost their ancient knowledge but, in spite of the hostile environment during the last 1400 years, have preserved their ancient culture. After the fall of the Sassanian Empire in 635 CE, the Arab invaders in the name of Islam enforced their lunar calendar upon the Iranians; they destroyed libraries and burnt books, they killed the learned and cut the finger and hands of Persian scholars who attempted to write.

They even collected books in lieu of the infidel tax (Jazyeh) and burnt them. They replaced libraries with mosques. They did all this because they believed that all the knowledge that God wants them to know is in the Koran and the Persian knowledge is blasphemous.

Thus the ancient Persian knowledge was lost and today Now Rooz (New Day) has become synonymous with Sal e Nou (New Year). The little we know is from what has survived of the ancient Avesta writings and what is mentioned in the "Shahnameh", (the savior of the Persian culture and language written by Ferdowsi;). The Shahnameh tells us that the first New Year (Sal e Nou) was celebrated by King Jamshid, on the first spring after the great ice age, on the day called Ormazd in the month of Farvardin.

"SAR E SAL E NOU ORMAZD O FARVADIN"

So when and why does Sal e Nou (New Year) become Now Rooz (New Day)?

In **1725 BCE** Zarathushtra the sage of ancient Iran who was also a distinguished mathematician and astronomer is believed to have coined the word "Now Rooz" which means the "New Day" as against 'Sal e Nou' which means "New Year". It was to record the phenomenon that occurred on the New Year day of 1725 BCE in Sistan near Lake Hamoun where Zarathushtra had his ancient planetarium.

Zarathushtra had pre calculated that in 1725 BCE the Vernal Equinox would coincid with Sun Rise at Sistan, located at 62 degrees longitude, whereby the New Year and the New Day would begin at the same time. This phenomenon happens every year at different longitude on Earth and repeats in the vicinity of same longitude every 72 years but to repeat at the exact same longitude it may take roughly a millennium.

This phenomenon has also been archeologically recorded in history when the Now Rooz of 487 BCE was celebrated at Takth-e-Jamshid (Persipolis). On the spring equinox of 487 BCE Now Rooz was celebrated when the first rays of the rising sun coinciding with the equinox, lighted the square stone set in the central hall of the Apadana palace at Takht e Jamshid.

This celebration was preplanned, the Persians scholars and astronomers had pre calculated this event and Darius the Great had the Apadana palace built to specification for this great natural event.

Thus Now Rooz is the coinciding of the sunrise with the equinox, which happens every year at a different longitude on earth. The ancient Persians celebrated it as a special event when it happened in their kingdom. The rest of the New Years were just called "Sal E Nou" (New Year).

For the skeptic, NIM ROOZ is further proof of the ancient wisdom of the Persians.

NIM ROOZ

Zarathushtra had also calculated the first scientific meridian and called it "Nim Rooz", which means "Mid Day". The Meridian of Zarathushtra is located in ancient Sistan at 62 degrees longitude. In the ancient Avesta, in the section on Mehr Yasht (kardeh 103), the southern basin of the river Rangha which flows into the Hamoun Lake in Sistan is called the center of the Earth. Even today that location on the Afghanistan side of the border is called the Nimruz Province.

When it is mid day at the Meridian of Zarathushtra (62 degrees longitude) there is sunshine from Japan the land of the rising sun to the western tip of Africa. What better location can there be for an intellectual and scientific meridian.

In the ancient Avesta book they speak of the Seven Continents, "Haft Kesvar Zamin". All this gains importance when we weigh it against modern knowledge and how



The Real NOW ROOZ

Galileo was condemned to death for revealing just the tip of an ancient knowledge.

Let's celebrate with vigor the Real Now Rooz, by traveling to where ever on Earth the sunrise coincide with the equinox, and revive the ancient knowledge with the hope that knowledge and wisdom will prevail over superstitious beliefs and that peace and love will overpower upheaval and hatred.

The name of Zarathushtra or Zoroaster as the Greeks called him can be seen on the stained windowpane in the Parliament Building of British Columbia in Victoria Canada, among philosophers and the tour guide will tell you that he was the father of philosophy and that the founders of British Columbia were influenced by his philosophy when framing the constitution. He gave the world a simple maxim with great implication;

GOOD THOUGHTS - GOOD WORDS - GOOD DEEDS.

He said everything that is created is first a thought, so let your Thoughts be Good, good thoughts are those that are in harmony with nature. Thoughts not converted into words will be forgotten so convert only your good thoughts into Good Words. The result will be Good Deeds Good Products, and a heavenly earth.

May Wisdom Prevail
www.ancientiran.com

- I The United Nations has adopted the spelling as Now Ruz based on a more ancient dialect which is still in use in Tajikistan and other Tajik speakers in Afghanistan and Uzbekistan. *Please note that Now Ruz is also spelled by some as, Nou Rouz, No Rooz, Norooz, Novruz, Noruz etc. based on the different dialects.* If we were to base it on the way it is written in Persian it would have to be spelled as NOU ROUZ. The Persian alphabets used to write it are N- OU and R- OU –Z.
- II The last of the Persian Empires that lost to the Arab invaders who came in the name of Islam and forced Islam upon the Iranians.
- III For detail check “Genocide of the Zarathushties” at <http://www.ancientiran.com>
- IV History by Tabari and also in the Muqaddimah of Ibn Khaldun. An Introduction to History. Translated from Arabic by Franz Rosenthal (Vol 3 pg.114 Chapter VI sec.18 original III,90)
- V According to modern science the last Ice age is claimed to have happened some ten thousand year ago,
- VI This can be verified at the NASA website, which calculates the time of the equinox and sunrise for any given date.
- VII To see this natural phenomena live on the internet at 12 noon Afghanistan time check
- VIII <http://www.timeanddate.com/worldclock/sunearth.html>

Free rendering of Gatha verse 28.11

THE REAL NOU ROUZ TABLE HAFT SEENE – THE SEVEN TRAYS

THE ANCIENT PHILOSOPHY OF THE NOU ROUZ TABLE

Do you know that SHARAB (wine) is an Arabic word that the Persian words for wine are MAI and BAADEH.

This by itself proves that the Haft “Seen” and “Sheen” theory is a recent one.

SO WHAT IS THE REAL PHILOSOPHY ?The form of the Nou Rouz table has evolved with time but what has remained constant is the figure Seven. We also see in the bas-relief at Takht e Jamshid - seven representatives of nations carrying Nou Rouz gifts for the king. Why Seven?

Seven represents the “Seven Eternal Laws of Zarathushtra” as enumerated in the Gathas.

- 1-**VOHU MANA – Good Mind** – Use your Good Mind to inquire and learn the
- 2- **ASHA VAHISTA- The Ultimate Truth-** the Laws of Nature- Use them to make
- 3- **KASH ATRA VAIRYA – Good Rules – Good Laws- Good Guidance-** Which will lead to
- 4- **SEPANTA ARMAITY – Lawful Desire – Righteousness** – which will pave the way towards
- 5- **HURVATATA – Perfection – Mental, Physical and Spiritual** – which will lead to
- 6- **AMERETATA – Immortality** –a) Losing the fear of Death (b) being remembered for your good work for generations—resulting in oneness with
- 7- **AHURA MAZDA – The Creator of Wisdom** – through Self Realization- KHOD = Self AH = to come.



The Real NOW ROOZ

So the Seven items on the Nou Rouz Table are a reminder and our re-commitment to the Path shown by Zarathushtra.

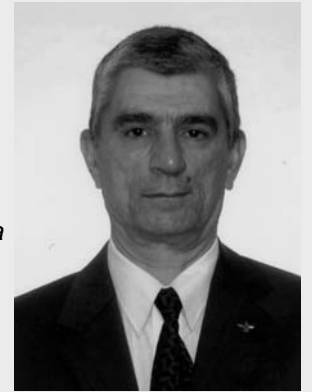
Students of Zarathushtra latter called it the Amesha Sepanta - the ETERNAL LAW – much later under pagan influence they became Angels, Bountiful Immortals, etc. those trying to rescue it call it “attributes of God”. The 3 gifts that the Magi’s gave to baby Jesus were the first three laws, which have to be achieved; the next 4 are the result of the first 3. It is also the law followed by nature. A law to achieve perfection in what we do best and at the same time satisfies the spiritual urge through Khod-Ah, self realization.

For details visit the NOW ROOZ page at www.ancientiran.com

Editor’s Note This article is published in advance of NouRouz for the community to prepare for it.

FARIBORZ RAHNAMEEN

was born in Yazd, raised in Bombay and is living in Canada. Editor of "Iran Zamin" a bilingual research magazine on ancient Iranian history and religion, and webmaster of www.ancientiran.com He has a unique perspective on the Zarathushti religion and history which is a result of many years of research. He says that our history, which has come down to us, has been written by our adversaries over the last 2000 years. Western scholars who laid the foundation of the translated Gathas have led us astray. His finding and views are available on his website www.ancientiran.com.



He is also active in the community. He is the President of the Zoroastrian Society of British Columbia (ZSBC), the Chair Person of Arbab Rostam Guiv Trust – Vancouver, Director of WZCC and Chapter Chair of WZCC BC.

CLARIFICATION RECEIVED FROM DR NAWAZ MODY SIR PHEROZESHAH MEHTA PROF OF CIVICS AND POLITICS, UNIVERSITY OF MUMBAI FEZANA JOURNAL Vol 26, No 3 FALL 2012

1. In the article on "Mrs Bhikhajji Cama, Parsi Lady Freedom Fighter 1861-1936"

it has been mentioned that "he (Rustam Cama) wasn't interested in politics" while Mrs Cama was very interested (p.84). Rustam Cama happened to be a close follower of Sir Pherozeshah Mehta and was even a member of the "Ginger Group" of the Indian National Congress.

2. Mrs Cama returned to India in August 1935 not 1936.(p 85).

A. In the article on "Perin Naoroji Captain-A Parsi Freedom Fighter 1888-1958"

the explanation given for the term "Dictator" as signifying "her strong character and unflinching fight against the British, that is to say she dictated terms to the British and not vice versa" (p 96) is quite unwarranted. The term "Dictator" was used to connote the person who would be taking over the Congress organization-in Perinben's case the Bombay Pradesh Congress Committee (B.P C.C.), when the President and other office bearers were arrested. If one "Dictator" was arrested another "Dictator" would replace him or her!

B. The spelling used for Bhikhajji Cama is Bhikhaji , which is incorrect.

C The correct spelling of "Luckmani" (p 97) is "Lukmani" .

Please do make the necessary clarifications

Yours sincerely, Nawaz Mody

Ardeshir Damania the author of the article writes *"I stand corrected regarding "Dictator" on the postcard of Perin Captain. I had checked with a distant relative of Perin Captain who lives in Sacramento (close to Davis), but he did not know anything about it. It was my mistake in interpreting it as mentioned in the article without checking with people in the know like Nawaz Mody.*

We are grateful to Dr Nawaz Mody for bringing these facts to our attention Editor Dolly Dastoor



ZARTHUSHTRA'S ESSENTIAL TEACHINGS, & THEIR TRANSFORMATION OVER THE AGES

Article in 2 Parts,

ADI J. DAVAR

Part One:

ZARATHUSHTRA'S ESSENTIAL TEACHINGS

* INTRODUCTION

I was raised in a traditional religious environment. Smell of sukhar-loban and chants of satum prayers at dawn and nyashes and yashts in daytime, wafted daily in my home. As in ancient Zoroastrian times, a glowing coal hearth - representing the light of Ahura Mazda's wisdom and creation - was reserved in our kitchen for prayers. During my exam days, it blazed with the sukhar I piled on it, while praying loudly for Ahura Mazda's and the Yazats' boon of doing well in them. Since childhood, I was taken to fire temples, jashans, muktads, obsequies and various religious ceremonies. That ours is a strictly monotheistic faith, born between 1700-1500 BCE, based on continuing struggle between forces of good and evil and exclusive to those born into it, were dinned into me.

In early adulthood, I mused over how strict monotheism could be compatible with: the worship of Ahura Mazda and at the same time, of a divine pantheon of Amesha Spentas and Yazats (the archangels and angels in other faiths); an ongoing struggle between two forces, one of good and one of evil; the belief that Ahura Mazda and Ahriman - an evil spirit, were co-equals; man/1 receiving guidance from a supernatural fravashi, and not from Ahura Mazda in a faith its Prophet named Daena Vanghui (religion of good conscience).

Such casual thoughts were replaced by distinct unease when work took me to lands touched by Zoroastrianism - from China to Central Asia, Turkey to Greece, and Egypt to the Middle East. I saw evidence that people of many ethnicities had long practiced it. In Xian (in China), I visited a mosque having clear traces of originally being a fire temple and a tomb of a Zoroastrian Chinese wife of a Chinese lord. Izedi Kurds in Iraq, who claimed to be Zoroastrians, took me to their fire temple (in a cave) vaguely resembling ours. Behistan's rock relief carvings in Iran and statues in ancient fire temples in Armenia, made me wonder why an unseeable Creator and yazats were depicted like idols. I stared dumb-founded at rock relief carvings of our Asho Farohar, but with a circle instead of a human face, atop a 2200 BCE temple in Egypt, and those with a human face on 900 BCE temples of the polytheistic Assyrians in Iraq. Gothas, who guard entrances to our fire temples, lay scattered in Mosul and the Baghdad Museum as relics sacred to Assyrians. These are but a few examples.

How could I then reconcile them with traditional religious beliefs ingrained in me from childhood? Or, those beliefs - which included revering Ahura Mazda as well as primordial forces and divinities - with Zarathustra's revolutionary teachings/2 predicated on the omnipotence of one ever-existent invisible transcendental power of immeasurable wisdom and intellect who created the universe and all in it? Or, elaborate priest-performed rites, rituals and ceremonies other than socio-religious ones like navjots, weddings, jashans and obsequies, with his teaching that man's path towards Ahura Mazda lay in venerating Him through personal prayers, simple personal rituals to reinforce devotion, and living by the faith's basic principles by using the key of good words, thoughts and deeds? Or, by so doing, man can perfect his urwan and the world, and earn afterlife in heaven? Or, Zarathustra offered his faith to all who might choose it?

To resolve my growing discomfort, I ventured on the journey of studying our faith in some depth. I tried to understand what Zarathustra really taught, the allegorical meanings in his words, and how and when they got transformed to what is now practiced.

As I probed, I was astonished that no godheads, primordial forces or divinities had place in Zarathustra's teachings and in fact, he denounced them. Yet, they are integral to today's Zoroastrian beliefs and practices. As my knowledge deepened, I was asked to chair or participate in scholarly discussions of the faith. That put me in contact with renowned scholars. Some, like Dasturji Minocherhomji, Farhang Mehr, Ali Jafarey and Stanley Insler, even befriended me. We explored various aspects of the faith. Some of their explanations, e.g. about the forces of good and evil as moral vs. cosmic dualism, forced me to think deeper to find more satisfying answers.

I am sharing what I found, only because I believe that many Zarathushtis may also want to ponder over information that is not easily available to them. Part I of this article gives in simple terms, the essence of Zarathushtra's real teachings. Part II in the next FEZANA JOURNAL, explores the magnitude of their transformation over the ages. There are probably some errors in my findings. But hopefully, the essential thrust is in the right direction.



ZARATHUSHTRA'S ESSENTIAL TEACHINGS

HIS ESSENTIAL REAL TEACHINGS

* AHURA MAZDA:

Zarathustra gave a double name to the omnipotent power creating the universe - "Ahura Mazda". Ahura means Lord of Life and Mazda, Creator of Matter or simply, the "Wise Lord". He called the teachings, revealed to him by Ahura Mazda for the benefit of all mankind, Daena Vanghui.

* CREATION:

Eons ago in the Spiritual Universe (Menog), Ahura Mazda drew up a Divine Plan to create a Material Universe (Getik). It was to be governed by His immutable laws of nature, with their actions and consequences (i.e., Asha or Absolute Truth).

Zarathustra speaks lyrically about the physical and moral aspects of creation (e.g., Has. 30 and 44), but casts little light on the methodology of creation. He talks (Ha. 31.7) of streaming "lights from far-away heavens" (suggesting universe's birth in a cosmic "big bang" that occurred some 14 billion years ago?), and a universe that is progressing, expanding, renewing and unfolding in accordance with Ahura Mazda's Divine Plan until it will reach ultimate Perfection (Ha. 34.7, 43.5, 51.6). A part of that Plan was the world's progressive Perfection in moral and ethical terms, through the active participation of the righteous human mind.

The Prophet taught that Ahura Mazda created the universe and everything in it, through His Spenta Mainyu (Creative Mentality) Mentality that is innate within Him (Ha. 44.7, 51.7). He does not mention help from any pre-Zarathushtrian divinity, supernatural or primordial being. Indeed, he repeatedly denounces them as non-existent and false. Neither does he mention Amesha Spentas, Yazats or fravashis, all of whom are so integral to the beliefs and rituals of Zoroastrianism today.

* TWIN MENTALITIES – The First Step in Creating the Material Universe:

The choice between good and wickedness (called "evil" only by later day Zoroastrians) or truth and deceit, constitutes the bedrock of Zarathustra's ethical and moral teachings. What necessitates these choices, is explained through his percept of the Twin Mentalities (ta mainyus). "Mazda did create" them (Ha. 30.1) "at Creation's dawn" (Has. 30.4, 45.2), as His first step in creating the Material Universe. He elaborated (Ha. 30.4): "As twin co-workers, they reveal themselves. Yet, in each thought, word and deed, these two are n'er agreed. One's Good (Vayo), the other Bad (Akem)... " (Has. 30.3, 45.2). And "When together did they foregather at Creation's early dawn, Life (Gaem) did one make, and the other made Non-Life (Ajyaitim). And thus, Creation's purpose is achieved. Dark is the mind of those that cling to the false, but brightly shines the Mind that holds to truth".

Many scholars regard this as a moral or cosmic choice between good and wickedness, or truth and deceit. But Dr. Irach Taraporewala has interpreted correctly (Divine Songs of Zarathustra, p.141) that the essential difference between the two "is not so much as between 'Good' and 'Bad', as between the positive and negative" in everything in creation. In other words, Zarathustra explained in allegorical terms that Ahura Mazda's first act of creation was to set up two opposing aspects, or poles, in order to hold the Material Universe and everything in it together and to maintain their progress thereafter.

Let us think through this.

Earth and heavenly bodies rotate on their axis and orbit in place in the vastness of space, only because their positive and negative magnetic poles create gravity. Matter is held together by positively and negatively charged atoms, particles and ions. Birth of most living things, requires two distinctly opposite sexes. Every moral and ethical matter has contradictory dimensions, or aspects, of good and bad. It is because man was created with an inborn capacity for good and wickedness, that he is also given a Mind that is free to choose between allying him with the essence of good or bad. He also pays for those choices in afterlife, in either the "Abode of Song and Light" or its contradiction, the "Abode of Woe and Misery". By designing opposing poles or aspects, He also created antithetical conditions of life and death and of salvation and damnation. They permeate everything in nature and cut across all modes of existence and dimensions of life.

As Taraporewala further explains (ibid, p. 137), the percept of the Twin Mentalities as the first step in the creation process, however "underwent a strange transformation later. ... From being a creation of Ahura Mazda, the Bad (Akem) has become the rival and almost the co-equal of God". This transformation, which took place centuries after Zarathustra, "was undoubtedly due to the influence of the Judaic idea of Satan".

* EVIL :

Zarathushtis today believe that their faith propounds an eternal struggle between the primordial forces of Good and Evil between which they must choose. But was that Zarathustra's original teaching?



ZARATHUSHTRA'S ESSENTIAL TEACHINGS

As the eminent Zarathushti priest-scholar Dasturji Dhalla notes (History of Zoroastrianism, p. 89), the Prophet gave no proper name to evil, nor specify its origin. And nowhere does he mention a primordial or personified evil spirit who initiates or spreads evil, or persuades men to commit it. In his teachings, he only uses words like Aka Mana (Bad Spirit), Achista Mana (Wicked Spirit) and Dregvant (Wicked One). The opposite of Ahura Mazda's abstract Attribute of Asha (Truth), he calls Druj - which translates as Wickedness, not Evil. Druj was dropped as Asha's opposite centuries after, when later scriptures replaced it with Angre Mainyu, the primordial and personified Evil.

As Taraporewala reminds us (ibid, pp. 500-502), Zarathustra used words like angra, angro and anro in only three places (Has. 43.10, 44.12, 45.2). But none mean Evil or Evil spirit. They mean: (a) doer of wickedness (angra), a person with an inborn wicked nature, who therefore generates cruelty, deceit, fury, greed, wars and the like which assail or embroil other men; (b) wicked one (angro), a person who becomes wicked through the wrong choices he makes; and (c) victim of wickedness (anro), a person forced into wickedness by the wicked environment around him. These usages suggest that wickedness has no substance on its own. Rather, it is man who gives it substance and makes it a reality, when he chooses to use his inborn capacity for wickedness instead of that for good. The key to the destruction of wickedness therefore also lies in man's hands, by making a choice to ally with the essence of good instead of wickedness.

By doing so, man can contribute to the moral and ethical perfection of the world. Because, when he sheds his propensity to be wicked or choose wickedness, he gradually contributes to his urwan's perfection. When he does that, he also makes a positive impact on events surrounding him, his family, society and country. He thus progressively contributes to making the world around him more morally and ethically perfect.

* THE "SUPPORT SYSTEM":

Ahura Mazda created man as His helper (Astis) (Ha.31.22) and friend (Urvar) (Ha.45.11) who would make the world morally and ethically perfect by choosing to perfect himself (Ha.31.11). To cope with that responsibility, and also for the fate of his urwan in afterlife, Ahura Mazda endowed man with the following "support system".

- (i) a destructible body (Tanu) and an indestructible eternal soul (Urwan);
- (ii) a Daena, a faculty to receive Ahura Mazda's guidance throughout life about what the righteous choices might be (voice of conscience in modern terminology);
- (iii) capacity to receive that guidance through Serosha, His Divine Messenger Mentality;
- (iv) a Mind (Mano) that is free to accept or reject Daena's guidance; and
- (v) Six abstract Qualities, akin to Ahura Mazda's six perfect Attributes innate within Him (Spentas), which man can make increasingly Spenta-like by using his Mano to choose whether to contribute to his urwan's and the world's perfection.

The linkage between the availability of such a support system and the freedom given to man to choose to avail of it or not, and reap its consequences in his afterlife, is a teaching unique to Zoroastrianism. It goes beyond the popular belief that man can reach heaven simply by worshipping the Creator through constant personal prayers and/or practice of religiosity. It implies living his earthly life by the faith's basic teachings.

Let us now understand the meaning of these six abstract Attributes and Qualities:

AHURA MAZDA'S DIVINE ATTRIBUTES

ASHA (Male Gender)

Absolute Truth or Righteousness
Embodies: comprehension of the immutable Laws consequences govern everything in the universe
Asha's s opposite is not Evil; it is
Druj - Lies or Wickedness, or
Dragvartim – Untruth)

VOHU MANO (Male Gender)

Good Mind/Divine Love

MAN'S QUALITIES

ASHA

Absolute Truth or Righteousness
Capacity: to live righteously in Nature, whose acts & accordance with those Laws, and thus help the process of perfection process.

VOHU MANO

Good Mind/Love



ZARATHUSHTRA'S ESSENTIAL TEACHINGS

Embodies: good mind (the means), good thinking, (the process) & good thought (result); thus, a Good Mind comprehending Truth & Love

Capacity: to choose Good & Love, that encompasses all. (Vohu Mano's opposite is not Evil Mind: it is Aka Mana – Bad Mind Or Achista Mana – Worst Mind)

ARMAITI (Female Gender)

Divine Service/Devotion

Embodies: unswerving devotion, service & loyalty to Truth, to make it a reality through righteous thought, word & action

ARMAITI

Service/Devotion

Capacity: to serve all with devotion, thus bringing substance in thoughts, words & actions to Truth. (Armaiti's opposite is Tarmaiti -

KSHATHRA (male gender)

Divine Energy/Power

Embodies: Creator's energy/power to advance Truth & Good in the universe

KSHATHRA

Human Energy/Power

Capacity: human energy/power to serve mankind, by bringing Truth, Love & Service to fruition

HAURVATAT (female gender)

Perfection

Embodies: Ahura Mazda's perfection

HAURVATAT

Perfection

Capacity: to perfect one's urwan by living righteously and giving Love & Service to all in earthly life

AMERATAT (Female Gender)

Immortality

Embodies: Ahura Mazda's "non-deathness", His Immortality

AMERATAT

Immortality

Capacity: to achieve Immortality for one's urwan by following Good Thinking, Truth & Service in life

*** AFTER-LIFE:**

When man's body dies, his urwan crosses Cinvat Bridge. This allegorical "Bridge of the Judge" signifies its passage from Getik to Menog, the material to the spiritual world (Ha. 46.10, 46.11, & 51.13). The Judge at the Bridge is Ahura Mazda Himself (Ha. 46.17). He separates a follower of Truth from that of Untruth in earthly life. It is unclear what the Prophet prescribed as death ceremonies (obsequies) to be done by priests. They are meant to comfort the relatives of the deceased, and his urwan as it awaits Ahura Mazda's judgment. But they cannot sway it. It will be based on life led by the deceased on earth.

The ultimate reward for a man who followed Truth and used his Qualities to perfect his urwan progressively, is its absorption in Ahura Mazda's emanation. Zarathustra refers to it allegorically as living eternally in His Abode of Song and Light, Garo Damane (Ha. 45.8, 50.4, 51.15). For a man who followed Untruth and did not use his Qualities, it is eternal life in His Abode of Woe and Misery, Druj Damane (Ha. 46.11, 49.11, 51.14). These "Abodes" are therefore not physical heavens or hells, promised by later prophets.

Zarathushtra speaks of only these two Abodes. He does not mention any intermediate one for urwans who followed Truth and Untruth in an equal measure in earthly life. While perfection in one lifespan seems difficult to achieve, the Prophet does not mention reincarnation, except in Ha 49.11. But its scholarly interpretation is controversial.

ZARATHUSHTRA'S GUIDANCE FOR IMPLEMENTING THESE TEACHINGS

Understanding Zarathustra's real basic teachings is one thing. How to implement them, is another. Fortunately, they do provide guidance on how man can achieve the goal of perfecting his urwan and contributing to the world's gradual moral and ethical perfection.

As we understood in the preceding paragraphs, man is born with Qualities akin to Ahura Mazda's abstract Attributes as well as with an inborn capacity to generate Wickedness. However, he can evolve from this mix, by choosing paths which can help his urwan attain a "Spenta way of being" (Ha. 47.1) and thus, Immortality in his afterlife.



ZARATHUSHTRA'S ESSENTIAL TEACHINGS

* **HOW CAN MAN ACHIEVE THAT?** By venerating Ahura Mazda and His Attributes through personal prayers, simple personal rituals that reinforce his devotion, and living according to the faith's basic principles. The "keys" for living in that manner, are good thoughts, words and deeds. But Zoroastrians instead believe these keys to be the faith's basic principles. When man pursues them consistently, his Qualities progressively begin to personify Ahura Mazda's Attributes more fully (Ha. 28.2, 33.8, 34.1, 45.10, 47.1, 50.4).

* **WHAT DOES SUCH VENERATION ACHIEVE?** Besides enabling man to grow spiritually through deliberate choice, it also fulfills three other purposes of his earthly life, namely, to: (i) help defeat Wickedness which he often brings to life by letting his free Mind ignore his Daena's guidance to choose Truth instead; (ii) contribute to making the world ethically and morally more perfect, by progressively renovating his urwan; and (iii) help realize this objective which is Ahura Mazda's very purpose for creating him.

Man's reward is, that as his Qualities gradually strengthen, his urwan advances towards Perfection and Immortality (Has. 28.10, 31.21, 33.13, 43.10, 45.4). The other is, that this development positively influences not his urwan alone. It also advances his family, society and country and thus the world, towards moral and ethical perfection.

* **WHY, AND HOW DOES THAT HAPPEN?** Because man's Qualities are both, what generate the reward and the reward itself, in an incremental process towards their Perfection. For example, pursuit of Good Thinking strengthens Good Thinking within man (Ha.28.10, 33.13, 34.21). Pursuit of Truth, strengthens Truth within him (Ha. 31.21). Hence, more he venerates Ahura Mazda and His Attributes as guided by his Daena, his understanding of Good Thinking, Truth and Service becomes keener, and he can more fully hone the Qualities of his urwan and advance it towards Immortality in afterlife (Ha. 45,4).

* **WHAT ARE THE CONSEQUENCES OF WRONGFUL THOUGHT, WORD OR ACTION?** In the short-run, it may change a man for the worst. But in Zarathustra's unique paradigm, in the longer-run, worship and veneration of Ahura Mazda and His Attributes will help man begin the process of defeating his inborn capacity for Wickedness.

* **WHAT IS THAT PARADIGM?** Zarathustra taught that Ahura Mazda's way of defeating Wickedness is not through fear of punishment. That merely suppresses Wickedness, not prevent, defeat, or eliminate it. The right way is to get man to gradually shed his Mind's inborn preference towards Wickedness and instead use the faith's three basic keys to a point where he just does not want to be wicked. While that reinforces a preference for a beneficial way of life, man's Wickedness is likely to still lurk within him and hurt him. It is only when he decides that he does not want to be hurt by Wickedness of others, will he realize that it is also not the right way for him to be, or act, towards them.

Through a long process of making choices and experiencing their positive or negative consequences, preferences of most men begin to change. They begin to perceive Wickedness' adverse consequences, the harm it does to them and the benefits of choosing otherwise. Self-realization eventually dawns that it is just not the right way. Their Minds than begin to follow their Daenas' guidance to choose Truth, not Wickedness, in every step of life. The Prophet calls this process "the refiner's fire" (Ha. 31.9, 47.6, 51.9). In other words, by experiencing the consequences of Wickedness on himself, comprehension grows within man that it is just not the right path. Only that of Asha, is.

To put it another way, **Ahura Mazda's justice is predicated on enlightenment.** For example, *Has. 41 through 44* talk of changing the "minds of both factions", viz., of those who pursue Truth or Wickedness, so that both are enlightened into taking steps to perfect their urwans and the world. Ahura Mazda's goal is to enlighten man's free Mind so that it falls into a pattern of invariably choosing to live by the faith's basic principles.

* **WHAT THEN LIES AT THE CORE OF ZARATHUSHTRA'S TEACHINGS?** Devout adoration and rote worship of Ahura Mazda, or practice of religiosity and rites to seek His boons, are not what he teaches. Unfortunately, that seems to be the common Zoroastrian way. What lies at the core, is personal worship and simple rituals. These, and living according to the faith's basic teachings, can strengthen man's devotion to the Divine, offer him pathways to comprehend His Wisdom, Divinity and Perfection, and enable him to become Ahura Mazda's effective helper in order to fulfill the purpose of his creation.

* To understand this simple yet profound message, consider these questions: What are the:

(i) attributes of Wisdom which personify Ahura Mazda? (ii) Qualities given to man, that he is capable of honing? (iii) rewards for honing them? (iv) ways to defeat Wickedness, other than through punishment? (v) ways for a man to perfect



ZARATHUSHTRA'S ESSENTIAL TEACHINGS

himself and fulfill Ahura Mazda's purpose in creating him? (vi) ways to reach Ahura Mazda and spend afterlife in His Abode of Song and Light by becoming part of His emanation?

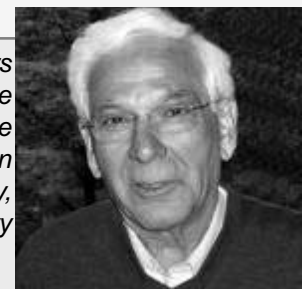
The answer is the same to each question: (a) Truth (Asha); (b) its comprehension (Vohu Mano); (c) its devout pursuit in thought, word and act (Armaiti); (d) power and energy to achieve their realization (Khshathra); (e) attainment of Perfection (Hauvratat); and, (f) thereby, attainment of immortality (Ameretat).

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REFERENCES:

1. "Man" or "Men" are the abbreviation used in this article, to refer to both sexes.
2. Unless mentioned otherwise, this article reflects Zarathustra's teachings in his own words in the 17 Gathas (some have been lost) ascribed to him by scholars. These compositions were carried after his death by rote for some centuries, till writing was discovered. Each teaching is referenced to a relevant stanza (Ha.) of these Gathas, and based on translations by the pre-eminent Parsi scholar, Dr. Irach Taraporewala in "The Divine Songs of Zarathustra", Bombay, 1993, and the leading Gatha scholar, Stanley Insler in his "Gathas of Zarathustra", Leiden, 1975.
3. In making this analysis, the author is indebted to Dina McIntyre's insightful discussion of relevant issues in her "The Puzzle of the Amesha Spentas", Iran Zamin, Vol. 6. October 2006, from which he acknowledges quoting extensively.

Adi Davar holds a degree in economics and law from Bombay University and a Masters in International Law from Harvard University. Senior executive in the Tata Group and the World Bank-from where he retired as a Director of East Asia and Pacific Region. He came to Washington DC in the 1960s and was the founding President of the Zoroastrian Association of Metropolitan Washington. He is active in community affairs, internationally, nationally and locally. Researcher, writer and speaker on Zoroastrian religion, its history and contemporary issues.



Letter to the Editor

Editor, FEZANA Journal

I just received my copy of the Fezana Journal and here are some (unsolicited) comments.

1. I was glad to read that we, in North America, ordained the first female Mobedyar. Thanks for publicizing that milestone.
2. "Parsis in Politics" was a very good compilation by Maneck Bhujwala.
3. Thank you for publishing the lecture by Dr. Yuhana Vevaina. It is an intelligent discourse that I have read in the magazine. This will prompt me to go to the Fezana website to read the prior Jungalwalla lectures.

As the Editor-in-Chief, you put out an excellent quarterly magazine with all volunteer effort. It is remarkable.

Thank you and wishing all the Fezana Journal volunteers my thanks and a Happy 2013.

Best regards,

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SHOULD WE BE AGNOSTIC ON GATHA SCHOLARSHIP?

In this paper I use Quine's thesis of the Indeterminacy of radical translation to argue why we should take an agnostic position on the accuracy of Gatha translations.

I conclude by arguing that Gatha scholarship based on a study of texts alone is unlikely to make any progress unless some empirical discoveries are made which throw light on Zarthusstra and his era.

The eminent American philosopher Willard van Ormon Quine has postulated in his study of the philosophy of language the thesis of the “indeterminacy of radical translation”. According to Quine radical translation occurs when we are trying to translate a language where native speakers no longer exist or where there are no common speakers to translate from one language into another. Quine posits that in such a situation there is no fact of the matter to guide a linguist in translation leading to indeterminacy and he gives the classic example of a native speaker emitting the “gavagai” sound on beholding an animal (a rabbit) in the presence of a field linguist which can be translated by the field linguist with equal accuracy as meaning:

- a “rabbit”; or
- as “undetached rabbit parts” or
- as a “time slice of a rabbit”

This is because there is no other evidence to guide the linguist to choose between one of the above three as the correct translation of the native's utterance.

An indeterminacy therefore exists in radical translation whose level of accuracy is itself indeterminate ie we cannot say with any confidence how accurate a radical translation is compared to another as there is no common context or background or culture to guide the translator.

Quine's example may appear rather artificial to the general reader and his work is not easily accessible except to analytic philosophers. However examples abound and a simple one that many Parsi readers would have some appreciation is the Gujarati spoken by urbanised Parsis in India and Gujarati as an Indian language spoken by the people of the villages of Gujarat. The Parsis adopted Gujarati as part of the terms of settlement given by the legendary Jadav Rana when they landed as refugees at Sanjan. In the process they made Gujarati into their own distinct language with many syntactical changes (eg dropping inflections and case endings), semantically and idiomatic changes via changing meanings of words and phrases or by adopting loan words from Pahalvi and English. The result is a very distinct and different language as spoken by the urbanised Parsis of Bombay compared to the native language spoken in the villages of Gujarat.

Now consider the following situation. Demographically the Parsi population in India is shrinking. In 50 years it is expected to decline to 15-20,000 at most. Once a community falls below a certain critical mass it is unlikely to survive in an urbanised environment where the dynamic pressures of modernism and popular culture overwhelm static traditional culture and values. For hundreds of years in India Parsi numbers might have been stable at less than 20,000 however they lived in close knit remote communities as one caste among a number of other castes with virtually no interaction and intermarriage across caste boundaries. We should expect that the Parsis in India will vanish at best in two hundred years like the Zarathushtis in China who flourished for 600-700 years after they fled from Iran as refugees from Islam and then vanished in the 14th century without leaving a trace by merging with the majority Chinese population.

Even though they might vanish a lot of Parsi literature and artefacts will survive. However if the knowledge about this is not maintained by academics and linguists then it too will be easily lost. So that if centuries later on if somebody tried to understand a Parsi Gujarati text or play and translate it using native Gujarati they face a problem of radical translation as there are no native speakers left of Parsi Gujarati and the knowledge about their language is not documented and retained. Using native Gujarati a linguist can try to have a go at translating a Parsi Gujarati text and come up with some result. He may make some guesses where he sees differences between the two languages. However the crux of the issue is that there is no way of verifying whether the guesses are correct or incorrect and judging the level of accuracy in his translation from that done by another linguist.



GATHA SCHOLARSHIP

Other examples can be easily constructed to illuminate this problem of radical translation and the most straightforward one applies to the subject matter of this essay namely the translation of the Gathas of Zarthushtira.

Two approaches are extant in Gathic scholarship: the traditional one based on Paharvi scholarship of Zarathushti priests who had done the translation in Sassanian times and the linguistic one based on Vedic Sanskrit begun by European philologists in the nineteenth century.

If Quine is right then the interpretation of Gathic language is a classic example of radical translation and therefore all Gatha translations are fraught with indeterminacy. Furthermore there is no fact of the matter to judge which translation is more accurate than the other.

- a) There are no native speakers in the Gathic language and none have existed possibly for 3000 years or more.
- b) Knowledge about the Gathic language was not written up by a native speaker or a living contemporary but was passed down by an oral tradition based on complex rituals for practitioners initiated into the Zoroastrian priesthood
- c) The oral tradition worked efficiently by splitting the meaning and content of the hymns from the chant with its emphasis on syntax, meter and pronunciation thereby it can be passed on to the next generation like a living book without the herbas (the lowest level ritual priests or magi) having to understand what it meant..
- d) The bulk of the magi were required to do complex rituals and only needed to know and repeat the chant of the hymns and not be aware of their meaning and content. The rituals gave a reliable means of practicing and remembering long chants thereby keeping the tradition alive and handing it down from generation to generation.
- e) Possibly a smaller elite group existed who were the custodians of the meaning and content of the Gathas, were responsible for theological questions and on providing leadership and authority to the Zoroastrian faith.
- f) The oral tradition propagated itself until the cataclysmic event of Alexander's conquest happened when by massacring thousands of Magi for not crowning him emperor a whole generation of priests were decimated and the survival of Zoroastrianism was threatened.
- g) A religious revival with a reconstruction of the oral tradition was attempted by the Parthian Emperor Valksh two hundred years after Alexander. We have no way of knowing how much was irretrievably lost in the gap and therefore how accurate the reconstruction of the gathas was given that the gatha language at that time was a dead language over a thousand years old with no native speakers.
- h) With the advent of the Sassanians, the Zarathushti religion became a state religion and for the first time a special script was devised to write the Avesta and presumably the Gathas.
- i) A second cataclysmic event befalls Zarathushti religion with the conquest of Iran by the Arabs, the destruction of libraries and the persecution and forced conversion of the communities.
- j) We therefore have to judge the veracity and validity of the knowledge based on tradition from the lenses of a double break in the tradition. What survives and was reconstructed post Islam is arguably from the memories of priests with the bulk of the written material lost forever.
- k) At this stage the original meanings of the Gathas is largely replaced by the Zend commentaries of the revivalist. There is no way of knowing how accurately it translates the gathas and that's why the linguistic approach described below was viewed as superior and attempting to make a beginning from so called first principles.
- l) Note that even in the linguistic approach agreement across the board among scholars is only around 20% of the Gatha corpus with the remaining 80% of a translation based on speculation and hypothesis of a particular translator.

A new approach to Gatha studies and translation starts with the advent of comparative linguistics and the use of Vedic Sanskrit to translate the Gathas.

This has been so fecund an area that a number of translations have come out since it started well over a hundred years ago each quite different from the other, some radically different. However as per my Parsi Gujarati translation example the use of Vedic Sanskrit to translate the Gathic language is subject to the same indeterminacy of radical translation.

If I am right in my use of Quine's thesis then I believe we have to be at best agnostic and at worst totally sceptical about these translations as being able to portray the thoughts of Zarthushtira with sufficient accuracy. One indicator of this indeterminacy is the lack of consensus in the translations and some of the outlandish claims made by some translators such as casting Zarthushtira as a politician in one case, or a witchdoctor in another and finally even questioning his existence as a person in a third case. This does not tell us anything about Zarthushtira but more about the bias and



GATHA SCHOLARSHIP

prejudices of the translators. Even Helmut Humbach one of the greatest Gatha scholars who has spent a lifetime working on the Gathas and come out with no less than 5 translations from 1959 to the recent one in 2010, now admits that perhaps we can say we have now got a handle only on the morphology of the Gatha language.

This leads me to conclude that we should look upon Gathic scholarship as essentially sterile since continuing study of the texts will not yield any new knowledge. Gatha scholars are unfortunately like the fly in the bottle going round and round to no avail. We have to wait until further light is cast on those times by external investigations such as archaeology or discovery of ancient manuscripts which help increase our knowledge.

For Zarathushti believers my view should not be disheartening as their belief should be based on faith alone and not on a demand for a rational understanding of the prayers and hymns. Faith and belief provides the true believer in the limit the mystical apprehension of the divine and reveals the promised truth of faith and with it Ahura Mazda's grace and blessing.

Finally it is interesting to note that in an interview on the UNESCO PARZOR website given by the scholar and High priest Dastur Dr. Firoze Kotwal to Shernaz Cama he says in the section on *My Faith* :

“What is the meaning of our Prayers? No one understands, even scholars can't understand a dead language but we have to not just look at etymology.”

- 1 QUINE WAS THE EDGAR PIERCE PROFESSOR OF PHILOSOPHY AT HARVARD FROM 1956 TO 1978.
- 2 REF: WORD AND OBJECT CH. II, PP72-79; MIT PRESS 1960
3. IN THE DISCUSSION OF HIS THESIS IN *WORD & OBJECT* QUINE DEVELOPS THE ARGUMENTS BASED ON LINGUISTIC BEHAVIOURISM WHICH HE SEES AS A DEVELOPMENT OF SKINNER'S BEHAVIOURISM. MANY PEOPLE HAVE THEREFORE REJECTED QUINE'S THESIS WITH THE REJECTION OF BEHAVIOURISM. HOWEVER THE TRUTH OF THE THESIS OF THE INDETERMINACY OF RADICAL OF TRANSLATION DOES NOT REQUIRE ONE TO SUPPORT BEHAVIOURISM AS CAN BE DEMONSTRATED BY THE FACT THAT OTHER EMINENT THINKERS DONALD DAVIDSON AND NOAM CHOMSKY WHO REJECT BEHAVIOURISM HAVE SUPPORTED THE THESIS. CURIOUSLY QUINE PROVIDES ALTERNATE SUPPORT ALSO, HE MAKES A PASSING REFERENCE IN *WORD & OBJECT* TO FRANZ BRENTANO'S THESIS OF THE IRREDUCIBILITY OF INTENTIONALITY AND SAYS IT IS OF A PIECE WITH HIS THESIS OF INDETERMINACY OF RADICAL OF TRANSLATION.
- 4 QUINE MAKES THE RELEVANT POINT ON THIS IN *WORD & OBJECT* CH2, PP27VIZ:
“MANUALS FOR TRANSLATING ONE LANGUAGE INTO ANOTHER CAN BE SETUP IN DIVERGENT WAYS, ALL COMPATIBLE WITH THE TOTALITY OF SPEECH DISPOSITIONS YET INCOMPATIBLE WITH ONE ANOTHER
- 5 THERE ARE TANTALISING REFERENCES TO SUCH A CLASS OF PERSON IN SOME OF THE CLASSICAL WRITERS SUCH AS THE PRE-SOCRATICS, PLATO, HERODOTUS & XENOPHON TO NAME A FEW.
6. [HTTP://UNESCOPARZOR.COM/INDEX.PHP?OPTION=COM_CONTENT&VIEW=ARTICLE&ID=34&ITEMID=55&PHPMYADMIN=SAJDMQ8UXCI6IYWREItGtdZWR-2](http://UNESCOPARZOR.COM/INDEX.PHP?OPTION=COM_CONTENT&VIEW=ARTICLE&ID=34&ITEMID=55&PHPMYADMIN=SAJDMQ8UXCI6IYWREItGtdZWR-2)

Dinyar Mistry grew up in India and migrated to Australia in the sixties. He studied Philosophy at Sydney and Oxford Universities. He lives in Sydney, Australia with his family.



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**CLARIFICATION FROM TEENAZ JAVAT,
FEZANA JOURNAL Vol 26, No 3 FALL 2012
PAGE 120 PERSONAL PROFILE**

Towards the middle of the profile of Rohinton Medhora in the Fall 2012 issue of the Fezana Journal, reference is made to him and his wife approaching Zubin Mehta in Florence and meeting him. In fact, in illustrating the closeness of our community, Mr. Medhora was relating what he had read recently in Parsiana magazine about a Parsi who was at one of Mr. Mehta's concerts in Florence, and had approached him. Mr. Mehta was gracious enough to meet the gentleman who subsequently sent in a letter and photograph about the encounter to the magazine. The episode did not concern Mr. Medhora or his wife at all (though they do hope they too might meet Mr. Mehta at some point!).

=====

Smoking and Its Consequences

Smokers lose at least one decade of life expectancy, as compared with those who have never smoked.

Source: Jha, P et al: N Engl J Med 2013; 368:341-350 January 24, 2013

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Rosheen Kabaraji: Young and Influential

Earlier in 2012, Rosheen Kabraji was recognized as one of the "Top 99 Most Influential International Professionals Under 33" awarded by the 'Diplomatic Courier', an international affairs analysis magazine based in Washington, DC focusing on the latest ideas in diplomacy, conflict resolution, international affairs, and peace-building. Rosheen grew up in Karachi, Pakistan, but now lives in London, Britain, working for the Royal Institute of International Affairs. She received a BSc in Anthropology from University College, London, and an MPhil in International Relations, University of Cambridge. Rosheen's journalistic and broadcast experience includes features for 'The Sunday Telegraph', 'Channel 4', 'The Diplomat' and the 'World Today'. In this interview with Farishta Murzban Dinshaw, Rosheen shares how her memories from her past shape her views of the future.

1. Please tell Fezana Journal a little about your family and memories of growing up in Karachi, Pakistan.

I have extremely fond memories of growing up in Karachi, shaped largely by my family, community and close friends. I remember endless summer days spent at the beach with camel rides and kite-flying, Navroze fairs at the Beach Luxury Hotel, afternoons spent amongst the dusty old books and stationary in Urdu bazaar, and birthday parties that featured bears and donkeys and your personal mini-Ferris wheel. My sense of Parsi-Zarathushti identity was reinforced organically through my family and the community. I was lucky enough to have known both my great grandmothers who were bastions of Zarathushti beliefs and traditions. In a bid to learn more about the community and its evolving identity, as an anthropology undergraduate my thesis focused on the idea of homeland and belonging in the Parsi Diaspora. I learned about my religion, my family history, and my community through stories, by reading and asking questions and maintaining a certain level of curiosity about the world and people around me. I suppose what I miss the most now that I live in London is the close family network and the proximity of everyone with my grandfather who lived downstairs, my aunts, uncles and cousins next door and my grandparents a five minute

drive away. Most of my family is still dotted around India and Pakistan. Consequently, the hardest part of no longer living in Karachi is all the moments, good and sad, that I miss.

2. How did being a Zarathushti in a largely Muslim country shape your identity and world view?

Being part of a minority in Pakistan, I was acutely conscious that I belonged to a different community, but a community that was always held in high regard by the majority of people I encountered from teachers to friends and to ordinary Pakistanis who knew of Parsis. Karachi, after all, was a city built by Parsis, and while the memory of that fades in the minds of its citizens it is still visible in the city today. But there are poignant and darker memories of the violence of the 1990s and the heightened tension post-9/11 when the first suicide attacks in the city began. And yet, while the city has always been a volatile place I have always felt at ease within the four walls of my home. Growing up with Zarathushti values, I am also culturally a product of my surroundings and I, therefore, carry an inherently "Asian" worldview that has also been added to through my education, work experiences, and travel.



3. What channelled your interest in foreign policy?

In Karachi, every Friday evening we had dinner at my grandparent's home. And there were principally two topics of conversation: politics and food. Politics at the dinner table was not just about Pakistan, but the community, and current affairs in general. My maternal grandfather and grand-uncle* were both involved in politics, foreign affairs and education, and I learned a lot from them. Pakistan just isn't one of those countries you can 'switch off' from current affairs. It is part of the fabric of society. I was very fortunate as a child to have had the opportunity to travel and it is in large part by visiting different countries and their peoples that my interest in different cultures and foreign affairs grew.

** Rosheen's grandfather, Khursheed Marker, was appointed minister for water and power during Moeen Qureshi's caretaker government, and was a member of the debt reduction and management committee set up by Pervez Musharraf. Her great-uncle, Jamsheed Marker, is a veteran diplomat. He is listed in the Guinness Book of Records as having been the ambassador to more countries, including the United States, than any*

Personal Profiles



other person, earning him the distinction as the world's longest-serving ambassador.

4. What is your role at Chatham House (The Royal Institute of International Affairs)?

I am currently Programme Manager for the Asia Programme at Chatham House. The mission of Chatham House is to be a world-leading source of independent analysis, informed debate and influential ideas on how to build a prosperous and secure world for all. As part of the research and policy-oriented work at the Asia Programme at Chatham House, I engage with policymakers, academics, the media and the private sector to develop a better understanding and response to key challenges in the region with a focus on identity, governance, and education in South Asia and South

East Asia. The work is challenging, exciting, diverse, and I am constantly learning about different aspects of international affairs. I am very fortunate to have had this opportunity and to be able to say I enjoy what I do. As a next step, I hope to be able to pursue a PhD in order to build on my interests and expertise.

5. In your profile in the 'Diplomatic Courier' you said, "Unless younger generations are convinced that certain global issues, like the global economy and resource governance, do make an impact, accessibility alone will be pointless if it is not made relevant to their day-to-day lives." What have you learned from experience that you would share with today's youth?

I think the key thing I have learned in pursuing the career path I have, whether in academia,

journalism or foreign affairs, is that it is worth taking the time and the risk to discover what you really enjoy doing and to find the issues you are passionate about. It is probably the more difficult and frustrating path to take, but I believe the rewards can be worth it to be continuously intellectually challenged, and to at least attempt to find solutions to the multitude of seemingly insurmountable global challenges. **

***Farishta Murzban Dinshaw,** originally from Karachi, Pakistan, is now settled in Toronto, Canada. She teaches in the MA in Immigration and Settlement Studies program at Ryerson University, Toronto, and is interested in issues related to the South Asian Diaspora, and global identity and citizenship.*

A NEW ERVAD FOR TORONTO

Ervad Hormuz Mahveer Javat, son of Austa Mahveer and Austi Teenaz Javat, of Toronot underwent his Nahns at Vatcha Gandhi Agiary, Hughes Road, Mumbai, India. The nahn ceremony was performed by Ervad Aspandiar Dadachanji and Ervad Khushroo Kanga on Thursday, December 27, 2012

The ceremony was performed in the pious memory of his great grandmother Austi Piroja Ervad Byramji Javat

**Hormuz was trained in Toronto by Ervad Jamshedji Dhabhar
Congratulations Ervad Hormuz**



BIRTHS

- Ryan Vakil, a boy, to Farzana and Nasli Vakil in Fremont, CA on March 8, 2012 .
- Porter Lyon Binnings, a boy, to Sejal and Arrian Binnings, grandson to Zarina and Bankim Kaji and grand nephew to Arnavaz and Jamshed Gandi in San Francisco, CA on June 2, 2012.
- Devin Cyrus Mistry, a boy to Prathiya and Cyrus Mistry, in Detroit, on July 27, 2012
- Hormuzd Dumasias, a boy, to Rashna and Zubin Dumasias in Cranbury, NJ on June 22, 2012.
- Leila Bilimoria, a girl, to Karl and Sheila Bilimoria, sister to Mia, granddaughter to Yaz and Firoza Bilimoria on July 26, 2012.
- Aidan Hushang Boerboom, a boy to Pantea Rad and Dave Boerboom in Holland grandson of Dr Hourmazd Rad and Mahin Pezeshkpoor of Germany, on August 28, 2012.
- Zarina Jussawalla, a girl, to Firoza and Malcolm Jussawalla in Markham, ONT on September 13, 2012.
- Rohin Nanavaty, a boy, to Danny and Satvir Nanavaty, grandson to Feroze and Kamal Nanavaty and Ajit and Balwinder Minhas in North Vancouver, BC on September 1, 2012.
- Raiyen Ullal, a boy, to Rohena and Gautam Ullal, brother to Jayden, grandson to Arnavaz and Dara Elavia, great grandson to Sheroo Eduljee, nephew to Eric, Kevin, Zinnia and cousin to Serena in Chicago, IL on September 22, 2012.
- Naasha Zarin-Jamshed Dastur, a girl to Patience and Jamshed Dastur, in Livingstone, NJ on September 27, 2012.
- Vivianna Vankadia, a girl, to Nazneen and Farhad Vankadia, granddaughter to Mehroo Roowalla in St. Petersburg, FL on October 5, 2012.
- Zarek Bastani, a boy to Naheed and Danesh Bastani, in San Francisco on October 13, 2012.
- Aanya Kharas, a girl, to Arnavaz and Noshir Kharas, granddaughter to Feroze Kharas and Soonu Godiwalla in Houston, TX on October 15, 2012.
- Aria, a girl, granddaughter to Daisy and Peter in Miami, FL on October 25, 2012.
- Priya Cama Torres, a girl to Parizad and Anthony Torres, granddaughter to Nelly and Cawas Cama and Theresa and Tony Torres, great grand-daughter to Dolat J. Cama , in New York, on October 29, 2012. (in the midst of super storm Sandy).
- Ashton Kalra, a boy, to Teenaz and Vikas Kalra, brother to Aiden, grandson to Kety and Vispi Patel (Toronto, ONT) and Achla and Avinash Kalra (Mississauga, ONT) in Markham, ONT on October 30, 2012.
- Cyrus Rustomji, a boy, to Pooja and Fawas Rustomji, grandson to Dinaz and Shahrokh Rustomji (Toronto, ONT) and Shukla Vig (New Delhi, India) on October 31, 2012.
- Cyrus and Luca Mehta, twin boys to Kairas and Delna Mehta, brothers to Maya and Sabrina, grandsons to Soli and Dolly Mehta (Mississauga, ONT) and Adi and Beroze (Markham, ONT) in Mississauga, ONT on November 15, 2012.
- Nikta Kiamanesh, a girl, to Anahita and Kaveh Kiamanesh, granddaughter to Paricher and Jamshid Behmardi Kalantari and Mahin and Goshtasb Kiamanesh in North Vancouver, BC on November 19, 2012.
- Lyla Cureton, a girl to Anahita and Peter Cureton , grand-daughter to Homai and Arvi Kasad, in Belmont, CA on November 27, 2012.
- Tinaaz Ghariba, a girl to Lily and Nozer Gariba, granddaughter to Nergish and Ervad Nozer Kotwal of Mississauga, Ont. and Aloo and Bejan Gariba of Baroda, in Mississauga, Ont, on December 6, 2012.
- Cyrus Kanga, son of Shirazi and Shiraz Kanga in Foster City, CA on August 4, 2012.
- Fiona and Daniela Patel, daughters of Tina and Nar-eeman Patel, granddaughters of Katy and Khurshed Patel, and Harold and late Carm Cradock, great granddaughters of Gool Homai Patel in Milton, ONT on August 26, 2012.
- Alaisha and Rayan Ichhaporia, children of Urvazi and Perzid Ichhaporia in Orlando, FL on September 8, 2012..
- Anisa and Ariana Deboo, children of Jasmine and Rustom Deboo, grandchildren of Darab and Nellie Unwalla and Freny and Jimmy Deboo in Boca Raton, FL on November 24, 2012.
- Hoshedar Kolah, son of Anaheeta and Zubin Kolah, grandson of late Noshir and Dr. Mehernaz Irani (CA) and Coomi and Eruch Kolah, nephew of Rahzin Irani in Mumbai, India on December 7, 2012.
- Ava Irani Rathenberg, daughter of Benafsha and Joerg Rathenberg, of Palo Alto, CA in Mumbai, December 2012.
- Zain Patel, son of Armaity and Viraf Patel of Belmont CA, in Mumbai, in December 2012.
- Dario Dhabbar, son of Shireen and Firdaus Dhabbar of Stanford, in Mumbai in December 2012.
- Shireen and Zia Mehta, daughters of Sanobar and Hector Mehta of San Jose, CA, in Mumbai, on December 25, 2012.
- Natasha Dastur, daughter of Zenobia and Zubin Dastur of Novato, CA in Surat, on December 27, 2012.
- Meher Irani, daughter of Dr Jennifer and Rustom Irani, granddaughter of Arnavaz and Gustad Irani and Homai and Poras Khajotia, of Florida, in Mumbai on December 29, 2012.
- Naila and Farhad Yazdani, children of Natasha and Kaizad Yazdani, (Las Vegas) grandchildren of Dogdo and Jehangir Irani (Las Vegas) and Dinaz and Shahrokh Rustomji (Toronto) in Las Vegas, on

NAVJOTES

- Leslie Choksey, daughter of Zubin and Nicole Choksey, granddaughter of Kersi and Meher Choksey, in Lombard, IL, on June 17, 2012

M I L E S T O N E S

as of December 31, 2012

December 30, 2012. Navjote ceremony officiated by Ervads Zarrir and Zerkxies Bhandara of California.

WEDDINGS

Sapur "Sam" Engineer, son of Dhun and Katie Engineer to Vanessa Rosette Thomas, daughter of Jesse and Cheryl Peinada and Tracey and Maria Thomas in Pleasant Hill, CA on July 14, 2012.

Amitis Khorsandi, daughter of Mitra and Jamshid Khorsandi to Richard Ormiston in Vancouver, BC on July 28, 2012.

Carl Press, son of Mino and Zarine Press (Chicago, IL) to Erin Yezdi Guzdar, daughter of Perveen and Yezdi Guzdar (Concord, CA) in San Francisco, CA on July 28, 2012.

Janassa Kapadia, daughter of Zarine and Neville Kapadia to Jason Opchika in St. Louis, MO on August 31, 2012.

Adam Barhamand, son of Faroborze and Barbara Barhamand, grandson of Banoo Barhamand and Dorothy and Max White to Alexandria Tannenbaum in Naperville, IL on September 2, 2012.

Danesh Hathiram, son of Rohinton and Niloufer Hathiram to Jessica Moore, daughter of Brenda Moore in Tampa Bay, FL on September 2, 2012.

Nasha Mehta, daughter of Ratanshaw and late Rashna Mehta, granddaughter of Late Brigadier Serosh and Diana Irani, of Karachi, to Vardanis Divecha, son of Shermin and Darayus Divecha, grandson of Late Rusi and Villy Divecha, of Karachi in Caledon, ONT on September 7, 2012.



Sarosh Batlivala, son of Bina and Percy Batlivala to Carla Robinson, daughter of William and Cynthia Robinson in Parkland, FL on October 7, 2012.

Tristin Yazdi Turner, daughter of Mahnaz and Dr Yazdi Turner, to Zachary Harris, son of Lynn and Leon Harris in Montreal, on October 7, 2012.

Rashna Gandhi, daughter of Arnavaz and Jamshed Gandhi of Martinez to Benjamin Larson, son of Mr and Mrs Dennis Larson, in Los Gatos, CA, on October 20, 2012.

Dilshad Adil Balaporia, daughter of Adil and Zarin Balaporia to Michael Owen Gump, son of Raymond and Sandy Gump in Chicago, IL on October 26, 2012.

Darius Buhari son of Dr Fram and Behroze Buhari to Marissa Surrutt, in Stockton Cal, on November 10, 2012

Sarosh Gev Nentin, son of Aban and Gev Nentin to Dana Vartabedian, daughter of Diana and Nishan Vartabedian in New York, on November 17, 2012.

USAF Captain Zarine Malesra, daughter of Maharukh and Edul Malesra to USAF Captain John Durkee in St. Pete Beach, FL on December 12, 2012.

DEATH

Roudabeh Molaei, wife of Manoucher Shidfar, mother of Soheila (Kerman) Katrak, and Sima (Keykavous) Varjavand in Los Angeles, CA on August 24, 2012.

Jerbanoo Irani, wife of late Major Jamshed Irani, mother of Behramjee (Niloufer) Irani in Brampton, ONT on August 27, 2012.

Dhun Framroze Ogra, wife of late Framroze Ogra, mother of Nusserwanji, Phiruze, and Mazdiyar Ogra, grandmother of Phirozeshah (Anahita) Ogra (Richmond Hill, ONT) in Karachi, Pakistan on September 2, 2012.

Dadi Pithawala, 82, husband of Kety Pithawala (Chicago, IL), father of Faranaz (Firdos) Kavina, Marazban

(Usha) and Hanoz Pithawala, grandfather of Jennifer, Sanaya, brother of Soli Pithawala in India on September 3, 2012.

Mahbanoo Kasad, 82, wife of late Farrokh Kasad, mother of Imroze (Percy) Kavarana, late Behzad Kasad and Percyous (Meherangiz) Kasad, grandmother to Zarah in Mumbai, India on September 14, 2012.

Meher Noshir Bamboat, 90, mother of Firoza (Yaz) Bilimoria, Kewmars (Tanaz) Bamboat, grandmother of Karl (Sheila), Zal, Nina (Mark) Angelo, Jennifer (Birav) Shah, Darius (Khushnaz), great grandmother of Mia and Leila in Munster, IN on September 14, 2012.

Rostam Rostamirad, father of Azarchehr, Parichehr, Parinaz, and Borzoo (BC) in Ahvaz, Iran on September 28, 2012.

Behram Kekobad, husband of Jeroo, father of Jamshid and Dilshad Kekobad, grandfather of Zara and Karl of Santa Clara, brother of Maruk Khambatta in Mumbai, on September 28, 2012.

Piroja Katila, 85, mother of Kersi Katila and Nelly (Hormuzd) Engineer (Mississauga, ONT) and Yasmin Setna (Karachi, Pakistan) in Mississauga, ONT on October 12, 2012.

Koohyar Kermanizadeh, 42, husband of Fariba Kermanizadeh, father of Artemis, son of Zarine and Keykhosrow Kermanizadeh, brother of Kambiz and Kamyar in Toronto, ONT on October 15, 2012.

Azarmindokht Oshidari, mother of Homa (Vancouver, BC), mother-in-law of Manoucher Oshidar, in Iran on October 25, 2012.

Pesi Dinshaw Engineer, husband of Perin Engineer, father of Jehangir (Khurshid) and Dinshaw, grandfather of Fiona, Godrej (Katie), brother of Villie Engineer (Karachi, Pakistan) in Mississauga, ONT on October 27, 2012.

Jehangir Jamshedji Andhiyarujina, husband of Arnavaz Jamshedji, father of Kerbad (Niloufer) Jamshedji (Toronto, ONT) and

M I L E S T O N E S

as of December 31, 2012

Diana (Adil) Randeria, in Karachi, Pakistan on November 7, 2012.

Faramji (Fali) Nanavati, 91, father of Feroze (Kamal) Nanavaty, Shirin (Jehangir) Sethna, Kershaw (Jane) Nanavaty, grandfather of Vera, Danny, Sandra, Sara, Joshua and Jillian, and great grandfather of Rohin in Vancouver, BC on November 8, 2012.

Hutoxi Khursigara, wife of Tehmuras (Sunny) Khursigara, mother of Toranj Irani (Wichita, KS), and Faranak Sherwood (Sydney, Australia), sister of Katy Bhada (Toronto, ONT) and Shernaz Mody

(Oakville, ONT) in Karachi, Pakistan on November 17, 2012.

Ardeshir Rustom Cowasjee, father of Ava and Rustom Cowasjee, brother of Zeenia Minwalla (Brampton, ONT), Cyrus (Toxy), in Karachi, Pakistan on November 24, 2012.

Piroja Kaikhosrov Irani, daughter of Aimai and Godrej Irani, wife of Prof Kaikhosrov Irani, in New York on November 28, 2012.

Jimmy Sethna, husband of Nina Sethna, father of Zarir (Roshan) Sethna (Houston, TX) and Jal (Shermeen) Sethna and Shirin

(Adil) Bharucha on December 3, 2012.

Villy Rustom Divecha, wife of late Rustom Divecha, mother of Adil (Hiru) and Darayus (Shermeen) Divecha in Toronto, ONT on December 9, 2012.

MILESTONE ACHIEVED

Dolatbanu Vandrewala celebrated her 100th birthday with family and friends at Cumber Lodge, Toronto, Ontario.

FEZANA Journal will coordinate initial contacts between interested parties; We do not assume any responsibility for verifying credentials. Contact Roshan Rivetna at RRRivetna@aol.com.

Matrimonials

Male 31, 5' 8", Masters in Industrial Engineering and Information Technology, working in reputed company in New Jersey. Enjoys music, traveling, good food and movies. By nature loyal, trustworthy, tolerant and caring with good moral values and believes in honesty and simplicity. Contact family in Mumbai at akhajotia@gmail.com. [F12-36].

Male 48, CPA and MBA, businessman in USA, travels often. Widowed, with two grown children living independently. Invites correspondence from a Zarathushti woman, preferably one who speaks Gujarati, likes Parsi food, and possesses a good sense of humor. Contact friend at bnamaria@aol.com. [M12-38].

Male 26, 5' 11", Masters in Information Systems (University of Surrey, UK), working as a strategic business intelligence analyst in London, UK. Contact parsiboy1986@gmail.com or family in Mumbai at 0091-712-2591-928. [M12-40].

Male 36, PhD (University of Florida), Research Scientist (Hydrology) in West Palm Beach, Florida. Enjoys reading, tennis, traveling and cooking. Contact jango@europe.com. [M12-41].

Male 32, PhD in Manufacturing Engineering from UK, working as Manufacturing Engineer in medical analytical industry in USA. Contact Nauzad@yahoo.com. [M12-45].

Female 29, Master of Science in Applied Behavior Analysis from Northeastern University in Boston. Currently pursuing a PhD program while continuing fulltime clinical work in a supervisory position in Boston. Contact family in Mumbai at homibharucha@gmail.com, tel: 91-22-2645 2666. [F12-53].

Female 33, 5'4", MBA in Finance, Assistant CP at Bank in Mumbai, open to settling in India or anywhere abroad. Contact havovi.patel@gmail.com or sister Arnaz in New Jersey at 646-315 0396. [F12-54].

Female 37, working as Personal Assistant to one of the head Principals of a large bank in London, UK. Hobbies include traveling, theatre, yoga and cooking. Lived in London all her life, but is open to moving to USA or Canada where she has family and friends. Interested in meeting gentleman with good education, strong family values and a good sense of humor. Contact parsee08@gmail.com. [F12-56].

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www.ParsiShaadi.com

www.MatrimonialParsiZoroastrianism.com

**Mrs. Gool Banaji, Parel, Mumbai,
goolpesi@gmail.com, tel: 91-22-2416
6120.**

In Memorium

Ardeshir Cowasjee (1926-2012)

renowned columnist of Karachi dies at age 86.

Ardeshir Cowasjee was born on April 13, 1926 in Karachi, to Rustom Faqir Cowasjee and Mucca Rustomjee . He attended the Bai Virbaiji Soparivala (BVS) Parsi High School and graduated from DJ Science College.

After the second world war he joined the family business-primarily merchant shipping. Writing letters to the editor of a leading English newspaper Dawn, in Karachi, started him on his career as a columnist which lasted from 1988 to 2011. His hard hitting and well researched columns exposed corruption, nepotism and incompetence in different local, provincial and national governments. He was known for his outspoken criticism of politicians and the religious right. He spoke up and wrote against what he perceived to be wrong, in the country at large and on the developments in Karachi in particular. He voiced his blunt opinions over 30 years through his daily columns. In his last column for the Dawn in December 2011 he wrote "Now, old at 85, tired and disillusioned with a country that just cannot pull itself together in any way and get on with life in this day and age, I have decided to call it a day".

Nirupuma Subramanian in the Hindu wrote "Ardeshir Cowasjee is more than just a columnist for a Pakistani newspaper, He has become the conscience of a nation".

In addition to his columns, he was also known as a successful businessman, social activist and an active philanthropist, donating heavily to charities. His charitable organization, The Cowasjee Foundation has been responsible for funding higher education for many Pakistani students and supporting the Lady Dufferin Hospital, Sindh Institute of Urology and Transplantation and the National Institute of Cardiovascular Diseases, among others.

He is survived by his two children Rustom in the US and Ava in Karachi, his sister Zenia in Toronto, and his brother Cyrus in Karachi

Compiled by Dolly Dastoor

Piroja Kaikhosrov Irani (1923-2012)

Piroja Irani, daughter of Godrej and Aimai Irani was born in Bombay in 1923. In spite of her interest in botany and agriculture her father asked her to study law. After receiving her Law Degree, she became an article clerk at Messrs Mulla and Mulla in Bombay and was later called to the Bar at the High Court in Bombay. She married Prof. Kaikhosrov Irani in 1953 and moved with him to New York. She participated in the activities of the Zoroastrian community in the USA and worldwide. She served as the vice-president of the Board of Directors of the Zoroastrian Association of Greater New York.

She was paralyzed for the last years of her life and died of a heart attack on Nov 28, 2012.

Submitted by Lovji Cama . ZAGNY

FEZANA JOURNAL expresses heartfelt condolences to Prof Kaikhosrov Irani . May her soul rest in eternal peace.



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Judging in the Islamic, Jewish and Zoroastrian Legal Traditions A Comparison of Theory and Practice

By Jnos Jany of Pázmány Péter
Catholic University, Hungary

Publisher: Ashgate, UK, June 2012, pps 242 £65.00/\$124.95

ISBN: 978-1-4094-3716-1

Janos Jany is founder and current Head of the Dept. of International Studies Pázmány Péter Catholic University, Budapest, Hungary. He is the author of several books on Islamic and Persian law. We learn that during his doctorate studies in Iranian languages and literature (1996–1999), he also studied in Teheran, Iran. His field of research focuses on the

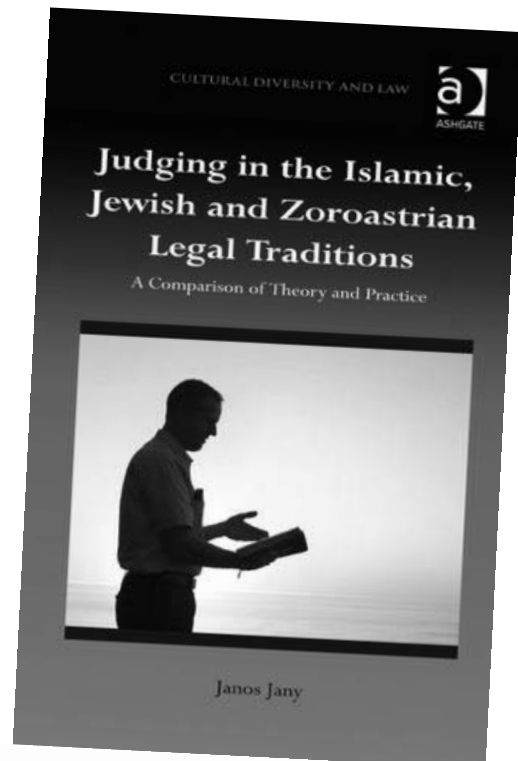
Middle East, particularly on Iran, her legal, religious and social history, as well as the legal cultures of the Middle East and Central Asia in general.

The publisher's description of the book states, *"this book presents a comparative analysis of the judiciary in the Islamic, Jewish and Zoroastrian legal systems. It ... show(s) that social practice can diverge significantly from religious and legal principles."* The author in his Introduction states at page 4, *"this book is about comparative law."* *"But comparative law might be misleading because it is not positive law which is compared here but rather the social and cultural environment of the legal systems in which they operate. Therefore comparative legal culture seems to be a better designation."* The author also informs us that, *"as far as the time frame of the study is concerned, it does not go back beyond late Antiquity (starting the 2nd century CE?) and only rarely stretches beyond the thirteenth century (CE)."*

We shall limit our review comments to the sections that deal with what the author calls Zoroastrian law and judicial system.

At the outset, the author makes an unsupported categorical statement in his opening paragraph on Zoroastrian law that, *"Persian customary law preceded Zoroastrian law for centuries and it was this legal tradition that was transformed into a legal system dominated by Zoroastrian ethics, ritual and legal concepts."*

For an understanding of Persian-Achaemenid era law, the author Janos Jany relies on Classical Greek historian Herodotus even though Herodotus liberally sprinkled his



Histories with titillating tales. As an example that judges of that time were not independent of the king's influence, Jany cites Herodotus' story (at 3.31) of Cambyses asking the judges if he could marry his sister – the reply being that while there was no rule concerning such a marriage, the king could do as he pleased. Then the author cites Marcellinus (at 23.6.82) refuting a "widespread public belief" that an unjust judge had his skin peeled off which was then used to cover a chair on which his successor was made to sit.

There is far more substantial information on Persian-Achaemenid law and legal-justice system that Jany does not mention. By way of example, Xenophon noted in his *Cyropaedia* 1.3.18 that, *"in Persia equality of rights is considered justice."* This sentiment is repeated in an inscription of king Darius the Great at Naqsh-e Rostam that justice should serve the strong and the weak with

equity. *Xenophon* gives us an extensive account on Persian law concerning cases both public and private, constitutional law and the supremacy of the rule of law over the wishes of a king (which contradicts Herodotus' titillating tale Jany cites above), for a king *"is the first one to do what is ordered by the State and to accept what is decreed, and his standard is not his will but the law (C 1.3.18)." Xenophon also informs us that all the Persians may send their children to the common schools of justice (C 1.2.15) and that Achaemenid era Persian elders served as public magistrates (C 1.2.13). These examples give us a different impression of Zoroastrian-based Achaemenid law than the examples cited by Jany.*

On page 25 Jany writes, "The emergence of the idea of revealed legal norms was presumably hindered because Zoroastrianism is not a monotheist religion like Islam and Judaism." Jany falls into the usual trap of some Western writers who have probably never met a Zoroastrian in all their lives, when he states, *"In addition to Auramazda other gods (such as Mithra) found their place in the pantheon just as much as the Yazatas and Amesha Spentas."* In other words, according to Jany, Zoroastrianism is not a monotheistic religion but rather a polytheistic religion. Jany goes on to say, *"the commitment of a faithful Zoroastrian was not expressed in his submission to law – and particularly not in studying law – but in observing rites, saying prayers and keeping the rules of purity in every detail."* If Jany had sent us a draft to review rather than the finished book, we could have helped him avoid some nasty pitfalls.

Sohrab J. Bulsara in his book on Zoroastrian law and legal system titled *The Laws of the Ancient Persians as Found in the Mâtikân ê Hazâr Dâtastan* or *"The Digest of a Thousand Points of Law,"* (Bombay, 1937), points out that a third of the 21 nasks of the Avesta listed in the Denkart were devoted to the law and justice – the observance and practice of which was an essential pillar of the faith. This is a book written by a Zoroastrian who understands the faith and its history.

In her book *Zoroastrians*, Mary Boyce in speaking to justice being the "mainspring" of the Zoroastrian faith states that Zarathushtra, *"became filled with a deep longing for justice, for the moral law of the Ahuras to be established for strong and weak alike, so that order and tranquility could prevail, and all be able to pursue the good life in peace (p. 19)."*

On page 49, Jany concludes that, *"Zoroastrian law shows essential similarities with Jewish and Islamic law."* One part of this statement might cause some Zoroastrians heartburn.

We found Jany's section on Judicial Procedure in (Sassanian) Zoroastrian Law particularly interesting. He cites the *Mâtikân ê Hazâr Dâtastan*, the Middle Persian work by Farrokhmard-i Vahram which forms the basis for Bulsara's book referred to above. In this section, Jany writes about the different appellate levels of the judiciary which appears to parallel the hierarchy of the priesthood with no further appeal available against the judgment of the Mobedan-Mobed.

On pages 150-151 of Jany's book, we read about the role of the Dastur. At times the Dastur addressed private complaints with advice, "the reason for which was the religious and moral imperative to keep the community intact at all cost."

In the closing pages of his book, Jany provides us with a tabular comparison of Islamic, Jewish and Zoroastrian legal systems starting with ontology, legal procedure, judges and jurisprudence, legal training, judges and society, and legal sociology.

Janos Jany has made an effort to understand the Persian judicial system in a Zoroastrian context. Perhaps Jany's book will provoke the reader to further research the Zoroastrian underpinnings to the pre-Islamic Persian-Iranian justice system as well as the role of the judiciary. There is much to learn that is relevant today.

"What I've experienced is that I can't know the future. I can't know if anything that I do will change what happens tomorrow. I can't know with certainty, But what I do know is if I do nothing, nothing will change."

**James Orbinski (born 1960);
Former President of Doctors
Without Borders**

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