Global Health Perspective
Zarathushti Heritage and Healing

Also Inside:
- FEZANA NGO Workshop at UN Conference
- The Promise of Ayurveda
- Traditional Treatment: Healing with Hadvaids
- Cardiovascular Disease in Zarathushis
There is not a week when we do not hear of a friend or a relative or a public figure or a celebrity who has been diagnosed with a life threatening disease. Suddenly the fragility and frailty of life hits you, you sit up and start taking stock of your health status and life style, you go for brisk walks, eat healthy, do all the right things, for a few days, a few weeks but then go back to your own sedentary busy life.

We all want good health, we all wish each other good health. We take health for granted. We think of it as an inexhaustible replenishable source of supply. But is it? Why and how should we take personal responsibility of building and maintaining good health in our quest for eternal life!!

We have heard of young men falling victim to sudden cardiac arrests, or the high rate of breast cancer in Parsi women (page77). Our small community cannot afford to lose young men and women in their prime of life to prevent able diseases. We need to take charge of our lives

So in keeping with the mission of the Journal to educate we decided, to explore the field of health in all its aspects specially the health of the Zarathushtis. This issue also coincides with the 63rd Annual UN Dept of Public Information, Non-Governmental Organization Conference in Melbourne, Australia, August 30-September 1 2010. At the core of the United Nations Millennium Declaration of 2000 are the Millennium Development Goals (MDGs) for 2015, which recognize that global health is a priority agenda for the twenty-first century. Achieving the MDGs is essential for world peace and economic stability, and for addressing the critical issues of human rights, equality, and equity.

There was a significant Zarathushti presence at this conference (pages 37-41) which also had two firsts to our credit. For the first time we had a Zarathushti reporter from Melbourne, accredited by the UN and it was for the first time that Zarathushtis of the diasporas got together for a joint project, Australia, North America and India, If we are to strengthen our community without borders then we need to get together more often to create positive global impact instead of generating negative feelings in isolation.

We need to come together not drift together. We need to strengthen and empower the "Coming Together Round Table".

On the issue we explored the ancient art of health preservation and healing, in Iran and in India, and which continues to be practiced even today, we got together well known cardiologists, research scientists, to write about the state of health of the Zarathushti community, to write about our genetic profile and how that profile is affecting the future fabric of our community. We have been urged to sensitize the community for regular mammography as a preventive tool for Breast Cancer. We have young doctors who have worked in the trenches and seen the result of the collapse of the health system, and in some cases, there is no health system, to write about their experiences. We have the real life poignant story of a grieving son who looked after his mother when the health system could no longer cope with providing services to the frail and the elderly. We have been introduced to the concept of health care vs sick care (pgs 78-79) Maintenance of health and prevention of illness is the new paradigm we need to work towards.

And finally we have the most iconic Parsi figure of modern medicine profiled, What is the score card of our health? Read on.
North American meeting - CTR information and discussion

All persons interested in the preservation, perpetuation and prosperity of our worldwide community, and especially those in leadership positions in FEZANA, the FEZANA Associations and Small Groups, are invited and encouraged to participate in a meeting to be held preceding the Congress in Houston, for information exchange and discussion pertaining to the "Coming Together Roundtable (CTR)".

Date: Monday, December 27, 2010  Time: 2:00 to 9:00 pm with dinner  Place: Intercontinental Hotel, Houston

Registration. Please be sure to contact FEZANA Administrator Zenobia Damania at admin@fezana.org if you are coming. There is no registration fee, but a fee for dinner. Discounted room rates at the hotel will include December 26th and 27th. For information on accommodations visit www.zah.org. for the CTR visit www.zoroastrians.net (category "Round Table).

Background of the CTR. Realizing the urgency of keeping our global "Community without Borders" connected, the "Coming Together Roundtable" was conceived as a legacy of the eighth World Zoroastrian Congress in London in 2005. Since then, we have met every year (in Mumbai in January 2007 and 2008, Houston in Dec 2008 and Dubai in 2009) to use the forum of the CTR for information sharing, dialogue and collaborative action. The key operative here being that "Dialogue brings minds together and Action beings hearts together".

The Vision for our community is: "To nurture a caring, compassionate, altruistic, harmonious, observant, esteemed and prosperous worldwide Community with respect for diversity, so that we may move Ahura Mazda's Creation towards Frashokereti." Each word is weighted to enshrine our Zarathushti ethos the world over.

The Mission is: "To come together and work together in hamazori for the Zarathushti and global communities."

A legacy of the Dubai Congress, was the transfer of ownership of the CTR from a group of concerned individuals to the elected world leaders. The chair of the Indian Federation (India region), the president of FEZANA (NA region), president of ZTFE (UK/Europe region) and the Zarathushti MP in the Majlis (Iran), representing 90% of the world's Zarathushti population, have consensually agreed to assume ownership and responsibility for the CTR and set future direction. In time representatives from the smaller pockets - Middle East, Pakistan, Singapore, Australia, New Zealand, Africa would be worked into the structure.

As a very encouraging follow-up, the leaders have taken the initiative to organize the next CTR, in Mumbai in January 2011.

Objectives for the Houston Meeting.

We need to collectively gather input from the North American region for our representative to present to the CTR meeting of world leaders in Mumbai. A starter set of discussion items are:

"Form and Structure of the CTR, Socio-communal projects (World wide Zarathushti demographics, Future directions for the Next Generation, Community health and welfare organizational Infrastructure (National Center, Associations,) " Spiritual/Religious Infrastructure (dar-e-mehrs, mobeds Intellectual projects (Zarathushti identity, Duties, Rights and Responsibilities of the mother countries and the diaspora communities Educational/Cultural projects (Rel Ed., Interfaith work.)"

Your thoughts on the meeting, and suggestions for agenda items, are solicited.

I look forward to a productive meeting, with participation from FEZANA officers, Association leadership and all interested Zarathushtis.

Bomi Patel
A Zeitgeist for Global Health!
Behram Pastakia

"Welcome aboard," boomed the pilot as the long flight from Los Angeles to Sydney took off on the second leg of my journey to Melbourne, "and a special welcome to our passenger who celebrates his 98th birthday today!" The entire plane load of travelers exploded in a cheer of celebration. Seated next to him, I asked the venerable gentleman, "What is the secret of long life?" "I do not smoke, I do not drink, and I am a good money manager," he summarized much of what I was to hear over the course of the next three days at the 63rd United Nations DPI/NGO conference. In essence, the fine balance between the genome and the phenome notwithstanding, securing global health can be achieved by each individual making informed choices (Ys 30.2) in taking care of himself.

In any society there exists a somewhat mysterious consensus, which changes over the decades, and for which it is not pretentious to use the German loan-word Zeitgeist (the spirit of the times) (1). The sea change in attitudes toward smoking exemplifies such a change in spirit. The successful turnaround came from a concerted educational campaign. Can we apply this model to Global Health, intertwined with issues of poverty, hunger, conflict resolution, human dignity, population dynamics, cultural and religious mores, illiteracy, water pollution, maternal and infant mortality, natural and man-made disasters, homelessness, refugee influx, lack of sanitation, aging and still reach this seemingly utopian goal of good health for all? With two new players on the field since the launch of the Millennium Development Goals (MDGs) and wise decision making, the answer amazingly is a possible yes!

The First New Player: As of 2010, significant, though patchy progress has been made by traditional actors: Governments, Non-Governmental Organizations and Public-Private partnerships in reaching the MDGs. Missing in this discussion has been the FOURTH FACTOR - the role of the individual. Not only the individual who is able and willing to give, (witness the drive of charitable giving by billionaires of the world led by Bill Gates and Warren Buffett), but also those at the bottom of the socio-economic pyramid who have a responsibility to make sensible lifestyle choices. If beneficiaries, due to ignorance, indulge in self destructive behavior no amount of transfer of funds from the developed countries to the Global South can achieve sustainable development or have a lasting impact on global health.

The Second New Player is the advent of affordable global interconnectivity which can play a vital role not just for care givers and donors, but also for beneficiaries. The availability of a solar powered laptop which costs just US $30/- (and with scalability could cost just US $10/-) (2) makes it possible now to consider sharing not just money but knowledge with individuals in making proper lifestyle choices which promote good health.

What we eat, how much we eat, when we eat, what we drink, when we exercise, how we deal with the so-called stresses in life that affect our minds, and how we reach out and help our fellow human beings in expressing our spirituality, all combine together in boosting our immune system and in promoting good health. This core educational message, a legacy of our forefathers, if only we pay attention to their experiential wisdom transmitted through the generations is available; new tools to disseminate it are at hand. All it takes now is for like minded people with good intent to come together and create a new zeitgeist for global health.

Notes:
www.marinerbooks.com
Behram Pastakia is Chair of the Publications Committee of FEZANA
The 23rd Annual General Meeting of the Federation of Zoroastrian Associations of North America (FEZANA) was held on April 23-25, 2010 hosted by the Ontario Zoroastrian Community Foundation (OZCF) at 1187 Burnhamthorpe Road East, Oakville, Ontario, the newly renovated hall on the 10.3 acre land bought by OZCF, for building infrastructures for the community.

Sixteen associations were represented by their Presidents or designated others. Pre-AGM discussions were held at the Open Forum on Friday April 23 evening. A short 3 minute video on Operation Eyesight giving a glimpse of the beneficiaries helped by volunteers was shown. This video could also be shown to children of religious classes to encourage children in the act of giving. Behram Pastakia made a presentation on the prevalence of breast cancer in Zarathushti women and the need for early screening with a view for prevention. (see pages 76-77) This was also presented at the Dubai congress where London, England and Singapore showed interest in a global approach. as well a follow-up to the presentation by Shernaz Cama of PARZOR Foundation re: the celebration and recognition of Nauroz by the United Nations as a Heritage Day.

Bomi Patel outlined the history of the Coming Together Round Table (CTR) which was started at the England World Congress in 2005 after various attempts to form a world body failed because of negative interference from some organizations. It was started with a view to bring different Zarathushiti groups worldwide with varied and similar interests in religion, socio-economic conditions to come together and discuss common solutions. At the Dubai congress it was decided that the current individual representatives of the CTR hand over the organization to 4 regional representatives i.e BPP, ZTFE, FEZANA and the Iran Anjuman. The rationale being that individuals do not have the same resources to implement the projects as do organizations.

It was emphasized that the CTR representative organizations will not interfere with the internal workings of each other, and as other federations are formed they will join the CTR. If eventually this body becomes the World Body then FEZANA members will have the right to vote on joining.

This was followed by a delicious dinner of Curry Chawal (Rice) and Kachubar (onion Salad) and Laganu Custard, prepared and served by the endless stream of volunteers from OZCF.

The highlight of Saturday morning breakfast was huge platters of “Pora Pau” (Parsi omlette like no other) together with other delicacies. But the formal part of the meeting opened at 8.30 a.m. with a benediction by Ervad Kobad Zarolia.

The election results were announced with President Bomi Patel, Asst Secretary Nahid Dashtaki reelected and Treasurer Ratan Mistry elected unopposed. Rashid Mehin continues to be Vice-President and Firuzi Poonevalla continues as Secretary. Except for Firuzi the officers are all from California. The outgoing Treasurer Katayun Kapadia was profusely thanked and received a standing ovation for her outstanding contribution to FEZANA in keeping the finances in order for 4 years and explaining the accounts, the balance sheet, the statement of activities and the fund balances, together with a list of investments at each AGM in a simple and precise manner which could be understood by all. This year the financial statement was presented in a comparative basis (2009 vs 2008). Adil Masani was welcomed as the Financial advisor.

Each association highlighted their achievements throughout the year and most have the same activities like religious classes for adults and children, ghambar and navroz celebrations, picnics etc, but what was noteworthy and of special interest was the development in various stages of second generation Dar-e-Mehrs across the FEZANA world, (see special article FEZANA JOURNAL Summer Vol 24, No 2 page 25-34) together with lessons learned in building infrastructures.

HIGHLIGHTS OF COMMITTEE REPORTS

AWARDS COMMITTEE (Shehernaz Joshi Verahrami, Chair):
1. Electronic and hard copy dissemination of the nomination package
2. Web page for the Awards committee to be linked to the FEZANA webpage, and eventually the history of the North American Awards and a section on past award recipients
3. Each association to nominate a FEZANA Awards representative
EXTERNAL AFFAIRS (Firdosh Mehta, Chair)

Most of the activities of this committee were focused around the preparation and participation at the 9th World Congress in Dubai.

Youth Leadership Enhancement Project (YLEP)
Five young Zarathushtis from Canada and 7 from the US participated submitting five projects. The North American team shared second prize with TEAM INDIA.

(See FEZANA JOURNAL Spring Vol 24 No 1 and Summer Vol 24 No 2)

World Zarathushti Symphony Orchestra could not perform at the Dubai Congress because of logistical reasons. 1. Non-availability of local symphony level musical talent. 2. Poor response for participation in the Orchestra from the world community. 3. $250 fee was being charged for a “No-Objection” certificate for each non-Zarathushti musician. This cost was a bit too high to fit in the budget in addition to the honorarium and dinner charges.

ACADEMIC SCHOLARSHIP PROGRAM (Dolly Dastoor, Chair)

$8,000 were received as donations in 2009 and 6 scholarships were maintained of $3000 (18,000 from general funds) and 1 scholarship of $4000 from the endowment fund. (See report in FEZANA Journal Spring 2010, Vol 24 no 1)

RELIGIOUS EDUCATION (Lovji Cama, Chair)

The committee will continue to support educational conferences.

Discussion on the appointment of a Zoroastrian (Yuhan Vevaina) to lead the Zoroastrian Studies program at Stanford University resulted in a request to each association to contribute $1000 per annum for three years to meet the target of $50,000. Stanford U would pay half the amount and the community (FEZANA members) support the other half.

Funds and Finances (Jerry Kheradi, Chair)

This had been a very disappointing and difficult year to raise funds because of the world economy. However Dr. Kheradi was reassured that it did not in any way reflect on him or his capacity to raise funds.

INFORMATION RECEIVING AND DISSEMINATION (Behram Pastakia, Chair)

Soli Dastur had prepared the prayer book in three languages with their translations and transliterations in English, Farsi and Gujarati. The spring 2010 issue of the Journal, guest edited by Ervads Bagli and Dastur were distributed to all the mobeds of the diaspora thanks to the generosity of Marzi Byramji of Regal Press who absorbed the printing and mailing costs.

INTERFAITH ACTIVITIES (Homi Gandhi, Chair)

The chair outlined the activities throughout the year including the participation of the North American Contingent at The parliament of World’s Religions (See FJ Spring 2010 page 17)

NORTH AMERICAN ZOROASTRIAN CONGRESS (Daraius Bharucha, Chair)

The Terms of Reference of the committee including the regulations for hosting the congress are on the website www.fezana.org. The 2010 congress will be in Houston and the 2012 congress in New York.

Chair Roshan Sethna made a powerpoint presentation for the Houston Congress.

The World Z Youth Congress plans are according to schedule. Participation will be limited to 500 with a registration fee of $640 which includes registration, accommodation for 7 days, food, events and internal travel. It was agreed that the travel subsidy for the youth should be the responsibility of each association and not FEZANA. Age requirements for future congresses was discussed, as 15 to 40 years was considered too wide a range to develop meaningful programs.

FEZANA INFORMATION RESEARCH AND EDUCATION SYSTEM (FIRES) (See page 22)

ZOROASTRIAN SPORTS COMMITTEE (Niaz Khasravi, Chair)

The 6th Zoroastrian Unity Soccer Tournament was held September 5-7 2009 in Redondo Beach CA with 10 adult teams and five youth teams participating. (See FJ Vol; 23 No 4 pg 12-13). In 2008 and 2010 the average cost for organizing an event was nearly $200k for a 3-4 day camp. New Volunteers and additional leadership is needed to meet the demand for larger,
higher quality professional events. Finding new ZSC recruits who are willing to put in time, energy, and dedication has been challenging. The Sports Committee would like to work with FEZANA to get member Zoroastrian Associations to sponsor teams from their areas for the Z games. They have tried this every year with very little success. Report was presented by Behrouz Mehr.

FEZANA UN-NGO COMMITTEE (Afreed Mistry, Behram Pastakia and Homi Gandhi, Co-Chairs)

A panel discussion at the CSW 53 meeting in February/March 2010 was organized. FEZANA has been accredited as an NGO by the UN Department of Public Information for the year 2010. On September 30, 2009, UNESCO recognized Norooz as an Intangible Heritage of Humanity and in March 2010 the UN General Assembly recognized 21 March as the International Day of Norooz.

WELFARE, UNITY AND CRITICAL ASSISTANCE COMMITTEE (Houtoxi Contractor, Freyaz Shroff, Hosi Mehta Co-Chairs)

This committee tries to match the needs of the person with the resources available in the community, as all situations do not call for monetary help. This committee has worked with people in Singapore, India, Middle East, Canada and the USA. (Detailed report available on the FEZANA website).

ZOROASTRIAN YOUTH OF NORTH AMERICA (Ferzeen Chhapgar, Ava Afshari, Carl Irani Co-Chairs)

They organized the 12th North American Youth Congress July 1-5 2009, with 147 youth attending. The co-chairs also participated in the YLEP program and attended the World Zoroastrian Congress in Dubai December 2009 and the project from North America won the 2nd prize (see FJ Vol 24 No 1, pg 30).

ZOROASTRIAN MANUSCRIPT PRESERVATION COMMITTEE (Pallan Ichaporia, Chair)

The most ancient extant manuscript of Yana (1322 CE) is now completely digitalized and will be sent to press soon (see page 29). The Dhabhar catalogue and Meherji Rana Catalogues are ready to be published with due permission in the near future.

At the Open Forum on Sunday morning various topics were discussed
1 Population Census;
2 25th anniversary of FEZANA;
3 How to generate more interest from community members;
4 Scholarships – to centralize from associations;
5 Accessibility of mobeds;
6 Infrastructure of Agyaries (see FJ Vol 24 No 2 pg 34);
7 Way-forward for FEZANA (Strategic Planning);
8 Youth without borders.

The meeting was adjourned with a vote of thanks to the President and all the officers.
FEZANA ANNUAL GENERAL MEETING PICTURE GALLERY
THE FEZANA FAMILY BELOW

1 Ervad Jal Panthaky leading the prayers
2 Membership at work
3 Katayun Kapadia outgoing Treasurer being presented with a token of appreciation by past presidents Firdosh Mehta, Dolly Dastoor, Bomi Patel Rohinton Rivetna
4 Zenobia Damania, Roshan Rivetna and volunteer at the publication booth
5 Volunteers and delegates enjoying a scrumptious breakfast of “Parsi Pora”
FINANCING FEZANA -- A Force For Good

"Forces for Good," a book by Leslie Cruthfield and Heather Grant, reveals how great non-profits become great. Included among the "greats" studied by the authors are the well-known Habit for Humanity; to the less well-known Youth Build USA; and the unexpected, the Exploratorium. They found that the most important factor for success is "Impact".

Successful non-profits are open to working with other organizations and even profitable businesses to increase impact and achieve their aims. For funding, they rely on a large cadre of supporters who have a hands-on role in furthering their aims. And finally, they work on a decentralized model: responsibilities are shared among a number of individuals.

Based on this, FEZANA is indeed going in the right direction. FEZANA has become one of the most influential Zarathushhti organizations through charity, publications, awards and scholarships, sports and youth activities, conferences and congresses. FEZANA's activities impact the lives of many Zarathushtis and others far beyond the borders of North America. FEZANA extends its impact by working with the North American Mobeds Council, World Zarathushhti Chamber of Commerce, NextGenNow, Interfaith organizations and UN/NGO. These activities provide valuable recognition of Zarathushtis on the world stage as "Forces for Good".

As FEZANA has grown and widened its impact over the past 25 years, its financial needs have also grown. FEZANA has a dedicated and growing donor base. The FEZANA Treasurer keeps meticulous accounts, which are audited and reported at every Annual General Meeting. In 2008, FEZANA reported total assets in excess of $971,000, an increase of $35,752 over the previous year, including a $30,000 donation for a new Scholarship Fund. But in 2009, the accounts show a decline of $10,183 in the total assets. The deficit may be attributed to reduced income from investments due to the recession in 2009, but was also due to declining donations to the General Fund. To the credit of all Zarathushtis, donations for welfare, critical assistance and scholarships were undiminished.

So far, 2010 donations to the General Fund are coming in at an even lower rate. General Fund supports most of the budgeted committee activities for religious education, youth programs, publications, congresses, university grants for Zoroastrian religion courses, FIRES; as well as the FEZANA office and general administration. The greatest need now is to supplement the General Fund so that we do not lose the momentum built over the last 25 years by the dedicated work of our volunteers, elected officers and committee members who have sacrificed their time and put in a lot of effort to make FEZANA what it is today.

The easiest way to participate in FEZANA's success and growth is to donate. All donations are fully tax deductible. Kindly make your check payable to FEZANA, indicate the fund you wish to support and mail to the Treasurer, Ratan Mistry, 1258 Water Lily Way, San Jose, CA 95129. Or donate through the FEZANA website: http://www.fezana.org/Funds. The website accepts credit cards and is completely secure.

In your service,
FEZANA Committee for Funds & Finance
Jerry Kheradi, MD, FACG and Rustom Kevala, PhD, co-chairs
Ratan Mistry, FEZANA Treasurer, Celeste Kheradi, Morvarid Behziz, M.Ed. Youth Representative

Photo in left column  Jerry Kheradi, in right column Rustom Kevala, Co-Chairs
## FEZANA DONATIONS RECEIVED TILL JUNE 30, 2010

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FEZANA DONATIONS TILL JUNE 30th 2010

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<td>San Jose Holistic Healthcare Clinic, San Jose, CA</td>
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<td>Abani &amp; Khushirav Chhor, Fremont, CA</td>
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<td>Dilnavaz &amp; Hoshang Subawalla, Spring, TX</td>
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<td>Farida &amp; Houshmand Sharayari, Hoffman Estates, IL</td>
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<td>Kavina Family, Des Plains, IL</td>
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<td>Pearl &amp; Poras Balsara, Plano, TX</td>
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<td>Abani &amp; Punvez Rustomji, Houston, TX</td>
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<td>Feradoom &amp; Mahzad Irani, Richmond, BC</td>
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<td>Kambiz &amp; Homa Yeganeh, Alleasas, CA</td>
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<td>Mahrukh &amp; Feroze Motafiram, Brookfield, WI</td>
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<td>Meheroz &amp; Fremy M. Rabadi, Edmond, OK</td>
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<td>Mehil &amp; Nazneen Warden, Sugarland, TX</td>
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<td>Neville Dossabhooy, Shreveport, LA</td>
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<tr>
<td>P &amp; H. Irani, Lincoln, CA</td>
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<td>Parvez &amp; Shirin Mody, Orangevale, CA</td>
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<td>Rakshandeh &amp; Nozer Dhalla, Arlington, TX</td>
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<td>Roiya Ganji &amp; Jahangir Moghiji, North Vancouver, BC</td>
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<td>Yazdi Unvala, San Francisco, CA</td>
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<td>Zenobia &amp; Behram Panthaki, Falls Church, VA</td>
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<td>Freddy Engineer, San Jose, CA</td>
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<td>Arnavaz Sethna, Missouri City, TX</td>
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<td>Joseph Peterson, Kasson, MN</td>
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<td>Khushru &amp; Havovi Jokhi, Kennett Sq., PA</td>
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<td>Rostam &amp; Paricheher Salamati, Plano, TX</td>
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<td>Sima Salamati Sarad, Plano, TX</td>
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<td>Zarin Randheria, San Francisco, CA</td>
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<td>Aloo &amp; Tehnton Mistry, Saint Louis, MO</td>
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<td>Farhad Krisnesab, Allen, TX</td>
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<td>Ferzteen Chhapgar, Palo Alto, CA</td>
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<td>Goher &amp; Darayes Mobed, Clewiston, FL</td>
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<td>Homai &amp; Cyrus Zarolia, Sunnyvale, CA</td>
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<td>Hormuzd Birdie, Keller, TX</td>
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<td>Jamshed Gandi, San Francisco, CA</td>
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<td>Paricheher Foroodi, Richardson, TX</td>
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<tr>
<td>Perin Pardiwala, Etobicoke, ON</td>
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<tr>
<td>R.F. &amp; S.R. Damania, Clovis, CA</td>
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<td>Daugdo &amp; Kobad Jamshed, Foster City, CA</td>
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<td>Jamshid Kekobad, Santa Clara, CA</td>
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<td>Rusi &amp; Viloo Tavadia, Novi, MI</td>
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<td>Farzteen Sukheswalla, Frisco, TX</td>
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<td>Dali Malaovala, Hercules, CA</td>
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<td>Aspi Mody, Houston, TX</td>
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<tr>
<td>Khosred Randheria, Fairfield, CT</td>
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<tr>
<td>Perveen &amp; Shahrukh Pedgara, North Vancouver, BC</td>
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<tr>
<td>Rita Engineer, Boca Raton, FL</td>
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</tr>
<tr>
<td>Z.E. &amp; M. Randheria, Vista, CA</td>
<td>$25</td>
</tr>
</tbody>
</table>

GRAND TOTAL $ 10,427

PAKISTAN FLOOD RELIEF

FEZANA continues to accept donations for helping those affected by the Floods in Pakistan.

The funds collected are disbursed to Shelter Box USA for relief work.

Donations can be made on line at www.fezana.org

Commission on the Status of Women

The 2011 priority theme of the Commission on the Status of Women is “Access and participation of women and girls to education, training, science and technology, including for the promotion of women’s equal access to full employment and decent work”.

The annual CSW meeting is held at the United Nations headquarters in New York in late February/early March. Zarathushtis interested in participating can send a letter of intent stating how they see themselves promoting the mission of the United Nations with a copy of their curriculum vitae to:

Co-Chairs of FEZANA’s UN-NGO committee

Homi Gandhi, homidgandhi@gmail.com,

Afreed Mistry, afreed.mistry@gmail.com,

Behram Pastakia, bpastakia@aol.com

Further details for opportunities to participate at a local or regional level are available at www.un.org
## Calendar of Festivals

### Calendar of Festivities
September 2010 to March 2011

<table>
<thead>
<tr>
<th>Festival</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fravardian Jashan</strong>&lt;br&gt; <em>Mah Fravardin, Roz Fravardin</em></td>
<td>Saturday, Aug 7 (K)</td>
</tr>
<tr>
<td><strong>Maidyozarem Gahambar</strong>&lt;br&gt; <em>Mah Ardibehehsht, Roz Khorsheed-Daepmeher</em></td>
<td>Sunday, Aug 29 - Thursday, Sept 02 (K)</td>
</tr>
<tr>
<td><strong>Paitshem Gahambar</strong>&lt;br&gt; <em>Mah Sheherevar, Roz Ashtad Aneran</em></td>
<td>Sunday, Sept 12 - Thursday, Sept 16 (F)</td>
</tr>
<tr>
<td><strong>Jashne-Mehergan</strong>&lt;br&gt; <em>Mah Meher, Roz Meher</em></td>
<td>Saturday, Oct 02 (F)</td>
</tr>
<tr>
<td><strong>Ayarethem Gahambar</strong>&lt;br&gt; <em>Mah Meher, Roz Ashtad-Aneran</em></td>
<td>Tuesday, Oct 12 - Saturday, Oct 16 (F)</td>
</tr>
<tr>
<td><strong>Jashne-Avangan(Avan Ardivisur Parab)</strong>&lt;br&gt; <em>Mah Avan, Roz Avan</em></td>
<td>Tuesday, Oct 26 (F)</td>
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<tr>
<td><strong>Maidyoshem Gahambar</strong>&lt;br&gt; <em>Mah Tir, Roz Khorsheed-Daepmeher</em></td>
<td>Thursday, Oct 28 - Monday, Nov. 01 (K)</td>
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<tr>
<td><strong>Jashne-Adargan</strong>&lt;br&gt; <em>Mah Adar, Roz Adar</em></td>
<td>Tuesday, Oct 26 (F)</td>
</tr>
<tr>
<td><strong>Death Anniversary of Zarathushtra</strong>&lt;br&gt; <em>Mah Dae, Roz Khorshed</em></td>
<td>Sunday, Dec 26 (F)</td>
</tr>
<tr>
<td><strong>Maidhyarem Gahambar</strong>&lt;br&gt; <em>Mah Dae, Roz Meher-Bahram</em></td>
<td>Friday, Dec 31 - Tuesday, Jan 04 (F)</td>
</tr>
<tr>
<td><strong>Jashne Daegan</strong>&lt;br&gt; <em>Mah Dae, Roz Daepdin</em></td>
<td>Friday, Jan 07 (F)</td>
</tr>
<tr>
<td><strong>Jashne Bahmangan</strong>&lt;br&gt; <em>Mah Bahman, Roz Bahman</em></td>
<td>Sunday, Jan 16 (F)</td>
</tr>
<tr>
<td><strong>Paitshem Gahambar</strong>&lt;br&gt; <em>Mah Sheherevar, Roz Ashtad-Aneran</em></td>
<td>Tuesday, Jan 11 - Saturday, Jan 15 (K)</td>
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<tr>
<td><strong>Jashne Sadeh</strong>&lt;br&gt; <em>Mah Bahman, Roz Meher</em></td>
<td>Sunday, Jan 30 (F)</td>
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<tr>
<td><strong>Ayatherem Gahambar</strong>&lt;br&gt; <em>Mah Meher, Roz Ashtad-Aneran</em></td>
<td>Thursday, Feb 10 - Monday, Feb 14 (K)</td>
</tr>
<tr>
<td><strong>Fravardegan/Panjeh/Hamaspathmedayem Gahambar</strong>&lt;br&gt; <em>Five Gatha days</em></td>
<td>Wednesday, March 16 - March 20 (F)</td>
</tr>
<tr>
<td><strong>Char-Shanbe-Soori (Heralding the New Year)</strong>&lt;br&gt; <em>Tuesday Prior to NauRooz</em></td>
<td>Tuesday, March 15 (F)</td>
</tr>
<tr>
<td><strong>NauRooz or Jamshed NauRooz (New Year)</strong>&lt;br&gt; <em>Mah Fravardin, Roz Hormazd</em></td>
<td>Monday, Mar 21 (F)</td>
</tr>
</tbody>
</table>

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

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**ADVERTISE AND SUPPORT THE FEZANA JOURNAL**

www.fezana.org
FEZANA has allocated a budget subsidy of $5000 to support the participation and involvement of Zarathushti youth and young adults of North America to attend the World Youth Congress in Vancouver, June 30 –July 5, 2011

A committee is tasked to allocate 25 subsidies of $200 each to be evenly distributed within the FEZANA member associations and small groups. It is important that the recipient of the subsidies participate in the congress and not only be an attendee in the audience. They must be active volunteers in their community or in FEZANA committees

Application forms will be distributed shortly to all FEZANA Associations and Small groups

For more information contact Firdosh Mehta at fdjmehta@shaw.ca or visit www.fezana.org
The Ontario Zoroastrian Community Foundation (OZCF) was founded in 2002 and subsequently raised enough funds to purchase a 10 acre plot of land in Oakville, Ontario, Canada in 2005. A loan of $450,000 was obtained to assist in the purchase, and the organization is proud to mention that within five years the loan has been reduced to $108,000. We are moving in the right direction to being debt free and continue to build upon our vision and membership.

Over the last two years as President, I have witnessed the strength of our organization as we raised further funds to transform a three door workshop into a congregational hall holding 180 people. The work was managed by our own Zarathushtis and completed within a year of being started. This remarkable feat was possible due to the many donors and the expertise that exists within our Zarathushti community, helping, guide and advise at each step of this big project. We also managed to raise further funds to pave a vast portion of the area at a cost of $40,000.

Our religious events cover both the Shahenshahi and Fasli calendars and are attended by many people. Each Ghambar is sponsored which helps to offset costs for which we are most grateful. Our small prayer room coupled with the congregational hall allow the religious ceremonies to be conducted in ideal settings.

We have also seen many events, including the hosting of the FEZANA AGM which was a huge success and once again, completely organized and run by the OZCF membership, allowing the OZCF to only outlay a nominal amount of money, making the event almost self sufficient. This was possible due to the many volunteers who cooked, bought tickets themselves and donated money to offset any costs.

The OZCF facility, known as the Zoroastrian Religious and Cultural Centre, boasts a large multipurpose field that enables us to forge stronger ties within our community and keep our identity and culture alive. It has been used to host our first annual Cricket Dhansak Day in 2009 which keeps alive the Zarathushti tradition of Cricket as we have witnessed over the years, Zarathushti cricketers have been playing for various countries. Farokh Engineer (India), Ronnie Irani (England), Zubin Zurkari (Canada), Polly Umrigar (India), Nari Contractor (India), to name a few.

The OZCF Board of Directors appointed a long term planning committee who looked at the various possibilities for the next steps the association could take and the detailed professional process and outcome was presented at the recent AGM. Next steps identified consist of expansion of the existing congregational hall, a seniors’ home and a place of worship. From the analysis presented the place of worship was the most probable next step option. However there is still no definitive next step agreed upon, but the work continues diligently towards this.

It has been a tremendously enjoyable two years with many challenges, difficult decisions and an abundance of tasks to be completed. I have been fortunate to be involved in a strong organization that has the dedication, foresight and sustainability of our community and keep our identity and culture alive.
Rumi Jasavala  President 2008-2010

HOSI MEHTA, THE OUTGOING PRESIDENT OF THE ZOROASTRIAN ASSOCIATION OF CHICAGO WRITES

I had the privilege of serving as ZAC Chicago President twice, 1998-2002, our constitution limits the term of officers for two years and one can hold the office for two consecutive terms.

During the first two year term we had twenty five Board members and it was a challenging experience for a guy like me who had started and operated a small business and did not have the experience of working in groups and teams in making decisions, it was a growing, learning experience.

In those four years, besides the routine running of the Association we managed to accomplish three major things:

1. To add Kusti rooms outside our prayer room and to add to our Dare Mehr Hall, the Rivetna Hall.
2. To plan for and host the North American Zoroastrian Congress in 2002.
3. To make the decision for, raise funds and purchase the property/house next to our Dare Mehr property when it came up for sale.

The next two terms ended June this year, 2006-2010. The first four years were years of external growth for our community and the last four years were years of internal growth.

Just like after the September 11 episode, America lost its innocence, our Chicago community faced some challenges our community was fragmented, mistrust crept in.

The main focus, and challenge was to restore that trust and make our family whole again and after four years of working on that goal we were successful for the most part in achieving that. We thank Ahura Mazda for strength and courage to guide us in the right direction.

Through the years I have learned a lot and grown a lot from this leadership role. I have met lots of teachers during this experience who have taught me lessons in life I would not have learned otherwise. Some of these lessons might have seemed negative at the time, most were positive but in the long run they were all positive as they have made me a better person.

I would encourage community members to get involved in your associations, join the board of directors of your associations, how often does one get such an opportunity? It enhances your resume to serve as a director for a not for profit organization.

We take pride in our history and our heritage but that is all in the past, here is an opportunity to create the future, to establish a legacy of our own so that our children and grandchildren do not have to brag about what our grand parents accomplished but they can talk about what their parents established and the examples they set for their children with their thoughts, words and actions and ultimately that is what we are all about.

When we stop growing we die as a person and as a community, my wishes for our community is that we always be on the path of growth with unity. Love and good thoughts,

Hosi Pervez Mehta
President 2006-2010
July 18, 2010 marked a momentous day in the lives of Southern California Zarathushtis: the grand opening of our new hall and finally, a sense of ‘belonging’.

ZAC was established in 1974 and the 400+ Southern California community encompasses an area of over 400 miles from Calabasas to San Diego. Although our needs for a center were discussed several times, the General Body would shelve the idea because funds collected were nowhere near the price of real estate in the region. We would hold our major events and AGMs at the California Zoroastrian Center in Westminster, while events like religious classes and ladies club meetings would be held at private homes whenever possible.

In 2003 a wonderful lady by the name of Purin Boman made the initial donation of $150,000 with the express wish that it be used towards the purchase of a hall.

This renewed interest and fundraising efforts gathered an unprecedented momentum. Annual walkathons, nataks, silent auctions and raffles at various functions, etc were held and an active Hall Committee was formed to search for properties. In 2007, the search gathered further momentum when property prices started to decline and ZAC funds had grown to where ownership began to look like a distinct possibility.

Finally, in February 2010, a few members saw what seemed to be the right place. The center, originally a church built in 1972 is an L-shaped 9400 sq. ft building on a 2-acre lot in the City of Orange, CA on a beautiful tree-lined street in a quiet residential neighborhood. This property is situated almost exactly in the center of the 400-mile radius area populated by the community. On April 18, 2010 at a special meeting of the general body, the purchase was approved. At the time, ZAC did not have sufficient funds to do a cash purchase under offer. With a generous grant of $250,000 from the Hong Kong association coupled with several large donors from within the community, we were a little closer to the $2.6 million required. On May 20, 2010 the Zoroastrian Association of California closed escrow and gained ownership of the property. We still have a loan of over $262,000 to repay and fundraising is ongoing.

We had an amazing turnout of over 330 people for the Grand opening on July 18, 2010. We started the day with Faresta prayers led by 8 Mobeds. (see pgs 115-116)

Grateful thanks go out to the scores of volunteers who made the delicious Dhan-dar, Parsi stew and shrimp paltyo. The occasion was made even more festive with authentic falooda and ice cream, generously made and served by Purin Boman’s daughter, to the crowds entering from the 90 degree Southern California sun. Volunteers happily cooked and served delicious ravo, malido, mevo and fruits to everyone after the prayers. After felicitations and an interesting skit, Dogdoe and Tehemtan Arjani, in a symbolic gesture, planted a pomegranate tree in the garden near the main door. The Arjanis have worked...
conscientiously and faithfully for years and the acquisition of this hall is testament to their dedication and generosity.

Everyone left after eating some delicious cake to mark the end of a historic and happy occasion. (photo in right column from left Dogdoe Arjani, Tehemtan Arjani, Vera Santoke, President ZAC in sari with 7 members of the committee)

ZAC expressly wishes to thank all who worked tirelessly and relentlessly in the sole pursuit of finding a structure suitable for the needs of the community; Heartfelt thanks also go out to the donors and volunteers who spent hours and days ahead of the opening, cleaning and sprucing up the hall, making it a joy to come to.

Report by Sheila Madon –Jt. Secretary, Zoroastrian Association of California

CALIFORNIA ZOROASTRIAN CENTRE ELECTS NEW BOARD
17th CZC Board of Directors
(Orange county)

Right to left:
Kourosh Abadani Sharifabadi, (VP Media and Cultural affairs); Rouzbeh Kasravi, (Chief Financial Officer); Shiva Bordbar Khorshidian, (President)
Jamshid Keykhusrow Shahrokh, (Chairman of the Board); Parviz Ardeshrinpour, (VP Education and Cultural Affairs); Ardeshir Baghkhanian, (VP Internal Affairs)

The appointment of these elected members will allow the community to benefit from an engaged group of professionals with diverse backgrounds, knowledge and opinions. All of the appointees have held leadership positions in various professional areas and bring valuable knowledge to benefit our Zarathushti community.

We wish them all the best,
The 16th CZC Board of Directors
UNITED WE STAND Building Bridges Across Oceans

5TH WORLD ZOROASTRIAN YOUTH CONGRESS
Vancouver, BC

JUNE 30 - JULY 5, 2011
Held at The University of British Columbia

Join us in making it a productive and interactive learning experience about our heritage and religion.
Come stay and play for 5 all inclusive days of fun and sun.
Price : CAD $ 640.00 * All Inclusive. * Early bird price until January 15, 2011
Includes Accomodation, Registration, Gala Dinners, Transportation, Recreation and Meals for all five days.
( Registration limited to 500 participants on first come first serve basis )

Meet new friends and re-connect with old ones.
For more information regarding this wonderful event please visit :
www.zsbc.org or email us at congress2011@shaw.ca
Registrations have poured in from New York to California and from Canada to Florida and from Singapore too!! Yes, we can accommodate more. Visit our website http://www.zah.org/nazc-10/default.htm and register, the regular rates end October 31, 2010. At this Congress, attendees are three different generations and you will be proud to see the first generation North American Zarathushtis taking leadership roles. Join us for a meaningful experience.

Our speakers are not just dynamic, they are people who have a great deal to say because they are experts in their fields and their topics are relevant to Zarathushti interests and needs. They are young scholars, published authors, sought after speakers, and upcoming leaders of our community. You will have a hard time choosing which session to attend, as the attendees will gain new perspective on issues important to our community. And for the first time, there will be “mini-congress” for children ages 5 to 15 with programs to stimulate the young mind.

Starting with the Grand Jashan, the Opening Ceremonies will set the tone of the Congress theme - Preserve, Protect, Perfect. Starting with the Choir and short welcome speeches, the journey on the “Silk Road”, besides being a combination of enrichment and entertainment, will bring to light the importance of Iran as a conduit of cross cultural network in trade, art and religions of the ancient worlds.

A Youth get-together between the ages of 18 and 40 is planned for December 28, 8:00 pm onwards. Any questions? Contact Youth Chair Zeeba Kayani via email Zeeba.Kayani@gmail.com. And, this is the first time the Youth would like to hear from every Zarathushti. Please visit www.surveymonkey.com/nextgennow and complete the Survey now and let your voice be heard.

To promote Zoroastrian scholarship amongst our youth, the ZAH Library is holding an essay competition open to all Zoroastrians under 25 residing in the United States and Canada. Topic: “The Shah Nameh: A Glorious Past ? A Prologue to the Future”. Winner will get a prize of $1,000, free registration to the 15th North American Zarathushni Congress, and a special opportunity to make an oral presentation at the Congress. Entry deadline: October 31, 2010. For details visit our website http://www.zah.org/nazc-10/ZAH_essay_Competition_2010.pdf
ZOROASTRIAN ASSOCIATION OF HOUSTON
LIBRARY

ESSAY COMPETITION – 2010

The Shah Nameh: A Glorious Past---A Prologue to the Future

The Zoroastrian Association of Houston Library is holding an essay competition in order to promote Zoroastrian scholarship among our youth. The winner will be awarded a $1,000 prize and free registration to the 15th North American Zarathushti Congress in Houston, TX in December 2010. The winner will also make a presentation about his or her essay at a time slot allocated at the Congress.

**Topic**

The Shah Nameh: A Glorious Past---A Prologue to the Future

**Eligibility**

The competition is open to all Zoroastrians living or studying in the USA & Canada under the age of 25 as of December 31, 2010.

**Deadline**

October 31, 2010.

**Format**

Entries must be submitted electronically to Aban Rustomji at aban@coatingindustries.com in Microsoft WORD, double spaced, in 12-point Times New Roman font, and with 1-inch borders all around. The participant's name, address and phone number shall be on a separate cover page only. No name should appear on subsequent pages. The names will be removed, and replaced with a numeric identifier, before the essays are sent to the judges for evaluation.

**Judging**

The ZAH Library Committee will select three judges to evaluate the essays on the following basis:

- Content – Original Argument
- Content – Correctness of Facts / Completeness
- Analysis & Supporting Research
- Organization Structure (Transition, Mechanics, Grammar & Citations)

All references used (including books and internet sites) must be clearly cited in the bibliography.

**Publication**

The ZAH Library reserves the right to publish any or all essays in the media of their choice.

**Honor System**

Entrants shall not receive assistance from others.
IN LOVING MEMORY OF

PURVEZ SHIAVAX RUSTOMJI

OUR FRIEND AND MENTOR

"I loved my friend
He went away from me.
There’s nothing more to say.
The poem ends,
Soft as it began -
I loved my friend”.

by Langston Hughes

FROM ALL HIS FRIENDS
AT THE ZOROASTRIAN ASSOCIATION OF HOUSTON
LIBRARY
The mission of FIRES is to serve as the central location, in North America, for the collection of Zoroastrian literature and artifacts, and to promote Zoroastrian education and research by disseminating this information to the public. FIRES is located at the Zoroastrian Association of Houston (ZAH) Library. FIRES is the first online library in North America exclusively for Zoroastrian books, audiovisual, manuscripts, literature, magazines & scholarly research. We are looking for cooperation with many other associations in a variety of related ways primarily to list their collection as well online. We currently have over 929 items, books and audio-visual materials. Dr. Pallan Ichaporia is digitizing rare manuscripts that will be housed with FIRES. We have gratefully accepted book donations from Dolly Dastoor, Soli Dastur, Pallan Ichaporia, Firdosh Mehta, Rustom Kevala and Michael Stausberg. Last year we purchased books:

- Parsee Prakash (DVD with 3 volumes)
- The Zoroastrian Myth of Migration from Iran and Settlement in the Indian Diaspora – Alan Williams
- The Parsis of India: Preservation of Identity in Bombay City – Jesse Palsetia
- Alphabet of Dreams – Susan Fletcher.

FIRES online catalog is up and running and is currently accessible through www.fezana.org or www.zah.org. We have had about 400 hits this year. Numerous requests for information were received by librarian Aban Rustomji that include:

1. Mailing a copy of the Avesta to Mexico as a wedding gift
2. Writing to the British Museum to verify facts
3. Sending an Interlibrary loan of the DVD “Persepolis” for Chicago’s Persian parade

In the next few months we plan to:

- Set up a stand-alone website so that a search for FIRES will take the reader directly to the FIRES website.
- Digitize as much information as possible and make it available on the FIRES website.
- Set up a Policies and Procedures Manual that will facilitate the borrowing and use of materials while safeguarding them from loss or damage.
- Solicit potential donors for their collection and artifacts.

Our most important responsibility is to provide the information needs of our community. We can only accomplish this by listening to YOU. We are seeking partnerships with other FEZANA Associations in technology discussions and planning and working to develop and make accessible digital collections.

**ADVISORY COMMITTEE MEMBERS**

*FIRES* advisory committee comprises of Rustom Kevala (ZAF), past president of FEZANA and initiator of FIRES, Roshan Rivetna (ZAC), past editor of FEZANA Journal and Shehernaz Joshi Verahrami (ZAMWI).

**OPERATIONS COMMITTEE**

*(ZAH LIBRARY COMMITTEE)*

The conference drew a wide number of distinguished speakers from USA, Canada, India and Europe and was attended by many Zarathushtis from the Greater Chicago and Tri-State area as well as other parts of the USA and Canada.

The Society of Scholars of Zoroastrianism (SSZ) was established in an initiative spearheaded by Dr. Pallan Ichaporia and Rohinton Rivetna, and formalized during the Eighth World Zoroastrian Congress in London in 2005.

The mission of the Society is to revive the tradition of scholarship within our community among athorans and behdins alike, and to promote interaction among academicians, theologians (priests), educationists, lay scholars and practitioners of Zoroastrianism, through roundtable discussions, conferences and publications. The aim is to make SSZ a prestigious organization on par with scholarly organizations of other faith communities, and merit affiliation with international bodies such as the American Academy of Religions.

The conference was in keeping with the vision of the founders of SSZ, Mr. Rohinton Rivetna and Dr. Pallan Ichaporia, who established the format as a vehicle through which interaction, discourse and dialogue about the Zarathushti faith could be conducted between scholars and lay community members. It covered a variety of topics that dealt with issues related to Zarathushti history and religion as well as rituals, culture, architecture, and the social fabric of the Zarathushti community.

The conference commenced on the evening of June 25th with a welcome dinner and address from Mr. Rohinton Rivetna, preceded by a Humbandagi led by Ervad Parvez Bajan from India. Ervad Bajan then gave a talk on the Shah Nameh which included a stirring tribute to its author Firdausi and some unique insights about the composition and nature of the epic as well as its history and preservation. This was followed by a recitation from the Shah Nameh done in the original language of compilation.

DAY TWO, June 26th The official launch of the conference commenced with a Humbandagi led by Ervad Soli Dastur, followed by Monajats which were wonderfully recited by Ms. Mani Rao, Ervad Soli Dastur, Ervad Parvez Bajan and Ms. Bapsy Bajan. Mr Hosi Mehta, President of ZAC, gave a welcome speech and Dr. Pallan Ichaporia and Mr. Rohinton Rivetna gave opening remarks.

SESSION I. CHAIR – Khuzaan Screwvalla

Dr. Pallan Ichaporia (University of Mainz) - Enigmatic verses in the Behram Yasht; Viambura Demons and their Devilish Rituals.

Dr. Jenny Rose (Clairmont Graduate University and Stanford University) – Zarathushtis in Iran.

Dr. Ichaporia presented an exposition of the Bahman Yasht and some very unique features contained therein. He showed how sections of the Yasht mentioned "Viambura" practices and the parallels between these practices and those of the "Kafirs" of Kafiristan in Afghanistan.

Dr. Rose gave a fascinating presentation about the preservation of the Zarathushti tradition in Iran particularly in the region of Sharifabad and Yazd. This presentation was based on her personal journey and research in the region where she interacted with local residents and observed first hand some of the intriguing and specific ways in which the Zarathushti tradition has been kept alive in its original homeland.

SESSION II. CHAIR – Tushad Driver

Dr. Michael Stausberg (Norway) – The Qualities of the Ideal Priest: Contemporary Priestly Interpretations.

Brigadier Er. Behram and Zenobia Panthaki (Washington, DC) – Field Marshal Sam Manekshaw: Soldiering with Zarathushti Values.

Dr. Stausberg presented original research that he had carried out in India on the “Qualities of the Ideal Priest.” Through surveys conducted among various categories of priests divided both by nature of practice (full time, part
time, etc.) as well as by station (boywallas, panthakies, dasturs, etc.), he was able to get a fascinating insight into what the priestly class themselves believed to be the ideal qualities of a practicing Zarathushti mobed.

Brigadier Er. Behram Panthaki and Zenobia Panthaki presented an entertaining and insightful look at the life and times of Field Marshal Sam Manekshaw based on personal anecdotes of their relationship with him. They showed that in all dealings and all aspects of his life the Field Marshall displayed the Zarathushti values of good thoughts, words and deeds.

SESSION III. CHAIR – Arzan Lali

**Mr. Kayomarsh Mehta** and the Adult Study Class (Chicago) – Zarathushti FAQs – Frequently Asked Questions; an Interactive Session.

Mr. Kayomarsh Mehta, stalwart of the Zarathushti community in Chicago and the students of his adult study class gave a PowerPoint presentation based on some of the most frequently asked questions posed to Zarathushtris when they are interacting with people in secular settings. Each of the commonly asked questions was supplied with an answer based of the students understanding of the learning that they had acquired in Mr. Mehta’s classes. (photo above, from left Kayomarsh Mehta, Afshan Barshan, Binaifer Darukhanawalla; Arzan Lali)

SESSION IV. CHAIR – Rohinton Rivetna

ESTABLISHMENT OF AN ATASH KADEH IN NORTH AMERICA (see detailed report page 25)

**DAY Three, JUNE 27th,** commenced with a Humbandagi led in an innovative and inclusive fashion by Ervad Soli Dastur followed by a recitation of monajats led by Ms. Mani Rao and her team with the audience joining in on the popular Monajats that they recognized from the past. The highlight of the morning session was a special recognition ceremony for **Mr. Keki Bhote.** Members of the Zarathushti community from Chicago and elsewhere in North America presented testimony and anecdotal references about Mr. Bhote’s foresight with regards to the growth and progress of the North American Zarathushti community and his personal impact and influence on them. Mr. Bhote was presented with a plaque by the ZAC and SSZ in recognition of his contribution and service to the community.

SESSION I. CHAIR – Cyrus Grant

**Mr. Keki R. Bhote (Chicago)** - Forgotten role, the Parthian Empire played in recovering the glory of Zoroastrianism

**Mr. Daraius M. Bharucha (Toronto)** – The Religion of the early Achemenians; Mazdayasnis or not?

Mr. Bhote’s talk highlighted the fact that often very little credit is given to the Parthians who not only stood up militarily to the Roman Empire but were instrumental in preserving the Zarathushtrian faith through collection and preservation of religious documents that were scattered throughout the empire after two generations of Greco-Macedonian rule that preceded their rise to power.

Mr. Daraius M. Bharucha presented evidence from both literary and historical sources to forward the position that the early Achemenians were indeed Mazdayasnars. Based on the evidence he marshalled he refuted recent claims among some segments of scholarship that Cyrus the Great and his son Cambyses were not Zarathushtis.

SESSION II. CHAIR – Afshan Barshan

**Dr Er. Soli Dastur (Florida)** – Fravardin Yasht.

**Ms. Shireen Havewala (Washington, DC)** – The Fate of our Faith: The Future of Zarathushti Priests in Days to Come.

**Mr. Bomi Damkevala (Chicago)** – Thoughts on Becoming a Mobedyar – Preparation and Ordainment

Ervad Soli Dastur presented some unique insights about the Fravardin Yasht showing how the longest Yasht we have can be delineated into two distinct parts, the first comprising the function of the Fravashis and the second a listing of the names of honourable stalwarts of the community as well as an eulogy for the birth of Zarathushtra.

Ms. Shireen Havewala spoke about the role of Mobeds in relation to the youth of the community and the need for a respected clergy that is empowered through training to be able to respond to both the intellectual and spiritual needs of the younger generation.

Mr Bomi Damkevala spoke about the functions of a Mobedyar and about his personal journey in becoming a Mobedyar, emphasizing how the process had strengthened his own faith and belief system and his
SESSION III. CHAIR – Bomi Damkevala

Mr. Spitaman Tata (Rockford) – Thoughts on Gathas.

Dastur Dr. Kersey H. Antia (High Priest of Chicago) – Did Zarathushtra really adopt Assyrian Beliefs as claimed by some Assyriologists?

Mr. Spitaman Tata presented a personal understanding of the Gathas and the incorporation of its value into his daily life.

Dastur Dr. Kersey H. Antia presented a paper that specifically refuted the position of some Assyriologist, notably Simo Parpola who claimed that Zarathushtra was influenced by Assyrian beliefs. Dastur Antia disproved this assertion through using arguments such as the dating of Zarathushtra’s birth and the dissonance between Assyrian and Zarathushti practices.

SESSION IV. CHAIR – Khuzan Screwvalla

Er. Parvez Bajan (Mumbai) – Kis-e-Sanjan; The story of exodus of the Parsis from the Iranian Plateau to the shores of India.

Dr. Pallan Ichaporia (University of Mainz) – Importance of Zarathushti Diaspora

Eravad Bajan gave a long and interesting talk about the history of the Parsees as a people, recalling highlights of historical eras and concluding with their advent on the shores of India.

Dr. Ichaporia in the interest of time, as it was already late evening, reserved the reading of his paper on Diaspora communities and this very informed and insightful paper was later circulated via electronic sources.

SESSION V.

Bapsy Bajan (Mumbai) – Demonstration of preparation of food items for liturgies (papri, malido, daran, chapat, bhakra, etc).

It was late evening by the time Ms. Bapsy Bajan presented a very interesting demonstration of the traditional preparation of food items used in liturgical services.

This was the end of the official program of the conference as the morning session on the last day was reserved for discussion, analysis and future planning of conference events.

Overall the conference was a great success as it met the main criteria laid out by the founders which was to engage scholarship at four different levels, that of academicians, educators, lay scholars and learned priests. ZAC and the team of volunteers deserve much credit in ensuring that the conference ran smoothly and that presenters and audience members were very well looked after. Much credit is also due to Mr. Rohinton Rivetna and Dr. Pallan Ichaporia whose vision and foresight have created this unique and prestigious forum for the advancement and preservation of the Zarathushti faith. Mention must be made here of the tremendous effort put forth by the volunteers from ZAC, ably led by Ms. Roshan Rivetna, who prepared a fantastic breakfast, lunch and snacks for the tea service.

SATURDAY, JUNE 26, 2010  SESSION IV (Day 2)
ESTABLISHMENT OF AN ATASH KADEVH IN NORTH AMERICA

SESSION CHAIR: Rohinton Rivetna

PANELISTS: Cyrus Rivetna, Kaemerz Dotiwalla, Ervad Kobad Zarolia, Ervad Parvez Bajan and Mrs. Bapsy Bajan

Rohinton Rivetna, the session chair mentioned that we have established several Zoroastrian Centers all over North America. and at the time our goal was to have an Assembly area with an attached Prayer Room. Now, we are in the process of contemplating what should be our next step, what infrastructure should we develop from here on? Today there is not a single consecrated Atash Kadeh in North America. The purpose of the panel was to clarify some of the issues.

CYRUS RIVETNA: THE EVOLUTION OF FIRE TEMPLES FROM IRAN AND INDIA TO THE DAR-E-MEHRS OF NORTH AMERICA

Cyrus Rivetna presented an interesting slide show delineating the history of Zarathushti fire temples through the ages: Pre-Achaemenian temple; the Persepolis,
some of the details from which have been used in the currently existing fire temples in India and Iran; fire temples during the Sassanian times; and those in India. The Parsi settlers established the first fire temple (Iran Shah) in India within 25 years of their arrival. Cyrus showed several slides illustrating the history of Iran Shah through the centuries. Today there are about 200 consecrated fire temples in India, with about 50 of them in Mumbai. The architecture of all the fire temples did not start from scratch; they took ancient architecture, modified it, and built the building around it to suit their environment.

Cyrus Rivetna showed a pictorial history of the Zoroastrian Centers in North America:

- 1977 - New Rochelle, New York
- 1978 - Toronto ZSO (added a 1,950 square feet hall in 1990)
- 1983 - Chicago (added a wing in 2001, purchased an adjoining house in 2004)
- 1985 - Vancouver
- 1986 - San Jose (built the first separate building for an Atash Kadeh)
- 1987 – Los Angeles (purchased an adjoining property in 2001)
- 1990 – Washington, D.C. bought a 7 acre property (Cyrus is currently in the process of designing a traditional looking Atash Kadeh and a contemporary building for a hall)
- 1998 – Houston
- 2002 – New York purchased a property after selling the first building in 2000
- 2005 – Toronto OZCF purchased a 10 acre property (have remodeled a structure and plans are underway (to start construction in 2010)

KAEMERZ DOTIWALLA (Houston): TRIALS AND TRIBULATIONS ON THE ESTABLISGMENT OF THE FIRST CONSECRATED DAR-E-MEHR IN THE WESTERN WORLD FROM DREAM TO REALITY

The outline of Kaemerz Dotiwalla’s presentation included: the need for a consecrated Dar-e-Mehr; the purpose and the reason for consecration; the research process carried out to find what was required; the challenges faced; the organizational structure at present and future expansion; the design prepared by the architect-of-record, Cyrus Rivetna.

Within 25 years of landing in India, our forefathers established a consecrated fire temple, and it is time we consecrated a Dar-e-Mehr in North America. A number of other communities have also explored the possibility of consecration of a Dar-e-Mehr. A poll was conducted by Zoroastrian Trust Funds of Europe (ZTFE) about the importance of having a place of worship. The response to this poll was overwhelmingly in favour of establishing a place of worship. The ZTFE did substantial research resulting in a booklet, an exceptionally well carried out project which Dasturjis Kotwal and JamaspAsa recommended.

A private group of Zarthushtis committed to build a traditionally consecrated Dar-e-Mehr to be strictly operated and run on religious grounds, got together and purchased a 2.5 acre property in Houston. Dasturji Kotwal and the other high priests were consulted. Cyrus Rivetna, the architect, developed on the vision of one of
the members Mr. Aspy Colah. This DM when seen from the sky will look like the Farohar symbol on the ground. The first phase is projected to be constructed by 2011. Future plans include additional structures, possibly including the first Zarthushti seminary.

**FUND RAISING AND ADMISSION**: One of the greatest challenges faced by the group is fund raising. If this Dar-e-Meher were to be run on an open basis, or if it were to be run along the lines on which fire temples are being run in India and Pakistan where we follow the patrilineal system, this Dar-e-Meher would have been built about eight to nine years ago. However, to maintain the sanctity of the Dar-e-Mehr, this Dar-e-Mehr would be open for worship to all Zarathushtis born of parents both of whom are Zarathushti. Entrance and access to the Dar-e-Meher would be through membership only, but any member can bring another Zarathushti as long as that individual is born of parents who in turn are also Zarathushti born.

**STRUCTURE**: Presently, the core committee is comprised of five members who have donated a total of $125,000 for the purchase of the property. They are strongly considering additional categories of members such as sustaining members, supporting members, regular members etc.

Before the Dar-e-Mehr is consecrated, the group plans to have multi-faith tours where they will show them the Dar-e-Meher and explain what is going to happen. However, once the Dar-Mehr is consecrated, admission will be restricted as outlined above.

Kaemarz Dotiwalla believes that we have benefited from the actions of our ancestors. We are custodians of this faith and culture. We must act like an extended family, and we need to pull our resources for a common cause. The life of the first traditionally operated consecrated Dar-e-Mehr in the Western world is in all our hands.

**ERVAD KOBAD ZAROLIA: YES WE CAN CONSECRATE AN ATASH KADEH BUILDING AND DADGAH FIRE IN NORTH AMERICA**

The Toronto area Zarathushtis, under the Ontario Zoroastrian Community Foundation (OZCF), have bought a 10.5 acre property, and one of the first new buildings on that property is going to be an Atash Kadeh, Agiary, or Dar-e-Meh Her. One of the biggest problems in N. America is that there are mobeds with different views. So as not to create a problem in the community where mobeds are at odds with each other based on their thoughts or philosophies, about 18 to 20 mobeds in Toronto with different philosophies and views were invited to a meeting. Fourteen of the mobeds met at Ervad Zarolia’s house to discuss the issue of establishing a consecrated Atash Kadeh. Several ideas were presented and a process was established which will be followed in Toronto. At the next North American Mobeds Council (NAMC) meeting this process will be presented to all the mobeds in North America with a view towards refining it and then establishing guidelines for North American Zoroastrian Associations to follow or consider. The NAMC will support any community 100% in establishing an Atash Kadeh.

Toronto is in the process of raising funds for the structure. The current plans are as follows:

- The fire will be a Dadgah fire (Atash Dadgah). To keep a continuously burning fire, at the least two full-time mobeds would be needed. The cost of employing two full-time mobeds would be about $150,000 a year, which the OZCF could not afford at this time. If the community so desired, the fire could be elevated to a continuously burning fire in the future.
- The building should be something to behold and should be spiritually uplifting.
- It should have a Yazeshne Gah (an area where inner liturgical ceremonies can be performed).
- The OZCF wishes to keep an open concept and allow everyone to enter the Dadgah as long as they follow the rules of physical purity. They do not think the fire would be defiled by a non-Zarathushti looking at it.
- The water used at the Atash Kadeh could be either from the city or from a well as long as it is pure and drinkable.

Ervad Zarolia’s personal view is that Zoroastrianism is a reflective religion, and not a prescriptive one. He also believes that we have to adapt to our environment and need to do what makes sense for us. By sharing, we will elevate our religion.

**Ervad Parvez Bajan: Demonstration of Consecration Ceremonies for an Atash Kadeh** (photo below)
In advance of his presentation, Ervad Bajan had set up a table with the special implements used during inner liturgical ceremonies like Baaj, Yazeshne & Vandidad. During the presentation he explained in detail how these implements are used during the ceremonies.

Ervad Bajan then showed several slides of a mobed performing the Baaj-Dharna (Dron-Yasht) ritual. The slide show was supplemented with detailed commentary by Ervad Bajan.

THE REPORT OF SESSION IV BY
Mobedyar Boman J. Damkevala

Photo left above
Jenny Rose, Zenobia Panthaki, Shireen Havewalla
Ervad Behram Panthaki with the Vendidad book
brought by Ervad Soli Dastur

Photo left below
Bapsy Bajan, Ervad Parvez Bajan
Dr Pallan Ichaporia, Joseph Peterson,
Jenny Rose, Rohinton Rivetna, Ervad
Soli Dastur with the ceremonial items
donated by Ervad Bajan

GIFT OF LITURGICAL ITEMS. Er. Parvez Bajan, the invited speaker at the SSZ conference, donated a complete set of metallic implements required in a Yazashna Gah, for the performance of inner and outer liturgical ceremonies such as Yasna, Visperad, Vendidad and Baj, including a mortar and pestle, chalice, crescent-shaped stands, metallic wires, ring, knife, water vessels, etc. (photo pg 27) Er. Bajan gave a most interesting demonstration and talk on these ancient liturgies at the SSZ conference.

DARAIUS BHARUCHA has a B.A. Specialized Honours in Religious Studies and a B.Ed from York University, Ontario. He graduated Summa Cum Laude, was on the Dean’s Honour Roll and was the recipient of the prestigious Governor General of Canada’s Silver Medal for Academic Excellence. Daraius is a Millennium Scholar and the recipient of numerous other academic awards. He has co-authored and co-edited two publications on Zoroastrianism and is a regular contributor and panel expert on “Insight”, a television show in Canada that examines current issues from a religious and cultural perspective. Daraius currently works as a high school History and English teacher and has been a lecturer and teacher of religion for 17 years.

BOMAN (BOMI) J. DAMKEVALA has a B. Tech. from the Indian Institute of Technology, Mumbai, and an M.S. from the Illinois Institute of Technology. Presently, he is working as a Senior Project Cost Estimator at Sargent & Lundy LLC, a Chicago based engineering consulting company. A keen supporter of ZAC he has served on the ZAC Board for many years in various capacities including as Secretary, Vice President and President. He was ordained as a Mobedyar on April 4, 2010 by the North American Mobeds Council and participates in numerous interfaith activities.
Mss- Yasna 28,0, a-d (written in 1323 CE) oldest extant

This page numbered 174, is from the most ancient extant MS of Yasna. It begins with Ahunavaiti Gatha, (Old Avesta with Pahlvi commentary). The manuscript was written in CE 1323 (A.Y 692) at Cambay by Ervard Mehrban Kai Khusrow. It was presented to Oxford University by High Priest Jamasp Asana in 1892. The MS has 770 pages.

YASNA 28 – Gatha Ahunavaiti

OLD AVESTA TEXT (without diacritics)

yaanim.man.o anim.vacho.anim shiiaothnem.
ashaono. zarathushtrahe:: feraa.ameshaa.spentaa .
gaathao geuuruuaia nemo. ve’gaathao. ashaonish

PAHLAVI TEXT -(without diacritics)

yaan-menishn ud yaan-gowishn ud yaan-kunishn
budan i ahlaw zardusht menishn gowishn kunishn i
fraaron raay pad neekih arzaanj bud fraaz
amahraspandaan gaahaan grift ku -shaan pad getig
fraaz daasht

Submitted by
Pallan Ichaporia Ph.D; D Phil
Chair, FEZANA Preservation Committee

Landmark Study Confirms Mammography Lowers Breast Cancer Death Rate In Women 40-49 By Nearly A Third.

The landmark breast cancer screening study of women 40-49, recently published online in Cancer, has proven that annual mammography screening of women in their 40s reduces the breast cancer death rate in these women by nearly 30 percent. The results of this largest study ever conducted on women in this age group confirm that the use of the age of 50 as a threshold for breast cancer screening is scientifically unfounded. Women should begin getting annual mammograms at age 40.

At the FEZANA AGM in April 2010 an appeal was made to the member associations (FJ Vol 24 No 2 pps 48-50) to help fund the Zoroastrian Studies Program in the Department of Religious Studies, Stanford University. This would be to restart the undergraduate course. The University plans to appoint Prof Yuhan Vevaina to the faculty from January 2011 to August 2013. But the community has to share in the cost of hiring him.

Through the efforts of Farrokh Billimoria and the members of the community advisory group most of the funding is in hand but we are short of $60,000 which we, the community, need to raise ($20,000 per year for the next three years). An additional $20,000 per year in benefits will be covered by the university.

In response to the appeal the following funding has been received, for which we are very grateful. But we need more. Individual Zarathushtis are also encouraged to donate generously for this wonderful opportunity provided by Stanford University to the North American Zarathushti community. Please give generously

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(*) amount pledged for three years.
(**) three year donation of $1000 per year.
(*** ) amount pledged for two years.
Continuing with its long established tradition, the Zoroastrian Sports Committee (ZSC) held the 12th Zoroastrian Games on July 4th weekend of 2010 in Long Beach, CA. As expected, this year’s event was the largest to date, with 2000 people attending (athletes and spectators) and participants from over 17 states across the U.S., as well as from England, India, Australia, Canada, Germany and France to name a few.

This year, 650 athletes of all ages from around the globe registered to compete in volleyball, basketball, tennis, swimming, track & field, and table tennis. Testament to the fact that the Zoroastrian Games have become a staple in the Z community worldwide, almost every sports category and all social event tickets were sold out prior to the second registration deadline - roughly 3 months in advance of the event.

The 12th Z Games hosted competitions between 15 adult volleyball teams, 15 adult basketball teams, 7 youth basketball teams (in two age divisions), with 200 athletes participating in individual sports. See the impressive schedule of events on left,

**THURSDAY JULY 1st, THE FIRST NIGHT**

Registration, athletes, families and friends gathered in the courtyard of Cal State University Long Beach for pizza, refreshments and to catch up. Meanwhile, others went to the magnificent Pyramid Gymnasium to help set up or to practice for the opening ceremony.

**FRIDAY, JULY 2nd**

The 12th Z Games officially began with the traditional torch run by Mr. Jahangir Mehrkhodavandi, (photo below) who ran the flame from the California Zoroastrian Center to Long Beach and lit the flame. The lighting of the torch...
was accompanied with a recital of the Gathas by Moobed Arash Kasravi and three young Zarathushtis, signaling the start of the event.

SATURDAY, JULY 3rd  After a full day of competitions on Friday, over 360 guests attended a Luau dressed in their best Hawaiian attire, toting beautiful Hawaiian leis in every color, dancing to the tunes of DJ Al. Saturday night was an unstructured night, for attendees to catch the bus to the Long Beach Pike, enjoy the fresh ocean air, dine with friends, or attend comedy clubs.

SUNDAY, JULY 4th  More than 530 people attended the Masquerade Ball, wearing beautiful masks, dining and dancing to the beat of the Black Cats and DJ Al.

MONDAY, JULY 5th, the remainder of the semi-finals and final games were played and the 12th Z Games came to an end with a fantastic closing ceremony, exhibiting different performances, slide shows, and finally the awards ceremony (for a list of participants, teams, and those who received medals please visit: www.zathletics.com).

And finally, the Zoroastrian Society of Ontario (ZSO) was announced as the host city for the 2012 Games, and the torch handed off to their representatives.

On a more sentimental note: ZSC had high hopes that a group of athletes from Iran would for the first time be able to compete in this year’s Games. In collaboration with the athletes in Iran and with FEZANA, ZSC worked hard to help with the visa process for permission to travel to the U.S. for the duration of the Games. And although three of the athletes were successful in this process, their visas did not arrive in time for them to make travel arrangements. We do however hope to have Iran represented amongst our athletes in future Games.

And finally, these Games would not have been possible without the support and dedication of the countless number of volunteers who took on tasks, big and small, and helped make the 12th Z Games a success. They are indeed proof that it takes a community to build a community, and to keep that community united. So we extend our sincere thanks and gratitude to all the unsung heroes of this year’s event for making the 12th Games a memorable and successful event for all.

We hope to see all of you on the 4th of July 2011 weekend in Toronto, Canada for the 13th Zoroastrian Games.
Donors for the 12th Zarathushti Games, California July 2010

GOLD SPONSORSHIP ($5000 or More)
Mrs. Farangis Zardoshty

SILVER SPONSORSHIP ($1000-$4999)
Bahram Kasravi and Gilda Keshavarzian
Shahram Ghandeharizadeh
Amoozesh Group - CZC

BRONZE SPONSORSHIP ($100 - $999)
Kambiz Goshtasbian
Mitra Mazdasyani and Rostam Kavoossi
Shahram Yazdani and Parisa Ezzati
Manouchehr Namiri
Keykavous Varjavand and Sima Shidfar
Behzad Partovi
Shahla and Rostam Jamshidi
Hooman Bolandi
Azita Kabolyazadeh
Parimarz Firoozgar
Orang Demehri
Kasra and Noushin Kasravi
Shahnaz Namiranian
Nahid and Bijan Pourjamasb
Dariush Jamasb
Faranak and Fereydoun Goshtasbi
Fereidoun Abtin
Shida Anoushiravani
Anonymous
Ramin and Shokoufeh Khodadadi
Houman Abtin

Zoroastrian Sports Committee,
Sitting from left
Niaz Kasravi, President, Behnaz Dianat, Treasurer, Katayoon Salamati, Secretary
Standing Bijan Pourjamasb, Vice President, Tehran Ghasri, Public Relations, Behrouz Mehrkhodavandi, Sports Director, Arsham Dianat, Sports Coordinator, Ramin Shahriari, Web Developer
Youth Leadership Enhancement Program (YLEP)

PROGRESS REPORT ON Youth Leadership Enhancement Program (YLEP) Initiative

At the 9th World Zoroastrian Congress, Dubai the UK team proposed a community project proposal, which involved the rejuvenation of the Zoroastrian Trust Funds of Europe- (ZTFE) Children’s Educational Fun Club. The team proposed a mixture of community and educational based future goals and have been busy working away since then and have much to share.

YLEP ENGLAND

The Fun Club classes are run by volunteers every month at the Zoroastrian Centre in London. with several more young Zarathushtis coming forward to help out. This year we have been teaching a range of new and exciting topics which assort from discussions on the epic Shahnameh, the celebration of the late-winter festival Jashan-e Sadeh, to practical activities such as designing your own flower toran.

A key objective was to support staff at the BBC CBeebies television channel with the children’s programme ‘Let’s Celebrate Jamshed NoRuz’, as part of the wider ‘Let’s Celebrate’ series. The CBeebies team joined us in celebration at the Zartoshty Brothers Hall, Zoroastrian Centre on March 21, 2010, where the program was premiered for the first time before being broadcasted to the public. It has been a great achievement to have our teachers and children work with the BBC and at the same time promote European and global awareness of Zoroastrian religion at children’s level.

Last NoRuz, volunteering parents organized a children’s performance called ‘It’s NoRuz Time’. Due to its success, the children of the ZTFE Fun Club have been working hard to put on a play called “Sheer-e-Shireen: The sweetened milk”, the story of the migration of Zarathushtis from Iran to India and the consecration of the first fire in India. The performance was scheduled at Zoroastrian Centre on Shahenshai Navroze Day, 19 August 2010. The prize money won through the YLEP program was used to offset some of the expenditure incurred for the play.

We are grateful to the Mancherji Joshi Trust, Mithoo Jesia and Ervad Ramiyar Karanjia for their support and kind permission to extract and adapt their original script. The Navroze performance is dedicated to the memory of our beloved ZTFE Honorary Site Manager, Daraius Rustomji.

Reported by Nazneen Avari
YLEP – INDIA

INTERCONNECTIVITY BETWEEN TRUSTS GLOBALLY

In 2008 the Dubai Congress organizers announced the Youth Leadership Enhancement Program (YLEP) Initiative. After a competitive application process, youth across the world were chosen to participate. Each country was then tasked with creating and executing a project that met project guidelines. TEAM INDIA chose, as its project, interconnectivity between trusts.

Zoroastrian trusts, globally, will be connected on the same platform. Applicants seeking financial aid for medical treatment and/or education assistance will log onto www.zfunds.org.

This database and connectivity platform is the first of its kind for the Zarathushti community and it has global outreach possibilities.

Zarathushtis are known throughout the world for their munificence. Over the years well-intentioned Zarathushtis have come together to create charitable trusts. In Mumbai alone there are approximately 200 registered Zarathushti trusts. Each year, these trusts donate Crores of Rupees to Zarathushtis in need of assistance. Although in Mumbai the greatest need is housing. Education and medical financial assistance are the greatest needs globally.

Many trusts are paper and pencil based. This allows for records to be misplaced, all required documents not to be collected, delayed processing, ineffective follow up for repayment of loans and difficulty in maintaining records over an extended period of time. Currently trusts don’t communicate with each other about which applicant received how much funding. This results in a situation in which some people receive more aid than they require, while others in need are left without. While it is not the norm, some people have made this type of “trust-shopping” their primary means of income and have used the out-datedness of the application and disbursement system for their own gain. On the other hand, without an organized way to track applications in the current paper-based system, some worthy requests may be lost or go unnoticed.

To avoid these challenges, TEAM INDIA project aims to create a transparent application and communication process between the trusts and the applicants. By streamlining the process, the aim is to promote greater accountability and a less laborious application and disbursement process for all involved. To this end, TEAM INDIA has created an online application program, accessible to all applicants and participating trusts by logging in on a secure website. www.zfunds.org

By completing the form for either a medical or educational scholarship via the website, the applicant must only complete one master application instead of several separate and often redundant appeals to each different trust, thus dramatically simplifying the process. When an application is complete, the participating trusts are notified through the online system and each trust can begin to review the master application.

When a trust views an application online, it will also be able to see how much money has already been disbursed, in total, to the individual applicant by the other trusts participating in the program.

Zfunds.org allows the trusts to maintain their independence, control the information shared and have a greater control on the funds distributed. Zfunds.org streamlines the process for the applicant and allows them to track the progress of their applications.

Team India’s project meets a current need, bridges a divide, and offers long term viability; thus meeting all the criteria set out for the YLEP project.

The electronic platform is now ready for use both on the applicant and trust end.

WHAT WE NEED NOW

1. TRUSTS TO REGISTER ON THE WEBSITE. Once we have a handful of trusts registered we can then advertise the platform to applicants. From India we have the following 2 trusts on board: WZO & PRG. From USA: FEZANA We need more trusts who see the value of this initiative to register with us before we can request applicants to use the same.

2. MORE VOLUNTEERS IN INDIA AND INTERNATIONALLY to bring this together. The volunteers are required to educate trusts about the platform and get them registered. Then the volunteers will need to train trusts and stay with the trusts as they get used to this new way of processing applications electronically.

To register your trust or to volunteer to be part of our team please send an email to freyaz@kurniv.com or hgotla@gmail.com

Reported by Freyaz Shroff, Hoshaang Gotla, Manek Kalyaniwalla & Shireen Cama
2010 was a landmark year for Zarathushtis worldwide as the United Nations General Assembly proclaimed the spring equinox as the *The International Day of NowRuz*. A prelude came from UNESCO in 2009 declaring NowRuz as an *Intangible Cultural Heritage of Humanity*.

(See FEZANA Journal Vol 24, No 2, Summer 2010 pages 125-130.)

The General Assembly called on those that celebrate the festival to study its history and traditions with a view to disseminating that knowledge among the international community and organizing annual commemoration events. These developments provide Zarathushtis everywhere with wonderful opportunities to step out into the public square as we celebrate our heritage.

At the local level, we could make an effort to bring the Haft Sheen table to our schools and to our public libraries at NowRuz with its message of “affirmation of life in harmony with nature, the awareness of the inseparable link between constructive labour and natural cycles of renewal and the solicitous and respectful attitude towards natural sources of life.” (1)

At the international level we can build on what has already begun with exhibits at museums in Philadelphia, Toronto, Chicago, Washington D.C., Los Angeles (see FEZANA Journal Vol 22, No. 2, summer 2008 and Vol 23, No. 2, summer 2009) and at venues such as at the United Nations Headquarters in New York, the UNESCO Headquarters in Paris and even consider mounting exhibits at annual DPI/NGO meetings wherever they are held in the world in the future. Following up on presentations made at the 9th WZC in Dubai, Behram Pastakia met in February 2010 in New Delhi with the leadership of PARZOR and the Delhi Parsi Anjuman and found commonalities of purpose with a desire to work together. PARZOR was urged to consider showcasing its work at the upcoming North American Zoroastrian Congress in Houston in December 2010.

The heads of five states, hosted by the Islamic Republic of Iran met in Tehran on 20 March 2010 - Iraq, Afghanistan, Tajikistan, Turkmenistan to commemorate their common cultural heritage. A suggestion has been made to celebrate NowRuz 2011 at Takht-e-Jamshid in a way befitting this acknowledgement by the world community of the importance of the ancient festival.

Opportunities stare us in the face in the coming years to celebrate NOWRUZ together worldwide - all we have to do is seize them!

**WE HAVE SIX MONTHS TO PLAN FOR 2011 AND CARRY FURTHER OUR OUTREACH TO THE WORLD COMMUNITY IN THE NEXT DECADE**

Reference: (1)

Behram Pastakia Co-Chair,
FEZANA UN-NGO committee

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**Zarathushti Youth Without Borders**

In July 2011, 30 young leaders from the UK, the US, Canada and India will take on extreme poverty and show the power of faith in action.

Are you inspired to end extreme poverty?

Are you motivated to make a difference in the world?

Are you looking for an exciting, paid leadership opportunity?

Will you be aged 20 – 27 years on July 1, 2011?

Are you a citizen or legal resident of Canada, India, United Kingdom, or the United States?

Applications are now open for the Faith Acts Fellowship - Deadline is 31 December 2010

http://www.tonyblairfaithfoundation.org/pages/faiths-act-fellowship-application
Recognising that global health and the fate of nations is inextricably linked to the health of its people, world leaders at the United Nations Conference in 2000, adopted the Millennium Development Goals (MDG’s), common goals to achieve certain basic standards of health and education amongst the peoples of the world. These MDG’s were time bound and set to be achieved by the year 2015.

The eight MDGs are:

1. Eradicate Extreme Poverty and Hunger
2. Achieve Universal Primary Education
3. Promote Gender Equality and Empower Women
4. Reduce Child Mortality
5. Improve Maternal Health
6. Combat HIV/AIDS, Malaria and Other Diseases
7. Ensure Environmental Sustainability
8. Develop a Global Partnership for Development

When the UN summit convened on September 20-22, 2010 in New York, significant emphasis was placed on MDGs 4, 5 and 6. The UN summit provided a crucial platform for NGO’s and civil society to be heard

The Melbourne Conference (August 30-September 1) where 1400 to 1500 UN affiliated NGO’s from 70 countries participated, was the third time in the 63 year old history of UN conferences, that such a conference was held outside UN headquarters in New York. (Paris 2008, New Mexico 2009), Bonn, Germany will host the 64th conference in 2011. The main theme “Advance Global Health, Achieve the MDG’s”, was from the perspective of how effective the MDGs are and whether the UN affiliated NGOs were on track to achieving these by 2015.

The format of the conference was two fold. There were roundtables (four) and workshops (55) over the span of the three days, in addition to the opening and closing ceremonies and the pre and post conference events.

For the roundtables there were about 4 to 5 speakers along with a moderator. Each speaker was given 5 to 10 minutes to provide a snapshot of the work of their NGO, followed by specific questions directed to each, by the moderator. After their presentations questions were asked from the floor to the panellists. The roundtables were themed and encompassed wider issues.

The format of the workshops was more pertaining to a specific topic selected by a particular NGO group. These generally had one or two speakers who presented followed by questions from the floor.

FEZANA NGO WORKSHOP.

FEZANA, the Zoroastrian Association of Victoria (ZAV) and Ashta No Kai (meaning For a Better Tomorrow in Japanese), an NGO based in Pune, India, jointly
presented a workshop on September 1, an auspicious day, as it was the first day of spring in Australia.

This was the first time that FEZANA as an NGO had presented a workshop titled “Public Health and the MDG’s – A Paradigm Shift For Global Health Care Outcomes” The speakers were Mr. Homi Gandhi, (FEZANA) Ms. Armene Modi, (Ashta No Kai) Ms. Jurstine Daruwalla and Mr. Kayzad Namdarian (ZAV). Mrs. Arnazav Chubb (ZAV) was the moderator while Mr. Behram Pastakia (FEZANA) provided special counsel.

The power of the individual to make a difference with the resulting positive impact it can have on society and to be the change you want to see in the world were articulated.

Armene Modi cited examples of how individual people, in particular Zarathushtis like Dr Banoo Coyaji, recipient of the Padma Bhushan and Ramon Magsaysay Award and Dr Noshir Antia, recipient of the Padma Shri and the prestigious Hunterian Professorship of the Royal College of Surgeons, London, have played a big part in alleviating suffering amongst marginalised people while empowering them to take charge of their own basic health needs.

The need to “educate, empower and evoke” be it in a medical clinic being run to improve health care among the Australian indigenous or the youth in Africa, was championed by Jurstine.

New technologies like facebook, twitter and harnessing the power of the internet all help to further the work of the NGO’s in achieving the MDG’s said Kayzad. The power of the internet could enable an individual to communicate and collaborate on a level not seen before.

Unusually for the workshop a Nowruz Haft Sheen Table was exhibited. This did evoke curiosity from the workshop attendees as to the meaning and significance of the items displayed. A lively question and answer session followed the workshop.

FACTS AND FIGURES ON THE STATE OF GLOBAL HEALTH

Some of the quantifiable statistics on global health are thought provoking and inescapably linked to the achievement of the MDGs. Consider the following:

- A child dies every 3 seconds due to preventable disease and hunger (approximately 24000 children die every day).
- Almost 9 million children die before the age of 5.
- 1.2 billion people across the world are hungry. 7 out of 10 are women and girls.
- Millions of children start school but eventually drop out — too many leave school without having acquired the most basic literacy and numeracy skills.
- Every minute of every day, a woman dies in pregnancy and childbirth.
- Every year, 536,000 women and girls die as a result of complications during pregnancy, childbirth or within six weeks following delivery including the lack of trained health care professionals during childbirth. 99% occur in developing countries.
- In Africa, the lifetime risk of dying in pregnancy and childbirth is 1 in 22, in Asia it is 1 in 120 and in developed countries it is 1 in 7,300.
- Tuberculosis claims the lives of 1.7 million people each year. Women are the biggest victims. It is the third leading killer among people between 15 to 44 years.
- Two thirds of those living with HIV are in sub-Saharan Africa, with most being women.
- 1.2 billion people lack access to basic sanitation.
- 2.6 billion people lack access to an improved sanitation facility.
- 1 billion people do not have access to adequate and appropriate food.
- 8 out of 10 people who are without access to safe drinking water live in rural areas.
- An estimated 420 million people in developing countries have a disability; 267 million worldwide have preventable visual impairment.
- Millions die prematurely of non communicable diseases, as well as TB, malaria and complications of AIDS every year.
- Human induced environmental degradation causes short and long term health threats including climate change.
- Developing nations house 80% of humankind but emit only 40% of global emissions, developed nations house only 20% of the world’s population but account for 60% of global emissions.

UNDPI COMMITTEE AND THE NGO COMMUNITY ON ADVANCED GLOBAL HEALTH AND THE MDGs

There were many presenters both from the UNDPI and affiliated NGO’s at the conference. Below is a synopsis of some of the more powerful and passionate presenters on the issue of global health.

Ban Ki-Moon Secretary General, United Nations (via video message) spoke of his concern about MDG 5 – health of women and children lagging the most but
where evidence shows this to be the area where the return on investment is the greatest and that commitment to health is central to meeting all of the MDGs.

Similar views were expressed by Her Royal Highness Princess Muna al-Hussein Jordan (via videotape).

Mr. Kiyo Akasaka, UN Under Secretary General for Communications and Public Information said, “the conference was an important forum for dialogue amongst NGOs, among the NGOs and the UN and particularly the DPI for advancing global health to advance the MDGs”.

Michele Sidebe, Executive Director of UN AIDS stated MDG 6 – combat HIV AIDS has the best chance of being achieved by 2015. There is a reduction by 25% of prevalence in 15 of the most affected and infected countries due to movement and awareness created by young people. However MDG 5 – maternal health needs to be drastically improved as today almost 16 million women are infected by HIV.

Mary Norton, Conference Chair, reinforced the vision statement of the conference stating that emphasis in this statement is not to simply manage disease but to talk about health and the social determinants of health. It is one thing to achieve MDGs but it is another to sustain them. In 1978 the Alma-Mata outlined the social determinants which have still not been met in 2010.

Ruth Bamela Engo-Tjega, President / Founder African Action On AIDS Cameroon believed there needed to be a shift from security of a state or country to that of human security. Adoption of the MDGs was a common human denominator and that respect and empowerment of the individual was necessary. Being watchdogs so the flow of aid money went towards maternal health instead of being channeled to armies was another important role for the NGOs argued Ruth.

Dr Sakena Yacoobi, Chief Executive Director / Founder Afghan Institute Of Learning, an Afghanistan NGO whose work revolves around universal education, gender equality and maternal and child health whilst preserving community culture and tradition. Giving women the skills for economic empowerment and confidence to be self-sufficient and to determine their own futures to better the standard of their life, promoting critical thinking and teaching gender equality to both men and women is essential for achievement of MDG 5.

Women in Afghanistan suffer from one of the harshest gender-based inequalities in the world. Roughly 87% of Afghan women are illiterate with majority facing forced marriages. Only 30% of girls attend school. 1 in 3 women, mainly in rural communities, will probably experience some form of physical, psychological or sexual abuse during their life.

Dr Aleida Guevara, Associate Che Guevara Studies Center the eldest daughter of Che Guevara, said that people could only be free if they were educated. Health of people is closely related to education so it is not about getting to a place and doing things to help them out, it is getting to the communities, engaging with them, understanding their needs and then working to empower them.

The infant mortality rate in Cuba has dropped from 60 in 1959 to 4.8 per 1000 currently. In Cuba, Dr Guevara said, “we say a good standard of education is fundamental to having a good standard of well being”.

Dr Claudio Schuften, Peoples Health Movement, an accomplished medical professional emphasised there was a great need to educate people of their fundamental right to health. He promoted the idea that a human rights compatible approach would be more successful than the MDGs in improving global health. He expressed concern the MDGs are too focused on managing immediate problems, rather than dealing with the social determinants of the cause.

He made reference to the sustainable and successful outcomes to the work done by the Peoples Health Movement (PHM) in India and Dr. Thelma Narayan. Individuals could give anecdotes of healthright violations through public tribunals. These attracted wide media coverage and received the support and attention of the Human Rights Commissioner of India which led to a sustained improvement of health standards within many village communities in India.

Reverend Tim Costello, CEO World Vision Australia mentioned that while there is a long way to go in achieving the MDGs, much has been achieved because of them e.g. three million lives of children have been saved since 2000. A billion people who did not have access to clean water now do so. That is a very extraordinary achievement.

Importantly he called for a 3 year moratorium on debt to assist Pakistan recover from the devastating floods that have left 20 million people displaced and 60 million people homeless. Pakistan is at present spending $3 on servicing debt for every $1 spent on health.

Samina Naz, Health Coordinator Grass-Root Organisation for Human Development in Lahore believes NGOs, civil society, the medical community, private sector and the governments all have a role to play, provided there is an understanding that different countries have different needs and require different solutions.

One interesting approach that Samina offered was that in a country like Pakistan where 70% of the people live in rural areas and where health care is often not
available, mosques be used as community health centres as religion plays an integral part in their lives. Samina believes that ideas which help harness the existing strengths within a culture would be a true force for change in global health.

Kenneth Okah, Women’s Rights Educator, Nigeria highlighted the effect of systemic corruption on developing nations, and urged NGOs to be vigorous in ensuring that funds were not misappropriated.

Jamesa Wagwau, Education Editor New Vision of Uganda explored the crucial role that media plays and how media is the driving force of information. But he warned of the need for objectivity and independence if the goals were to be achieved.

Dr Susan Wareham, Past President Medical Association for Prevention of War spoke passionately of the impact of military activity in the world and of the 23,000 nuclear weapons that still need to be dealt with as these are incompatible with current and future health prospects.

Citing the economic impact of warfare – globally the annual military spending is approx $1.46 trillion that is $1,460 billion spent every year on war and preparations for war. Ironically to achieve the MDGs – not simply to make progress it would require only $135 billion or 1/10th of annual global military spending.

CONCLUSION

In closing there was widespread acknowledgement that much had yet to be done to achieve the MDG’s. If there was to be true global health, then the empowerment of women and children was central in achieving all of the MDG’s. and had to take priority

Focus had to shift to the more marginalised, in developing countries, and education has to play a central and vital role for the socio economic upliftment at the community level. A more holistic approach in dealing with the marginalised was necessary to have a lasting impact. Respect and dignity of the individual was essential as was the paradigm that individuals could and should play a more active role to accelerate the progress being made towards achieving the MDG’s.

I end with this thought; as the Making Health Global web site reminds us “We need to Listen, Learn and Act because at the end of it we are all connected.”

Report prepared by
Nergish Udwadia, Melbourne, Australia

Nergish Udwadia
Past president and committee member of the ZAV undertook the task of being the FEZANA Journal reporter at the 63rd UN/DPI NGO conference held in Melbourne. This was the first time that FEZANA had a media reporter covering the UN conference. Nergish was a volunteer for the Parliament of World Religions held in Melbourne in Dec2009. Originally from Bombay, Nergish now calls beautiful Melbourne home. Nergish is self employed and works in the financial sector.

For further information on the UN conference, feel free to email nergishu@optusnet.com.au

Acknowledgement:

FEZANA thanks the elected committee members of the Zoroastrian Association of Victoria for their unstinted support in making our participation at the 63rd DPI/NGO conference of the United Nations in Melbourne possible. Particular mention is made of the host families, Arnavaz and Aspi Chubb; Naval and Mahrurk Billimoria. Thanks for additional hospitality shown to visitors from abroad to Sirus and Roda Namdarian; Perviz and Nergish Dubash; Sarosh and Benafsha Kharivala. Setting up the Haft Sheen table at the United Nations venue was made possible by Arnavaz Chubb and colleagues with guidance from Roda Namdarian.

Photo credits
Photo no 1 http://www.facebook.com/pages/Making-Health-Global/144901605544106
Photo no 2 was on the home page of the United Nations conference website
Header Friyana Bhabha
http://www.un.org/dpi/ngosection/conference/
Source: Mark Coulson
Hundred of Faces from Hundreds of Places
Article written by Elisa Scarton
1. Opening ceremony – sand animation by Melbourne based artist Zorba  
2. Opening ceremony in the Plenary Hall (Behram Pastakia captured walking down the stairs)  
3. Plenary Hall main stage for the roundtables, opening and closing ceremonies  
4. Zoroastrian workshop speakers and host families taking a dinner break during rehearsals  
5. Juristine Daruwalla, Kayzad Namdarian and Zeena Irani in front of the workshop presentation room  
6. Armene Modi with Arnazv Chubb in the traditional Parsi sari with Nergish Udawadia  
7. Juristine Daruwalla, Arnazv Chubb, Behram Pastakia, Nergish Udawadia, Homi Gandhi, Armene Modi, Kayzad Namdarian and Zeena Irani in front of the workshop presentation room  
8. Haft – Sheen table displayed at the workshop  
9. Speakers Kayzad Namdarian, Juristine Daruwalla, Armene Modi and Homi Gandhi at the workshop  
10. Kayzad Namdarian, Homi Gandhi, Juristine Daruwalla, Armene Modi, Behram Pastakia, Fronna Bhabha, Zeena Irani and Arnazv Chubb  
11. Q&A session following the Zoroastrian workshop presentation  
12. Dr. Sakena Yacoobi with Armene Modi  
13. Mr. Kiyi Akasaka and Armene Modi (both exchanging greetings in fluent Japanese) with Arnazv Chubb in background  
14. Closing ceremony finale presented by Australian children  
15. The ubiquitous FEZANA reporter Nergish Udawadia with passionate and outspoken Dr. Aleida Guevara, eldest daughter of Che Guevara
Recognizing that:

• “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood [1]”

• The Millennium Development Goals are basic to human rights, to human development, and to equity; achieving the MDGs is a moral imperative.

• The Millennium Development Goals, all of which affect the health of populations, are significantly off-track for the poorest and least politically powerful people, despite progress in many countries and the increased efforts of the international community.

• Significant health challenges, targeted by the MDGs remain. They include:
  o One billion people do not have access to adequate and appropriate food
  o 2.6 billion people around the world lack access to an improved sanitation facility
  o Eight out of 10 people who are without access to safe drinking water live in rural areas
  o Almost 9 million children die before the age of five; uncounted more have preventable disabilities
  o At least 340,000 women die each year of pregnancy-related causes, including the lack of trained health care professionals during childbirth
  o Millions of people die prematurely of non-communicable diseases, as well as TB, malaria and complications of AIDS every year
  o An estimated 420 million people in developing countries have a disability; 267 million worldwide have preventable visual impairment
  o Human induced environmental degradation causes short and long term health threats including climate change

• Most major physical and mental health problems of people in low income countries can be prevented or treated by well-informed individuals, families and communities; international and national efforts must do much more to support family and community based strategies.

• Communities have a right to a voice and significant influence in policy and programs that affect their health and well being.

• Informed citizens play a critical role in monitoring and improving the quality, effectiveness, and sustainability of health and other services.

• Financial constraints are being experienced by many countries as a result of the global financial crisis and budget priorities. This is not an excuse to reduce efforts to achieve the MDGs.

• The UN Secretary General has appointed an Advocacy Group to build political will and mobilize global action to achieve the Millennium Development Goals.

We, the people gathered here at the 63rd Annual United Nations DPI/NGO Conference, are in support of the Secretary General’s appeal for action and we call upon all governments, agencies, corporations and individuals to deliver on their human rights obligations to over a billion people living in poverty, by committing the finances and political will necessary to achieve the MDGs. We call on parties at all levels to:

1. Ensure that national health and nutrition plans prioritize integrated and evidence-based health promotion, illness prevention and treatment services for all people.

2. Actively support, encourage and resource community voices to be heard through active representation in program planning, implementation and evaluation; always including representation of women and men, children, youth and older persons, indigenous peoples, the disabled and marginalized groups.

3. Ensure that all agencies, including donors, involved in health promotion and healthcare delivery prioritize the formation and strengthening of national health systems to deliver, sustainable and equitable health improvements. Provide additional assistance where required to achieve equity in health related outcomes.

4. Ensure gender equality, empower women and expand programs to end violence against women.

5. Ensure governments respect and implement existing international covenants and agreements that will make major improvements to health such as the Framework Convention on Tobacco Control, the International Code of Marketing Breast Milk Substitutes, and WHO’s Global Recommendations for the Retention of Health Workers.

6. Change international financial and trade systems so they create equality of opportunity for people in resource poor countries – fair trade not free trade and
The Obama Administration recently rolled out its new “Global Health Initiative” (GHI), which was formally presented by Secretary of State Hillary Clinton at Johns Hopkins Paul H. Nitze School of Advanced International Studies (SAIS) in August 2010. The event was not only a way for the Secretary to lay out the components of the GHI, but also gave students an opportunity to respond to the new policy. Clinton was introduced by the Dean of SAIS, Jessica Einhorn, who first addressed the room of over 200 students and members of the press.

GLOBAL HEALTH INITIATIVE
Clinton lays out administration’s plans for new initiatives

This Declaration highlights the central role that individuals, families and communities must play in fostering global health. It compels all governments and health actors to respect the rights of communities while also maximizing the effectiveness, efficiency and sustainability of their work by leveraging community knowledge and support.

We thank the people and Government of Australia, the State of Victoria, and the City of Melbourne, for their warm welcome and hosting of the 63rd Annual United Nations DPI/NGO Conference.

This Declaration took many days before the meeting and many hours during the meeting to put together and finally have it approved at the closing session on September 1st 2010

The United States is the largest donor to global health programs in the world. Although, as a percentage of GDP, other countries give more of their national budgets proportionately, the U.S., as the single largest funder, greatly influences the direction of global health efforts around the world.
As part of the new Global Health Initiative, the Obama administration plans to spend $63 billion over six years to expand existing health programs and also chart a new course for the direction of U.S. health agencies abroad. The GHI calls for supporting existing programs for HIV/AIDS, malaria, and tuberculosis, while scaling up and reinvesting in family planning programs that had fallen by the wayside under the Bush administration. “We are making up for lost time,” said Clinton. Her remarks signal the Obama administration’s shift to a focus on women and girls’ health as a top priority, and her words echoed the lessons of countless studies: “when a woman’s health suffers, her family suffers, and then there is a ripple effect throughout villages.”

**CHARTING A NEW COURSE:**
**INTEGRATING HEALTH SERVICES AND INCREASING EFFICIENCY**

The real innovation behind the GHI is a simple idea: coordinate the U.S. government’s efforts for global health across agencies by shifting from the current “disease-centered” approach to a more holistic approach to health services. For example, through the work of PEPFAR (the President’s Emergency Plan for AIDS Relief), the U.S. has become the world’s largest funder of HIV/AIDS programming, providing 60% of the world’s donor funding for the disease; indeed, PEPFAR is the largest effort in history by a single country to combat a disease.

Single-disease initiatives like PEPFAR, however, are the type of piecemeal health interventions that lead to fragmented health care services. In other words, people in Sub-Saharan Africa may have access to anti-retroviral medications for HIV from a PEPFAR clinic, but they cannot get antibiotics from that same clinic. Thus, people in a village may no longer die of HIV/AIDS, but instead continue to die from routine infections.

Through the GHI, the Obama administration seeks to change this contradiction by offering general health services in U.S. funded clinics, and also increasing support to help countries improve and develop their health systems. Under the GHI leadership, which will include the heads of the U.S. Agency for International Development (USAID), PEPFAR, the Centers for Disease Control (CDC), the National Institutes of Health (NIH), and other agencies, the U.S. will work to centralize the different programs run by the agencies. Currently, agencies such as USAID, the CDC, and PEPFAR run their own separate programs with little coordination or sharing of resources.

**GLOBAL CALLS FOR HEALTH PROGRAM INTEGRATION**

The struggle with the unintended consequences of program fragmentation is not unique to the U.S. Major donor countries grappled with this challenge at the G8 Summit in Tokyo in 2008. At the summit, health officials from the G8 countries expressed concern for the way in which program fragmentation impeded the achievement of the United Nations Millennium Development Goals (MDGs) for health, and urged G8 governments to scale up holistic health programming and support for countries’ health care infrastructure.

The MDGs, which include global goals for improving maternal health and reducing child mortality, were adopted by world leaders in 2000, and countries pledged to reach benchmark goals by 2015. The policy goals of the GHI are in line with the G8 Summit’s recommendations toward the achievement of the MDGs. At Secretary Clinton’s address, she made clear that the U.S. is “absolutely committed to the MDG process and to the eventual achievement of them.”

**GLOBAL CALLS FOR HEALTH PROGRAM INTEGRATION**

Despite fears over America’s current recession and the heated national debate over the implementation of the new health care law, Americans continue to support efforts for global health. A Kaiser Family Foundation poll last year showed that only a quarter of Americans think the U.S. is spending too much on efforts to improve global health. Some of the support is no doubt due to the understanding that, as Clinton put it, global health programs are a “tool of public diplomacy.”

Such programs are also part of the reality in a rapidly globalizing world that has in too many ways left out significant parts of the global population from meaningful development. And these widening gaps cannot be ignored. We should consider, as Clinton explained, not only “what the headlines are, but then equally importantly, what are the trend lines —what are the problems that the United States and the world will deal with in a year, five years, ten, twenty years, if we don’t begin thinking about them and even more acting on them now.”

Nazneen Mehta is a recent graduate of Columbia Law School. She is currently a pro bono attorney with the Center for Reproductive Rights (CRR) in Washington, D.C., and in late fall will join the law firm Cleary Gottlieb Steen & Hamilton in D.C.
The history of medicine in Iran is as old and as rich as its civilization. In the Avesta, science and medicine rise above class, ethnicity, nationality, race, gender and religion. Some of the earliest practices of ancient Iranian medicine have been documented in the Avesta and other Zarathushti religious texts.

During the Achaemenid era (559-330 BCE), the 21 books of Avesta encompassing 815 chapters were an encyclopedia of science consisting of medicine, astronomy, law, social science, philosophy, general knowledge, logic and biology. It can be inferred from these books that Zarathushtis placed great importance on personal hygiene, public health and the prevention of contagious diseases.

The best teachers of medicine and astrology were Iranian Magi and Mobeds (Zarathushti priests) who passed their knowledge on to their pupils from one generation to the next. According to Avestan texts, King Jamshid was the physician who initiated the custom of bathing with hot and cold water. Iranians refrained from polluting the four elements and they would not bathe or wash dirty objects in flowing water. Urinating or spitting into water was considered a great sin. Odorous materials were never thrown into the fire. Wild rue and frankincense were always burned inside houses to kill insects and bacteria, a custom which continues to this day.

The Persians, who lived in an empire stretching from the Indus valley in the east to the Aegean Sea in the west with considerable variation in climate and vegetation, became familiar with a vast range of medicinal plants. The Avesta mentions several medicinal herbs including basil, chicory, sweet violet, and peppermint, while Bundahishn cites the names of thirty sacred medicinal plants.

Avestan texts list not only the various parts of plants such as roots, stems, scales, leaves, fruit and seeds used for treatment but also indicate which plant is the remedy for each disease.

According to the Zâdspram, a Pahlavi text of the ninth century CE, there are thousands of species of medicinal plants created by Ahura Mazda for the prevention of thousands of sicknesses created by Ahriman and that the best of these plants is haoma (Vedic soma).

Haoma (Ephedra Vulgaris) is indigenous to the Iranian plateau and contains a large quantity of Ephedrine which is effective in the treatment of cardiovascular and respiratory diseases.

Garlic was used to reduce blood pressure, combat heart disease and treat infections.

Rue was once a popular remedy for earache, easing shaking fits and joint pain; it was also used to disinfect the house.

Bangha, extracted from Cannabis Indica seeds, has hallucinatory effects and was used as an anesthetic.

Frankincense was used for inhalation therapy.

Aloeswood was used in the treatment of cardiac disease and irregular heartbeat.

Many modern-day Iranian herbalists use reference books inherited from generations past, and still prescribe plants such as Borage, Sweet Marjoram, Fenugreek and Chicory as treatment.

Ancient Persian physicians believed that good health is the result of the ‘right’ measure of the elements of humor, and that sickness is the product of their excess or deficiency. Therefore, the medicine of the body consists of keeping the body in good health and re-establishing balance and the medicine of the soul involves curing the body and preserving it from sin.

The Vendidad mentions three kinds of medicine practiced; medicine by the knife (surgery), medicine by herbs, and medicine by divine words, which according to the sacred text, is the best form of the three. A Mazdean physician-in-training was required to treat and cure three non-Mazdean patients before receiving permission to treat Mazdeans. In this way physicians were taught to treat any and all patients, whether friend or foe. Avestan scriptures did not restrict giving treatment to Mazdeans alone.

The Ordibehesht Yasht classifies physicians under five categories:

1 – Health Physician (Ashoo Pezeshk)
This physician was in charge of the well-being of the city, preventing the spread of contagious diseases by quarantining, keeping the four sacred elements of water, wind, earth and fire free from contamination, and making sure the sanitation of houses was maintained.

2 – Medical Examiner (Dâd Pezeshk)
Similar to modern-day pathologist/coroners, their duties included examining the dead, performing autopsies when required, the issuance of burial licenses and
ascertaining the cause of death with an eye toward finding cures for future cases.

3- **Surgeon (Kard Pezeshk)**

Archeological excavations in the Burnt City in Sistan have yielded skulls that show signs of surgery. Surgical procedures, difficult and dangerous even in the present time, were much more so in the past when it was not possible to properly anaesthetize patients and medical instruments were rudimentary.

4- **Herbalist (Gyāh Pezeshk)**

The origin of herbal medicine predates the development of agriculture and cultivation in Iran, yet some believe that the ancient Persians were the first to document the properties of herbs and to use plants to cure diseases.

5- **Psychiatrists (Mantreh Pezeshk)**

This physician used holy words and prayers to cure patients suffering from a sickness of body and soul which could not be cured with herbs. Treatment consisted of verbal communication, the reading of poetry, listening to music and the recitation of prayers, including ones from the holy books of other nations, which were designed to console and heal the patient.

Avestan texts tell of consultation among the surgeons, herbalists and psychiatrists which indicates a form of medical association at the time. Referring to a foreign physician when a Persian one was at hand was considered a sin, and a physician’s fee for service was based on the patient’s income while the fee for treating a priest was his pious blessing.

The first physician as documented by Avestan texts was **Vivangahan**, followed by **Abtin, Atrat and Purshaspa. Mani, Roozbeh, and Bozorgmehr** are among the other notable Persian physicians named in the Avesta.

Credit for the establishment of hospital and training system must be given to the ancient Persians, as they founded the first teaching hospital in **Gundishapur** where medical students practiced on patients under the supervision of physicians. The International university, founded in 271 CE by Shahpour I, was a center of learning and study in the fields of science and medicine. The age-old school is still a center of knowledge in Khuzestan Province in southwestern Iran. Gundishapur, mentioned in Ferдовşî’s (935 – 1020 CE) eternal epic **Shahnameh** (Book of Kings), was located near the city of Susa.

It was an important cultural and scientific center of the Sassanid era (226 – 652 CE) and scholars from various countries, one of whom was Diogenes, studied different fields including medicine at the university. The library of the university known as the ‘city of Hippocrates’ consisted of eight floors and 259 halls containing an estimated 400,000 books. The university was a gathering place for great scientists and physicians from all civilizations of the ancient world, a breeding ground for ideas and innovations.

Medical science, anatomy, dentistry, astronomy, mathematics, philosophy, military command, architecture, agriculture and irrigation were taught in Greek or Syriac and later Pahlavi in the school. Gundishapur physicians were required to pass special examinations to obtain a license for practicing medicine. This well-organized medical institute was operated by a director, medical staff, pharmacists and servants, and upon its portal was engraved “knowledge and virtue are superior to sword and strength.”

The Sassanid ruler **Khosrow Anushiravan** (531- 578 CE) who took an interest in the school and the advancement of medicine sent the Iranian physician **Burzuyah** to India to obtain medical and scientific books and translate them into the Pahlavi language. In 550 CE, the world’s first medical conference was held on Anushiravan’s order in Ctesiphon. Hundreds of Mobeds and physicians from Persia and other countries attended this congress, a historical event which Ferдовşî versified in Shahnameh.

Gundishapur scholars and graduates were appointed to important governmental positions. The minister of health (Iran Dorostbod) was chosen from among the best physicians, and the minister of education (Iran Farhangbod), was an accomplished scholar of philosophy, logic, mathematics or psychology.

Iranian medicine, which combined medical traditions from Greece, Egypt, India and China for more than 4000 years, became the foundation of the medical practices of European countries during the 13th century. Among the torchbearers of ancient Persia’s scientific heritage are Mohammad Zakaria Razi, Abu Nasr Farabi, Omar Khayyam and Avicenna, who used this knowledge to make further discoveries of benefit to all humankind.
Razi, known in the West as Razes (865-925 CE), considered the father of pediatrics and a pioneer of neurosurgery and ophthalmology, discovered and refined the use of ethanol in medicine.

Farabi also known in the West as Alfarabius (872-951 CE), is noted for his contributions to psychology. He wrote the first treatises on social psychology.

Avicenna (980-1037 CE), a prolific genius, introduced systematic experimentation into the study of physiology, experimental medicine, evidence based medicine, clinical trials, risk factor analysis, the idea of a syndrome and contributed to clinical pharmacology and neuropsychiatry. (photo page 46)

Khayyam (1048-1131 CE) was a renowned astronomer who contributed to mathematics and calendar reform.

These outstanding scholars are among the many whose names will forever shine in the history of medicine and science and will always be revered by the Iranian people.

Kaveh Farrokh was born in Athens, Greece. He is an Iranian whose ancestral background is from the Caucasus (Georgian- Ossetian and Azarbaijani roots): He obtained his undergraduate arts degree in May 1985 and his Ph.D. in 2001 from the University of British Columbia, where he specialized on the cognitive and linguistic processes of Persian speakers.

Farrokh has been recognized as an expert in the field of Iranian history and linguistics, by venues such as the University of British Columbia’s Continuing Studies Division, WAIS at Stanford University, the BBC, the Voice of America and the Iranian equivalent of the New York Times, the Kayhan Newspaper of London. For more information visit www.kaveh.farrokh.com

Zarathushti Heritage & Healing
Restoration, Well-being and Wellness

K. E. Eduljee

Zarathushti heritage contains a hidden treasure of the ancient science of healing, a treasure waiting to be discovered. It is a treasure that would have been lost entirely, save for the dedication and sacrifice of generations of Zarathushis who preserved as best as they could, parts of a vast body of knowledge that had been accumulated over eons. While most of this treasure has been lost, clues have been left for us in our texts, rituals and traditions. These clues can help us reconstruct and revive a great part of a unique and very special approach to healing.

In Yasht 3.6 (also see Vendidad 7.44) five healers are mentioned: ‘One who heals with goodness and care (righteous and healthy living), one who heals with justice, one who heals with surgery, one who heals with plants, and one who heals with the manthra.’

Manthras are insightful verses in the Avestan scriptures. In addition to being prayers, they are also thoughts for reflection, contemplation, meditation, and spiritual growth. Even when the ancient words of a manthra are poorly understood, reciting a manthra has a calming, soothing effect that allows the mind to refocus itself.

Specific manthras are recited when Zarathushis seek healing, restoration, well-being and wellness. These include: Ashem Vohu, Yatha Ahu Variyo, Ahmai Raeshca, Gatha Ahunavaiti - Yasna 31.21, Airyaman Ishyo, Doa Tandorosti, and Hazangrem.

Yasht 3.6 goes on to say that, ‘The most efficacious (healer) is the one who heals with the manthra. The righteous who help rejuvenate the body are healers – they who provide restorative healing.’ In our discussion on healing we will include restoration, well-being and wellness.

In the Zarathushti religion, existence and being have spiritual (the mainyu) and material / physical (the gaetha) aspects. Therefore, in order for wellness or healing to be complete and effective, both aspects need to be addressed. Further, since the spiritual existence infuses the physical, spiritual wellness or healing empowers the physical body to maintain or heal itself.

We read in scripture, that the science of restorative healing that is so central to the Zarathushti religion, in fact preceded it – making it a very ancient science. Yasna 9.4 states that Vivanghvant, father of legendary Yima (King Jamshid) was the first person to prepare the plant-based
health giving and healing haoma juice (which we will discuss further in this article). The tradition was eventually passed down to Zarathushtra’s father (Yasna 9.13). In between these two events, the Vendidad (20.2) credits Thrītā (also called Thraetaona and identified as the Pishdadian King Feridoon) as being the first holistic physician. For surgery, Thrītā developed a surgical knife whose ‘top and bottom… be bound with gold’ or ‘of which the point and the base were set in gold’. (Gold is a stainless metal better suited for surgery and sterilization than ancient iron or steel. We may surmise that gold being soft, the gold edge was set in a steel knife.)

In the epic Shahnameh, its author Ferdowsi mentions a mobed using a knife of blue steel to deliver the legendary Rustam by caesarean section (figure 1), and his mother Rudabeh being given a healing drink of milk and plants (cf. haoma below) with the dried residue placed on the stitched cut as a dressing.

Further, according to the Vendidad (20.4), during Thrītā’s time many thousands of healing plants – centred on the Gaokerena (a white haoma plant in the Pahlavi Vendidad) – were identified and cures found for numerous ailments and diseases that caused untimely death. The few ailments that can be identified are the general conditions of pain, fever, rot, and infection. Specific disease names are mentioned but their meaning has been lost to us.

The spectrum of healing methods in Zarathushti tradition form a holistic and natural approach to healing. The methods include in no particular order: cleanliness and purity; the benefit of righteous, healthy, active living; the connection with nature in orchard-like gardens; the healing power of personal care; living in a fair and just society without fear; the spiritual efficacy and serenity of the manthra and accompanying meditation; protection against the evil eye; pilgrimage (to the Pirs in Yazd and Udvada in India); the health and healing powers of the haoma plants, and surgery. We have space here to discuss one method – the discipline of the healing plants of haoma, an older Avestan name which became hom in Middle and Modern Persian.

Haoma or hom has three meanings. It is the name of the ephedra family of plants (see figure 2). It is also the name of the entire family of healing plants and their juice extracts as well. While all three are called hom nowadays, for the sake of clarity in this article we will use haoma when referring to the plant(s) and hom when referring to the juice.

Though ephedra is the pivotal plant used in preparing healing extracts, it is according to tradition not used alone but in conjunction with other healing plants. The Greater Bundahishn (9.4) informs us that at the time of creation, many thousands of healing plants grew to counteract thousands of diseases. The family of healing plants is therefore vast (cf. Vendidad 20.4 above). Implied is the ability of the haoma family of plants to work together with the central haoma plant, ephedra.

The defining feature of the haoma family of plants is not just their health and healing properties, but also their ability to yield a juice when pounded. The Lesser
Bundahishn (24.18) states that, ‘haoma which is out-squeezed is the chief of the medicinal plants.’

The strained juice from the plants is then consumed in small quantities (12 to 15 drops) to promote health. We presume larger therapeutic doses for healing are possible.

The ancient method of preparing the healing juice extracts called ab-zohr, meaning strength to water, is the central rite of the Yasna ceremony performed by priests in the inner sanctum of fire temples. During the rite, two extracts called parahom and hom are prepared. The parahom extract is made by pounding of a mixture of three small twigs of ephedra, one pomegranate twig, pomegranate leaves and water. Cow’s milk in Iran, or goat’s milk in India, replaces some of the water in a hom preparation. While nowadays the fibrous residue left after straining is dried and fed to the fire, it appears from the Shahnameh’s story of the hero Rustam’s caesarean birth, that the dried residue was used as a dressing on the stitched surgical cut through which Rustam was delivered.

The preparation of the hom extract affords natural cures while simultaneously invoking spiritual healing. The entire ritual seeks to remove imbalances and restore harmony between the physical and spiritual aspects of an individual’s being. The few drops of hom that are consumed during the Yasna ceremony, act mainly as a health tonic. Together with the spiritual efficacy of the manthra and the meditation afforded by its recital, the entire process also helps to revitalize the body and spirit while improving body functions and circulation.

While there is ample testing of the extracts from the individual plants used in the Yasna’s ab-zohr rite, we are not aware of any tests on extracts prepared from the mixture of ephedra stalks, pomegranate twigs and leaves, and milk. We can expect the mixture to have a better healing and health properties than the individual components consumed separately – otherwise the ancients would not have gone through so much trouble to make a precise mixture.

*Ephedra* is said to be the world’s oldest medicine and has reportedly been found buried in a 60,000 year old Middle Eastern Neolithic grave. It functions as an anti-viral (particularly against influenza), a diaphoretic, a blood purifier, a diuretic, a tonic and a stimulant. It helps the body burn fat. It has been used to treat colds, flu, coughing, wheezing, nasal congestion, fever, hay fever, chills, headaches, edema, hyperhydrosis, and bone pains. It also works as an antispasmodic and as a treatment for asthma. Ephedra reportedly acts as a sexual stimulant - especially for women. In larger quantities, ephedra constricts the blood vessels and speeds up the heart and nervous system, a property that enhances performance by athletes and warriors also helping them to stay alert and aggressive over longer periods than normal. It has been applied externally to treat allergic skin irritations, cuts, insect bites and stings – as it was after Rudabeh’s caesarean delivery that we discussed earlier.

Unlike using isolated or synthetic ephedrine, using the ephedra plant with its many constituents, judiciously and with care, is far more effective and rarely gives rise to serious side-effects. This is true of most plant medicine and is especially true of ephedra since the other plant constituents help buffer or improve the actions of the main or active ingredient. A warning: If taken in excess or incorrectly ephedrine and possibly natural ephedra can cause hyper-stimulation. They can even be fatal. (See: Care Group & Amazing Nature).

Pomegranate has been used to treat ailments from dysentery to diseases of the mouth and gums. The seeds and peel of the fruit are rich in antioxidant tannins and flavonoids. The dried seeds produce unique oil, about 80% of which is a very rare 18-carbon fatty acid, punicic acid. Also present in the oil is the isoflavone genistein, the phytoestrogen coumestrol, and the sex steroid estrone.

That the Yasna ceremony is the highest of the inner circle ceremonies indicates the importance of restorative spiritual and physical healing in the Zarathushhti tradition. In addition, the culmination of a principal ceremony of the outer circle – a ceremony performed outside the temple’s inner sanctum – the Jashan / Jashne, is the Doa Tandorosti meaning blessings for well-being. As we can see from both ceremonies, a great deal of Zarathushhti practice preserved in ritual is devoted towards spiritual and physical well-being and healing.

Haoma is closely associated with the baresman – a bundle of stalks or twigs. Baresman or baresma are the Avestan words, which became barsom in Middle Persian. In Vendidad 19.18-19 we are told that the ancients cut selected stems from the haoma plant and tied them together to make the baresman bundle (nowadays, regrettably, the baresman bundle used in ritual consists of symbolic metal wire strands).

In the discourses called the Rivayats, *the baresman bundle* included twigs of the pomegranate tree (*Av. hadhaneapata Yasna 25.2*). In this writer’s research, he has identified myrtle, laurel, jujube, tamarisk, mulberry, willow and juniper twigs as being possible baresman candidates in addition to ephedra and pomegranate twigs. The wide range of ailments relieved by the extracts from these few tree and plant extracts is amazing. As a single example, willow, known for treating headache and fever, is a source of salicin whose modern isolation led to the synthesis of acetyl salicylic acid (ASA), the main component of Aspirin. The added advantage of plant cures is that their active chemicals come surrounded by a multitude of surrounding and supportive chemicals, a feature that is impossible to replicate with modern medicine.
Here, we have mentioned only a handful of healing plants. Zarathushti texts say that there were (and hopefully, are) thousands. We can only conclude that the knowledge of the vast number of healing plants as well as their wellness and healing properties has been destroyed with the destruction of Zarathushti texts along with the murderous persecution of Zarathushti priests.

Zarathushti priests of old (as the magi) had a reputation of being accomplished physicians throughout the Middle East and Central Asia. They were known for their wisdom, healing knowledge and ability, caring, selfless devotion, and spiritual healing powers. They also carried with them the baresman (see figure 3).

Today, if we wish to preserve and revive the ancient art of haoma healing, we need to ensure that the Yasna ceremony continues to be practiced in the original manner. Zarathushtis through the ages gave their lives and suffered great humiliation and degradation in order to preserve these rites and traditions. If, because of neglect or misinformation, the Yasna ceremony and its ab-zohr rite stop being practiced today, Zarathushtis will be doing to themselves what generations of oppressors failed to do.

There is much wisdom and beauty in our heritage and much from which we can all benefit. Our heritage holds treasures waiting to be discovered.

This article is based on information at Zoroastrian Heritage http://www.heritageinstitute.com/Zoroastrianism/

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K. E. Eduljee lives in West Vancouver, BC, Canada. He is the author of the website Zoroastrian Heritage http://www.heritageinstitute.com/Zoroastrianism/ and the Zoroastrian Heritage discussion blog at http://Zoroastrianheritage.blogspot.com/. Eduljee is a past director of the Zoroastrian Society of BC and a founding trustee of the Arbab Rustam Guiv Darbe Mehr Trust for BC. His efforts in Zarathushti heritage are directed towards providing objective information on Zarathushti religion, promoting the good name of the community, and honouring the memory of Zarathushtis who through the ages have performed great sacrifice in order to faithfully preserve Zarathushti heritage and its core values.

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See http://www.heritageinstitute.com/Zoroastrianism/purification/index.htm#evileye

See http://www.heritageinstitute.com/Zoroastrianism/worship/pilgrimage.htm

See http://www.heritageinstitute.com/Zoroastrianism/worship/udvada.htm

See http://www.heritageinstitute.com/Zoroastrianism/haoma/index.htm

See Ceremonies of the Inner Circle at http://www.heritageinstitute.com/Zoroastrian/ceremonies/liturgy.htm#inner

See Ceremonies of the Outer Circle at http://www.heritageinstitute.com/Zoroastrianism/ceremonies/liturgy.htm#outer

See http://www.heritageinstitute.com/Zoroastrianism/history/qissa3.html#rivayats

See individual plant properties at http://www.heritageinstitute.com/zoroastrianism/barsom/index.htm

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Figure 3. Rock carving, Museum for Anatolian Civilizations, Ankara. Possibly a magus carrying a baresman bundle and haoma mortar/cup. Strabo (15.3.14) describes the magi of Anatolia as "holding in their hands a bundle of slender myrtle wands." The Vendidad (3.1) adds also holding the havana or mortar.
Physical health is an important aspect of Zoroastrianism. The Hazanghrem chant from the Sarosh Baj prays that ‘(May there be) a thousand (means) of health, ten thousands of health! May there be health a thousand times’. The Shah Faridun Nirang and the Aiyema Ishyo (Yasna 54) are believed to ward off disease while the Avestan Tandarosti (Yasna 60) is invoked as a special blessing. Elders may remember priests or family members ‘removing’ illness from a person by reciting the Nirang of the Ardibehest Yasht drawing away disease with a feather which swept the invalid from head to toe. These are the last few remnants of an ancient tradition of healing which once was an important component of the world of ‘White Robed Healers’, the ancient Magi.

In an important study ‘The Cousin Cultures of India and Iran’, Prof. Lokesh Chandra, an expert on Tibetan and Buddhist Studies (Pub. DPA Journal, January 2000) revealed how Iranian priests were renowned across ancient Asia, curing Samba the son of Lord Krishna of leprosy (Samba Purana) while the personal physician of Lord Buddha, Jivaka had received training in Iran. The blue turquoise of Khorasan became the symbol of cittam prakriti prabhasvaram, helping concentrate in meditation. Emperor Sngtsengampo, who created the Tibetan State and had the Tibetan script evolved invited a physician from Persia to become the Imperial physician. So important was this tradition that the Persian capital Pasargad was regarded by the Tibetans as central to their world.

Even today Parsi Zarathushtis are famous physicians and surgeons all over the world but they are perhaps unconsciously drawing on ancient wisdom. While Parsi Zarathushtis served in Indian Courts as doctors or Hakims and Vaid, today all that remains of this traditional knowledge is the world and work of the Hadvaid. Before orthopaedists and physiotherapist became part of routine medical assistance, Parsis relied along with many others in Western India on the healing art of these practitioners. They followed an inherited method of curing working mainly for charity, traveling sometimes to their patients. The Madhiwala family was the most famous in the first part of the 20th century. The late Dr. Manchershaw Madhiwala was even given a Silver Pass on the railways by the British because of his practice and determination to bring healing to all in need. This humble man travelled the length and breadth of Gujarat, healing fractures, dislocations, slipped discs and other such problems, with his poorer patients lining up to meet him at the railway station itself. Dr. Madhiwala lived in the village of Madhi, near Bardoli in Gujarat a home which according to Dr. Kayomarz Patel had been ‘almost converted into a hospital’. (Dr. Kayomarz Patel, The Traditional Parsi...
Yet, one may hasten to add, that for the same condition the treatment from the Hadviad will, in a majority of the cases, yield a better and quicker result for the patient.

Dr. Patel states that while the origins of world chiropractic methods are well chronicled, the Parsi Zarathushti Hadviad who predates this practice has not received his due from the world of alternative medicine. Dr. Patel continues the traditional belief that Hadvaid should work for charity using their gifts as a service to mankind. When he demonstrated the famous ‘kick’ that cures, to British chiropractors at the Chiropractic Clinic, University of Surrey, UK, the practitioners were amazed at his ‘high level of precision’. According to Dr. Patel the two greatest Hadvaid were Dr. Madhiwala and Dr. Jal H. Amaria, the latter being his own ‘Guru’. Both these doctors together, treated in their long life time, over ‘half a million patients’, and all for free. This itself, is remarkable in medical history.

The faith in the Hadviad tradition can be seen even today. While Dr. Patel’s clinic in Bombay finds patients from all strata of society waiting in line and Dr. B. E. Patel a relative of Dr. Madhiwala among others, keeps alive the tradition in Bombay, long lines of patients waiting from early morning can be seen at the clinics in Ahmedabad, Surat and Baroda. Dr. Farokhshah Gustadjii Bonesetter, his wife Villoo and son Dr. Jarsis Bonesetter are legendary figures in Vadodara. After becoming a qualified allopathic doctor in Mumbai, Jarsis returned to join the family tradition of healing. Along with Dr. Dara Nadirshah Hadviad and Dr. Noshir Burjorji Hadviad of Ahmedabad, he shared his knowledge of the treatment and healing of osteo-arthritis, fractures, strains and both lesser and more serious problems of the spinal column.

While recording the methods used, one can see that these doctors rely on a highly developed sense of touch. Their patients believe that they do not even need an Xray because these doctors diagnose their condition with total accuracy. The Hadviad palpates the muscles and ligaments of the patients, once they understand the problem they either manipulate to set bones and heal fractures or prescribe a course of poultices or Laeps. This system of using the laeps is often combined with manipulation.
[Caption 5- Ingredients of some laeps or poultices]. It is interesting to find that many of these ingredients seem to be from Iran and Central Asia, so while it is in Gujarat that these healers have become famous, it seems they have carried this tradition with them from a much earlier time. Despite the obvious expense of the ingredients, even Hadvaids who charge for their services are almost absurdly altruistic in the world of modern medicine, and all of them waive fees for needy patients.

The skill of the Hadvaid however cannot be measured in terms of money. These doctors, working out of small rooms, using bamboo and cardboard splints, yet following all rules of sterility required, have a complete knowledge of anatomy, orthopaedics, pharmacology and even a chemists precision. They are aware that in the modern world diseases which they diagnose by touch, such as cancer and TB of the skeletal system, should be treated more radically. They therefore ensure that such patients are shifted to the correct hospital. This type of care and concern has kept families coming back to them across generations. While the Parsis are known for their large hearted philanthropy and as creators of many of Asia's large centres of healing, this ancient gift of the Magi too reflects a quiet, dignified way of easing the burden of those in pain.

[I would like to thank all the Hadvaids who have shared their time and knowledge with us and particularly thank Dr. Kayomarz Patel from whose article and talks Parzor has gained considerable knowledge].

Dr Shernaz Cama is the Director of the UNESCO-sponsored PARZOR project.

An ancient Christian mystic, Pierre Teilhard de Chardin, said: “You are not a human being having a spiritual experience; you are a spiritual being having a human experience.”

We are magnificent, radiant expressions of the Divine, sparks of Creator Essence - our cells vibrate with Truth, Power and the Living Light. We are the only planet in the Universe with free choice; we create our own reality!

Currently it appears that we are going through a rough patch – natural disasters, diseases, corrupt and power hungry governments, wars fought over religion, poverty, strife and fear. The world goes through cycles of 26,000 years and we are nearly at the end of this downward curve. But in the midst of all this sadness and grief there is emerging a ray of sunshine; humanity is waking up and wants peace, stability, joy. Spiritual paths are uniting to co-create a new planetary civilization of light reflecting the New Earth harmonic and the equality of all people, countries, races and religions.

As we ask for help and guidance from the Powers above, there is a huge influx of energy from the Masters in various forms of healing, guiding us not only to heal our own mental, physical, emotional and spiritual bodies but also in assisting our fellow human beings, our environment and our planet. We are indeed privileged to be on Earth at this time of great change but whether we are prepared to exercise our Divine right is an individual choice as this is a free world. We create our own reality so by embracing the spirit of unification and the interconnectedness of all things, by understanding that we are one with the Universe, we have the power to raise the mass consciousness towards ascension.

It is far more difficult living in today's world with all our responsibilities as parents, teachers, associates, friends, dealing with financial, social, economic, relationship issues and still staying on the path of Truth (Asha) than in forsaking all and disappearing into forests or mountain tops to attain a state of enlightenment. Dealing with our own problems and difficulties, guiding and helping others in theirs, living a life of “Good Thoughts, Good Words and Good Deeds” - that is the path of ascension!

This is easier said than done ~ so we start in a small way by finding like minded people or groups who work with energy systems, visualizations and meditation. There are many healing systems available to us today in the ancient Eastern and the modern Western trend. A number of them are taken from 2,500 year old Sanskrit texts. They teach us that we are only conduits of a Divine Energy that we channel through our bodies into our hands and pass on. When we draw from this abundant ethos of Light without any ego or judgment but with integrity and love, acknowledging that it is for the highest good of the person concerned, we can make a huge difference in our lives or the lives of those receiving the healing.
Those of us who have worked with these energies believe that all disease reflected in our physical being commences in our etheric, mental, emotional or spiritual bodies. We concentrate on the outer bodies, clearing these of imbalance or blockages, thus impacting the physical. Fear, stress, grief, anger, low self esteem, events which have happened in our childhood or even past lives have a major impact on our bodies resulting in disease. So going into and resolving the core issue of the problem, helping the client to accept, forgive, surrender to, have compassion for themselves and those who instigated the problem and finally bringing in the aspect of love for all involved, releases the underlying cause and thus brings total relief.

Compassion, empathy, caring for others, gratitude for the abundance in life and love are the key issues here. Reaching out to people without expectancy of any return, acknowledging a force much higher, much more powerful than one’s self, tapping into that force of energy is what spirituality is all about. We transcend all limitations and bring harmony and balance in our lives once we understand that Divine Grace is within us and all we need to do is go within to open up vast fields of Power, Love and Light.

With regards to meditation: The word ‘meditation’ alone is enough to scare away the most courageous. But meditation is not sitting for hours in silence as was believed in the ancient realms but of being aware of all around us - the beauty of our planet, the love amongst our family and friends, the daily little miracles that we see happening around us. These miracles are our little children - looking at the world with their eyes, their enthusiasm for life, their joys and passions, living in the now.

Undoubtedly the effects of meditating for just 3-5 minutes a day is the utmost form of healing. This can be done by creating a sacred space in a quiet spot in our homes, lighting a deeo or candle, going within in quiet contemplation, visualization, concentration on the breath or chanting the Divine name or mantra. This healing revitalizes our organs and awakens ancient memories of knowledge and wisdom stored in our cells. We become aware that there is no separation between us and our Creator. We dissolve all fear and conditioning from our reality. We remember our spiritual heritage and are lifted to our creative expression and highest potential. We reclaim our personal power.

We are magnificent creative beings of Love. As the full pattern of perfection, we are divine instruments of our Creator and are here to co-create, together, a new civilization of Love and Light.

To close, I would like to share with you a simple, short meditation technique which was taught by a great teacher, Brugh Joy. With continuous practice, you should be able to go within in a matter of seconds.

HEART CENTRE MEDITATION:–

Sit quietly in sacred space. Place your right hand over your heart centre with the left hand on top and middle fingers touching. Relax and take a few deep breaths.

Now bring in the 4 aspects / qualities of the heart centre:

1. **Compassion** (you may visualize something which brings you into a state of compassion – starving children in Africa, the horrors of war)
2. **Innate Harmony** (sitting on a beach looking out onto the calm blue sea or a mountain top watching the sun set with it’s beautiful orange, red colors splashed out on the horizon)
3. **Unconditional Love** (looking into the eyes of a newborn and the emotions this brings about in your being)
4. **The Divine Healing Presence** (imagine your Spiritual Guide or Master standing behind you, moving forward and merging into you until you become the Healing Presence)

Allow these 4 qualities to totally engulf the heart centre and then let them move out into your entire being. Allow them to spread out into your etheric body and from there radiate out all around you, filling your home / your area / state / country and out into our entire planet and all within. Send this energy out into the grid just below the earth which allows it to spread to the mass consciousness.

**PERVERIN JAL SHROFF** born in Bombay, and a graduate of Xavier’s College, Bombay University with a BA in Economics. She moved to Hong Kong when she married Jal Shroff. Mother of 3 children, Rasheed, Zarina & Sharmeen and grandmother of 4, Mia, Zreh, Kasra, Ariya. Pervin retired last year as director of Fossil (East) Ltd. She is a Master of Healing Arts – Reiki, Sekhem, Magnified Healing for the last 20 years and a practitioner of Theta Healing, EFT and Merlin Trinity Healing. She established the “Healing Circle” in 2004.
Ayurveda is the mother of holistic health care. As one of the world’s oldest systems of medicine, approximately 75% of Indians still rely on ayurveda for health promotion, disease prevention, disease treatment and palliative care. Ayur means life and veda means knowledge or science so ayurveda is a system of health care that helps people to live a good life. It’s noted for advanced nutritional practices: the kitchen is the pharmacy and the pharmacy is the kitchen. Herbs, massage, cleanses and various therapies are also very well developed within ayurveda.

In the field of global health it would be impossible to improve the health status of large populations without considering the importance of holistic systems of medicine such as ayurveda, traditional Chinese medicine, Indigenous systems of health and healing, African traditional medical systems and so forth. Large numbers of people in the South World, and increasingly in the North World, rely upon traditional and holistic systems of medicine as their primary medical care and/or in conjunction with allopathy (‘Western’ medicine). It is thus imperative for those of us who work in global health to understand fundamental aspects of holistic and traditional medicines. Contrary to popular opinion, peer-reviewed scientific literature is abundant in this area. Evidence based medicine, with its focus on outcomes, applies to holistic systems of health care as well as to allopathy. The idea of integrative health care—blending the best outcomes of different systems of health care—holds great promise for making the world a healthier place.

Ayurveda is practiced in India and elsewhere by people whose qualifications vary wildly. As in all fields, ayurveda thus has its share of charlatan practitioners. Some of these people may be claiming to practice ayurveda but not have significant training and may mix allopathic drugs with an ayurvedic remedy. Within India like in virtually all other countries, the practice of ayurveda is not standardized and few regulatory bodies exist to curtail these and other unworthy representations of ayurveda.

Genuine versions of ayurveda are practiced all over the world by well trained physicians, and it is this authentic practice of ayurveda that has for centuries been assisting people to know themselves and their bodies and to heal serious health problems. Ayurveda is practiced as self-care as well as practitioner-client care.

In the modern world, where capitalism, patriarchy, racism and other forms of oppression have created fragmented and alienated societies, ayurveda (and other forms of holistic health care) plays a transformative role in the lives of many people. By teaching people: about their mind/body constitutions (tridosha theory is explained in other articles I have written), the interconnectedness of the human being and the ecological world, easy-to-follow dietary guidelines and more, ayurvedic practice has assisted people in trusting their own cultural and personal wisdom.

Listening to and understanding one’s own mental and physical patterns can be profoundly transformative. Urban societies everywhere are characterized by a hectic pace of life, consumption of fast food, dependence on “quick fixes” and “magic bullet” cures for medical and social problems and thus on professional and expert advice about the mind and body. Ayurvedic practice, in its ideal form—which does exist—encourages people to learn...
how to live so as to promote a positive sense of wellness and to prevent disease. This encompasses learning about one’s own constitution by self-observation of mental and emotional patterns using meditation and yoga techniques. Correcting mental and physical imbalances are also possible using meditation and yoga. Ayurveda, meditation, and yoga are closely intertwined; ayurvedic physicians regularly “prescribe” particular yoga postures to alleviate or cure health problems. Yogic breathing exercises are also recommended as part of ayurveda, and people with respiratory problems have benefited by practicing these exercises.

Through recommended daily regimens, ayurveda encourages people to keep well. For example, people are encouraged to wake early, observe the coating on their tongue so as to keep track of digestive tract concerns and to scrape their tongues for cleanliness. Gargling with warm water is also recommended daily so as to help to clean the mouth as well as clear the throat of mucus. Early morning yoga and meditation is suggested, followed by a breakfast designed to meet the nutritional needs of each person’s constitution. Some ayurvedic experts have created weekly recommended schedules that include the times of day to eat and what range of foods to eat during certain hours, amount of sleep, frequency of sexual activity and so forth. People are also taught to observe their urine and feces so as to keep track of changes in the body. While many such recommendations exist, ayurvedic theory is not dogmatic about these things being followed perfectly. When people eat food that is difficult for their particular constitution to digest, for instance, they may chew on fennel or cardamom to aid in digestion, according to ayurvedic concepts. Haldi (tumeric), garlic, neem, triphala (a combination of herbs) and other natural substances are helpful in maintaining health and curing illness.

By showing people how to grow and prepare their own plant medicines, ayurvedic practices have saved many from the heavy economic and physical (side-effects etc) costs of allopathic drugs. Some families may spend up to half their income on allopathic drugs, sacrificing essential items to pay for them. In ayurveda the kitchen is the main pharmacy and many of the medicines are commonly-eaten South Asian foods. Self-reliance is thus fostered by ayurveda. On a small scale, the stranglehold of large pharmaceutical companies is loosened by decreased demand for their products.

For these and many other reasons, ayurvedic health care is an important part of global health programs, particularly in South Asia. Zarthustis (from South Asia) may find a great deal of personal benefit in learning about this ancient system of health care that has profound implications for improving modern day living.
The article discusses the demographics and common health problems of our community as per research data, while emphasizing the importance of improved lifestyle measures as preventive measures for good health.

OUR COMMUNITY’S POPULATION DECLINE - A GROWING CONCERN:

At the top of the list of concerns of the community is its declining population. Our small community has an ‘ageing’ demographic profile with a large number of middle aged and elderly. As per last Census data, our worldwide Parsi population is around 100,000 and total Indian population is estimated at 69,601. Parsis recorded negative decline of 8.88%, in view of increased death rate far exceeding the birth rate.

The Parsi community in India is perhaps the only community outside Europe to have experienced a dramatic population and fertility decline. It is interesting to note that age at marriage among Parsi women is about 27 years and for men about 31 years. Along with late marriage, voluntary and involuntary childlessness is another important factor for the lowest low fertility among the Parsi community. One out of every ten Parsi women is childless in the age group 45-49 compared to one among every 20 women childless for the total Indian population as per 2001 census. Both Parsi males & females studied in the age group of 50-54 demonstrated a trend of significant higher percentage of unmarried Parsis compared to Non Parsis. This trend of late marriage certainly needs to be addressed and reversed.

Such unfortunate reasons given for late marriages in our community include: still trying to establish themselves in their profession, still need time to settle down, buying a flat and a car before getting married, keen to get higher education so that job prospects are much better later and some others as well.

In an attempt to address this problem, the Bombay Parsi Punchayat had initiated the Infertility Programme Project in which 526 Parsi couples seeking infertility treatment have received treatment over a period of 6 years with successful results.

Concerned over the dwindling number of Parsis, Ministry of Minority Affairs, Government of India, has launched a scheme to arrest this trend of decline in our Parsi population. Earlier this year, the Ministry sanctioned one crore rupees for the fertility scheme to stem the population decline, and there is further reassurance of the Government’s intent to help the community in arresting this serious problem.

COMMON MEDICAL PROBLEMS OUR COMMUNITY FACES:

It is not just the dwindling numbers which has caused anxiety to the Parsis, it is also the concern about general health of our micro-minority community that is a nagging problem. The Parsis are often seen as a medical paradox. On one side, there are numerous members of the community working energetically into their nineties, while on the other side, Parsis have some of the most unusual allergies, eye problems, highest rates of cancer and other neurological diseases.

As per the Expert Group Analysis of the 2001 Census, the major health problems reported by the community elderly included change in vision, hypertension, diabetes, tiredness, cardiac problems, osteoporosis, depression, anxiety & other psychological problems.

A survey conducted by Tata Institute of Social Sciences funded by PARZOR, with 60 general practitioners and 100 specialists from all over Bombay, who had a significant Parsi patient population practice, revealed four major illnesses to which Parsis are prone: 1) cardiac problems including hypertension, heart disease and blockages; 2) cancer, especially of the breast and uterus among women and the colon for men; 3) a rising incidence of diabetes including juvenile diabetes; osteoporosis; and 4) stress related problems and psychiatric related problems. The cause of ill health was attributed to loneliness and insecurity, sedentary lifestyle and food habits.

G6PD DEFICIENCY – COMMON IN MALE PARSI:

Glucose-6-phosphate dehydrogenase (G6PD) deficiency is a common problem in our Parsi male population (12-14%) as compared to Parsi females (only 1%). People with G6PD deficiency are therefore at risk of hemolytic anemia in states of oxidative stress. Oxidative stress can result from infection and from chemical exposure to medication and certain foods. People with G6PD deficiency should avoid drugs known to cause hemolysis which include: antimalarials (Chloroquine, Primaquine, Pamaquine), antibiotics of sulpha group (Sulpha drugs, Nitrofurantoin, Nadilixic acid, Dapsone) and some analgesics/antipyretics (Phenacetin, Acetanilid).
CANCER - SOME CANCERS PREVALENT MORE IN PARSIS:

An alarming statistic emerging from the Mumbai Cancer Registry indicates that Parsis are at a higher risk of getting cancer, specially women, than those from other communities.

The data compiled by the Mumbai Cancer Registry till 2008 states that 122 Parsi males per 100,000, and 178 Parsi females per 100,000, had various types of cancer. The incidence was much less among other communities. The registry is currently compiling data for 2009.

According to Dr Yeole, Director, Mumbai Cancer Registry, findings can be attributed to food habits, lifestyle and life expectancy of Parsis. Most Parsis are non-vegetarians, marry very late and have very high-life expectancy, increasing their chances of getting cancer.

In one of the previous largest cancer studies by Dr Yeole comparing cancer incidence in Parsis versus non Parsis, results summarized that there is higher incidence of cancer of buccal cavity and pharynx, digestive organs, respiratory system and genital organs in non Parsis compared to Parsis in both sexes. However a higher incidence was observed for cancer of urinary organs, lymphomas and leukemias, testicular cancer in Parsis versus non Parsis. Parsi females had a higher incidence of breast cancer compared to non Parsi females. The rates of prostate cancer are somewhat similar in Parsis and non Parsis.

NEUROLOGICAL DISORDERS:

Parkinson's disease: a degenerative disorder of central nervous system that often impairs the motor skills, speech, and other functions. The symptoms are the results of the insufficient formation and action of dopamine, which is produced in the dopaminergic neurons of the brain. It is characterized by muscle rigidity, tremor, slowing / loss of physical movement, high level of cognitive dysfunction and subtle language problems.

Essential tremor: a slowly progressive neurological disorder with tremor of arms that is apparent during voluntary movements such as eating and writing. Tremor may also occur in the head (neck), jaw and voice and other body regions.

Epilepsy: a disorder characterized by recurrent unprovoked seizures in which there is an abnormal, excessive neuronal activity in the brain. It is more likely to occur in young children, or people over the age of 65 years. It could also occur as a consequence of brain surgery, and may occur in recovering patients.

Stroke: commonly known as cerebrovascular accident is a medical emergency. It can be due to ischemia (lack of glucose and oxygen supply to the brain) caused by thrombosis or embolism or due to a hemorrhage. As a result, the affected area of the brain is unable to function. All this can lead to inability to move one or more limbs on one side of the body, inability to understand or formulate speech, or inability to see one side of the visual field.

Stroke can cause permanent neurological damage, complications, and death. Risk factors for stroke include advanced age, hypertension (high blood pressure), previous stroke or transient ischemic attack, diabetes, high cholesterol and cigarette smoking.

Multiple Sclerosis: is a disease in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to demyelination and scarring. The disease onset is usually in young adults, more common in females. The symptoms include: changes in sensation, muscle weakness, difficulties with coordination and balance, problems in speech or swallowing and visual problems, fatigue, acute or chronic pain, bladder and bowel difficulties, cognitive impairment of varying degrees and emotional symptoms of depression.

In a pilot survey of the prevalence of neurological disorders in the Parsi community of Bombay, Dr Nadir Bharucha et al, in 1987, reported 10% neurological illness in a cohort of 851 persons living in a community colony.

Dr Bharucha et al also conducted a large door-to-door survey to screen a community of 14,010 persons living in Parsi colonies of Bombay for possible neurological diseases. Results published in a number of medical journals in 1988 highlighted five frequent neurological diseases: Parkinson's disease, Essential Tremor, Epilepsy, Stroke & Multiple Sclerosis. This study concluded that there was clearly a higher age-adjusted ratio of Parkinson's disease in Parsi community of Mumbai, India than reported in Europe.

The prevalence of epilepsy is somewhat lower in Parsis, than amongst other Indians, or in the global population.

The frequency of essential tremors is more in the Parsi community, than in other Indian communities but no more than in many other communities world over.

Stroke prevalence is higher amongst Parsis than other Indians, especially in the aged but same as the world population.

An important study on Multiple Sclerosis carried out by Dr Noshir Wadia et al showed that, the prevalence of Multiple Sclerosis in the Parsis of Bombay is much higher than among other Indians. Also, the high prevalence of Multiple Sclerosis among Parsi immigrants to England, by contrast with the very low prevalence among ethnic Indian immigrants, may be an important clue to the genetic and environmental factors responsible for the disease. This study revealed a significantly high prevalence of Multiple Sclerosis for the Zarathushti population of Bombay &
Pune. The study also demonstrated the highest prevalence of Multiple Sclerosis in the age group of 45-49, particularly for females.

HYPERTENSION – NEED FOR EARLY AWARENESS, DETECTION, TREATMENT AND COMPLIANCE:

Hypertension is sustained high blood pressure 140/90mmHg and is a leading cause of cardiovascular disease worldwide. Today, it poses an important public health challenge in developing/developed countries. Therefore, prevention, detection, treatment and control is a priority.

A study on prevalence, awareness, and compliance to treatment was undertaken by Dr Nadir Bharucha in about 2879 Parsis. The overall prevalence of hypertension in the community was 36.4%, (32.8% in males and 39.4% in females) indicating a higher prevalence in our community, in women than in men. Nearly half of those having hypertension are unaware of their illness. Compliance to medication is poor and only a small minority has optimally controlled blood pressures.

DIABETES: NEED FOR LIFESTYLE MANAGEMENT WITH DIET, EXERCISE, RELAXATION/MEDITATION/PRAYERS AND APPROPRIATE DRUGS:

Diabetes can be of 2 types,

Type 1 diabetes, formerly called juvenile diabetes or insulin-dependent diabetes, is usually first diagnosed in children, teenagers, or young adults. With this form of diabetes, the beta cells of the pancreas no longer make insulin.

Type 2 diabetes, formerly called noninsulin-dependent diabetes, is the most common form of diabetes where at first, the pancreas keeps up with the added demand by producing more insulin. In time, however, it loses the ability to secrete enough insulin in response to meals.

India is the diabetes capital of the world with 41 million Indians having diabetes; every fifth diabetic in the world is an Indian. By 2025, this is expected to reach 68 million.

Diet, medicine, exercise, meditation/relaxation/prayers: together, they create a powerful synergy for managing diabetes.

CORONARY ARTERY DISEASE – A GROWING PROBLEM DUE TO STRESS AND POOR DIETARY HABITS:

Coronary artery disease is the end result of the accumulation of atheromatous plaques within the walls of the coronary arteries that supply the myocardium with oxygen and nutrients. A plaque is made up of fat, cholesterol, calcium, and other substances found in the blood. When plaque builds up in the arteries, the condition is called atherosclerosis.

As the degree of coronary artery disease progresses, there may be near-complete obstruction of the lumen of the coronary artery, severely restricting the flow of oxygen-carrying blood to the myocardium. Individuals with this degree of coronary artery disease typically have suffered from one or more myocardial infarctions or heart attacks.

LIFESTYLE DISEASES

As the name suggests, lifestyle diseases are a result of the way we lead our lives. These diseases are widespread, as countries become industrialised and people live longer. It takes years to develop and once developed they become so much a part of our lives that it cannot easily be cured even with medicines. The fact that our diet is changing day by day, from high nutritional food towards junk food, has contributed to the era of lifestyle diseases. Reduction in physical activity smoking and alcohol drinking may also increase the risk of certain diseases later in life.

Most cardiovascular disease risk factors like smoking, physical inactivity and obesity are modifiable by lifestyle changes. Obesity is linked with diabetes, which has risen alarmingly, affecting at present 194 million people worldwide. The number of people with diabetes is also expected to double by 2025. Diabetes increases the risk of cardiovascular disease, which is the number one cause of death in industrialized countries. The complications of diabetes are increased disability, reduced life expectancy both of which create tremendous health costs. There is research available, however, which shows that diabetes can be prevented in the obese through lifestyle intervention.

The top 10 lifestyle diseases identified include Alzheimer’s disease, atherosclerosis, cancer, chronic liver disease, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, nephritis/chronic renal failure and stroke.

So, we need to recognize that most of the lifestyle diseases, burdening our society today, are our own creation. Today’s 24X7 world order leaves little room for adequate rest, exercise, entertainment, good family life, regular eating habits and sleeping patterns. All of which seriously impact the health of an individual.

While significant advances in drug research have resulted in introduction of newer medicines for a wide variety of conditions, resulting in improved survival and quality of life; it is essential that these medicines prescribed by clinicians are complemented by health-promoting lifestyle interventions, aimed at achieving optimal health.

Good healthy living involves an integrated healthcare approach with the practice of appropriate dietary habits, regular exercise, effective stress management, cessation
of smoking and excessive alcohol consumption, and other lifestyle modalities.

These lifestyle measures if practiced regularly complement the use of efficacious and safe therapeutic medicines in the overall improvement of the individual's health.

Wellness today is emerging as a very interesting concept with a multidimensional and holistic approach to living, described as "the constant, conscious pursuit of living life to its fullest potential." Each of us can improve our state of wellness by becoming aware and knowledgeable, developing positive lifestyle patterns, which include being actively involved in and committed to our own physical, intellectual, emotional, social, occupational and spiritual growth and development.

These appropriate lifestyle modifications will help you in preventing several of the lifestyle diseases:
- Avoiding sedentary lifestyle
- Exercising regularly
- Having adequate rest and sleep
- Practicing stress management skills
- Making healthy dietary choices - low saturated fat, low cholesterol, high fiber, plenty of fruits and vegetables, nuts, whole grains, and limited sodium and excess simple sugars
- Periodic gynecologic and overall health checkups
- Compliance to medicines as prescribed by the Clinician

As is very aptly said by Samuel Johnson, "To preserve health is a moral and religious duty, for health is the basis for all social virtues. We can no longer be useful when we are not well."

By following good lifestyle habits, it is for us to shift the graph from illness to wellness, and live healthier and happier lives. It is never too late to start.

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Dr Zinobia Madan, PhD, MAMS, FIMSA, FICN, Founder & Managing Director of ClinOma Healthcare is an entrepreneur with expertise in healthcare of more than 20 years through clinical research, introduction of new healthcare products, teaching, writing and mentoring.

Dr Zinobia was awarded a doctorate for her original cardiovascular research at Jaslok Hospital and Research Center, Mumbai, she then actively pursued further clinical research in the areas of Pharmacology and Nutrition. She has made significant contributions to Healthcare and Pharma industry, having also held position as Medical Director of a leading multinational Pharma company. In recognition of her significant contribution towards medical sciences and nutrition, she was awarded the MAMS (Membership of The National Academy of Medical Sciences), FIMSA (Fellowship of the International Medical Sciences Academy) and FICN (Fellowship of the International College of Nutrition). She has published and presented papers at national and international conferences & is a speaker for enhancing awareness on wellness & healthcare, at several forums.

She is actively involved in social work activities related to healthcare concerning all age-groups with special emphasis on senior citizens of the Parsi community.

It is her dream to pursue her scientific passion by continuing her contributions to clinical research and helping individuals with varied lifestyle problems, along with her social work activities involving caring for the needy and elderly.

Recently, she has started in Mumbai, ClinOma Healthcare, with a focus on good lifestyle management, appropriate dietary habits, fitness and exercise, yoga and related lifestyle modalities for which, she has a team of dedicated professionals including a physiotherapist / fitness expert, a yoga expert and allied healthcare professionals. ClinOma Healthcare is also the preferred partner for pharmaceutical companies in the areas of clinical research, medicomarketing, medical writing, regulatory and pharmacovigilance.

zinobiadamadan@yahoo.com
In the three years since its inception, The AVESTAGENOME Project™ has collected approximately four thousand five hundred blood samples of members of the Parsi community from ten cities in India. The AVESTAGENOME Project™ is the brainchild of Dr Villoo Morawala-Patell, Founder, Chairperson and Managing Director of Avesthagen Ltd., which is a leading Life Sciences company of India. In her quest for accessing and providing better medical care for humankind, Dr Morawala-Patell firmly believes that the study of the Parsi genome will be an apt beginning.

WHY THE PARSI POPULATION

For the first time in India a broad-based genomic study of a community has been initiated, and the community selected is the Parsi community that has made India its home for the last twelve hundred years. One of the main considerations for short-listing the Parsi community for such a study is the longevity of its population and its underlying genetic uniformity. The study of genetic patterns with respect to diseases is facilitated by the fact that there has been inbreeding within the Parsi community over several hundred years. An additional aim of this Project is to look for disease markers that would help in early diagnosis and prevention of the disease in future generations. Preventive diagnostics and better drugs would lead to the creation of a healthy population and cost effective medical care.

The Parsis have contributed immensely towards the development of independent India in almost every sphere of human activity. A scientific and sociological study as the one initiated by The AVESTAGENOME Project™ is of utmost importance to ensure that the future generations of this community are assured of healthy and meaningful lives. A high percentage of the Parsi population in India is geriatric. The incidence of life-debilitating illnesses like diabetes, hypertension, cancers, Alzheimer’s, osteoarthritis and other such, prove to be a burden not only on a family’s financial resources, but patient care requirements also necessitate hard decisions to be taken regarding career and matrimonial options for the care givers. With a large number of the younger generation having settled abroad in pursuit of better career opportunities, the care of the elders in the family has been delegated to servants and neighbours. In such instances, although sufficient funds are being provided for the care of the elderly relatives, the situation is replete with mental and emotional dilemmas. It lies in the domain of science to seek and find preventive measures using molecular tools for early detection and better drugs that would ensure a healthy population and especially a healthy geriatric population, and The AVESTAGENOME Project™ is a path-breaker in this domain.

EARLY BEGININGS

The AVESTAGENOME Project™ commenced its blood sample collection drive in October 2007 in the twin cities of Hyderabad and Secunderabad. Since then the Project has travelled to Navsari, Surat, Ahmedabad, Pune, Bengaluru, Mumbai, Chennai, Coonor and Delhi. More cities will be brought under its ambit in the months to come, and cities already visited will be revisited to cover areas of the Parsi population residing there that have not participated in the project. Besides looking for disease markers, the Project aims at creating a complete medical database of the volunteers and of their families, their dietary patterns and habits, and their socio-demographic details. With the population numbers of the community in India seeing a steep fall in the last few decades, compilation of such a database is significantly important.

<table>
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Tracing the pattern of migration of the Parsi community from Sanjan on the western shore of India to other parts of the country is also being attempted in The AVESTAGENOME Project™. Family stories are being recorded through personal interviews and the contribution of certain prominent families to the social, economic and cultural development of their respective regions is also being documented in the form of narrative and photo documentation.

SOCIOCOLICAL TRENDS From a sociological point of view the data gathered from the study shows a trend in the growth of small enterprises among the younger Parsi men, while the middle-aged men and women are increasingly involved in cottage industries (domestic production of artefacts or consumables) and in giving home tuitions in the smaller cities and the semi-urban areas of Gujarat. The young men prefer to be economically independent at an early age rather than spend long years pursuing higher academics. Matriculation as a basic education level has been achieved in these areas and a short certificate course in electrical or mechanical engineering or in computers is the order of the day. They have established travel agencies, electrical shops where electrical contracts are also undertaken, retail shops and photocopying booths, bakeries and small catering establishments. Young women in these areas, however, are interested in academic pursuits, an accomplishment that they hope will help them secure employment in the bigger cities or perhaps enhance their matrimonial prospects.

The emphasis on technical education, information technology, commerce and business studies and the creative arts is dominant in larger cities. Entrepreneurial ventures would include restaurants, construction contracts, manufacturing and retailing units. Not many members of the younger generation opt for medical studies, civil engineering, legal studies or enrolment in the defence services. A large proportion of young Parsi ladies are pursuing biotechnology, commerce and business studies, and information technology.

Interviews reveal that finding life partners from within the community in the smaller cities is proving to be a difficult proposition as the girls entertain proposals from young men who are as qualified if not better qualified than themselves. They would also like to move out of the semi urban or small city scenario and would like to opt for partners from the bigger metropolitan cities or they tend to favour suitors who are settled abroad.

The size of the modern Parsi family has been reduced to having just two children, or in many cases having just one child. There is no predominant preference for the male child. While domestic duties are shared equally between husbands and wives, the task of supervising the academic progress of the child falls mostly in the domain of the mother.

These are just the preliminary findings from the interviews held so far. As a larger canvas is accessed, many more layers of the social and cultural make up of the modern Parsi community will be better understood and steps could be initiated to address the problems faced by them.

The cooperation of the community in lending themselves to this study and in offering significant information will go a long way in making this project meaningful and helpful not only for the community but to mankind as a whole. The knowledge gleaned from this study and the diagnostic techniques and new drug therapies that will evolve from it will be of universal value. At the same time, lifestyles and anecdotes of the ordinary and the not-so-ordinary will also find permanency in the annals of this unique community.
The study is estimated to cost at least $150 million for collection and processing of 20,000 samples. At the present time Avesthagen has invested significant amount of its resources to initiate the study and seeks support from the community and other institutions to enable the project to deliver its full potential.

**THE SCIENCE** Parsis have a higher incidence of certain diseases compared to the Indian population. Bharucha, et al have reported that the frequency of stroke in Parsis is 4.5 times higher than the Indian population (1), and in another study have shown that the age-adjusted incidence of Parkinson’s disease in Parsis is 17 fold higher (2). Interestingly the incidence of some cancers is also higher in Parsis; breast cancer in women is 20% and prostate cancer in men is 5% (Bombay Cancer Registry, 2004).

**PILOT STUDY ON BREAST CANCER** In view of the above, a pilot study on breast cancer using blood samples collected from participants in a mammography camp in one of the cities was initiated. The study cohort included age-matched controls wherein the DNA, RNA, protein and metabolites from the blood samples were analyzed.

Genomic analysis of the DNA samples using the Affymetrix SNP 6.0 DNA Array (3) that has 1.8 million markers has shown that the Parsis are a distinct group and closer to the European population when compared to other major populations in the human genome database (Fig 1A, B).

Mapping the lineage of this population by doing a population stratification analysis is required towards finding population specific biomarkers. During the analysis of 1 million SNP calls in different populations (Parsis, European, Chinese, Japanese and African), it was observed that potentially 564 SNPs (single nucleotide polymorphisms; 158 at higher stringency) are unique to the Parsi genome and this novelty could be due to a new allele which is not seen in other populations. The population specific markers will be confirmed by direct DNA sequencing and characterized to determine function.

In view of the above results we have initiated the Whole Genome Sequencing (WGS) of DNA samples obtained from participants with breast and prostate cancer, type 1 & 2 diabetes, cardiovascular disease, arthritis, and for Alzheimer’s and Parkinson’s disease.

Preliminary results from proteomic analysis has shown differences between breast cancer and control samples that will result in biomarker(s) that could be used for early detection of the disease as part of a molecular diagnostic toolkit available to the clinician.

Metabolome analysis of the same samples has also resulted in identification of novel metabolites that are potential biomarkers for breast cancer. The novel metabolites are being validated in a larger cohort of breast cancer assembled from local hospitals in Bangalore.

A preliminary analysis of the samples from participants during the blood collection indicated a substantial number of samples for type II Diabetes. Hence a cohort for type II Diabetes has also been assembled from the samples in The AVESTAGENOME Project™ database. The objective is to obtain novel biomarkers for type II diabetes that can be used to design molecular diagnostics for predictive diagnosis of the disease and lead to identification of novel drug targets.

The data generated is deposited in a secure, central repository The AVESTAGENOME Project™ Database in the Bioinformatics division at Avesthagen.
INTEGRATIVE MODELS  

The objective is to develop quantitative models that pragmatically compute the flow of information and control mechanisms that determine cellular function in biological systems under different pathophysiological conditions.

The AVESTAGENOME Project™ is a comprehensive approach towards understanding the biological processes as an integrated system in which cellular components and networks interact dynamically within temporal, spatial and physiological contexts.

In order to understand cellular processes as interconnected and interdependent systems and in the context of a biological phenomenon requires an integrative approach.

It also enables the design of a model to integrate the data from diverse Parsi populations for genome-scale analyses (of the transcriptome, proteome, interactome and metabolome), phenomic/phenotypic analysis, biochemical and kinetic experiments, network and pathway information.

DATA AND RESOURCES:

We have compiled a large set of biological data from the Parsi community and the “OMICS” and clinical data are described below.

Clinical data—This platform captures the questionnaire information for the samples and provides the user with the option to view the questionnaire results and statistics of the diseases.

Genomics – Marker information and genotyping – Affymetrix and PCR sequencing data.

Transcriptomics – This captures the experimental details of the sample sets, oligo used, RT PCR details and RNA isolation. The results of these experiments are also captured.

Proteomics – This platform captures entire protein complement of a genome and protein profiling of the identified biomarkers and the results of 2D GEL.

Metabolomics – This captures plasma metabolite constituents in Parsi population and the LCMS results.

Data from different ‘omics’ platform is integrated into a separate database to facilitate flexible and selective mining, cross-correlation and analysis.

The integration of diverse platform setup through The AVESTAGENOME Project™ Database enables multiple features of a biological system to be analyzed. The process is refined iteratively with further hypothesis-driven investigations and perturbation analyses to achieve realistic and biologically relevant results.

Once we have captured all OMICS data, we have a source that we can build upon for future analyses. Storing and retrieving data is one key to successful analysis of individual experiments and the expansion of analyses beyond the confines of a single data type. Combining data types can make the original data much more useful than the investigator had originally intended.

The well-designed relational databases within The AVESTAGENOME Project™ Database are critical to the successful integration of biological data, and data structures are critical to the design of databases, so that when a search is triggered, the relevant information is assembled through a distributed querying system, consolidated and presented in an integrated format.
In addition The AVESTAGENOME Annotation Database© (AGAD) has been created that is focused on the complete annotation of disease markers in order to maximize the integration of disease marker data and their association to the various diseases.

An additional aspect of The AVESTAGENOME Project™ is the isolation of peripheral blood mononuclear cells (PBMCs) from all individuals. These cells, or a sub-population thereof, will be used for generating cell-lines from a cohort with a specific trait of interest that can be used for drug toxicity and efficacy screens during new drug development. These cells may also be transformed using iPSC technology(4,5,6,7) to generate a particular cell type that can be used for treating disease phenotype. For example, cells that synthesize and secrete insulin may be generated from the patients’ own cells to replace those destroyed during disease. Other cell types can also be generated that may be useful for treating rare diseases for which treatments do not exist. This approach will result in truly personalized therapy for the patient.

SUMMARY, The biomarkers from genomics(8,9) will result in molecular diagnostic tests/kits for prediction of the disease occurrence, transcriptome(10,11), proteome(12,13,14), and metabolome(15,16,17) based markers will result in prognostic based tests/kits for monitoring disease progression in response to therapy. The drug targets resulting from The AVESTAGENOME Project™ will enable the design of targeted therapy for the disease and individualized resulting in predictive, preventive and personalization of healthcare for an individual.

The interplay of the individuals’ genomic profile and diet on health Nutrigenomics (18) will enable the customization of diet for optimal health.

The AVESTAGENOME Project™ will thus lead to the generation of a ‘Personal Health Map’ of an individual that will enable the goal of personalized medicine to be achieved.

Avesthagen is grateful to the Presidents and Trustees of the Parsi Panchayats in the various towns and cities who have extended their full support for The AVESTAGENOME Project™. The support of Mr. Jehangir Bhatiwalla (Hyderabad), Mr. Keki Dastoor (Navsari), Mr. Darayus Master (Surat), Mr. Kersi Sethna (Ahmedabad), Mr. Tehmasp Bharucha (Pune), Mr. Dinshaw Cawasji (Bangalore), Mr. Dinshaw Mehta (Mumbai), Mr. Dadiba Dalal (Chennai) and Mr. Dadi Mistry (Delhi) is particularly appreciated. Lastly, Avesthagen is particularly grateful to the untiring service and help rendered by the volunteers who went from door-to-door to spread the word about the project.

ACKNOWLEDGEMENTS: Avesthagen thanks Dr. Yasmin Shah, Mrs. Perviz D. Bhole, Mrs. Anita Fracis, Dr. Renuka Jain, Dr. Naveen Sharma, and Dr. Chellappa Gopalkrishnan, for the yeoman service and exemplary work in leading the various platform technologies.
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Global Health

Dr. Villoo Morawala Patell, Founder, Chairperson & Managing Director of Avesthagen, is an Academic Entrepreneur. Avesthagen is globally recognized as a leading systems biology company with a unique model focused on the convergence of food, pharma and population genetics. A convergence that leads to continuous and path-breaking innovations in predictive, preventive, personalized healthcare. Owing to her pioneering work in the field of molecular biology, Dr. Patell has long-standing professional relationships with individuals, institutions and corporations working in the domain of biotechnology across the world. She is a key member of the Task Force and Vision Group for Biotechnology, instituted by the State Government of Karnataka and founding member of the Association of Biotechnology Led Enterprises (ABLE). Dr. Patell was Awarded the ‘Officer of the National Order of Merit’ by the President of the French Republic in April 2008

Dr. Sami Guzder heads The AVESTAGENOME Project which is a systems based study on the Parsi population. He is the Chief Scientist of the Science & Innovation division, He has over 20 years experience in the field of biochemistry, molecular biology and genetics, is leading the design and supervision of various research and discovery projects including the development of molecular diagnostics and drug development for various diseases. As a Research Scientist at University of Texas Medical Branch - Galveston, TX, his work focused on dissecting the molecular mechanisms of DNA repair and Transcription in yeast and humans. His Ph.D. work focused on repair of DNA damaged by alkylating agents and involved the characterization of enzymes involved in DNA repair from D. melanogaster. In Postdoctoral work at the University of Rochester, NY he gained extensive experience in molecular biology and genetics of enzymes and transcription factors.
THE PARSI GENES

My scientific studies have afforded me great gratification; and I am convinced that it will not be long before the whole world acknowledges the results of my work.

Gregor Mendel, the Father of Genetics, 1886

Our ancestors, those Zarathushtis of Iran who arrived on the shores of Western India around tenth century CE., tenaciously adhered to the tenets of their faith. Over the centuries they maintained their distinct customs and traditions while living up to the promise made to King Jadav Rana that they would blend in and not impose themselves on the local populace. Eventually they morphed into the Parsis—one of the most successful minorities a country could ever be blessed with.

We, modern Parsis—though we are Indian by birth, speak the Gujarati language, and share over a thousand years of India’s history—still talk about our Madder Vataan (Mother Country) Iran. We take pleasure in some of the most moving tales from the Shahnameh, never forgetting that the original language of this epic from pre-Islamic Iran was Farsi, though the tales are now told in Gujarati or more and more in English. Most of us have no family or social ties to Iran, and a typical Parsi looks different from a typical Irani Zarathushhti. Indeed, over the last eleven centuries, we have diverged from our Irani relatives in looks, language, and most social customs—except in the practice of and faithful adherence to our Zarathushti din (religion).

A genealogical DNA study conducted in 2004 showed that the Parsis’ mitochondrial DNA, which is inherited only through the mother, was more similar to the Gujaratis’ than to the Iranians’. It has been over 1,100 years!

AVESTHAGEN a biotechnology company in Bangalore, India, under the capable leadership of Dr. Villoo Morawalla Patel, has started to collect blood samples from Parsi participants (in India) for its Avesthagenome Project to construct a genealogical and genetic database. One goal of the project is to pinpoint the genetic basis of longevity in the Parsi Community. According to Avesthagen, thirty percent of the Parsi population lives beyond the age of sixty as compared to the Indian national average of seven percent. This project could also help in identifying genes responsible for certain diseases, and in developing screening methods and therapies. These studies of the Parsi genes will likely have major impact on the health prospective of the world community at large (See Pgs. 61-66- for more details on this monumental project—Editor).

I wish Parsis living in the United States, Canada, Europe, Australia, and other countries could contribute blood samples and genealogical and medical histories for Dr. Patell’s historic studies.

A similar database has already been established in Iceland. Iceland was settled by Norwegian and Celtic (Scottish and Irish) immigrants during the late 9th and 10th centuries CE., around the same time the Parsi ancestors arrived in India. Relative isolation of this island population has led to a homogeneous gene pool that, like the Parsis’, offers a valuable resource for genomic research.

Growing up in Bombay, the health of the Parsi Community was discussed and most of us were aware of the good (Oh yes, we lived to be of ripe old age) and the bad (cancer, Parkinson’s, etc). I remember discussions about the high rate of breast cancer in Parsi women, who were in such minute numbers compared to the rest of the Indian population. The belief was that the rate in Parsi women was no higher than in the rest of the population and that Parsi women were diagnosed with breast cancer at a higher rate because they were more willing to go to a (male) doctor and more likely to have ample resources and education to pursue any treatments. Parsi women are among the most educated women in India, and a woman with cancer received the full support of her extended family and neighbors.

Still, some customs and behaviors of the Parsi Community could put them at increased risk for the disease. Ironically, one such behavior might be the obsession with absolute cleanliness. This cleanliness often entailed extensive use of insecticides—Flit (in a pump) and DDT were used generously in Parsi homes. Long-term exposure to these carcinogens could have been a contributing factor in the high rate of breast cancer.

As a Parsi, I look forward to the medical advances that genetic studies might provide. I also have my own theories as to why the Parsi Community generally enjoys long life and good health. In the Nature (genetics) plus Nurture (environment) equation, my theories fall on the side of Nurture. We eat a well-balanced diet. Our optimistic outlook on life; easy, outgoing, fun-loving nature; and willingness and ability to adapt to any environs has helped us maintain our equilibrium and good health.

One of the strongest environmental attributes of the Parsi community is our sense of communal empowerment. Within families, daughters are encouraged to pursue higher studies just as are sons. I am fond of telling others about our community’s attitude: instead of “my son the doctor, my son the lawyer, my son the rocket scientist, my son the entrepreneur,” our mothers would say, “my son and daughter the doctor, my son and daughter the lawyer, my son and daughter the rocket scientist, my son and daughter the entrepreneur!”
On the economic front, Parsis contribute in accordance with their resources for the advancement of the whole community. Our forefathers had the foresight to build fire-temples, colleges, medical colleges, hospitals, schools, libraries, and Parsi baugs (housing colonies); and to set up Parsi charities to support welfare and education. Money is made available to poor families for Navjote, the initiation ceremony into the Zarathushti faith, and Navar and Martabs, ceremonies to become a Zarathushti priest—and scholarships are available for education at all levels.

Parsis are blessed with a combination of determination to succeed and a desire to fully embrace life. My father Sorab Faramroze Kutar was a dedicated, quiet, extremely conservative, mild-mannered Zarathushti Priest totally devoted to the tending of the holy fire at the Ruston Faram Agiyari in Dadar. Yet during festivities at a Navjote, Ghambar or a wedding he would join others in a Parsi Garbo, a circle dance with clapping and singing. So determined was he not to end the dancing, that when his hands would get sore from clapping, he would take his sappats (Parsi slippers) and use them to clap! So quintessentially Parsi, to pray and then party.

We have survived for over 1,100 years in hospitable and kind India. Let us do so for eternity, not as a tribe of fewer than 5,000 but as a thriving Community of many, many, many thousands.

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Zoroastrians (Zarthushtis, Parsees, or Parsis) favor consanguineous or endogamous unions because such marriages strengthen relationships; keep inheritance issues simple; secure unions due to cultural familiarity; and uphold the tradition of close-kin marriages in our community [1]. Consanguineous means having the same blood ancestry; and endogamous means belonging to a tribe or like social entity. A survey of the literature reveals that such unifications are not discussed in the Avesta [ca. 1400 BCE, 2]; and “xvaetvadatha, xvetxvet,” or next-of-kin marriage practices emerged in Pahlavi literature [ca. 600-900 ACE] as pre-arrangements to reach heaven in the hereafter [3]. Furthermore, it seems that Zoroastrians have complicated many issues by:

- Enforcement of very rigid rules on diversity tolerance in marriage;
- A legal definition of the Parsee race;
- Legislating decrees [following court battles, 4] to stop conversion of individuals of other faiths;
- Selective application of Muslim law to convert out of faith women married to Parsee men;
- Accepting into the religion children of Parsee men only;
- Not offering equal privileges to Parsee women married to out of faith men; and
- Enacting edicts to keep Parsee property and intestate issues within the community.

So, the principles we fervently follow with regard to our identity, marriage, inheritances, etc., are not from our scriptures; rather, they are from the writings of Parsee judges and businessmen in concert with other judges since 1778 [4].

Following Arab occupancy of Iran (ca. 8th century CE), some Zarathushtis migrated to India and men married local women. So, genetic analyses of our current diaspora reveal dissimilarities in lineages of our maternal and paternal genes [5-7]. The latter DNAs resemble that from extant Central Asian men [6]; but the former show loss of genes from Central Asian women with admixing from Indian women [7].

Therefore, the term “Parsee race,” is a legal confection, and centuries of compelled inbreeding to maintain racial limpidness has induced the following health anomalies that threaten our future [8]:

1. Many in our diaspora feel suffocated by norms that thwart enthusiasm in mate selection. So they remain unmarried, and we exhibit demographic aging and population decline [9-11];
2. With Inbreeding, Zarathushtis in Iran, India, and Pakistan have developed genetic characteristics unlike their geographic neighbors [5-8];
3. We have high rates of X-linked glucose-6-phosphate dehydrogenase (GPD) deficiency, and the afflicted exhibit hemolytic anemia; mental retardation; susceptibility to infectious diseases; and inability to take sulfur-based antibiotics [8-14]; and
4. We demonstrate commonness of Rh-negatives, diabetes, breast cancer in women, multiple sclerosis, stroke, and epilepsy [8-15].

Youth considering marriage within our diaspora without genetic testing and counsel may want to ask:

- Who benefits from prolonged inbreeding? And
- Who takes ownership for our community-sponsored transmissions of inherited illnesses without mitigation of maladies, and without the inculcation to make wise choices?

While genetic counseling through the UNESCO-ParZor Project is available to some in India, the project has limitations [8]. Informed and unforced choice(s) in mate selection will give Zarathushtiss freedom from arbitrary policies, hybrid vigor, population increases we need, and improved community health.

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Award for "Excellence in Inter-American Public Health",

Dr Cyrus S Poonawalla, chairman & managing director of Serum Institute of India,

received this prestigious award from the Pan American Health and Education Foundation (PAHEF) in Washington DC, for his extraordinary contribution to eliminate rubella and congenital rubella syndrome in America. He is the first Indian to get this prestigious honor

Serum Institute of India is the world's largest DTP (Triple) and measles vaccine manufacturer. The launch of Serum's hepatitis-B vaccine in India acted as a catalyst to bring down the prices of the vaccine, and make it affordable for the masses. The Serum Institute of India products are exported to over 130 countries, worldwide, and for the past 16 years has demonstrated unparalleled focus in supplying several hundred millions of doses to curb the scourge of rubella (German Measles) and measles to 38 regions in America.
Challenges of Elder Care

Nawaz Merchant

As the Zarthushti Immigrant generation continues to become established in the US, we face two growing issues: elder care for our parents, and for ourselves, as we face retirement and aging. Our community has a fairly negative perception of Nursing homes— for example the comment “She dumped her mother in a Nursing Home” is a dire criticism for our community members! In fact, however, there are a host of medical options to meet seniors’ needs. Nursing Homes provide a useful service, and many are bright, caring and comfortable places, with medical care immediately on hand.

The first question to consider is— what are the objectives of elder care? There may be a combination of needs, such as: address chronic health conditions, prevent health crises like falls/fractures, and retain independence, social contact and quality of life. Depending upon the resources available and the medical conditions that need to be managed, there are a range of options from nursing homes with on-site medical care, to staying with family while medical needs are met with in-home care.

Where to find them: There are many internet resources. www.eldercare.gov gives a listing by county, city or zip code, of the state and local resources in your area. In a few clicks, I located links for information, referral, assistance, advocacy, as well as health service links, county senior center and facilities for home maintenance and repair service. http://www.aging-parents-and-elder-care.com/ provides a listing of facilities, as does the American Association of Homes and Services for the Aging— see http://www.aahsa.org/

The concept of ‘Elder-care’ is wider than the traditional ‘nursing home’ facilities. Senior housing is an option that allows complete independence for seniors, along with the convenience of a good social group, locations close to senior citizen centers, and even day trips by bus to nearby entertainment. When more medical attention is needed, the facilities are Skilled Nursing Homes (SNF), and Assisted Living Facilities (ALF). If a parent needs acute care even after a hospitalization, consider a short-stay Nursing Home.

SNFs can be either short-stay or long-stay, or both, and offer co-sharing rooms as well. Seniors may reside in a short stay nursing home after a fall, fracture, or knee replacement. Longer stay nursing homes may be helpful for seniors with complex medical needs, such as Alzheimer’s. In ALFs, seniors live independently in 1 bedroom and 2 bedroom apartments, and eat meals in the common cafeteria. They require that the Senior resident be able to stand up to transition from bed to wheelchair, at the very least.

For Seniors who have a mortgage-free residence and low medical needs, it is generally beneficial to remain in the residence, as it provides independence and the comfort of one’s own home. If the senior is less mobile, your insurance may cover home health care services, such as visiting nurses and physicians with some exceptions – Texas Medicaid waiver programs exist for the elderly who do qualify (if they do not have personal assets). They generally cover home health services as well as home care for activities of daily living, when a physician certifies that the parent cannot undertake these functions for themselves.

The cost of nursing home stays can be quite high: Medicare pays for the first 100 days of Nursing home stay. In order to use those 100 days, patients have to show progress toward achieving mobility goals. After that, the cost falls upon the senior’s commercial insurance if there is any, or then draws down the Senior's savings. A friend of mine pays $35,000 per annum, for her mother’s nursing home stay in Pennsylvania. According to the AARP, “Although the average cost is more than $50,000 a year and climbing, it can vary widely depending on where you live”.

Home health services and non-health services— what to look for. The AARP website also offers a checklist to ask Nursing Homes and Assisted Living Facilities the right questions, and help compare them. http://assets.aarp.org/external_sites/caregiving/checklists/checklist_nursingHomes.html Lists of home health agencies and visiting physicians are available, but word of mouth references are of course, useful as well. Hospice services have a different philosophy. Instead of trying to only prolong life, they focus on managing the condition to maximize present quality of life. This is often the most important support service to the family of a seriously ill patient. Many insurances cover hospice along with active treatment of disease, and families should not consider hospice care as ‘giving up’.

Of course, many of us would prefer for the parent to live with us at home. Multigenerational families have great advantages, and are common in Asian cultures. However, be savvy about the medical coverage and its gaps. Parents who have a green card do not automatically become eligible for Medicare, the medical assistance program for 65+ seniors. They need to reside in the US for a minimum of 6 months of each year, for five years prior to the application. During this time they can purchase visitors health insurance. It is important to note that visitor’s insurance does not cover ANY pre-existing conditions. We have generally not had good reimbursement from Indian visitors’ insurance coverage. A single emergency room visit can cost about $2500 and Indian insurance companies can easily invoke the ‘pre-existing condition’ clause and deny coverage. US insurers, in our experience, are more likely to provide coverage where it is appropriate.

For full health coverage during the 5 year wait period, you may purchase comprehensive individual health
insurance. The premiums are about $400-600 per month, per person, and vary by age and state of residence. Individual health insurance has a 12 month exclusion for pre-existing conditions as well. This exclusion can be waived, if the senior can show proof of "creditable coverage" or prior health coverage, even in another country. This proof needs to be provided before the insurance is purchased, and the health insurer should confirm (in writing) that they will waive the exclusion for pre-existing conditions.

Even after the parent obtains Medicare coverage, they may need supplemental coverage for prescription coverage in the "Doughnut hole", lab services over $600 or other needs.

If the parent will live with you, consider whether they will need to climb stairs, and make accommodations in the house, such as the installation of weight-bearing fixtures in bathrooms, remove rugs or ensure that they do not slip, etc. http://www.homesafetycouncil.org/index.asp provides a customized list based on your answers to a few simple questions.

Sharing your home with a parent or parents requires accommodation from both the younger and older generations. It is best to communicate expectations early, and be willing to negotiate what will work for each person in the family. Senior parents like to take on some of the household tasks so that they occupy their time, and help out their working children. Yet they feel isolated and dependent, as they usually are not able to drive in North America. They may be lonely for the company of their friends. Special care is needed to ensure they have weekly outings, participate in volunteer activities or can connect with other seniors. They need control over their own daily routines, and can share the family time with the working children in the evening. And they must have the final say in the management of their own health.

Zarthushti community – retirement planning? What about the immigrant generation? We may send off our children to college, and take on the care-giver role for our parents. But many of us are close to retirement, ourselves. For others, it is 15-25 years away. Some couples are able to purchase a plot of land or a condo in Florida or another senior-friendly state. However it is not easy to move away from ones friends, after a lifetime. If we do not want to face the choice of 'starting over' in a state where the cost of living is lower, or staying in a high cost state, we need to make plans early. A retirement condo community where a number of Zarthushti families have booked or purchased a retirement residence may provide the best of both worlds. We suggest community realtors publicize any such arrangements that may exist, and present their suggestions at association get-togethers. Groups of families can make joint decisions for retirement in the same area together, and enjoy the contentment of their retirement years.

Nawaz Merchant is a mother of two boys, and Pharmaceutical Executive living in New Jersey. She volunteers as an ESL (English as a Second Language) Tutor and as a Program coordinator with Literacy Volunteers of Mercer County. Along with her husband Hoshi, she is an active member of the Zoroastrian Association of Greater New York. She is also a writer, focused on the stories of Immigrants and their families.

CARE FOR THE CAREGIVER

Kamalrukh Katrak Karkaria and Barbara Colley

Love all as you love yourself – No place is that sentiment more evident than at Killam’s Point, every summer, for a full week, during Camp Totokett - a support to kids who find themselves living in the midst of AIDS without necessarily being infected themselves.

Amongst the constant activity and sharing it was peculiar to have a Zen feeling watching young adults mentoring kids that have been allowed a week’s worth of fun and freedom to behave as children. The experience so over-whelmed me that I requested Barbara Colley, coordinator of the Camp and a member of the First Congregational Church of Branford, CT to pen how she got this selfless idea started and what makes it a success year after year.

Barbara, who in 1995 was 6 years post breast cancer -diagnosed and treated, who liked the idea of starting something new – especially when it came to care-giving. Take action, she did and was more than willing to share Camp Totokett’s history with the readers of FEZANA:
In 1995, a TV documentary video was shown at our church (the First Congregational Church of Branford) which discussed the issues that children affected by HIV/AIDS face. In this video, a camp in Wisconsin which several children from Connecticut had attended, was highlighted. "Too bad they had to go so far to find such a camp", were the words that seemed to leap from my mouth. To which, our senior minister, the Rev. Gary Smith replied, "We can have a camp like that here, Barbara. Our church has the property (Killam's Point), I can be the director and all you have to do is organize it!" Having had no experience in such an undertaking, I resisted for several months but eventually decided to give it a try. We formed a planning committee, tapping agencies serving the HIV/AIDS populations, psychologists and grief counselors, and a grant writer. As plans were formulated, others offered to help. I was surprised by how willing people were to take the same leap of faith and become involved. Soon plans for the food, the activities and the transportation began to take shape. And so it was that in July of 1996, the first campers walked down the hill from the parking lot, to be greeted by their mentors and begin camp activities. I am sure they were a little nervous as were we, but that week was a great success and it has continued for 15 years.

The basic idea was to give these children a bit of their childhood back, to provide a week of fun and relaxation, a respite from the issues and responsibilities which they face daily in their homes. Killam's Point is the ideal place for this respite week. It is a fifty-five acre waterfront property, which exposes kids to the seashore, beautiful woods, and wide-open grassy areas, a place where they can run freely and safely and enjoy a type of recreation not available to them in the urban areas where they live. It is a non-disclosure camp; that is, HIV/AIDS or associated topics are not brought up or discussed. The campers are kept busy with seashore-based nature activities, swimming, fishing, arts and crafts and music. They range in age from 6-13 and are divided into 4 age groups, with older age group (ages 12 and 13) having some different activities.

Due to the economic hardships that most of our AIDS affected families face, the camp is free. We provide transportation from towns in New Haven County, two snacks a day and lunch. Over the years, financial support has come from a broad range of local and national organizations, although in recent years that support has dwindled and funding is becoming more difficult. In addition to dollars, camp receives in kind services and goods from church and community members.

The Camp is organized and staffed by volunteers (with the exception of the paid waterfront director) including high school students who serve as mentors to the campers in a one-to-one ratio. This ratio is the hallmark and probably the most important aspect of the camp. It gives the campers the undivided attention and friendship so many of them need and exposes them to exemplary role models. The camp also brings together diverse urban and suburban groups and serves as a bridge spanning geographic, socioeconomic, racial and religious lines. All participants develop new understandings, compassion, lasting friendships and respect for one another. Campers and staff return year after year and look forward to renewing their friendships.

There are a significant number of children and families living with HIV/AIDS in the greater New Haven community although it is getting harder to identify them due to funding cutbacks for the social service agencies. The last few years we have had from 40-50 campers, down from previous highs of 65-75 but Camp Totokett plans to continue its support to those living in the midst of AIDS for as long as there is a need in the community.

I asked one camper this year if he had enjoyed his time at Camp Totokett. "What's not to like!" he said. This is what keeps us going.

Kamalrukh Katrak Karkaria was born in Bombay, India. She presently lives in the United States practicing Architecture and Zoroastrianism using a global approach with both.

Barbara Colley is Coordinator/Visionary for Camp Totokett and a member of the First Congregational Church of Branford.
DECEMBER 25th, 2009,

This is Christmas day. I told Mother that I would go out to buy some Persian food to give her a treat. Just perfect I thought, because it would not be spicy or oily and it would be something different from the hummus and pressure cooked chicken I give her every day.

Mother is nearly 92, and she is more-or-less housebound. She is suffering from renal failure, and I wonder if she will be around for another six months. Frankly I hope not. She is in bed 22 hours a day. In the mornings a woman I hire comes to give her breakfast and lunch and help her with her bath. In the evenings I give her dinner. She is still mobile, thank God, but each day is an adventure. Some days she may seem fine, while other days she seems to be on the way out. Needless-to-say it is an emotional rollercoaster for me.

For older people, each day has “seasons”. They may be really down in the mornings, seem well in the afternoons, and go down again at night. You don’t know what to think. For many Asians, Chinese and Indians in particular, you are far better off making arrangements to keep your parents in their own countries than bringing them here.

So tonight when I go to sleep I will pray that God looks after my mother. I pray that she not be made to linger on this earth for too long. Yes I will miss her, but it is for the better.

FEBRUARY 11th, 2010

Mother fell down today while trying to get back into bed. I called Hospice and they told me to they wanted her to get a hospital bed as well as a commode near her bed. We ordered the commode but Mother refused the bed. She stated she wanted to be in her own bed, and I think that she means she wants to die in her own bed. Naturally I took the day off to care for her.

FEBRUARY 12th, 2010

Mother took a great turn for the worse today. I got up early to go to work and went to check up on her and she was in bed twitching and was barely responsive. I called the Hospice nurse and the doctor. She is now totally bedridden and has stopped all her food. The doctor has stopped all her medications and has given orders not to give her anything to eat or drink unless she wants it. At first she was totally out of it, barely responding. Now she was asking for tea and drank some and is talking a little. I pray for her sake as well as for mine that this situation does not continue. I have not been to work for a few days and don’t know if I should go back to work if she remains like this.

FEBRUARY 14th, 2010

It is a good thing that Mother had paid taxes in the US as she is able to get Medicare health insurance. Last week as her situation deteriorated I was able to get her into the hospice program. The program is for those that have six months or less to live. Once in the program she gets a free nursing aide to come to the house for four hours a day for five days a week. That, as well as the person I pay out of pocket allows me to consider going back to work. Someone will be with her during that time. The program also provides any medications that she may need as well as supplies, including diapers, a hospital bed, etc. for free.

FEBRUARY 17th, 2010

Mother is weaker by the day. Yet she is still here with us and that in itself is a blessing. If her condition does not change then I may return to work. I miss going to the office every day, but am afraid of not being here when Mother expires. Also staying at home makes me nervous.

Each night when I say good night to her I tell her that she is my angel, my princess. In many ways I feel that mother has become my daughter. I wonder each day what I could do to make her well again. To reverse the effects of aging and make her younger, but there is really nothing that I can do. I feel so helpless.

Yesterday I showed her some pictures of my father, who passed away nearly five years back, as well as pictures of my aunts and uncles on my mother’s side. She looked at them and smiled, but then said to me in a soft voice “they are all gone now”. “Yes,” I replied, “they are all gone. But then again so will we be too. And after you go, it will not be too long before I am gone as well, and we will be reunited as a family again in Heaven,” I said. She smiled, hearing that, perhaps reaffirming that our presence on this earth is temporary.

I see the decline each day. She is less able to respond although she does try to speak, albeit in a rough voice. Thoughts keep coming to my mind. “How could this happen?” This is the woman that was so strong and independent. I remember that last year in the spring and the summer I would take Mother in her wheelchair on long walks during the weekends to the Kew Gardens and Forest Hills areas not too far from us. But even then I had a sinking feeling that that would not continue into this year.

FEBRUARY 20th, 2010

This morning Mother was writhing in pain. She was clutching her heart with her eyes tightly closed, tears
streaming out of them. I am pretty sure she was having a heart attack. I ran to the refrigerator and got the morphine and gave her a few drops into her mouth. This seemed to help relax her and take the pain away.

Later that day she was better but I worry how much longer this process of dying will take. The aide that was there at the time was also worried. This same aide today tried to force feed mother some bread as well as gave her some liquid meal. The more I live in the US the more I realize I will never understand the “American” way of thinking. “Keep them alive no matter what” seems to be the motto here.

MARCH 7th, 2010

Mother is slowly getting weaker. She has been without food for over three weeks and that alone is a miracle, I feel. But she is going down. She now only drinks half a cup of tea twice a day. That is it for nourishment. I asked the nurses about intravenous feeding and they told me that it would not help much as her system was shutting down, albeit slowly.

The other day I bought the CD version of Gunga Jumna on E-bay. I used to listen to this record time and time again when I was a child, and Mother and I would try to sing along while listening. Her favorite song was Dagaabaaz Topi Batian (Lata Mangeshkar) I hurried to open it and slammed it into my CD Discman and listened and suddenly, I was transformed back to those old day of forty years back. I could see Mother’s face, not as it is now but as it was then. I felt such joy and then such sadness. I cried so hard alone in my room while listening. At first I thought of stopping the music, but then realized that it was better to mourn now while she was still alive. This way anything that came to mind that I would want to say to her, I could.

I took the CD player downstairs and held the earphone up to Mother’s ear. I could see her smile and listen, just for a few seconds, to the music. I could see the child-like glow in her face. How sad, I thought. We all have a little boy or a little girl inside of us. And now I could see the little girl in Mother. I was so glad for this moment. I imagined her as a child, playing about in her house in Karachi when she was young.

The next day the nurse came to check Mother. Her verdict was that she had about a week to go. “You told me the same thing a month ago,” I told her. “Yes,” she explained, “but now her breathing has become irregular and her blood pressure is steadily going down. These are all signs of deterioration,” she explained.

It is all inevitable. The other day I found her wedding band and other ring on the floor. She has lost so much weight that the rings no longer fit.

APRIL 8th 2010

Mother is now unresponsive. I see her breathing but she does not respond when I touch her or kiss her. I still keep putting Vaseline on her lips and cream on her face at night. She always used these things all her life and I decided from the start that I would help her continue her ritual until her last day. For the past few days her liquid intake has gone down tremendously. It will not be long now. The look on her face is exactly like the look Father had a week before he departed. It is strange, in that this morning just before waking up I could hear her voice calling out my name so clearly twice.

APRIL 9th, 2010

I got up early this morning to go to work. However something inside me told me to check Mother before I got dressed for work. I went downstairs expecting to find her in the same state as she was the night before. But God spared her that. Mother had left us.

So many thoughts of relief and sadness hit me at the same time. My beloved mother, the woman who was one of my best friends, had gone. Perhaps her calling out to me the day before was a sign that her soul had already left the body? Or that it was her way of communicating to me before she departed from this earth.

We held the funeral on Monday, April 11th. We had the same room at the funeral home that we had Father’s service. I could barely say what I wanted to say, as I was too emotional. What I wanted to say is given below.

I will always remember and love my mother. My mother was all about giving and thinking about those other than herself. When I was finishing graduate school and was planning to move to Japan, she did not want me to go. Both my parents wanted me to stay in New York with them, but they both encouraged me to follow my heart and live out my dreams.

I will live the rest of my life with my mother and father. They will both be with me in heart and spirit until the day I leave this earth and join them. At first I thought that coming back to take care of them was something that I needed to do. I was right. But it was something that I wanted to do as well. This was my life, my way of dealing with the situation. It was very difficult, and the emotional ups and downs that I had to go through were severe. However, if I had it to do all over again, I would. Those special moments, knowing that I did all that I could do for my folks, the look in my mother’s eyes when I did something that pleased her during the last years of her life, those times are worth more than any chance for job advancement or social climbing that may have been foregone due to my being with them.

This is not to say that what I did is for everyone. I happened to have a very special relationship with my parents. In addition, we had all the social and health insurances intact. However I am glad that I did what I did. While I am still going through bouts of grieving, I have a warm feeling knowing that I did my best and my reunion with them will be one of joy, not sorrow.
HANDS ACROSS THE OCEANS: SAVING LIVES!

Mother, Daughter, Friend or Wife.....make early detection a habit for life!

Behram Pastakia

The initiative to mount a worldwide campaign to benefit women at risk for breast cancer, using screening mammography was well received at the Ninth World Zoroastrian Congress [WZC]. Following the presentation at the Fifth Coming Together Roundtable (CTR) on 27 December 2009, and at the medical panel at the Crowne Plaza Hotel, in Dubai, UAE, pledges of support for the idea came from delegates attending the congress from Australia, Singapore, Hong Kong, United Kingdom, Canada, United States and India.

Prior to the 9th WZC, informal discussions on the sidelines of a FEZANA Annual General Body meeting held in Los Angeles in the spring of 2008, led to site visits to the Parsi General Hospital [PGH] in Mumbai by Jehangir and Irma Sarosh from London, UK; by Homi D. Gandhi from Zoroastrian Association of Greater New York and by Vera Santoke of the Zoroastrian Association of California in Los Angeles, to assess needs. After listening to feedback, and my own visit to the PGH in February 2010, a presentation was made at the FEZANA AGM held in Toronto, Canada on 23 April, 2010.

It is recognized that the issue for our community is not the lack of available facilities for breast cancer screening. Nor is it financial barriers that keep women at risk from participating. Mr Hector Mehta, of the PGH clarified that indigent Parsis requiring medical help have access to services at subsidized or no cost. There is however a lack of awareness that in cancer care, delay is dangerous. In Iran, the social stigma associated with a diagnosis of cancer creates a barrier even to talk about the issue openly. Dr.Rajan Badwe, Director at the Tata Memorial Hospital, Mumbai, responsible for an initiative to reach out to Indians in rural jurisdictions with a specially equipped van for cancer diagnosis, says: “Cancer survival depends upon a combination of prevention measures, early detection and advances in treatment.”(1). The effort at hand focuses on early detection. Appropriate timely intervention can save lives and increase treatment options.

CREATING AWARENESS

Adverse outcomes which emotionally and financially impact young families and children can be mitigated if eligible women are aware of options available. The solution for us is to launch an educational campaign to feedback, and my own visit to the PGH in February 2010, a presentation was made at the FEZANA AGM held in Toronto, Canada on 23 April, 2010.

For starters, a power point presentation is uploaded at www.zoroastrians.net under the CTR tab. Websites which provide relevant information on breast cancer are available from the World Health Organization (2-6). In the final analysis, it is up to community leaders, elected trustees of our associations, social workers, activists and volunteers in each local jurisdiction to find ways to reach out to women, since they know ground realities the best. What is proposed is an international collaboration where knowledge, expertise and best practices are shared. It is not a top down approach. The offer from the Bombay Parsi Panchayat to work proactively on this issue is heartening. The Zoroastrian Trust Funds of Europe with leadership from Parinaz Avari is planning a breast cancer awareness event in 2010. ZWIN, the Zoroastrian Womens’ International Network embraced this issue as a legacy from Dubai. In the western diaspora, most women are covered by either health insurance, or by a state subsidized health care system which promote screening mammography; we do not have figures as to how many Zarathushtis utilize these benefits.

Screening mammography is not a perfect tool; however it is the best available at present. At the 5th CTR, Dr Farhad Contractor from Pittsburg, Pennsylvania, USA clarified that the guidelines for frequency of screening for women with a family history of breast cancer are different from those at average risk. We should take cognizance of interactions between the phenome and the genome. Screening for this high risk category of women should begin at an earlier age and be sustained with greater frequency between follow-up mammograms than for the population at large. Additionally, a baseline mammogram available for comparison with those obtained subsequently is of great value in providing interpretations. If analog films have been obtained, they should be preserved and used in subsequent evaluations. If the images are acquired using digital mammography, the studies can be more efficiently archived, to manage logistical issues of record keeping and follow-up, so crucial for successful outcomes.

From the year 2010, the Susan B. Komen “Race for the Cure” goes global. Nancy Brinker, the sister of Susan Komen, is the Goodwill Ambassador for Cancer Control for the United Nations’ World Health Organization, and an exemplary advocate for raising awareness for early detection of breast cancer. Every year, October is designated as Breast Cancer Awareness month. Let us find and create opportunities to educate ourselves and take appropriate actions so that our wives, sisters,
daughters and mothers can live long, productive happy lives.

If you would like to share ideas as to how best to proceed, please contact

Behram Pastakia: bpastakia@aol.com.

NOTES:

(1) Tata Doctors Take on Food Pipe Cancer – Hospital Launches project to screen people, detect cancer early and reduce mortality – Mumbai Mirror, 9th February 2010

http://www.tata.com/media/reports/inside.aspx?artid=tw5YliH76qM=

(2-6) Resources from the World Health Organization:

Breast Cancer Screening - IARC
http://screening.iarc.fr/breastindex.php

National Cancer Institute
http://www.cancer.gov/cancertopics/types/breast

Join the Global Breast Cancer Movement
http://ww5.komen.org/Global/OurGlobalReach.html

The Breast Health Global Initiative


Cancer Control: Knowledge into Action


D.J. JUSSAWALLA AND D.K. JAIN

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Health is God’s gift to us; it is everyone’s right and our responsibility to ourselves. Therefore we do not choose one over the other but both – one first (health) followed by the other (healthcare). Optimized management of my health is my primary healthcare. This is done by acquiring knowledge and expertise in healthy living and incorporating this in my daily life. This is called health literacy.

**HEALTH LITERACY:**

Health literacy is what everyone should strive to acquire through our everyday experiences, reading of print materials, accessing through internet and audio-visuals and in all ways we can. It does not need a college curriculum, or an advanced degree. We can also meet with others, make groups coffee clutches luncheon socials and educate and motivate each other. To put our health literacy in practice, we can generate social and group support, which also keeps the momentum going. This is a lifelong experience. The end point is just that – the endpoint of death when life ceases.

**RELIGIOUS/SPRITUAL PERSPECTIVE:**

We chant “Ahmai Raescha” verse daily as an aspect of our religiosity and spirituality. We should try to understand what we invoke in this verse: it is the blessing of “good health for the one who so deserves and may I be the one so deserving”. This is not the hand out we are requesting Ahura Mazda for. This is the remainder of our responsibility to ourselves to follow a healthy lifestyle and manage our health ourselves; healthcare is our first and foremost responsibility.

**BASIC CONCEPTS OF HEALTY LIVING ARE:**

1. Moderation in course and action in all we do.
2. Balance in life: activity, sleep or rest and eating and drinking, i.e. all we put in our body.
3. Simple adequate sustaining nutrition and hydration.
4. Cleanliness and hygiene of ourselves, our surrounding and the world around us.
5. Adequate physical activity to keep our bodies our muscles and organs in good working order, well lubricated and moving optimally.
6. Avoidance of harmful agents like substances of addiction, habituation, mind altering substances.
7. Managing the stresses and strains of hectic, modern, fast paced living to the best of our ability.
8. Accessing preventative healthcare strategies to manage sickness or diseases as they start, rather than when they are full blown and difficult as well as expensive to control.

There are many advisory and prescriptive models available in the media and I do not endorse one over the other. The latest I read about was the six month plan advocated by Dr. Oz in AARP’s The Magazine (May/June 2010). Anyone of them is a good source material – we need to tailor them to suit our own body and life and stay with it for the long haul.

**SECONDARY HEALTHCARE AND SECONDARY PREVENTION:**

After fine tuning our life and lifestyle, come the strategies of preventing diseases and sicknesses as they begin, rather than when they are full blown. This can be achieved with the help and intervention of healthcare professionals, i.e. physicians or doctors and their extenders. Whether they are genetic or longevity based, i.e. breast cancers, testicular cancers, prostate cancers, early and appropriate intervention, detection and treatment towards better outcomes is the goal. Self examination of breast, skin and testes, periodic exams by doctors and tests like mammograms, ultrasounds and lab tests are the examples of secondary preventative measures to detect and treat these diseases as they begin. These measures do not stop the illnesses from occurring. Early detection is the key to healthy outcomes; it is preemptive and cost effective.

**SICK CARE:**

Healthcare, as available widely and practiced, is in fact the sick care. People look upon sickness as a failing. Sickness is the failure of health literacy. This is why it requires so many tests and procedures, surgeries and body part and organ replacements towards life prolongation at whatever cost and how so ever troublesome or burdensome that life may be. Science and its advances have taught us to get a half pound newborn premie live for months and years. The same scientists are now looking at those thus served twenty some years ago, at what such survivals mean to them.
their families, society and the world at large. Their results will teach us further.

FINANCIAL SIDE OF HEALTHCARE:

It must be realized that healthcare in America is available in a tripartite fashion. We, the consumer turned patients, pay into a healthcare financial pool called Insurance, also called the Payor, but obtain our care from a different group called the Providers. These are the doctors and physician specialists, hospitals and their associates called physician extenders. Each one of them plays a fragment of a role in the care of one patient, and presents its bill to the Payor, who then scrutinizes the bill and pays them. In many cases each one of us has two or three Payors 1) the primary insurance, 2) the supplemental insurance and 3) the self, who must handle the last balance. This system is ineffective with not one responsible to the other – each one has its own ‘axe to grind’ and ‘finger to point’ at each other. This has turned American healthcare, inspite of its medical, scientific and technical advances, into the mind boggling nightmare it has become – and it is not getting better!

PATIENT-PHYSICIAN PARTNERSHIP:

No matter what the President claims and the media projects, a direct patient-physician relationship does not exist in America. Even the primary care physician or family physician needs to service too many patients to make the financial ends meet. Therefore the role of old time family doctor – a friend, philosopher, and guide has eroded severely. Today’s family doctor, or primary care doctor, his or her nurse practitioner has very little knowledge of each patient and his needs. They rush with one hand on the door-knob to generate income enough to meet expenses, because their income comes from an executive sitting in an air conditioned office in an ivory tower signing the check for the minimum reimbursement. Therefore healthcare financial literacy is another dimension one needs to consider – though beyond the scope of this paper!

HEALTHCARE LEGAL LITERACY:

The fourth player in this already crowded field of our health and wellness is our friendly plaintiff’s attorney waiting in the wings for any missed step or undesirable (unwanted) outcome to occur. He or she brings along on his or her heels the provider’s defense attorneys and the Payors defense attorneys. They and their colleagues play out their theatrics and make a mockery of the Magna Carta – upon which the US law is built. They add, along with the provider liability insurance to pay for them, some 25%-30% of our healthcare costs – though less than 1% of us will ever need or use them. These already muddy waters are churned by the new healthcare law which only a few in Washington DC can understand. But our lawmakers (many themselves are lawyers) steadfastly refuse to overhaul the much needed “non-compensatory damages” reform.

THE FINAL WORD:

Your choice, and I hope it is the same as mine, is to become health and healthcare literate and make use of that literacy towards better management of our health, so that we can keep sick care as far away as possible, in spite of paying for it as healthcare insurance.
HEALTHCARE AROUND THE WORLD
WORLD HEALTH ORGANIZATION INITIATIVE
PRIMARY HEALTH CARE

INTRODUCTION

Health of all people in all countries is interdependent. Individuals with better understanding of healthy living cannot achieve total success while living among others who are not aware of such strategies. Thus health literacy is an important tool for all people. Health literacy involves knowledge and skills to achieve the basics of hygiene – personal and household cleanliness, maintaining a safe water supply, waste management, plumbing, ventilation and adequate housing. It also involves knowledge of nutrition, locally available food and its safe preparation, to ensure adequate growth and health maintenance. The World Health Organization (WHO) has undertaken to focus on both these issues through its Nursing and Midwifery programs.

Educated nurse interventionists are the first line health care contacts within communities around the world. Reaching out to those in need and educating within the community at grass-roots level, nurses can achieve the primary health care of the masses – one at a time and in groups in the communities they live in. Nursing interventions in preventable nutritional illnesses – starvation as well as obesity – and in infectious illnesses like HIV/AIDS, tuberculosis, malaria and other emerging illnesses, can achieve much more than just sick care. They can help promote healthy living around the world.

INFECTIOUS ILLNESS: The Example of HIV and AIDS

The HIV and AIDS epidemic has hit India at a time when there is an extreme shortage of trained healthcare personnel to help those affected and to educate the populace in HIV prevention. Educated nurses migrate to the west, lured by better work environments and remuneration. The Bel-Air College of Nursing in Panchgani, run by Indian Red Cross Society, Maharashtra State Branch, India, was established in part to help meet this very challenge. In 2004, Fr. Tomy Karylakulam Administrator at Bel-Air, approached Minu Patel (MSc, Professor Emeritus) and Mehroo Patel (MD) to initiate collaboration to develop a Nursing Education Institution at Bel-Air. Minu, recently retired from the University of Illinois at Chicago College of Nursing (UICCON), brought this request to the attention of Beverly McElmurry (Ed D, Professor), the Director of the World Health Organization Collaborating Centre (WHOCC) for Nursing and Midwifery Development in Primary Health Care, part of the College’s Global Health Leadership Office.

The Global Health Leadership Office at UICCON fosters multidisciplinary collaboration for primary health care and international health through its designation as a WHOCC. UICCON has been involved with nursing education and research in a number of countries, including Lithuania, Botswana, Malawi, Chile, Thailand, China and now India. The WHOCC works with WHO and its regional offices in developing and sharing relevant learning materials for nursing education, toward the goal of primary health care for all. The WHO primary health care framework promotes health for all through educating and empowering communities and providing access to basic health services, equitable allocation of resources, and culturally and technologically appropriate care. This focus led the Patels to collaborate with the UICCON to develop an educational institution to advance nursing education at Bel-Air Hospital.

To determine if Bel-Air Hospital was an appropriate site for a new college of nursing, in December 2004, Karen Solheim (RN, PhD) and Beth Marks (RN, PhD) represented the WHOCC met with Mrs. Homai N. Modi-Hon. Secretary, Indian Red Cross Society Maharashtra State Branch who managed the hospital with Fr. Tomy, and conducted a feasibility study assessing this possibility. The feasibility study identified that Bel-Air Hospital’s shared mission of general care and specialized HIV and AIDS care, together with its strong staff and partner linkages with other nearby hospitals and schools, positioned the institute well to provide students with comprehensive clinical experiences. One of these partner schools is Krishna Institute of Medical Sciences (KIMS) University in Karad.

This study also identified a great need to increase the number of nurses in India. According to the World Health Organization in 2005, the nurse/patient ratio in India was approximately 63 nurses/100,000 people (in the U.S, the nurse/patient ratio was 773/100,000), and most of these nurses practiced in urban hospitals. Because of the severe nursing shortage, the great majority of India’s population of over 1 billion lacked access to affordable basic health care. Among these were the nearly 75% of the population who resided in rural communities, as well as those living in low-income urban areas and slums. For these people, infectious diseases such as HIV/AIDS and sexually transmitted infections, maternal and child morbidity and mortality, and many other preventable disease conditions take an unnecessary toll.
BEL-AIR HOSPITAL

Bel-Air Hospital in Panchgani had its modest beginning in a bungalow belonging to Sir Dorab Tata at his 44-acre Dalkeith Estate. In 1912, Dr. Rustomji B. Billimoria, popularly known as the Father of Tuberculosis Control East of the Suez (Canal), was allowed use of the bungalow to treat his 12 patients suffering from tuberculosis, upon a request made to Sir Dorab Tata by Sir Sorabji Pochkhanawala. By 1946, Bel-Air Hospital grew into a 300-bed acute tuberculosis Hospital and Sanatorium with the addition of surgery by Dr. Rustomji’s son, Bomi. Three to four decades later, with the control of acute tuberculosis through medications and a host of other reasons, Bel-Air fell into disuse. At the same time, Dr. Bomi having died tragically in 1962, Dr. Rustomji Billimoria transferred the hospital to the Maharashtra State Branch of the Indian Red Cross Society, which now manages the Bel-Air Complex. In 1994 Red Cross entered into an MOU with Missionary Congregation of the Blessed Sacrament to help with the administration of Bel-Air. Today it is one of the premier institutes of HIV/AIDS in care, treatment and training in India.

In 2003, at a celebration honoring the Bel-Air Hospital’s 90th year, India’s past President Dr. Abdul Kalam visited Bel-Air Hospital. A report of this visit appeared in the August issue of Parsiana, which came to the attention of Mehroo and Minu Patel. The Patels visited Bel-Air Hospital in January 2004 and recognized its potential and its needs.

Bel-Air Hospital’s focus on HIV and AIDS care provided an appropriate setting to develop a college of nursing to educate nurses to address India’s growing HIV and AIDS epidemic. In India, according to UNAIDS, an estimated 2.4 million people are living with HIV, approximately 0.3% of the population. Although India’s population-wide prevalence rate is fairly low, because of the large population, this represents a huge group of people needing HIV care, second in number only to South Africa.

Bel-Air College of Nursing, affiliated to the Maharashtra University of Health Sciences, was established in 2006 and is graduating its first class, producing 29 new nurses for India. Graduates have a 2-year commitment to work full-time at Bel-Air Hospital and its affiliated institutions, to reduce the impact often seen when nurses leave their home countries to work at higher paying positions abroad. Annual graduations will gradually increase the pool of educated nurses knowledgeable about HIV and AIDS, as well as general health care, for the whole of India.

After graduation, Bel-Air nurses will contribute to the education and research missions of treatment of HIV and AIDS and emerging infectious diseases. In collaboration with the UICCON, Bel-Air Hospital has plans to advance its mission by adding post graduation and doctoral programs in nursing education in the future.

Bel-Air has an agreement with CDC and I-Tech for developing technical expertise in HIV/AIDS. These joint efforts has culminated in a national nurses training program under the Indian Nursing Council and Catholic Bishop’s Conference of India funded by UN Global Fund for training 90,000 nurses across India. Bel-Air is a training institute under this program.

With a lot of focus which Bel-Air brought on quality of nursing education, an issue was being not adequately addressed. The lack of properly trained nurses in the villages of India is a major hurdle in providing primary health care. Mrs. Homai N Modi, Hon, Secretary of Indian Red Cross Society ensured the support of Johnson & Johnson for a training program for nurses exclusively for rural areas of Maharashtra. Bel-Air has already received necessary approvals for the same and classes are starting on 9th August 2010. This will be a unique Red Cross initiative which may be replicated in a big way in the near future to address the issues of primary health care in rural India.

WHY FOCUS ON NURSING

Nurses are the health care providers of choice for improving the health literacy of individuals and communities. Nursing is an attractive occupational choice for both women and men. Nurses are needed in every community and can find work in large hospitals and small community centers. Nurses are equipped with knowledge and skills to plan and carry out programs to promote health and alleviate suffering. They have a dual mission of educating the populace to promote health and providing care for illness conditions. Nurses can extend their reach by training, supervising and supporting other levels of health workers. Working in collaboration with members of the communities they serve, nurses can help to empower others to improve their health. Thus, nurses are key to achieving the goal of health for all.

DEDICATION: This article is dedicated to the Life and Legacy of Dr. Beverly J. McElmurry. Dr. McElmurry graciously accepted our request to take part in writing this article for the FEZANA Journal. Nine days later she passed on into eternity. Drs. Linda McCreary and Linda Ungerleider took on this task and wrote key parts of the article.

ACKNOWLEDGEMENT

Global Health

The Bel-Air Hospital & College of Nursing, Panchgani
website
http://www.uic.edu/nursing/research/bel-air/index.shtml
Contact information:
Mehroo M. Patel  M.D.,
Minu K. Patel    mkp@uic.edu
School of Nursing, Chicago, IL.

Dr. Linda L. McCreary is a Research Assistant Professor at the University of Illinois at Chicago College of Nursing. Her research focus is on promoting family mental health, developing a measure of family functioning in low-income African American single-parent families, and supporting family caregiving in HIV affected families. Dr. McCreary has experience with cross-cultural HIV-prevention research in low-income communities in the U.S., Swaziland, Malawi and Chile. She is currently the PI of a pilot intervention study funded by NIH Developmental Center for AIDS Research to provide Malawian family caregivers knowledge, skills, and social support for providing home-based AIDS care in Malawi.

DYING TO GIVE LIFE: Maternal Mortality in 2010

No woman should die giving life. Yet across the globe 350,000-600,000 girls and women perish annually from pregnancy related causes and 15-20 million are left significantly injured. That is approximately one woman dead per minute from a preventable cause. Most of these deaths occur in developing countries and today mortality represents one of the biggest disparities between the rich and poor worldwide.

In 2000, the Millennium Development Goals (MDGs) were set by the United Nations (UN) in an attempt to end poverty. MDG number five is set to improve maternal mortality; across the globe, 189 countries committed to the end target of reducing maternal mortality by three-fourths by 2015. But here we are in 2010 and MDG five is the goal that has made the least progress making it nearly impossible to achieve the maternal mortality reduction set out by the UN in the five years left until the deadline. The other goals were just as difficult and time consuming to achieve, yet the maternal mortality goal was the only one to quickly fall by the wayside. This begs the question why is the death of a mother such an underappreciated goal? The answer is sad and simple. The world has accepted that nothing can be done about maternal death. For centuries women have died slow, tragic, and painful deaths from pregnancy related causes and their demise was just “a part of life.” Sadly this type of mentality has not left society, even in the developed west, and people do not want to “waste” money trying to change something that “nothing can be done about.” Well, advances in technology, education, and health have come together and created a situation where not a single woman needs to die to give life. The developed countries are a fantastic example of this as the rates of maternal death are significantly lower just because of small changes and is proof that if implemented in developing countries similar goals can be achieved. Sri Lanka is a beautiful example of this very concept; taking the MDG seriously the Sri Lankan government implemented a law that any maternal death in hospital demands an inquiry to determine the cause. As a result of these investigations, Sri Lanka has halved their maternal mortality rate, an unprecedented achievement in their health history.

The key to believing in these goals is to understand that pregnancy is not an illness. In fact, nothing can be more natural. However, repeated pregnancies on the
body of a young, malnourished girl can lead to severe consequences. It is estimated that 98% of pregnancy related deaths are completely preventable. What kills these women are the multi-factorial system failures and the universal umbrella acceptance that “they would have died anyway.” On my medical missions, especially to Afghanistan, Kenya, India and the Congo, maternal death was rampant and the standard story usually went something like this: Kanta is a 23 year old woman pregnant with her 4th child in Bihar, India. She is relatively poor but has managed to give birth to 3 healthy girls starting with her first pregnancy when she was 14 years old. Her husband is fearful because although he desperately wants a male child, he was hit hard financially when Kanta needed a caesarean section to deliver her last baby and that forced the family into debt as they borrowed money from neighbours and family. Kanta had only once walked the 8 miles to the nearest nurse run antenatal clinic in her area where, although she was immunised, the only counselling she received was a warning, “you must deliver in a hospital in case they are more complications from your delivery.” She would love to do that but she knows the financial woes the family faces and places to deliver on the mud hut floor just as she has done in the past. Her husband has some sense and is willing to pay a small fee to the village “delivery women” who has had a bit of training from the UN in appropriate birthing measures but that training was only 12 weeks long. When it comes time to deliver, Kanta immediately notices a problem as she feels weak and sick. She delivers twin boys prematurely but will not stop bleeding this time. The first twin dies in the next 30 minutes; 24 hours later, the 2nd twin dies and Kanta is still bleeding. Worried about losing his wife, her husband borrows more money, loads her onto a bullock cart, and begins the long journey to the nearest hospital. Once they arrive, almost a day later, Kanta is still bleeding and is running a high fever. Doctors know she needs immediate surgery to get out retained placenta products, but the only operation theatre is already in use. She waits and waits...and then she dies from severe postpartum haemorrhage and overwhelming sepsis.

But the story does not end there. Her death is just the beginning for the daughters she has left behind. What people forget about women in the developing world is that not only are they child bearing machines, but they also deliver enormous social and economic benefits to their families, communities, and nations. They operate the majority of small businesses and farms, more of their income than their male counterparts goes to food, shelter, medicine, and education, and their unpaid work at home and on the farm equals about 1/3 of world GDP. Basically, when women survive their families thrive. In the case of Kanta, her daughters are now to be raised by their father. He quickly remarries and realises that his new family is all he can care for financially. The girls have to stop their education because there is no more money for that, they have no parent figures, and are forced to marry soon starting the cycle all over again. Had Kanta survived, her girls may have completed school, led productive and safe lives, and broken the poverty chain that their family had been a part of for generations. Without Kanta, all that is just a dream and their lives become nightmares.

Maternal mortality is a major issue in our world and one of the heaviest weights holding humans in poverty and countries in debt. Maternal health is not only a human right but also economically sound and it is estimated that $1.50 is all that is needed per mother to secure her survival if this money is spent correctly on midwives, education etc. A great example of this happened in India just recently. It is customary for mothers to do things like place cow dung on the umbilical cord of a newborn in certain areas. NGOs were going crazy explaining to mothers that this was an infection risk and it killed their children. The Indian women simply were not listening. Finally, a group of Indian women came together and dissected the issue. They came up with an education plan and entered villages explaining this concept in a special way, “if you have two chapattis and you put them in the sun what will happen to the one covered in ghee versus the one that is dry?” The village women responded that flies and dirt will stick to the one that is wet with ghee. The educators then went on to say that keeping the umbilical cord dry like the dry chappati was essential because if it was wet, flies and dirt would pounce on it just like the ghee soaked chapatti. This simple analogy hit home so hard that 80% of women responded to the teaching in the village in which the strategy was piloted. This model is now being extended to the African subcontinent. Small steps are all it took for many babies to be saved from horrible infections and small steps is all it takes to make sure that MDG 5 is met and exceeded. Nobody should have to die giving life. Maternal mortality in this day and age is unacceptable, inexcusable and preventable.

**Anahita Dua** is currently working as a general surgery resident at the Medical College of Wisconsin. She continues to have a great interest in international development and will travel to Haiti this August on a medical mission with the International Medical Relief (IMR) group to aid individuals affected by the recent earthquake.
I was born in Karachi and left as a baby. My family moved to Canada, briefly to Montreal and then Toronto where I lived for 11 years, which was followed by a move to Cincinnati, Ohio. I graduated from the University of Cincinnati with a BA in International Relations with a focus on Middle Eastern politics and from Loyola University, Chicago with a Masters in Applied Sociology. In 2002 I graduated with a JD from the Chicago-Kent College of Law (Photo above Sherizaan hanging up the poster on March 8th, International Women’s Day).

I became involved working with women’s issues during college where I worked at Planned Parenthood. In addition to working in reproductive health I have worked with survivors of domestic violence at a shelter in Cincinnati. My Masters research included a one year practical internship researching women’s health care needs at a community health care center.

By the time I applied to law school I knew I wanted to use my degree to assist women and to advocate for women’s rights and issues. My first job out of law school was with Heartland Alliance for Human Needs & Human Rights’, a nonprofit service based human rights organization where I worked for their legal immigration program now called the National Immigrant Justice Center (NIJC). NIJC is a non-profit organization providing immigration services to low-income immigrants, refugees and asylum seekers.

During those 4.5 years I developed and ran a federally funded program to assist immigrant survivors of domestic violence in Chicago and the surrounding areas. In addition to providing legal representation to several hundred individuals (mostly women but also abused men) and their children, I trained & provided technical assistance to pro bono lawyers at Chicago law firms, and gave presentations throughout Illinois to social service providers.

In 2004 Heartland Alliance began working in Iraq and I was very interested in visiting Iraq and exploring whether we could develop gender-based violence programs. We managed to get a small grant to work with local NGOs (nongovernmental organizations) and I made my first visit in April 2005. I made 3 subsequent trips to Iraq to follow up on our program which was quite small at the time in terms of funding and scope. Our main program was a mental health program aimed at assisting survivors of torture.

In the fall of 2006 our Iraqi Program Director moved to the UK and Heartland Alliance needed someone to manage the programs and I took the chance to persuade Heartland Alliance to send me, despite the fact that at that time we were running a medical program and I did not have any medical background. However I wanted to be in Iraq and I was willing to see what opportunities existed for building up our gender-based violence programs. I took the job of Country Director and moved to Iraq as Heartland Alliance’s first full time expat in February 2007 and have lived in Sulaimaniya –northern Iraq in the Kurdish area for more than three years.

Since that time all of our programs have expanded considerably (see attached Quarterly newsletter). I am now running a gender-based violence protection program in six Iraqi provinces, working with local partners to provide legal representation and social services including mediation to victims of gender-based violence in the criminal justice system and in the Personal Status Courts. Many women who suffer severe forms of gender-based violence including forced marriage, domestic violence, sexual abuse, and sex trafficking find themselves wrongly charged with criminal activity, or charged but without adequate legal representation, facing threats of honor killing or other violence. These are the women and girls our program is assisting.

We are now also running a regional counter-trafficking program to assist Iraqi victims of human trafficking – mostly women and girls – and mostly victims of sex trafficking, both inside Iraq and in the region. We are assisting foreign women from Ethiopia, the Philippines or other countries who are trafficked in northern Iraq. We are preparing to open the first trafficking shelter in northern Iraq that will serve female victims of human trafficking throughout the country, as well as possibly foreign women trafficked into Iraq in need of repatriation assistance.
Global Health

My motivation from my work comes from many sources. It comes primarily from our clients who remind me that they are no different from those of us who live lives free from violence, and that we struggle together to end the injustices that they have suffered. I have been inspired by my parents and my grandmother, Goolshen Minwalla, who committed to doing good to help others and always give, or gave, so much of themselves to help those who were less fortunate. I believe that no individual should be forced to live a life of oppression and subjugation, and that women and girls should be as free as their male counterparts to pursue their dreams whatever they are without being held back because of their gender. It is not easy work but it is rewarding, and for each individual that we help it changes their lives, often in very significant and dramatic ways. Each case and new situation motivates me to keep doing the work that I love. I have had the privilege of working with amazing people in my career so far and expect to find many more as I continue.

Country Director for Iraq, representing Heartland Alliance, Chicago.
Regional Director Gender Based Violence - Middle East
sminwalla@ha-iraq.org.

Genetics of Heart Disease- Perspective from Family-based Studies

Cardiovascular disease (CVD) or heart disease is the number one cause of death in the world. In 2005, about 17.5 million people worldwide died from heart disease, and around 80% of them were from low and middle-income nations. While US death rates from heart disease have decreased by around 29% between 1996 and 2006, the prevalence of heart disease in the US remains high. Even ethnic groups with historically low heart disease rates, such as Mexican Americans, South Asians, and genetically isolated populations such as American Indians and Alaska Natives have seen an increase in the incidence of heart disease over the last decade. The prevalence of heart disease in Asian Indians, in general, is higher than people of other ethnic origins, with around half of the heart attacks occurring under the age of 50 years. This recent increase in the incidence of heart disease in many populations may be due to changes in lifestyle and diet patterns, as well as changes in genetic factors. The key factors that increase the risk of heart disease include high blood pressure, type 2 diabetes, increased weight, waist circumference, blood levels of cholesterol and triglycerides and low blood HDL (also known as good) cholesterol, and family history.

Family history, reflecting the genetic background of an individual, in combination with the influence of environmental, behavioral, cultural and socioeconomic conditions, is considered to be a key predictor of disease risk. For instance, according to a Minnesota Department of Health Fact Sheet, an individual who has at least one parent or a sibling with heart disease has a twofold increase in the risk of heart disease when compared to the general population. Similarly, family history of diabetes, gout, high blood pressure or high blood cholesterol also increases the risk for heart disease. Given the importance of family history in heart disease risk, studying families and their disease patterns is the first step in understanding the genetic control of the disease.

In order to understand the genetic origins of disease, we must first identify the genes that impact disease risk, and then investigate how the identified genes interact with our environment to affect the disease. The methods used to identify genes that control disease risk can broadly be classified into family-based and case-control studies. Case control studies attempt to investigate differences in the genetic make-up of people with disease and those that are healthy. Family-based studies attempt to investigate the gene regions that are transmitted in families.

Several family-based studies have been conducted in various population groups worldwide and have been very useful in identifying locations on chromosomes that harbor genes affecting various diseases. Southwest Foundation for Biomedical Research (SFBR), San Antonio, has initiated and continues to work on several family-based studies in an effort to identify genes affecting heart disease and other complex diseases. These include the San Antonio Family Heart study (SAFHS), Genetics of Coronary Artery Disease in Alaska Natives (GOCADAN), Strong Heart Family Study (SFHS), and the recently initiated Genetic Research in Parsee (GRIP) study.

Each of these studies focuses on identifying the genes impacting the development of heart and other complex diseases in understudied populations. The San Antonio Family Heart Study (SAFHS), an ongoing family-based genetic study initiated in 1991, is focused on the Hispanic community in San Antonio, TX. Heart disease is the leading cause of mortality in Mexican-Americans. In addition to heart disease, Mexican-American population also has high prevalence of obesity and diabetes.

The Genetics of Coronary Artery Disease in Alaska Natives is another family-based genetic study pursued by SFBR. While this population traditionally had low rates of mortality due to heart disease, during the past two decades, it has seen a rapid increase in mortality due to heart disease. It is thought that changes in diet and physical activity patterns may have been interacting with genes to increase their susceptibility to heart disease. The Strong Heart Family Study focuses on another
understudied population with high rates of heart disease, the American Indians.

These long term studies have generated a wealth of data on the demographic as well as physiological measures including blood pressure, glucose, cholesterol, height, weight, waist circumference, etc. Several chromosomal regions affecting heart disease and its associated risk factors (obesity, diabetes, hypertension, etc.), have also been identified as a result of these studies.

SFBR has recently initiated a new research study focused on Parsi Zoroastrians living in Texas. Recent studies have shown that the Parsi community has experienced increased prevalence of diabetes, stroke, hypertension and cardiac problems in the past years. However, it is not known whether this increase is limited to Parsis living in India or whether the same trend has been observed in Parsis settled in the US. The Genetic Research in Parsis study aims to investigate the influence of genetic and environmental factors on the risk factors for heart and other complex diseases, initially focusing on those living in Texas, and will be a prelude to a major population-based genetic-epidemiological study aimed at studying disease risk factors in Parsis residing in US and Canada. As a result of this study, we expect to identify chromosomal locations that contain genes and their interaction with environmental factors that might be influencing heart and other complex diseases.

During the initial phase of the GRIP preliminary study, we plan to collect data about demographic and physiological measures, dietary patterns, and health conditions from approximately 400 individuals from the Parsi community in Texas. During the first few months of this data gathering effort, we have collected information from around 60 individuals living in and around Austin, Dallas and Houston. We hope to collect data from a total of around 150 individuals by the end of the 2010 calendar year.

We have also commenced preliminary analysis of the data collected to date. While the size of the data set (60 individuals) is too small to draw any inferences, we have noticed some interesting trends. The age of the participants ranged from 27 to 83 years, comprising of 44% men and 56% women. While the weight and blood pressure appear to be higher among men, women seem to have greater amounts of body fat and higher prevalence of diabetes. Overall around 30% of the participants were diabetic and 26% had high blood pressure (hypertension). Both diabetes and hypertension increase the risk of heart disease.

Weight is another important risk factor for heart disease. The weight distribution of the participants shows that around 19% of the participants are within the normal weight range, around 59% are overweight, and 19% are obese. While the weight ranges and distribution in Parsis appear to be lower that the general US population (2007-2008 National Health and Nutrition Examination survey shows that in US adults of ages 20 years and more, 34.2% are overweight, 33.8% are obese, and 5.7% are extremely obese), this pattern may indicate the need for greater awareness and attention to this area.

While the above preliminary indications are interesting, we would like to emphasize that it is too early to draw any meaningful inferences. We are continuing our efforts to collect the necessary data from a larger number of individuals and need the continuing support and participation from the Parsi community in Texas.

In addition to analyzing the demographic and physiological measures, we have begun a preliminary analysis of the data related to dietary and physical activity patterns. We are also in the process of putting together the pedigree (or genealogical) information of the participants. Analysis of the pedigree information together with demographic and physiological measures will help us understand the impact of genetic factors on disease risk in the community. Examining the genetic factors in correlation with information related to diet and activity patterns will help explain the impact of the environmental factors on disease risk.

In summary, the development of heart disease is influenced by genes and their interaction with the changing lifestyles, specifically physical activity and diet. Although heart disease is often fatal, it is highly predictable, preventable and treatable based on the knowledge that we gain from genetic studies. We look forward to the enthusiastic participation and continued support of the Parsi community in our effort to study disease risk in this community.

Dr. Saroja Voruganti is a Staff Scientist in the Department of Genetics at Southwest Foundation for Biomedical Research, San Antonio, Texas. She received her PhD from the University of Texas at Austin, Austin, Texas. Her research is focused on identifying genetic factors and the effect of their interaction with environmental factors on complex diseases, specifically heart disease. She is involved with several family-based genetic studies focused on understudied populations, including American Indians, Alaska Natives and Parsi Zarathushtis.
Cardiovascular Disease in Zarathushtis. –Are we at increased risk?

Kaizeen C. Mody, Armaity Vaghaiwalla Austin, MD, MPH, FAAFP, and Freny Vaghaiwalla Mody, MD, FACC

STATISTICS OF CARDIOVASCULAR DISEASE (CVD)
IN NORTH AMERICA FOR GENERAL POPULATION VERSUS THAT IN ZARATHUSHTIS.

Cardiovascular disease (CVD) is a group of medical disorders of the heart and blood vessels that include arteries and veins. The cardiovascular disease entails not only diseases of the heart and coronary arteries of the heart, but also arteries to other major organs such as the brain (from cerebrovascular disease – “stroke”), and peripheral arterial disease from arteries supplying the limbs (resulting in “gangrene”). The most common CVD arterial disorder (present in 1 of 4 North Americans and possibly 1 of 3 Parsee adults) is simply a high blood pressure in the arteries, referred to as “hypertension”.

Venous CVD are usually from blood clots in veins resulting in deep vein thrombosis in the legs and clots in pulmonary veins that travel or “embolize” to the lungs.

Diseases of the heart can be from various ailments to components of the heart and include: valves, heart muscle, rhythm disorders from improper electrical conduction of the heart.

CVD is the number one killer in North America and also globally in the general population. The World Health Organization (WHO) estimate for deaths from CVD in 2004 was 29% or 17.1 million annual deaths globally due to CVD. Higher rates and absolute numbers are projected in the future. The most common forms of CVD deaths are heart attacks resulting in 7.2 million and strokes resulting in 5.7 million deaths which combined constitute approximately 75% of CVD deaths. (1)

Similar to the global population trends, CVD is also the number one cause of death in Zarathushtis of Iranian or Indian (Parsees) background, and similarly the specific CVD resulting in most mortality are heart attacks and strokes.

Epidemiologic data on CVD for Parsees for comparison to non-Zarathushti Western populations is only present for hypertension and stroke (2,3). In a large study of 14,000 Parsees by Bharucha et al (2), the prevalence rate of stroke per 100,000 population (~1%) was similar to the rate in US studies. Unfortunately, due to the small size of our community and resources directed in other direction, a paucity of formal data on Zarathushtis is available on the prevalence or mortality rates in other CVD besides strokes. No gene-specific disorders of CVD that cause cardiomyopathy or congenital birth heart defects have been identified amongst Zarathushtis of Iranian or Indian background despite extensive literature searches. (Neurologic diseases, in comparison – but not the topic of this publication - may be greater in Zarathushtis compared to the general population).

The greater longevity in Parsees of India, noted in census data from India bodes well. As a community we are overall blessed with good genetic make-up without a predilection for premature atherosclerosis with few exceptional cases. So cheers to that fact and let’s raise our one glass of wine a day (no more!) which in clinical studies has shown to reduce cardiovascular disease!!

Zarathushti women especially should be aware that despite the high prevalence of breast cancer in our community, deaths due to CVD in Zarathushtis are many fold that of breast cancer and as such, the community, needs to address and direct the major portion of resources diverted to health to reduce cardiovascular disease and the risk factors that predispose to it.

PREVALENCE OF RISK FACTORS LEADING TO CVD IN GENERAL POPULATION VS. ZARATHUSHTIS.

CVD is at least as prevalent amongst Zarathushtis as the general population. The lifestyle of Parsees in India includes high fat content and salt, predisposing us to obesity, high cholesterol, hypertension and diabetes – all risk factors for heart disease. Fortunately, smoking frequency is low amongst Zarathushtis compared to the general population, which is a major protective factor for coronary disease and strokes. Scientific data via epidemiology studies is lacking to elucidate the propensity for specific risk factors amongst Zarathushtis except for hypertension.

A small but well designed survey by Bharucha et al (3) of approximately 2,500 Parsees in India showed a 34% prevalence of hypertension which is higher than the 25% seen in the USA NHANES trial. However, the increased prevalence noted when compared to Western difference may be related to the small sample size of the study. Because there is irrefutable data that vigilant treatment of high blood pressure, will reduce stroke rate, the most concerning data that came from Bharucha’s study was the alarmingly high rate of Parsi subjects who were unaware that they had hypertension (approximately 50%), and even more disappointing was the high noncompliance with medication (36%) with the result of only 14% being optimally controlled to recommended level of blood pressure that confers reduced stroke rate and improved survival. The study offers an opportunity for education and improvement of health for the Zarathushti community, especially since studies from Bharucha (4) show that hypertension in Parsees with strokes due to cerebrovascular disease is twice that of age-matched case controlled Parsees who have not suffered a stroke.
Epidemiological data on the associated risk factors that often coexist (obesity, diabetes, sedentary lifestyle and the subsequent metabolic syndrome resulting in lipid disorders) is not available for Zarathushtis living in India, Iran or North America. Such studies are however being proposed (5) and are imperative for planning informed and cost-effective programs with the highest chance of optimizing the cardiovascular health of the community.

DETECTION AND DIAGNOSIS OF CVD IN ZARATHUSHTIS.

Cardiovascular disease can result in unheralded sudden death not preceded by any symptoms. As such attenuation of these risk factors and early detection are the best strategies to reducing deaths due to CVD. The high frequency for lack of awareness of hypertension noted by Bharucha et al, reinforces that Zarathushtis need to obtain regular health check-ups since High Blood Pressure usually does not present with symptoms. “Health fairs” that screen for risk factors of hypertension, diabetes and high cholesterol by easily obtained on-the-spot result tests at Zarathushti get-togethers would identify those at high risk and addressing these risk factors would result in a healthier community with better survival from CVD.

In addition to “check-ups” in any venue (doctor visit, health fair), knowing the symptoms of CVD and seeking prompt medical attention with appropriate tests available in medicine improves the outcome of those with the disease.

Often heart attack or stroke may be the first warning of underlying atherosclerosis (cholesterol plaque build-up) in blood vessels to the heart or brain. Symptoms of a heart attack include: pain or discomfort in the middle of the chest (near mid-sternum or “breast bone”). It is not uncommon to have associated symptoms of pain or discomfort in the arms, the left shoulder, elbows, jaw, or back. And these associated symptoms may be present alone without the chest pain. In addition the person may experience shortness of breath; nausea or vomiting; feeling light-headed or faint; breaking into a cold sweat; and becoming pale. Women are more likely to have the latter symptoms without the chest pain as manifesting symptoms of a heart attack.

The most common symptom of a stroke is sudden weakness of the face, arm, or leg, most often on one side of the body. Other symptoms include sudden onset of: numbness of the face, arm, or leg, especially on one side of the body; confusion, difficulty speaking or understanding speech; difficulty seeing with one or both eyes; difficulty walking, dizziness, loss of balance or coordination; severe headache with no known cause; and fainting or unconsciousness.

People experiencing these symptoms should seek medical care immediately because early treatment reduces organ damage (less neurologic deficits such as paralysis in stroke). The benefit of early treatments with blood clot dissolvers in patients with stroke or heart attack, and opening coronary artery blockages with stent in patients with a heart attack is exponentially reduced with delay in presentation after onset of symptoms. “Time is muscle” and “time is brain” as they say in management of heart attacks and strokes respectively. Don’t delay!

When symptoms of chest pain or associated symptoms (especially breathlessness) occur with exercise and go away with rest, heart disease must be suspected. Tests to detect coronary artery blockages (treadmill tests, nuclear isotope heart perfusion scans) need to be done to determine the need for revascularization with bypass surgery or angioplasty. In High Risk patients (diabetics, elderly) a Coronary Angiogram may be indicated. Though 75% of CVD in developed countries of North America are due to coronary and cerebrovascular artery disease, resulting in heart attacks and strokes respectively, predominant symptoms of breathlessness with exertion and swelling of lower extremities often reflect other types of heart disease such as valvular disease or cardiomyopathy ( disease of heart muscle). See diagram below for various structures of the heart and the correlating ailment in parenthesis). For such ailments of the heart, the diagnostic test of choice is an echocardiogram (ultrasound of heart) and is usually the preliminary test. One should be proactive and discuss the need of this test with the physician if shortness of breath persists. Don’t delay! Don’t minimize symptoms!

Palpitations, light-headedness, and fainting can be manifestations of very serious heart disease that can result in sudden death. Thus prompt medical attention to delineate the cause should be sought.

THERAPEUTIC ADVANCES IN CVD.

Survivors of a heart attack or stroke are at high risk of recurrences and at high risk of dying from them. The risk of a recurrence or death can be substantially lowered with a combination of drugs – known as “statins” to lower cholesterol, and drugs to lower blood pressure, in addition to aspirin which is recommended in men over 45 years and females over 55 years unless they have uncontrolled high blood pressure.

Coronary artery angioplasty and stenting is very successful in reducing symptoms of angina (chest pain due to reduced blood flow to the heart) and improves survival in acute heart attacks if done promptly after symptoms occur. Bypass surgery is done in selected patients for symptom relief and improved survival.

The treatment of “cardiomyopathy” “stiff heart “ is initially medical therapy, which is helpful in relieving of symptoms and also improving the pumping function and healing of the heart. Death rate has been reduced cumulatively by 35- 50% with combinations of various classes of medications. Because patients are also prone
to sudden death from an irregular rhythm in the pumping chamber of the heart, defibrillator therapy (internal shocking back to normal rhythm) is utilized extensively in the USA but more sparingly in the remainder of the world due to its high cost. Ultimately, if the medications do not relieve the symptoms of cardiomyopathy or “heart failure” with recurrent and refractory congestion of the lungs, heart transplant may need to be considered.

The scope of this article precludes a description of various other invasive therapies including pacemakers, valve surgery and cardiac transplant.

In diagram on pge 90 below for various structures of the heart and the correlating ailment/treatment in parenthesis).

STRATEGIES FOR PREVENTION OF CVD, REDUCING CVD MORTALITY AND RISK FACTOR MODIFICATION IN ZARATHUSHTIS.

Despite the best of technologies and advances in medical and surgical treatment for CVD, the most effective strategy that is proven to reduce CVD in a population is prevention and MODIFYING the risk factors that lead to atherosclerosis and in turn heart attacks and strokes. This is hardly a surprising conclusion from repeated studies, given that behavioural risk factors leading to atherosclerosis (such as tobacco use, unhealthy diet and physical inactivity- all modifiable by lifestyle choices) are responsible for 4 out of 5 heart attacks and strokes.

There is a need for increased community resource investment to generate more Zarathushti specific data for both identification of risk factors and treatment efficacy for managing risk factors.

Each risk factor and approach to management of that risk factor is outlined below.

HYPERTENSION: Keeping Blood Pressure (BP) if elevated, in line will cut your risk of having a cardiomyopathy (heart failure) by HALF and stroke by 25% . Monitor your BP and if elevated modify factors contributing towards it, such as excess salt (or sodium) intake, stress, overweight. Ditch the salt shaker, and more importantly avoid canned foods, processed foods and preserved foods that contribute to 75% of salt intake. Sodium causes water retention-makes your weight spike, causes puffiness and swelling and increases your risk for high BP which can lead to heart and kidney disease.

OBESITY: National Institute of Health states a WAIST measurement of above 35 inches for women and 40 inches for men no matter how much you actually weigh is an unhealthy sign of visceral fat. Visceral fat is dangerous as it plays a role in inflammation. By eating the wrong kinds of fats, high fructose corn syrup, inappropriate management of stress, not getting enough exercise, and 1) Kaizeen Mody, an undergraduate student at University of California at Los Angeles (UCLA). is in her senior year, majoring in Physiological Sciences is also involved in endocrine research. Her future goal is to pursue a career in Medicine

2) Armaity Vaghaiwalla Austin, MD, MPH, FAAFP is family practice physician in Phoenix, Arizona, and an Associate Clinical Professor at University of Arizona College of Medicine. She was the Past President, Arizona Academy of Family Physicians, and was the Medical Director of the Homeless Shelter Clinic in Phoenix, committed to serve the indigent and underserved population. Recipient of Tribute to Women “Healthcare Healer Award” from the YWCA and Finalist for “Healthcare Heroes Community Outreach Award” from the Phoenix Business Journal in recognition for providing free medical care to uninsured children and families. Her interest in medicine includes Biomedical Ethics, Quality Improvement and Integrative/ Holistic Medicine.

3) Freny Vaghaiwalla Mody, MD, FACC, Professor of Clinical Medicine at University of California, Los Angeles (UCLA) and Chief of Cardiology at Veterans Affairs, Greater Los Angeles Health Care Systems, the Director of the Nuclear Cardiology Imaging Section, Advanced Heart Failure and Heart Transplant Clinic and the Heart Health Clinic (a preventive cardiology clinic for patients who have suffered from heart attacks). Dr. Vaghaiwalla Mody is a national and international speaker and educator in heart failure and preventive cardiology. She is also a Visiting Professor in Japan and Director of the Clinical Research Center at Asahi General Hospital, Asahi, Japan. She has over 50 publications in major journals and is the recipient of community (American Heart Association Grass Roots Effort Award), and educational awards (UCLA Award of Excellence in Education) and nominee for “Women of Courage” award from ABC local television in Los Angeles.

3) Armaity Vaghaiwalla Austin, MD, MPH, FAAFP is family practice physician in Phoenix, Arizona, and an Associate Clinical Professor at University of Arizona College of Medicine. She was the Past President, Arizona Academy of Family Physicians, and was the Medical Director of the Homeless Shelter Clinic in Phoenix, committed to serve the indigent and underserved population. Recipient of Tribute to Women “Healthcare Healer Award” from the YWCA and Finalist for “Healthcare Heroes Community Outreach Award” from the Phoenix Business Journal in recognition for providing free medical care to uninsured children and families. Her interest in medicine includes Biomedical Ethics, Quality Improvement and Integrative/ Holistic Medicine.
carrying a significant amount of weight you are creating a state of “low grade inflammation”.

One particular indicator, C-reactive protein (CRP) is a useful marker of the level of inflammatory markers in your bloodstream. Elevated CRP levels are associated with obesity related disorders and is a risk factor for coronary artery disease. Diets rich in fruits, vegetables, and Omega-3 Fats (fish) have significant reductions in level of CRP. Weight loss does not have to be huge to be clinically significant, even a modest loss of 5% -10% of total body weight can have major health benefits.

LIPID (blood fat) DISORDERS: There are several types of cholesterol, concentrate on two--namely HDL and LDL.

LDL is known as “Lousy or Bad” cholesterol because it builds up on artery walls and leads to increased risk for stroke and CVD. American Heart Association considers optimal LDL level BELOW 130mg/dl in most people who do not have heart disease, < 100 mg/dl in those at high risk, and < 70 mg/dl in those with established CVD. Lower the LDL by avoiding trans fats (hydrogenated oils, fried and processed foods).

HDL is the “Healthy or Good” cholesterol. It transports the LDL out of the bloodstream to the liver for processing and excretion. High HDL (greater than 60 mg/dl) gives protection from heart disease. Increase HDL by exercise, increased activity and high flavonoid foods (a glass of red wine, tea, and other foods). Yes, you read that right – one glass of wine a day (no more!).

Your physician can assess CV Risk by the Ratio of Total cholesterol to HDL and if under 3.5 consider it excellent.

SEDENTARY LIFESTYLE: Modern lifestyle has made us more sedentary. Limit TV/Video watching to less than 2 hours per day, and try to attain at least 30- to 45 minutes of moderate intensity of physical activity daily. Exercise benefits all risk factors for CVD and dividing the 30-45 minutes into 2-3 sessions a day confers as much benefit also.

DIABETES: Diabetes increase by ten-fold the risk of CVD. Optimal control of blood sugars with good nutrition, regular exercise and compliance to medications is key to help prevent strokes and heart attacks.

So the practical distillation of the recommendations of the American and Canadian Heart Association for the Zarathushtis is to put more dollops of salt free “cachoober” to our smaller size plate of “dar-chawal”, have grilled fish instead of “tarelli machhi”, wash it down with a glass of red wine and then go for a brisk walk! And we need to assimilate more with our Iranian brethren, for many reasons, including a change of our eating habits to include larger portions of fresh fruit and vegetables—mainly cucumbers!

Here’s to our good health! Salud!

**Figure 1:** Legend. Diagram of heart showing different internal components. **BOLD** font indicates disease associated with structure and small regular font the therapeutic intervention. Coronary arteries located on the external surface are not shown. Atherosclerosis is the disease associated with them and medical therapy, angioplasty or bypass surgery is the therapeutic management used to manage the ailment.

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There are very few things still in use from the 1930’s. However, you will be surprised to know that some scientific methods used then to test the toxicity of chemicals are still being used in 2010.

My life changed when I was in seventh grade and I learned about the ways animals are used in laboratories for chemical testing. At that point my response to the photographs and undercover investigation videos I witnessed was purely emotional and I knew in my heart that there had to be a better way to do things. From that point forward I knew I had to research and work with scientists who, in fact, know there is a better way.

Before I proceed let me share some definitions to ensure we are on the same page: toxicology is the study of the adverse effects of chemicals in living organisms, toxicity is the degree to which a substance is toxic, and toxicity tests (aka toxicology tests or safety tests) attempt to measure the degree of toxicity – this is where the animals come in. Toxicity tests are conducted for just about everything imaginable; from household products like the hand soap in your bathroom and the spray you use to keep the countertops clean, to pesticides (both the weed killer we all have in our garages, as well as industrial pesticides used by agricultural farmers), to food additives such as the food coloring we use to make our rice yellow for biryani, to industrial chemicals like ones in vinyl and adhesives, to cosmetics, and much, much more. In most countries new drugs (pharmaceuticals), developed for treatment of human diseases, are required by law to be tested on animals - even though there is controversy around this practice. Therefore, for the sake of this article, I will not include them in the scope of the toxicity tests I reference.

Animals are used to test the toxic effects for anything from skin and eye irritation, to carcinogenic effects, to inhalation and oral exposure, and so much more. Toxicity tests are usually performed on animals, including rabbits, rats, mice, dogs, cats, primates, hamsters, birds, fish, and more. Tests are performed by exposing animals to very high doses of chemicals — often at levels 100 to 1,000 times higher than humans would typically be exposed to.

I want to be clear that “testing on animals” does not imply rubbing shampoo on the fur of rabbits, but administering the active ingredients and finished products on animals using various means such as: through the stomach with a tube, directly into the eyes while the eyelids are clipped open, pumping a cage barely larger than an animals body full of gaseous material, to name only a few examples. The photo on the left is an example of a skin corrosion test. The animals in these tests are always restrained, and they are always conducted without the use of anesthesia because it is said to potentially alter the results.

The tests last from a few hours, to several days or months, to animals’ entire life spans. The animals are then observed for toxic effects, including vomiting, diarrhea, convulsions, respiratory distress, weight loss, rashes, salivation, paralysis, lethargy, bleeding, organ abnormalities, tumors, and, ultimately death. In some tests, animals are exposed to chemicals and then bred with other animals; these animals are then observed for harm to the reproductive system, or their babies are observed for birth defects (PCRM, 2010). Add all this up and we are talking of hundreds of millions of animals every year worldwide.

Fortunately, the law in the U.S. does not require toxicity tests be conducted on animals; in fact, our friends in the EU have begun phasing out animal tests. However, companies choose to use them to protect themselves from legal liability. Additionally, until recently, each country would test a single chemical within its own borders, even if data existed elsewhere, increasing the number of animals used in duplicative tests; however, there is movement on harmonizing these efforts at an international level.

Many scientists agree that not only are these practices inhumane, but the results do not adequately correlate to human safety as we define it in the twenty-first century. To use the results of animal tests (methods that were developed in the 1930s, 40s and 50s) scientists assume that nonhuman animals respond to chemicals exactly as humans do. However, that basic premise is often incorrect. All animals do share some basic
fundamental elements, but the details of how chemicals react in the body differ greatly from species to species. In fact, scientists are finding major differences between results of tests conducted in rats and mice – two animals that share much more biology than humans and mice/rats.

Another caveat is the financial element of animal testing. A series of tests for one chemical costs around $6 million and can take up to three years to plan conduct, and summarize, where as nonanimal in vitro (or cell culture) tests takes about $25,000 and a matter of weeks to conduct (ibid). In vitro tests are designed to assess the toxicity in humans at a molecular level, do not use live animals, are far more effective in giving reliable results applicable to humans, they are cheaper, and are the fastest growing nonhuman method of toxicity testing. The photo above is assessing the toxicity of a chemical in a human-relevant in vitro test tube, as opposed to live animal.

An example of a nonanimal in vitro dermal test includes using excess skin cells from surgical procedures to construct a three-dimensional layer of skin that closely mimics the properties of human skin. Chemicals, or products, are then applied to these skin models to assess the potential for skin damage when used in industrial or consumer applications. What better way to test chemicals for human skin than on human skin? Human cell cultures, tissue studies, and artificial human "skin" can more closely mimic the human body's natural properties and responses, and provide a more ethical alternative to using animal bodies.

In 2007, the National Academy of Sciences through the National Research Council published a report titled Toxicity Testing in the 21st Century: A Vision and A Strategy. This study, funded and supported by U.S. governmental organizations such as the Environmental Protection Agency and the National Institutes of Health, state that the future of toxicity tests reside in in vitro testing.

Nonanimal models to test for toxicity are being developed and validated at a State level throughout the world. The EU is home to the European Center for the Validation of Alternative Methods, the US has Interagency Coordination Committee on the Validation of Alternative Methods that is hosted through the NTP Interagency Center for the Evaluation of Alternative Toxicological Methods, Japan promotes nonanimal methods of testing through the Japanese Center for the Validation of Alternative Methods, and at a cooperative level the Organisation for Economic Co-operation and Development validates methods that all member counties (most industrial countries in the world) may adhere to.

In our religion one can point to numerous sources calling for compassion toward each other, animals and the planet. In our most simple and basic prayer “Ashem Vohu” we recite that the individual responsibility toward our selves and society is paramount. In our most basic tenant: Humata, Hukhta, Hvarshta we remind ourselves to have good thoughts, words and deeds. In the Gathas (33) we read that justice is the foundation of civilized society. All of these teaching and obligations combine to make it impossible for a Zarathushri to ignore injustice when we see it. My job as a Zarathushri is to expose the plight of animals and I hope you agree this injustice should not stand especially where viable alternatives exist.

With the first decade of the 2000s coming to a close it is time for the general public, scientists, and government regulators worldwide to move into the twenty-first century. Significant progress has been, and is being, made at an international level and the time is now to protect ourselves, animals, and the environment for the betterment of humanity.


ARYENISH BIRDIE IS A MEMBER OF THE FEZANA UN/NGO TEAM

Aryenish Birdie is a native of Lawrence, Kansas. With a degree in Sociology and Philosophy she wrote her thesis on the interconnections and intersectionality of human and nonhuman oppression. She has been interviewed by numerous media sources to discuss animal rights including: Pakistan's Dawn News The First Blast, CNN's Anderson Cooper 360, and National Public Radio for New England. She is currently consulting with the Physicians Committee for Responsible Medicine.
Ever wonder what all this talk about antioxidants is really all about? Well here’s your chance to learn more! Let’s get started.

The average adult inhales and exhales something like 7 or 8 liters of air per minute – that’s about 550 liters of pure oxygen per day. Within our bodies there are trillions (that’s millions of millions) of cells that rely on that oxygen to produce energy allowing our bodies to do work. However, during the process of oxygen consumption, waste products are produced that can be harmful to the body. These substance known as ‘free radicals’, are produced all over the body, including the skin, heart, and lungs, causing major health problems such as heart disease, macular degeneration, diabetes, and cancer to name a few.

We do have a system in place in our bodies to combat these harmful substances, but sometimes it just gets to be too overwhelming. That’s where outside sources of antioxidants come to play a role. Antioxidants are nutrients (vitamins and minerals) as well as enzymes (proteins in your body that assist in chemical reactions) which can prevent or slow the oxidative damage in our body. Vitamin E, vitamin C, selenium, and beta carotene are some of the most commonly known antioxidants and can be found naturally in various types of plant foods. For a lot of people, when they hear the word “antioxidants,” they think of blueberries and pomegranates. But what about ordinary spices we Zarathushtis use in our daily foods? Below is a list of 5 spices that will transform the way you feel, look, and live – trust me!

Cinnamon. When it comes to antioxidant power, cinnamon has just as much effect as blueberries and pomegranates, if not more. Half a teaspoon of cinnamon has the same antioxidant effect as half a cup of blueberries. Now that’s power!

Ginger. Ginger is a tropical spice derived from the ginger root that gives off a citrus-like flavor. For centuries, ginger was used as a natural remedy for a variety of conditions, including upset stomachs, nasal congestion, and pain relief. And now we know it has just as much antioxidant power as a cup of spinach!

Oregano. Out of all the dried herbs, oregano has one of the highest antioxidant levels. Just one teaspoon has as much antioxidant power as three ounces of almonds and a half a cup of chopped asparagus! There is no wonder why oregano literally translates to “joy of the mountain” – because you’ll feel so good after adding a little to your next meal.

Cayenne. Beyond helping you control your appetite, a little bit of cayenne peppers on your next meal will crank up the antioxidants in your body. These peppers contain capsaicin, a cancer preventative that can heat up your next meal. Just be careful, too much of a good thing can be bad. Adding too much cayenne can give you some nasty heartburn.

Turmeric. A spice we Zarathushtis know all too well. This deeply hued spice found in yellow curry is a concentrated source of antioxidants. Each teaspoon of curry powder, which has a blend of turmeric inside, has just as much antioxidant power as half a cup of red grapes. Some studies have found that topical use of turmeric powder can help heal skin infections.

It is impossible to avoid damage by free radicals because quite simply they’re everywhere – coming from both inside and outside our bodies. The ones from inside are produced by normal process of aerobic respiration, metabolism, and inflammation. The ones from outside are produced by environmental factors such as pollution, sunlight, strenuous exercise, X-rays, smoking and alcohol. One thing we can do though is to improve the way we eat our meals. Try incorporating these five spices into your life. I have a feeling you’ll live a lot better from now!

Dr. Nikan H. Khatibi is a certified medical physician currently completing his specialty training in anesthesiology at Loma Linda University Medical Center in Southern California. He graduated from the University of California, Irvine with a Bachelor in Science in 2004 followed by earning his Masters in Business Administration in 2005 and Medical Degree in 2009. Since the 90’s, Dr. Khatibi has immersed himself in the Zarathushti community. He has served as President of the Youth of the California Zoroastrian Center, Co-Director of Next Generation Now, and Chief Editor for the Youthfully Speaking section of the Fezana Journal. In 2007 he was appointed Chairman of the Zoroastrian Youth of North America. He has spoken at many conferences and congresses around the world spreading the message of inspiration and leadership amongst the Zoroastrian youth community. In the future, Dr. Khatibi would like to continue his public service by taking on a position as a member of the United States Congress.
Across most of the world, there are increasing demands on health care systems to provide an enhanced array of goods and services to an aging population. Whereas in the past health care systems may have focused more on acute medical problems, today’s system must struggle with management of chronic conditions (such as diabetes, asthma, or cardiovascular illnesses) which typically require a complex array of medications, diagnostic tests, and interventions by a team of health care professionals.

The way in which health care services are funded varies considerably across the developed world. In some countries, the public sector is primarily responsible for health care delivery and services are paid for through a combination of general taxation and user fees. In other countries, the private sector may be more involved in delivery of services with individuals purchasing insurance or paying for health care with their own money. In yet other countries, a combination of private and public delivery of health care co-exists (see Figure 1 and 2 for international comparisons). While there is abundant data comparing advantages and disadvantages of these approaches, there is little consensus amongst policy experts, health care professionals, or individual patients as to what type of funding model is most effective and, in the longer term, most sustainable. In all systems, however, there is a growing awareness that costs continue to escalate while the ability to pay for new services, medications, and health care innovations becomes increasingly constrained. Being able to afford the level of care we enjoy today – let alone the levels of care we anticipate needing in the future as the population ages - is a central concern and a political “hot potato”.

A key driver of health care costs in most countries are the salaries paid to health care providers. While everyone would agree that a well-educated and competent health professions workforce is essential to the success of a health care system, labour costs continue to grow as demand for services increases; in most countries, labour costs now account for more than 60% of all health care expenditures. There is a growing recognition that one way of ensuring a sustainable health care system is to control the costs associated with those who work within the health care system itself: the physicians, nurses, pharmacists, physical therapists, occupational therapists and other health care professionals who provide care must be reasonably compensated for their services but in a way that does not bankrupt the system or citizens who support it.

It has been suggested that one way of approaching this dilemma is to ensure that each health care professional practices up to their maximum scope of practice. The fact that most health care systems rely heavily on physician expertise for diagnosis, treatment, monitoring and follow up means that the most highly educated – and highly paid – member of the health care team may, in fact, be performing activities that could be more effectively and efficiently undertaken by another health care professional. For example, consider the annual physical examination: could a suitably trained nurse or nurse practitioner be assigned this role with the understanding that their main job is to identify problems and refer to a physician, rather than have the physician himself/herself perform the examination? If this were possible, the system may become more efficient and effective as the skills and knowledge of both physicians and nurses may be more rationally utilized.

The United Kingdom is leading the way in addressing health system costs issues through scope of practice reviews. For over a decade, the National Health Service (NHS) has been implementing programs to encourage health care professions to optimize their scope of practice. Today, in the UK, there are pharmacists who prescribe medications, physical therapists who order and interpret x-rays, and nurses who perform minor surgical procedures without direct supervision of a physician. In most cases, these individual health care professionals have received additional training to support these advanced practice roles. Data from the NHS suggests that having other health care professionals perform activities traditionally associated with physicians results in no change in health care outcomes for patients, but cost savings to the health care system as a whole. By having non-physician health care workers undertake some of these activities, it allows physicians (and in particular general practitioners) to focus on more complex patients and situations that are more appropriate for their more advanced training and education. In the process, the system becomes more rational, health care professionals are working to an optimal scope of practice, and overall costs for the same level of care are reduced.

This evolution in scope of practice for health care professionals is not simple to implement or universally accepted. The reality is that many individual patients may prefer to have a family physician complete an annual physical examination, prescribe medications, and order and interpret laboratory tests. This preference, however, comes at a significant cost to the health care system as a whole. Within the UK, there has been considerable effort to ensure the public understands why “new” professionals are performing “new” activities and how this contributes ultimately to a more sustainable health care system for everyone. Another reality is that health care professionals themselves may resist these changes. For some,
expanding scope of practice may be a threat: what used to be the exclusive purview of one profession is now being shared among many professions. There are concerns that this model may lead to diffusion of responsibility: where does the “buck stop” when many different professionals can perform many different activities? For some nurses, pharmacists, or physical therapists, the thought of assuming these new responsibilities is daunting. They may also question why, if they are doing the same work as physicians they are not getting the same pay.

These and other questions continue to emerge as scope of practice reform becomes a more prominent tool to control health care costs and ensure system sustainability. While the UK is amongst the leaders in using this approach, North American health care systems are starting to use a similar model. For example, in many Canadian provinces, scope of practice changes similar to those in the UK are occurring – pharmacists in Alberta are now able to prescribe medications (not simply dispense them), and physical therapists in Ontario will soon be able to independently order x-rays and interpret them. The same inter-professional struggles which occurred in the UK will likely occur in North America as this evolves, but there will be a concerted effort to ensure that ultimately health care outcomes are achieved in a more cost effective and rational manner. Similarly, the acceptability of these changes to patients who may be accustomed to a more physician-centric health care system will need to be monitored closely.

The sustainability of health care systems is of vital interest to everyone, whether they are currently receiving health care or not. An efficient and effective health care system is a cornerstone of a healthy and vibrant society. As our societies continue to age and as individuals must manage chronic, rather than acute, health care conditions, finding ways to ensure our scarce resources (fiscal and human) are used most effectively is essential. Scope of practice reform may be part of the solution to ensuring we can continue to enjoy high quality health care today and in the future.

Zubin Austin BScPhm, MBA, MSc, PhD is Associate Dean – Academic and Associate Professor in the Department of Pharmaceutical Sciences at the University of Toronto. He has published over 65 peer reviewed manuscripts and received over $5 million in competitive grant support for his research. He has received awards for his research from the American Association of Colleges of Pharmacy and the Association of Faculties of Pharmacy of Canada. He has also received the Leadership in Faculty Teaching Award from the Government of Ontario, teaching awards from both Canadian and American health education societies, and has been named Professor of the Year by students on ten separate occasions.

Chest Compression-Only CPR by Lay Rescuers and Survival From Out-of-Hospital Cardiac Arrest


It's a very simplified procedure, requiring only the hands [see video clip]

[See http://tinyurl.com/2fx8r59] 6:00 minutes
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PAYK MEHR, THE FIRST Farsi LANGUAGE PUBLICATION IN CANADA CELEBRATES 25 YEARS.
CONGRATULATIONS TO Dr MEHRABAN SHAHRVINI, THE EDITOR IN CHIEF.

Dr Mehraban Shahrvini and his family immigrated to Canada in 1981 from Iran (after spending a few months in Europe and USA) Vancouver was their city of choice. He graduated from Tehran University as a medical doctor and practiced in Tehran for 26 years as a clinical Medical Director. He was also a professor at the Tehran University School of Nursing where he taught Public Health and Disease Prevention.

From 1960 Dr Shahrvini was a member of the editorial team of "Hookht" magazine which was the premier Iranian Zarathushti society publication with wide spread circulation. He also contributed frequent articles to other socio-economic publications of the time. "I feel writing and journalism has always been in my blood and roots as my late father was also a writer and a poet of his time."

In 1983 with the encouragement of Late Mr Jamshed Pavri Dr Shahrvini started contributing articles in Farsi to the ZSBC newsletter on the philosophy of Asho Zarathushtra and the Gathas. This was very much welcomed and appreciated by the rapidly growing Iranian Zoroasthy community in Canada and the US. And in 1985 this evolved into an independent and separate publication "Payk Mehr". The first issue contained 40 pages, with 5 contributing columnists and was distributed to 14 other cities in Canada and the US. Within 8 years the publication had grown into 215 pages of community news with 40 contributing columnists and distributed to over 150 cities around the world..It was now a quarterly publication which marked the 25th anniversary in June 2010.

In 1998 the multicultural department of the Government of Canada honored Dr Shahrvini with a memorandum of appreciation specially signed by Prime Minister Jean Chretien and presented by the mayor of North Vancouver. He has been the recipient of over 25 awards from various groups and societies, and in 2007 an honorary doctorate in Zoroastrian Philosophy was conferred on him by Spenta University in Mexico.

Dr Shahrvini is married to Simin, his wife of 50 years, has 3 children and 7 grandchildren.

THE FEZANA JOURNAL SALUTES DR SHAHRVINI FOR KEEPING THE PROFUND AND ANCIENT TEACHINGS OF ASHO ZARATOSHT ALIVE FOR 25 YEARS.
ARTIST FIROOZA AUBRY HAS A VERNISSAGE IN MONTREAL

Mumbai born, Firoozyves (Firooza Aubry), after completion of her studies, spent several years in Germany where she worked as a foreign language secretary. It was during this time that she started experimenting with painting on silk and held five solo exhibitions of her work in 1989 and 1990.

In 1990 she returned to India, where she lived with her Canadian husband, Yves Aubry, until their move to Canada in 2009. In India, she worked as a translator, teacher and administrator but art remained an important part of her life and she participated in various collective exhibitions and held solo exhibitions in India, Canada and Germany.

Firoozyves’ spontaneous landscapes take you on a journey into unknown worlds and encourage you to dive into a firework of vibrant blues, burnt umber and yellow ochre. The eye travels along cosmic rays which are constantly changing, thus creating mysterious three-dimensional effects, depending on the light and the position of the viewer. Firoozyves does not want to convey a particular message, but encourages the observer to be free in one’s own individual interpretation.

It is only through the ease with which her brushstroke travels on the silk that one is still reminded of the fundamental principles of the impressionist. Her originality is documented by an unusual painting style, which has nothing to do anymore with traditional silk painting.

Firoozyves paints on natural silk from India. The silk paint is applied in thin translucent layers, a technique which is adapted from traditional oil painting.

RUSTAM IRANI, 35 IN THE GULF COAST BUSINESS REVIEW ANNUAL 40 UNDER 40 CONTEST

Rustam Irani of Tampa, Florida made the 40 under 40 list for 2010. COO of The Media Crew, Rustam has a B.S. degree in engineering from University of Florida and an MBA from Florida Atlantic University.

Over the last three years, his company has been blessed with continued growth as more businesses move their marketing budgets online with a performance-based model. They network online, in trade shows, and with local professional organizations The Media Crew has been listed in Inc 500 two years in a row. Google, RevenueStreet.com, Linkedin are his favorite websites.

Rustam is one of the founding partners in a newly formed non-profit organization called GulfCoastGiving.org, whose vision is to volunteer time and resources and give back to the community.

Married to Dr Jennifer (Khajautia) Irani with 2 daughters, Rustam is the son of Arnavaz and Gustad Irani of Boca Raton. “With both my parents having businesses of their own, it has taught me from early on that it takes hard work and dedication to succeed”.

Rustam blogs on www.rustamirani.com

CONGRATULATIONS RUSTAM
BLACK BELT TANAZ NATERWALA, a positive role model for girls

Tanaz Naterwala, daughter of Homyar and Zenobia Naterwala of Michigan, USA migrated to the US in 1993 from India and has been living in Michigan for the past 15 years.

Tanaz started karate in January of 2004, at age 6. Shy and scared, she walked into the class, never realizing at that time that karate would become her passion for the rest of her life. Now, at the age of 12, she is a confident Black Belt, who alongside her Senseis Ms. Chris and Mr. Z, assists with all teaching duties required at her dojo.

To earn the coveted rank of Black Belt, Tanaz had to undergo a 10 page written test, a 7 hour physical testing in front of a board of 10 adult Black Belts, and finish with 45 minutes of sparring. Though grueling, it was all worth it, and she became the youngest female in the history of her school to earn a Black Belt. She understands the responsibilities of her rank, and hopes to continue spreading the history and techniques of Isshinryu Karate throughout her community and beyond.

Tanaz is also a seasoned tournament competitor. Her first tournament was on November 11th, 2006. She took home a fourth place plaque in weapons and realized this was for her! She now competes in many different tournaments throughout the year, both at the local and national level including the KIAI Grand Nationals and Isshinryu Hall of Fame Nationals in Tennessee. She has won a total of 9 National Awards, including 4 National Championships, and also earned the right to compete in the prestigious Grand Championship, performing before a board of highly renowned karate Masters. All of this has occurred in only two years time.

In 2009 Tanaz has received recognition as the Top Female Karate Ka in the Nation, and one of the Top Outstanding Contributors to Isshinryu Karate in 2010, by the Isshinryu Hall of Fame Board of Masters.

Besides her love of competition, Tanaz enjoys teaching people of all ages, from preschoolers to adults. She gives of her time 3 to 4 times a week at every venue where her school offers instruction, to all ranks and all ages. In addition to karate, Tanaz participates in her school’s Padded Sport Sword class in which she is learning how to use a sword like the Samurai of old. She is currently an orange sash, and is working towards her goal of becoming a black sash. She attends class once a week, practicing with her peers and her father who is one of her classmates.

Her other hobbies are singing, horseback riding, and music, together with her many scholastic accomplishments. She has done indoor sky diving, swam with the dolphins, and now has her heart set on doing outdoor ski diving, zip line. She has sung the Star Spangled Banner for tournaments and City events!

The Senseis have made sure that FSDC (“Family” Self Defense Center) stays true to its name. It is a very family oriented school where everyone supports and encourages one another. Her parents, however, have been the biggest influence in her life, always supporting her decisions, and helping with her karate or anything else she has chosen to do. She is very happy that she has parents who stand by her, and help her to be the best she can be. All these people have made Tanaz into the confident, young, female Black Belt she has become.

Tanaz has contributed to the word search published in the summer issue of FEZANA JOURNAL. (vol 24 No 2 page 146)
THE LIBRARY AT KARACHI ZARTHOSHTI BANU MANDAL (KZBM) CLOSES ITS DOORS

Many years ago, on August 13, 1998, a library was started at the KZBM with great flourish and a myriad of ideas. Library membership cards, attractive book marks presented on enrollment, manned by a young retired person, special day for children on Saturday mornings with a person to guide, you name it we thought of it. The library’s collection was vast, all donated, sections labeled for fiction, factual, literature, reference, magazines, videos; and to read in the premises, newsletters and publications from all our major centres of the diaspora.

It was originally named KZBM Book Society and was in a small house built for the housekeeper next to the main building of KZBM, built 1962 by Sorab Hommie Mehta in memory of his mother Manijeh (president KZBM 1927-1954, and daughter of the first president Gulbai Mehta). When the housekeeper retired and the house lay vacant for several years, it was decided to start a library there. (photo ;left KZBM in the Sohrab Katrak Park, Parsi Colony.)

With the dwindling Parsi population in Pakistan and in Karachi in particular, less and less use was made of the library which may be a reason but possibly just the lack of interest to read and the time consuming traffic were the real cause for failure. Unfortunately it was decided to close down the library and to give away all the thousands of books the KZBM had collected, either to schools or to any community member wishing to take advantage of this offer. It was felt it was a senseless exercise keeping this wealth of books without them being used, It would be more useful if someone could benefit from them.

The FEZANA JOURNAL was thanked for graciously supplying the Journal for so many years, totally gratis,

Toxy Cowasjee on behalf of KZBM
Photo courtesy Toxy Cowasjee

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In The News

Where Music Takes Me

Armaity Minwalla

Over time I have learned that the key to success is putting yourself out there, doing what you love. What I love is singing. I am always told that my voice will take me places, but I never imagined that those places would be across the Atlantic Ocean. Recently my voice took me on a tour of Italy and Germany through the Blue Lake Fine Arts Camp International Exchange Program. This is a summer camp located in the North of Michigan. There, thousands of campers come to excel in the performing and visual arts. Blue Lake is also a place to make life-long friends because everyone there has a love for the arts.

I have attended the camp for three summers. Every year I interviewed for the international program. The thought of actually being accepted was not really in my mind. After my third year of trying at the age of 14, I got the acceptance letter. Then came the hard part; preparation. The choir consisted of 64 singers. Our repertoire contained 22 songs not including Carl Orff’s Carmina Burana. Carmina Burana is a 25 movement piece that can be anywhere from 56 to 80 minutes long. After only four rehearsals, and an intensive week just before the tour, we performed in Chicago. Then we went on to Europe for four weeks and the experience of a lifetime.

From Lyon, France, our bus driver drove straight through the French and Italian Alps. We arrived in the little town of Sala Gamma in Northern Italy. Then we did what would become a routine; meet our host families, get our bags, and go home. In Bergamo, Italy I stayed with a professional pianist whose flat contained thousands of music books. Our excursions throughout Germany entailed several hours of traveling, sight-seeing with our host families, hours of rehearsals and evening performances in festivals, grand cathedrals, and town squares. At the giant cathedrals, we pulled the last notes and got louder and louder and louder, but when we stopped singing, the note echoed for eleven seconds. I interacted with the local people and even spent two days in a school.

I still keep in touch with all my new classmates. One of my host mothers told me that she originally was against having Americans there. However after meeting the young people from America she realized that her assumptions about us were wrong. She told me that we had given her hope for the future of the world. It occurs to me then that we at Blue Lake really are representing our country. Our goal is to create an international understanding through music. I believe that is exactly what we did.

Music, I have learned, is a universal language.
In The News

The World Zoroastrian Organisation

135 TENNISON ROAD, SOUTH NORWOOD, LONDON SE25 6NF
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Statement from WZO

30 August 2010

With deep regret, the World Zoroastrian Organisation (WZO) wishes to announce that WZO (India) can no longer be associated with us. This decision was taken after very careful consideration of the actions of the committee of WZO (India) which has taken such a divergent path that they no longer share the same aims and objectives, membership criteria, activities or ethos of WZO. In fact we are now two very different organisations with contrasting views because of the choices made by WZO (India): WZO is an inclusive and forward-looking organisation, committed to promoting and safeguarding the Zoroastrian faith and looking after the interests of Zoroastrians world-wide; in contrast, WZO (India) has chosen to remain inward-looking with its focus on social activities.

WZO (India) was set up by WZO to represent and further its interests in India. It had a similar constitution, the same membership criteria as WZO and was engaged in parallel charitable activities. This arrangement worked well and was beneficial to both organisations—However, since the late nineties, the committee of WZO (India) chose to take a divergent path, contrary to the original objectives.

Last year, we found that WZO (India), without any prior discussions, had altered its membership application forms in 2002 so that only those Zoroastrians born of both Zoroastrian parents could qualify as members—which is contrary to the membership criteria of WZO. It is also very clear that WZO (India)’s emphasis now is more on social activities rather than charitable ones, which is again a change of priorities and inconsistent with the ethos of WZO.

Since the middle of last year, some of the WZO (India) committee members have shared information confidential to WZO with others not connected with WZO or with WZO (India). They have also chosen to renge on previously agreed proposals to move WZO forward, in order to meet the needs of Zoroastrians worldwide, despite securing the safeguards they sought. Whilst WZO has sought to accommodate them in their beliefs, WZO (India) have chosen to force their contrary beliefs on Zoroastrians worldwide.

We are disappointed that all our overtures for reconciliation with WZO (India) have fallen on deaf ears though we are very appreciative of the support given by their President, Mr Dudi Engineer, through the years and of his efforts to convince his committee to seek a path of reconciliation. He will continue to enjoy our full confidence along with the other members (Mr Dudi Mistry, Delhi; Mrs Mani Clubwala, Chennai; Mrs Meher Amershe, Mumbai and Mr Homi Khusrokhian, Mumbai) of WZO’s Managing Committee.

WZO wishes to make it clear that the WZO Trusts in India, managed by Dinshaw and Bachi Tamboly, are not connected with WZO (India). They have and will continue to have our admiration and support.

Darayus S Motivala
Chairman WZO

For further information on this news item
Please contact Darayus S Motivala, Chairman of WZO
Telephone: +44 (0)1844 352887
Mobile: +44 (0)7944 48318
Email: chairman@w-z-o.org
WZO(I) was formed as a part of WZO. Both Organizations were independently registered and had identical constitution and membership rules. All members of WZO(I) were made members of WZO.

In 1993, WZO changed its membership clauses to include non-Zoroastrian spouses married to a person born and confirmed into Zoroastrian faith and children of such marriages. WZO(I) was assured and accordingly continued with its Original constitution and membership rules, WZO continued to allot UK ID Nos. to all WZO(I) members.

In 2002, WZO again chose to amend its membership rules to make it possible for those who profess the religion, to become members of WZO (which meant accepting persons born in other faith ). WZO (I) Committee unanimously disapproved of the same and a resolution rejecting the above proposal, was personally carried by Mr. Dinshaw Tamboly. The resolution also very clearly reconfirmed to WZO in 2002 that WZO (I) would continue with its original constitution.

WZO(I) has fully co-operated with WZO. WZO (I) handed over all information, membership forms and membership data in the formats requested by WZO during the visits of its various Presidents in 2004, 2007 & 2009.

WZO(I) is not in agreement to the new change because it is too broad based and throws open the doors to all and sundry.

WZO(I)s repeated requests to explain the need for such an amendment has also not been suitably addressed. In fact instead of taking the objections seriously and working together to find a solution, WZO has chosen to sever ties with WZO(I).

At a special General meeting held June 11, 2010, 400 WZO(I) member voted unanimously that
1. The proposed amendment to the membership clause to admit anyone professing the Zarathushhti Faith be rescinded (abolished) with immediate effect and not pursued any further since it would lead to undesirable results in the future, so far as Zarathushitis all over the World and particularly in India are concerned.
2. That Mr. Nozer Meherji (erstwhile Member of the International Board) be duly reinstated.
3. That the candidature of Mr. Rusi Bhumgara and Mr. Percy Mistry to the International Board of WZO, should be accepted at the next A.G.M. of WZO(U.K.)
4. That a Special General Meeting (SGM) of The WZO be called in Mumbai to give majority of your Global members an opportunity to express their concerns and vote on the proposed change.

WZO (India) maintains that the decision to sever ties cannot be taken at the Committee level. But at a properly convened SGM called in Mumbai and all members of WZO and WZO(I) be allowed to vote to decide this issue. Until then, WZO(I) is very much a legitimate part of WZO and it will continue to use its Registered Address, Charity No., Name, Logo and Motto.

One just cannot put the entire community into jeopardy with such adventurous antics. The root of hatred, strife, terror and unrest in the world is embedded in competition between religions. Our community is loved respected and accepted by all societies across the world because we do not encourage others to change their faith. The dynamics of all this can change.

WZO(I) hopes that good sense will prevails and that WZO will live up to its motto of UNITY WORLDWIDE.

Rusi Bhumgara
President – WZO(India)

Nozer Meherji
Vice-President – WZO(India)

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In The News

“Zoroastrianism in the Levant”
A conference in Oxford

reported by Jenny Rose

Zoroastrianism in the Levant” was the topic of the 28th International Conference of the ARAM Society for Syro-Mesopotamian Studies held at the Oriental Institute in Oxford from 5-7 July 2010.

The conference was organized by Dr. Shafiq Abouzayd, who founded the Aram Society at Oxford University over two decades ago. It was attended by about forty participants, who came from as far away as Brazil, Israel, Iran, Azarbaijan, Australia and America, as well as from universities in Europe.

The seventeen chaired papers by scholars representing various fields ranged widely in topic and included discussions on specific Middle Persian, Sasanian Jewish and Syriac Christian texts, alongside presentations considering Zoroastrian “echoes” in the iconography, mythology and scholastic culture of the “Levant” and beyond. The conference ended with two illustrated presentations relating to contemporary Iran: Prof. Jamsheed Choksy spoke on the comparative situation of Zoroastrians and Jews; and Dr. Bahman Moradian on the celebration of Mihragan in Yazd. Each set of lectures was followed by lively discussion.

The first day ended with a visit to the Zoroastrian Centre in Harrow (London). Ervad Marazban Dastoor demonstrated the padyab kusti, then ZTFE Trustee Ervad Rustom Bhedwar gave a presentation of the Maachi ceremony, which he explained with the aid of ZTFE President Malcolm Deboo. Dorab E. Mistry, past President of ZTFE and current Interfaith and External Relations Officer, paid tribute to Dr. F. Raymond Allchin, the eminent South Asian archaeologist who died in June of this year. The evening concluded with a delicious Parsi-style dinner shared by conference members and about 50 ZTFE guests.

A special Aram conference dinner was held in Oxford the following evening.

Each year, Aram organizes several conferences on a range of themes relating to the cultures of the Syro-Mesopotamian region. Information about Aram and its activities may be found at: www.aramsociety.org. This site will also display the program for the conference, detailing the names of the presenters and chairpersons, and the topics of the papers.

Jenny Rose is a historian of religion, with a doctorate in Ancient Iranian Studies from Columbia University. She currently teaches classes on the Zoroastrian tradition in the Religious Studies departments at both Claremont Graduate University and Stanford University.

NOSHIR GOVADIA, A STEALTH BOMBER ENGINEER, CONVICTED OF HELPING CHINA DESIGN A STEALTH CRUISE MISSILE

A Federal Jury convicted Noshir Gowadia, 67 years, on 14 counts, including conspiracy, violating the arms export control act and money laundering. He was found not guilty on three counts of communicating national defense information to a foreign nation. After a trial which lasted nearly four months and with a six day deliberation at a federal court in Hawaii, sentencing is scheduled for November 2010.

Gowadia moved to the U.S. for postgraduate work in the 1960s and became a U.S. citizen about a decade later. Gowadia helped design the propulsion system for the B-2 bomber when he worked at Northrop Corp., now known as Northrop Grumman Corp. between 1968 and 1986. He retired from Northrop for health reasons in 1986, two years before the B-2 made its public debut. He moved to Maui in 1999 where he had been doing consulting work after retiring from Northrop.

Prosecutors argued that Gowadia helped China design a cruise missile exhaust nozzle that would give off less heat, allowing the cruise missile to evade infrared radar detection and U.S. heat-seeking missiles. They alleged that Gowadia traveled to China between 2003 and 2005 while designing the cruise missile and used e-mail to arrange payment for his work.

Gowadia’s defense attorney, David Klein, told jurors it was true the engineer designed an exhaust nozzle for China. But he said Gowadia's design was “basic stuff” based on unclassified information that was already publicly available.

In The News

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ACCLAIMED SCREENWRITER KAYHAN IRANI TRAVELS TO AFGHANISTAN

On April 19, 2010, acclaimed playwright and social justice artist Kayhan Irani won a prestigious NY Emmy Award for her first TV series, “We are New York.” Three months later, Irani was given a unique and meaningful opportunity to further her work using theater for dialogue and community building by working with an organization called the Afghan Education Project (AEP). Irani flew to Kabul, Afghanistan to collaborate with AEP, which is supported by the BBC World Service. AEP builds on nearly a decade of experience of highly successful educational broadcasting from its previous headquarters in Peshawar and is one of the few production bases in Afghanistan with the skills to lead the development of educational programming essential for the reconstruction of the country. Irani worked in Kabul for 12 days training Afghan artists in Theater of the Oppressed techniques and arts and civic engagement practices. “The idea was that when one develops capacity for creative vision, one can envision a different future,” said Irani in an interview.

In Kabul, Irani’s days were educational and exciting. She enjoyed a breakfast of bread, jam, and tea before staring her work each morning at the AEP headquarters. Communicating through a translator, Irani led a group of over a dozen Afghani thespians in discussing the social difficulties they encountered as theater artists in an underdeveloped and war-torn country. Irani learned that theater artists are often regarded as uncouth and low-class by Afghan society. “Some Afghans use derogatory terms for artists and consider them as lacking dignity,” explained Irani. “These artists lack economic and educational opportunity.” Much of Irani’s work involved facilitating discussions on how participants can creatively address problems of classicism, sexism and racism in their own lives. During workshops, Irani showed a play that had no resolution, and then asked participants how they would resolve the dilemma. One such play involved an Afghan father who would not allow his daughter to marry a potential suitor because the suitor was a theater artist. In response, some participants suggested that the suitor should have his father talk to the girl’s father or mother. Other participants suggested more dramatic action such as having the girl threaten to commit suicide if her father denied her suitor her hand in marriage. “The idea is that there are many ways of responding to different situations,” noted Irani. The workshops culminated in a performance given by each participant in his or her local community. (photo below Kayhan with Jawed Watanyar, director of Theatre Group from Kandahar)

From Queens to Kabul, Irani’s pieces address pressing social issues. She has toured nationally and internationally performing her renowned one-woman show, “We’ve Come Undone”, which conveys stories of immigrant women post-9/11. Irani has also co-edited a volume of essays entitled, “Telling Stories to Change the World: Global Voices on the Power of Stories to Build Community and make Social Justice Claims.” Irani says she already misses her friends and colleagues in Afghanistan; the young artist hopes to return to Kabul one day. You can read about Irani’s journey here: http://kayhanirani.wordpress.com.

In an interview with Deena Guzder (New York)
The Parsi pioneer master ship builders and coach builders are gone but the elegance of their creations lives on. The silver carriage made by a Parsi coachbuilder still turns heads all over the world almost a hundred years after it was ordered by H.H. the Maharaja of Bhavnagar. This carriage received rave reviews at the recently concluded Masterpiece Fair in London, being shown by Sinai and Sons Ltd of London. The Maharani of Gondal (another princely state in Gujarat), the granddaughter of the Maharaja who commissioned the carriage was on hand in London to inaugurate the exhibition. Various descendents of the famed coachbuilder Pestonjee B. Press also visited the exhibition. The carriage will be the highlight of the Victoria and Albert Museum's touring exhibition, Maharaja: The Splendour of India’s Royal Courts.

This exhibition is visiting a number of North American venues over the next two years, including the Art Gallery of Ontario, Toronto (20 November 2010 - 27 February 2011), Asian Art Museum, San Francisco (21 October 2011 - 8 April 2012) and Virginia Museum of Fine Arts (19 May - 19 August 2012). I specially urge the Parsi and other Zarthushtis of Toronto to go and see the famous carriage made by one of our own. Here is the story.

Pestonjee was born in 1854. After matriculation he studied at the Sir Jamsetjee Jeejeebhoy School of Arts in Bombay (now Mumbai). At the age of 25 years, this enterprising businessman, established the Fort Coach Factory. Not unlike Jamsetjee Tata when he tried to set up a steel factory in India, Pestonjee had formidable competition from English coachbuilders. Pestonjee endeavoured to equal and then surpass, with native Indian workmanship and material, the elegance and durability of the English carriages which were then imported on board ships and sold to Maharajas and to the very rich captains of trade and industry in Bombay and elsewhere in India.

His creations made steady progress and the Fort Coach Factory soon became famous and a leading coachbuilder in Bombay. Pestonjee concentrated in catering to Europeans, well-to-do Indian merchants and the Maharajas of Indian States with his superior designs and durability of his carriages.
In 1896, Pestonjee B. Press was officially designated by special appointment, as the official coachbuilder for the British Government, by Lord Sandhurst, the first Governor of Bombay. Subsequent Governors of Bombay continued to extend their patronage to Pestonjee until the arrival of the motor cars in Bombay and the gradual obsolescence of the horse-drawn carriages. In 1901 Pestonjee B. Press had an “honourable mention” at the Paris International Exhibition. His exhibits were part of His Majesty King Edward VII’s Commissions.

In 1905 Pestonjee’s son Jehangir studied motor car manufacturing with various companies, including the British Daimler Company and the French Brazier Motor Car Company. By 1906 Pestonjee B. Press and his son had installed the newest machinery and plant for the making and repairing of any style of motor car body. Later that year the company started to construct bodies for car chassis’s imported into India from the Brazier Company in France. By 1908 the Fort Coach Factory was already the most prestigious manufacturer of carriages for horse drawn vehicles in India, supplying them to members of the Indian and British aristocracy.

The carriages were made at the Fort Coach Factory located in the dock area of Bombay called "Mody Bay” what at that time was called Frere Road. The factory employed 20-30 workers some of whom were highly skilled. There were no casting molds. The silver plating was hand beaten into shape and then sent to skilled engravers for the designs to be incorporated (engraved) in to the silver plating. The carriages were only reserved for ceremonial occasions even after the advent of the motor car. The Maharajas had their own unique style. For example the Maharaja of Mysore rode on a large elephant decorated with gold. The cost of one of Pestonjee’s carriages is a well-kept secret. But I am sure it ran into thousands of U.S. dollars.

The Fort Coach Factory exhibited its products at the first Bombay Motor Show in 1910 at which time there were reputed to have been 1,025 cars in Bombay.

In 1911 Pestonjee added yet another feather in his cap by making a State Carriage in real gold and silver for the Jamsaheb Ranjitsinghji of Navanagar (he was already famous as “Ranji” the cricketer). It was this commission that led to yet another order in 1915 from the Maharaja Bhavansinghji of Bhavnagar for a State Coach embellished in coloured enamel ornamentations which is depicted in the photographs and the subject of display in North America.

The Fort Coach Factory was also instrumental in introducing rubber-tyred carriages in Bombay. And with the arrival of the ‘horse-less carriages’ Pestonjee continued to exhibit his creativity and built bodies for prestigious carmakers such as Rolls Royce. In those days Rolls Royce, Bentley and other British prestigious car makers, supplied only a chassis to the customer who then had to chose his own style and body-maker. Pestonjee’s car bodies were elegant in design and light in weight, possibly reflecting his earlier training at the J.J. School of Arts in Bombay.

The Fort Coach Factory ceased operating in 1955. And now, more than a century after Pestonjee’s enterprising endeavour another Parsi businessman is at the fore with his own project: the Tata Nano.
From Garas to Saris, to Daglis and Pughrees, the Bawajis of Ontario (gujarati colloquial for parsi men) lived up to their reputation of coming out decked to the hilt in traditional garb to partake traditional food.

The occasion was the Saris and Daglis Banquet hosted on Saturday 26, June 2010 by the Ontario Zoroastrian Community Foundation gala committee ably lead by Kermin Byramjee and her band of dedicated volunteers.

And then the guests rolled in all bedecked in Garas both ancient and new, a few even dressed in their lagan-ni-saris,(wedding saris) all with a two-fold purpose in mind: to enjoy Lagan-Noo-Bhonoo (special wedding feast) and to raise funds for the OZCF. It must be stated that a couple of ingenuous Bawajis even went as far as donning a white Dagli over black trousers keeping as close to the dress code as possible.

Upon arrival, the guests were treated to a portrait session by photographers Armaity Homavazir, Mantreh Atashband and Mimi Lai-Drivas. The set was reminiscent of early 20th century, keeping the gala theme alive.

The 707 Galaxy Banquet Hall in Oakville, Ontario was transformed into a Parsi Baug (special hall where weddings are performed) replete with ‘pat-style’ seating.(seating in long rows, see photos ) Crispy white covers draped over long tables, a banana-leaf place setting complete with folded white paper napkins completed the picture. It was reminiscent of the lagans/navjotes enjoyed at Mumbai’s Cama and Albess Baugs or in Karachi’s now defunct Jehangir Baug.

Then came food-glorious food!! The servers put on a jig waving blue/white tea towels evocative of the ubiquitous lalias (as servers are called) the exception being the Canadian lalias were dressed in priceless Garas and pristine white Daglis.

Chisty Bulsara assisted by Mehroo Kazak went above and beyond to cook up a fantasy delight. She took great pains to keep the menu as authentic as humanly possible. Wafer and Achaar (special pickles) which was made by Thrity Madon, was followed by ooni ooni (soft as muslin) rotlis and crisp fried fish. Mindful of the soft pallets of most guests the fish came without bones- a deviation from what is served in Mumbai lagans even today.

Lagan-noo-estew (special stew served at weddings) was next in line followed by jardaloo-ma-marghi (chicken with apricots) generously topped with slivers of sali (potatoe straws). Goat pulao generously garnished with boiled eggs and masala dal (spicy lentils) was the final clincher. And all this washed down with cold malai kulfi. Seconds were graciously offered and willingly accepted.

This humungous and inordinate calorific intake was then put to the test when after clearing the hall of long tables, the crowd of 190 was treated to the melodious live music of Ontario songstress Saima Khan and her band.

Keeping in mind the median age of those present Saima kept the dance floor burning, belting out songs that appealed to the old and not so old.

At the beginning of the evening, the MCs, Diana Gazdar and Kush Panthaky entertained the audience and there was even a game of Parsi Peg (a shot of whiskey). The game consisted of each participant paying $10 to throw three rings over a bottle of whisky. If successful, they won the bottle as a prize. The game alone brought in around $400!

President, Rumi Jasavala, made a ten minute presentation on the accomplishments of the OZCF and what was required and what the funds raised at this gala would be put towards. Rumi ended the presentation by calling the outgoing Board of Directors as this would be their last official event and thanked them and the members for an extremely successful two years.

The event raised a profit of around $48,000 and the OZCF Board of Directors thank all the donors and event participants for their generosity and kindness.

Reported by TEENAZ JAVAT
On Thursday, June 10, 2010, well-known personalities of the art world and many admirers of the eminent artist, Mr. Jehangir Sabavala (left in photo above) thronged to the ballroom of the Taj Mahal Palace & Tower, Mumbai to witness the world premiere of the film “The Inheritance of Light”, sponsored by the Taj and the World Zarathushti Cultural Foundation (WZCF).

Ms. Pheroza Godrej in her introductory remarks spoke eloquently about the contribution of Sabavala to the world of art, referring to his family background, his rich formative years in Paris and London and his creative journey which spanned over six decades. His prolific work had been exhibited at many art galleries around the globe. She spoke about Dr. Homi Dhalla who was responsible for producing this film, and who had been representing the community at various international fora speaking on peace, ecology and human rights. She then thanked the Taj Hotels for hosting this important event.

Dr. Dhalla spoke briefly about the main activities of WZCF. He explained that when he saw the paintings at the Retrospective held at the National Gallery of Modern Art, he was struck by certain elements which were distinctly Zarathushti in character. This is what led him to produce the film, exploring Sabavala’s Zarathushti roots. He thanked the Godrej family for sponsoring this film.

Sabavala then spoke very briefly about his involvement with the film. He thanked Ms. Godrej, Dr. Dhalla and the Taj for organizing this event.

The 22 minute film highlighted certain elements which threw light on his Zarathushti background. Besides the depiction of his various paintings, Sabavala was interviewed briefly by art historian Mr. Ranjit Hoskote and Dr. Dhalla. His emphasis on light and darkness, fire, his fascination with rivers, waterfalls, deserts, birds and clouds show his ecological leanings – all of which have been graphically portrayed. Since the Zarathushti religion is an ecological religion, these are major pointers. Sabavala states that “I have always been moved by the sweep, the drama and the magnificent changeability of nature”. His deep interest in mysticism reminds one of the mystical elements in the Gathas. He is a religious painter who is searching for the truth or asha. In this context, he asserts “…I see myself as a pilgrim moving towards unknown vistas”. These fascinating dimensions of the master painter indicate that at least subconsciously; he has been influenced by his Zarathushti origin. The evening ended with cocktails.

The film will be available at Parsiana Book Store and Rhythm House.
‘Honour Their Good Work’
WZO’s 30th Anniversary Celebrations

On June 5th 2010 to mark the 30th year of its existence, the World Zoroastrian Organisation (WZO) celebrated the contributions made by some of its honorary office bearers and volunteers for the social, economic and spiritual development of the community. Over 250 members and guests gathered at the Paddington Hilton, London, to show their appreciation for the sustained effort of these individuals, over the decades, to create an organisation which is a unifying influence within the diaspora and addresses the issues that face our community worldwide.

The Chief Guest, Padma Vibhushan Soli Sorabjee, past Attorney General of India, presided over the function. The Queen had sent her ‘warm good wishes to all concerned on this most special anniversary.’ The High Commissioner of India was represented by Mr Jitendra Kumar, First Secretary at the Indian High Commission.

The function was entirely sponsored by several appreciative supporters and raised generous donations for various charitable causes on the day.

WZO Chairman, Darayus S Motivala, outlined the charitable work undertaken over the past 30 years. The most significant has been the £750,000 collected for the Gujarat Farmers project which has built 118 cottages, helped improve farming practice and given micro credit to 700 rural Zarthushties. The supervision of this work is voluntarily carried out by WZO Trust in India which is managed by Baachi and Dinshaw Tamboli.

Currently, WZO supports 120 students and 360 indigent elderly people. Last year it disbursed £2,500 in medical expenses and £1,100 to mobeds. WZO runs two senior citizens’ homes and a sanatorium in Sanjan. It has on behalf of a UK Bequest, distributed £220,000 to non-Zoroastrian charities in India. It also funds Zarathushti youth education and senior citizens’ projects in Iran.

WZO takes a lead in disseminating the teachings of our faith and in supporting those who believe in the universal truth of Zarathushtra’s message. Darayus Motivala in his welcoming speech, reiterated that Zarathushtis should be defined not by ‘ethnic rules’ but by ‘ethical rules’, that is, by their thoughts, words and deeds. “WZO does not, in its charitable giving, differentiate between families where one or both parents are Zoroastrians,” he said. WZO supports the right of Zarathushti women to marry whom they choose and to receive blessings at their wedding; it supports their right to continue to profess their faith and worship in the dar-e-mehr. In 1993, the membership of WZO was opened to non-Zarathushti spouses and to the children of mixed parentage. Currently, anyone falling outside its criteria may register as a non-voting, ‘Friend of WZO.’

On this auspicious occasion, nine outstanding individuals were honoured. However, there are several more who have served WZO over the years and whose efforts have been recognised on previous occasions or who have yet to be felicitated. We salute them all!

TRIBUTES

Ervad Dr. Kersey Antia: Founder Member of WZO, the High-priest of Chicago for 32 years who embodies the universalist values of the Zarathustrian faith. Kersey is a practicing psychologist in the academic and corporate sectors. He has studied the Gathas and prepared audio-visual courses on the Zarathushti religion.

Ruby Contractor: A WZO Founder Member, serving the community for over 50 years, Joint Secretary in 1980, and later its chairman, travelling extensively to raise awareness of the plight of Zarathushti farmers in Gujarat and to raise funds for them. In 1991, she convened its first Gatha Colloquium and presided over the historic change in the constitution which made it possible for non-Zarathushti spouses and the children of inter faith marriages to become members.

Rohinton Irani: Rohinton has raised thousands of Pounds for WZO and its charitable causes. He has generously made his home and garden available to both WZO and ZTFE for large fund-raising events. His many local and professional contacts resulted in WZO and
other non-Zarathushti charities in India receiving £400,000 from the Dennis Williams Wills Trust, benefitting hundreds of people and dozens of causes.

Rustam Dubash: a senior partner in a City law firm has served WZO as Joint Hon. Secretary for 9 years and as President for 5 years until 2006. He has given his time and legal expertise to the organisation. Rustam was central to the negotiations amongst FEZANA, BPP, WZO, etc., for the formation of a new World Body. He drafted all the legal documents, devoting nearly 4 years to this undertaking. (Sadly, the project did not come to fruition.).

Toxy Cowasjee: Vice-President of WZO and past-President of the Karachi Zarthoshti Banu Mandal and the Karachi Parsi Institute, Toxy is a phenomenal fund-raiser: she raised nearly £1million for the victims of the 2005 Pakistan earthquake. As editor of ‘Hamazor’, Toxy has created an internationally sought-after publication, with contributions on our religion, history and culture from scholars and non scholars

Rumi & Hilda Sethna: raised over £15,000 for the extension to the ZTFE premises in London in the early 80s. They joined WZO in 1986 and turned their own home into its HQ, from where the Gujarat Farmers project operated after 1990. They travelled to India, filming the condition of rural Parsis, in order to raise awareness worldwide.

With perseverance and commitment for over 19 years, they have raised more than £200,000 for the farmers of Gujarat and their fund-raising work continues.

Tehmi Patel is a qualified children’s nurse, as well as a qualified counsellor and hypnotherapist serving on the WZO committee for 21 years as one of its social secretaries, organising fund-raising activities with enthusiasm and flair. She has raised funds for The Shooting Star Hospice for life-limited children, by holding a Bollywood Extravaganza and other events.

Ervad Dr. Jehan Bagli: has been awarded the Fellowships of the Chemical Institute of Canada, the National Research Council of Canada and the US National Institute of Health was the Distinguished Research Fellow at Ayerst Research Laboratories Montreal and in 1994 FEZANA recognised him for Professional Excellence. In 1968 he became the Founding President of the Zoroastrian Association of Quebec, is past-President of the North American Mobeds Council, active in the Zoroastrian Society of Ontario and chairs the Research and Preservation Committee of FEZANA (photo left from left Soli Sorabjee, Jehan Bagli and WZO chairman Darayus Motiwala)

Sammy Bhiwandiwalla: WZO’s Honorary Treasurer for 10 years, and Chairman since 2004. He strengthened relations with Zarathushti associations worldwide and gave special attention to the concerns of Iranian members. He won the confidence of large charitable foundations who have entrusted WZO with considerable funds for its work in rural Gujarat and in education.

As Chairman, Sammy supported progressive organisations for the welfare of inter-married couples and their families in India and is a campaigner for the rights of Zarthushti female spouses and their children. He has tried to convince WZO to open its membership to all Zoroastrians; and as WZO’s President, he continues to work towards that goal.

Sammy Bhiwandiwalla’s award was a surprise to him and the audience. He received a standing ovation.

Abstracted from a report by Soonu Engineer

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**CLARIFICATION WZO TRUST FUNDS**

The idea to establish the Trusts in India for charitable work in India, came from WZO UK, particularly Mr. Shahpur F. Capain, when he was President of WZO UK.

**World Zoroastrian Organization (WZO)**

- **Trust – Established 1991;**
- **WZO Trust for Women & Children established 1993;**
- **WZO Trust Funds – Established 1995.**

These Trusts are all established in India to carry out welfare activities in India. These Trusts are registered as Public Charitable Trusts in India under Bombay Public Trust Act, and are governed as per laws prevailing under the said Act.

These Trusts are independently managed by their own Board of Trustees, where the focus is only on charitable activities. These Trusts have no role to play in the policies of either of WZO – UK or WZO – India. None of the Trustees of the above Trusts are members of the Boards of either WZO or WZO – India.

Dinshaw K Tamboly; Chairman.
Focus Turns to Youth Implementing the Millennium Development Goals of the United Nations

The sixth annual Unity Walk in Washington D.C., was held this year on Sunday afternoon, September 12, 2010 on Embassy Row, graced with houses of worship and embassies, opening their doors in welcome and offering hospitality.

The emphasis this year was on the Interfaith Youth Action Group involved in service projects in implementing the Millennium Development Goals at the local level.

ERADICATE POVERTY -- in partnership with Miriam’s Kitchen, a local homeless kitchen, to collect non-perishable food items and hotel sized toiletries for those in need in the D.C. area.

EMPOWER WOMEN -- Hosting an “Open Mic” night to raise funds for Vital Voices’ work to empower women leaders at “Busboys and Poets” for poetry readings, musical performances and other expressions to celebrate women.

ENSURE ENVIRONMENTAL SUSTAINABILITY -- Partnering with the Salvation Army to clean up community gardens and to provide meals to the homeless.

The small band of congregants at the National Sikh Gurudwara, where the walk began, outdid themselves by serving food to ALL walkers as part of their unique faith based tradition of langar. On the generous menu were parathas, rice, dal, boondi raitha, mathri, carrot halva, chick peas, salads and non-alcoholic drinks of all kinds. Heartening was to see school children playing proud hosts to all visitors to their house of worship. Martial arts demonstrations (which included women participants), and kirtan music with reminders from the Sikh leaders that we are all here to serve humanity every day of our lives, left the walkers deep in thought as they wended their way down the walk path.

Volunteers and Girl Scouts helped steer the walkers down Massachusetts Avenue. (photo above: Langar at National Sikh Gurudwara)

floods in Pakistan. The walkers left the Islamic Center for the Gandhi memorial singing "Amazing Grace" and "As the Saints Go Marching In" led in music by Rev Clark Lobenstine of the Interfaith Conference of Metropolitan Washington. (photo above left: Rabbi David Shneyer, co-founder of Am Kolel with Shofar and Imam Johari at the Islamic Center.)

Representatives of the United Hindu and Jain temples reminded us that in their faith tradition the visitor to a home is an incarnation of God and is to be treated as such with due respect and humility. Maureen Fielder, host of the radio show "Interfaith Voices" reminded us as to how important bearing witness to our common humanity was at this juncture in world history. Thanks are due to the Embassy of India for providing support and hospitality. The program ended with a prayer by Rev Mpho Tutu at the Gandhi Memorial. (photo above right: Rev. Mpho Tutu offers a concluding prayer of peace and amity at the Gandhi Memorial in front of the Embassy of India.)

The Unity Walk now has a multi-region status as a Cooperation Circle of the United Religions Initiative; however right from its inception the walk has been inclusive of people of all faiths and those who profess no faiths. The next event has been scheduled for Sunday, 9/11/2011 with updates available on www.911unitywalk.org. As speaker after speaker emphasized, the experience of an afternoon of dialogue and walking in the mould of Gandhi's walks to raise awareness of the pressing issues facing humanity, are not enough! The take home lessons were encapsulated in a quotation on the program brochure:

"The best way to find yourself is to lose yourself in the service of others" - Mahatma Gandhi.

Photo credit Dominique Rychlik
http://www.youtube.com/watch?v=hhTHuhmNuR4
(Voice of America - Unity Walk in Washington DC approx 14 minutes)

Maneck Bhujwala
Elected Vice-President of Greater Huntington Beach Interfaith Council (GHBOC)
On Friday, September 3rd a Turkish Evening was held at the Arbab Rustam Guiv Darbe Mehr, ZAC Chicago. About 45 Zarathushtis and 25 members of the Turkish Niagara Foundation enjoyed the intercultural program. Turkey known as Anatolia to the ancients was part of the Persian Empire for several hundred years. In the Achaemenian Empire 3 out of the 23 Satraps (provinces) were in Anatolia. Yet modern day Turks have little or no memory of their glorious past and connection with the Persians. There is a desire on the part of the Chicago Turkish community to know their roots and come together with the Zarathushti community to dialogue and network. The "Turkish Zoroastrian dialogue" was aimed to learn more about our respective communities.

Due to Ramadan, the event started after sunset, when the Muslim guests ended their fast and recited their prayers in the Rivetna Hall. Everyone feasted on the lavish spread of Turkish and Zarathushti delicacies. ZAC Vice President Afshan Barshan welcomed the guests.

This was followed by a talk and a short video depicting the multifarious activities of Niagara Foundation. Background on Niagara Foundation is available on its website www.Niagarafoundation.org. Rohinton and Roshan Rivetna presented some background and slides about ancient Persian sites in Turkey and slides of the Persepolis. Rohinton gave a brief overview of the basics of Zarathushti religion. This was followed by reading of a paper prepared by Dastur Kersey Antia read out by Dilshad Antia in his absence. The paper described the vast penetration of the Persians in Asia minor and in Greece. Kayomarsh Mehta presented a PowerPoint presentation “Persians of Anatolia”. Kayomarsh’s presentation highlighted the Persian settlements in Lydia and Cappadocia, their representation of Lydians and the Cappadocians depicted on the wall of the Apardana of Persepolis with their tributes. The presentation cited interesting accounts of Herodotus, Strabo and a Greek traveler about the temple and worship practices of Zarathushtis of that era. Kayomarsh also presented a PowerPoint of the breathtaking scenic wonder of “Pamukkale – the 8th wonder of the world”. The Turkish friends were given a tour of the Prayer Room by Rohinton. The evening ended with a gift of a beautiful vase presented to ZAC by the Niagara Foundation. Thanks to Roshan and Rohinton Rivetna for organizing this interesting event.

Reported by Kayomarsh Mehta  
Photos Roshan Rivetna
The Fireshte (Faresta) ceremony is a part of the outer liturgical services and like the Jashan ceremony, Afringhan, Farokshi, and Saturn, it can be performed in any clean dwelling outside the precincts of an Agiary or an Atasbehram. Zarrir Bhandara writes “as a practicing priest in India for 20 years and as an Officiating priest for Zoroastrian Association of California since the last 18 years in my opinion the Fireshte (Faresta) ceremony was certainly more meritorious and appropriate for the inaugural of our center, as in Fireshte (Faresta) ceremony 33 Yazatas/Amesha Spentas are invoked, (compared to a Jashan where 3/7 Angels are invoked) thanked and in turn they bestow their blessings of abundance to the gathering. This was corroborated by Dasturji Dr. Firoze M. Kotwal, Mr. Khojeste Mistree and Dastur Kaikhushroo Dastur”.

WHAT IS A JASHAN CEREMONY

A simple Jashan ceremony involves 3 Afringans and 3 Afrins followed by the Tandarosti prayer.

The first of the 3 Afringans depend on the occasion for the prayers –
Afringan of Dadar Hormuzd for festive occasions,
Ardafravash for memory of departed souls,
Spendarmad for House Warming,

The last two are mostly Dahman and Sarosh (for Hamkars of the Yazad of the day on which the prayer is recited) (except for Jashan of Gatha days). Behram for new business venture, Ghahambar for Ghahambar day, For Jashan of Gatha, the first Afringan is Gatha and the second one is Afringan of Ardafravash (instead of the usual Dahman), and the third one is still Sarosh.

The 3 Afrins are mostly Ardafravash, Buzorgan, and Haft Ameshaspand. The exception is for the Jashan of Gahambar, the Afrin-e-Gahambar is recited.

FIRESHTE (FARESTA) CEREMONY

Ervad Shams-ul-Ulama Dr. Sir Jivanji Jamshedji Modi (October 26, 1854 -March 3, 1933) in his book “The Religious Ceremonies and Customs of the Parsees”, writes “Faresta is Persian Firasta or Firashta, (lit. one who is sent, meaning a messenger, and then an angel) Faresta or more correctly Firasta is the later name of the Avesta word Yazata.

Fireshte (Faresta) is the name given to a ceremony wherein all the angels (Firastas), or more properly, all the Yazatas are invoked. There are a large number of Yazatas, but 33 are specialized. Of these thirty-three, thirty are those that preside over the 30 days of the month and three are extra. (Burz, Hom, and Dahm. as mentioned by J.J. Modi )

On July 18, 2010 a Fireshte (Faresta) ceremony was performed at the inauguration of the new building of the Zoroastrian Association of California (ZAC) (see pages 16-17). This was the 4th time such a ceremony was performed in California,
The Fireshte (Faresta) ceremony consists in reciting 33 Afringans and 33 Bajs with their proper ritual in honor of, and with the Khshnuman of the 33 Yazatas or angels. This ceremony is performed on many occasions, like marriage, birthday, sudreh-pushpi, the occupation of a newly-built house, the fulfillment of a long cherished object.

**DECISION TO PERFORM FIRESHTE (FARESTA) FOR INAUGURATION OF NEW ZAC PROPERTY IN ORANGE CALIFORNIA.**

As inauguration of a new Dar-e- mehr property is a onetime major event, one of our priests, Zerkxis Bhandara proposed the idea of performing the Fireshte (Faresta) ceremony at a ZAC general body meeting. Ervad Zerkxis Bhandara suggested to perform the Fireshte (Faresta) ceremony on the inauguration of the new center as he had prayed to Ahura Mazda and asked for a boon of having their own center, and when the boon was granted he would offer a Fireshte (Faresta) ceremony. His father, Zarrir Bhandara supported the idea and invited other priests to join.

**ORGANIZING, TRAINING, AND PREPARATION.**

The priests who had not performed Fireshte (Faresta) prayers in the past, needed to be trained on what passages to recite for each of the 33 Yazatas, and they were supplied with the text of those passages, and they had to practice fluent recitation of the passages so that the entire ceremony is completed in 2 hours as determined by the program organizers.

Ervad Zarrir organized the priests into four pairs - each pair having the Zoti (officiating priest) and the Raspi (assistant priest). Each pair of priests was assigned to recite 8 different Afringans (for 8 different Yazatas), followed by one Afringan that was common to all pairs. In this manner all 33 Afringans were completed. The Baj prayers were done at the Anjuman Atashbehram in Mumbai.

According to the plan, text materials were distributed to the priests, 4 pairs of ritual implements (fire vases, chamach, etc.) were obtained and cleaned, and several practice sessions were held to gain familiarity, coordination among the pairs, and speed of recitation.

**PERFORMANCE OF FIRESHTE (FARESTA) ON INAUGURATION DAY**

The hall and stage of the new property were cleaned by volunteers in preparation for the event. On the day of the event, all the fire vases, flowers, fruits, 33 eggs, sandalwood, and other offerings (milk, water, malido, ravo, mevo (dried fruits) etc.) were arranged on the stage on top of a white cotton sheet. The 8 priests – Ervads Fali Kanga, Zarrir and Zerkxis Bhandara, Jehangir and Yazad Dastur, Farhad and Darius Bhadha, and Mobedyar Maneck Bhujwala, completed their Farzyat prayers before taking their seats on the stage and started the prayers on time.

All the prayers were completed according to schedule, and chashni was served after the Fereshte (Faresta) ceremony was over.

Report prepared from materials by Zarrir Bhandara and Mobedyar Maneck Bhujwala

Photo courtesy Ervad Zarrir Bhandara
Few people that I have come into contact with in my life have influenced me as profoundly as Dasturji Dabu. And there are many who came under his spiritual shadow that will loudly proclaim the same. I came under his inspiring influence at the age of ten when he became the principal of the Cama Athornan Institute, in Andheri, Bombay, a year after I joined it as a student. But first let me backtrack and try to present his biography as, to the best of my knowledge, it has not been attempted so far, except for a one-page article in the Jame Jamshed by Dr. Hilla Wadia (January 23, 2005, p. 8).

EARLY LIFE AND EDUCATION

He was born in Navsari on April 20, 1889, which to my recollection, has some connection with the hero of Navsari, Khurshed Bapa, with whom he shared his birthday as well as his name. His mother, Dosibai, thought he was an avatar, a reincarnation of Khurshed Bapa, and his early achievements seems to have borne this out. He was her only son but she did not spoil him and raised him very strictly. Dasturji Dabu had at least one sister. One can imagine how hard life must have been for Dabu when he lost his father at the age of nine. But his mother persuaded him to study and even to go to Wilson College in Bombay to advance his career.

His mother seems to have been a strong motivating factor in his life, though I am a little surprised as I write this that he never referred to her in the hundreds of speeches I heard from this stoic dastur (and stoic is the word that sticks in my mind as I describe him). He attended Dadabhai Tata School and Sir C. J. Madressa. The priests under whom he studied, and became a navar and a martab, were all notorious for being over-strict and over-zealous for observing priestly conduct and rules. Such stories of their harshness and strictness were part of our growing up, some even boasting about how much it helped them to be better priests and persons. I think this explains why Dabu tended to be very strict, even ferocious, with his charges when he was in command of them.

He maintained that he derived greater satisfaction putting on the priestly robe than even the robe for obtaining his degrees at the university conventions, even though in those days two Afargan prayers fetched only one anna. He practiced mobedi from 1901-1906 and studied Avesta-Pahlavi languages. He stood first in his school in the metric exam in 1906 and seventh in the old Bombay Presidency.

MARRIAGE

He became a staunch vegetarian in 1902 and so when he was married to Jerbai, an angelic lady we all admired, on December 14th, 1907, he made sure that only vegetarian meals were served at the wedding. As he was still in college until 1910, he asked his wife and her family not to have any relations, even correspondence, with her until he finished his studies. At the Cama Institute we used to observe Jerbai praying religiously and observing a saintly low profile. She was an embodiment of wifely virtues. She had an abiding faith in her husband always doing the right thing and being above reproach. She was hardly fazed by the constant criticism levied against him week after week by the Ilme-Kshnumists in their weekly Parsi Avaz.

She evinced the same stoic qualities as her husband and emulated his simplicity and unassuming nature in every way. Unfortunately, however, she suffered from bad eyesight and eventually went blind around 1950. Dabu Saheb, as we called him, took care of her as diligently as she had taken care of him earlier. After Jerbai passed away he tried to live on his own until he fell down and fractured his leg. His son,
Noshir, with great difficulty persuaded him to move with him to Ahmedabad where he passed away gently on October 30, 1979.

EARLY CAREER

After passing his master’s degree in Avesta-Pahlavi with flying colors in 1912, he happened to read an advertisement from the Theosophist magazine, Cherag, for the position of assistant principal for a school in Kanpur run by the Theosophical Society. The pay was meager but he applied for and secured this position and served in this capacity for two and a half years.

He even got an opportunity to work closely under Annie Besant in Adyar. She urged him to serve as principal of Aligarh Dharmasamaj high school which he did for five years to everyone’s satisfaction. She inspired him to become a staunch Theosophist and urged him to serve his own community as best as he could, which he did to a degree he would have hardly even imagined in her wildest dreams. He so often referred to her in his lectures to us and others. She remained his inspiration for life. Incidentally, Dr. Wadia’s article confirms what rumors we as kids heard about him not accepting any gifts from anyone when in Aligarh, even when his mother chided him for it. He never compromised his principles and integrity and cherished his independence.

However, this forthright nature, though not insolent or abrasive, often did not endear him to the egocentric trustees of the institutions he served. I do not remember him complaining about anything except about common ills facing the country or community, or about, for example, others not using the title of “Sir” for Rustom Masani when he gave me a recommendation letter to him. He never complained about summer heat in his apartment even when I, for one, found it intolerable and even though, from the lakhs of rupees in ashodad he gave away to charities, he could have afforded a thousand air conditioners. That reminds me of K. R. Cama who, as Jivanji Jamshedji Modi relates, would continue working in the humid heat of Bombay summer rather than going to hill resorts.

AS PRINCIPAL OF THE SURAT PARSI BOYS ORPHANAGE

He left Aligarh in December of 1919 as some goonda (shady character) threatened in writing to kill him. On learning about this, his mother went on a fast unto death until he returned home. He was soon appointed principal of the Surat Parsi Orphanage which he served for 27 years as per my recollection.

Almost half of the Parsi population, as per my research, then lived outside of Bombay, mostly in the hinterlands of Gujarat where they had less and less means of livelihood and no support system like punchayats in the big cities, especially for orphaned children. Some parents brought their sons and simply entrusted them to him, saying, “From now on he is yours. Mould him into a good adult.” There were only 17 boys in the orphanage when he joined it, but many more when he left it. He learnt typing, sewing, tailoring, etc., so as to teach these to the students. He particularly delighted in treating their wounds and illnesses and he continued doing it at the Cama Institute every morning. With his efforts the orphanage was qualified for starting matriculation classes and higher studies. In 1925 he started a “magic lantern” system to show slides for learning purposes—he photographed and made slides himself. In 1928, the Orphanage bought equipment for silent movies and in 1936 for talkies.

He introduced Boys Scouts, commercial and trade training, sports, first aid, and science labs to the Orphanage. He enjoyed holding a session once a week when any student could ask him any question under the sun. At the Cama Institute, we could ask him the meaning of any word in the English language and he never failed us in providing the right answer. He regularly gave lectures in Surat and Gujarat villages as well as in Bombay. Any Parsi raised in Surat then knew about his many accomplishments as well as his truly spiritual character and held him in highest esteem.

Part 2 will appear in the Winter 2010 issue

Dastur Dr. Kersey H. Antia is high priest of the Zarathushhti community in Chicago since 1977, and has served as an honorary priest for over half a century. A fully-ordained priest, with the Best Boy medal and the Prefect Medal from the M. F. Cama Athornan Institute in Mumbai, Dr. Antia studied religion and Avesta-Pahlavi under Dasturji Dabu, Mirza and other learned priests, and has won essay prizes from K. R. Cama Oriental Institute and other institutions and Avesta-Pahlavi scholarships in college. He has lectured widely and is author of numerous papers on religion and psychology. A clinical and management psychologist in private solo practice in Illinois, he is also affiliated with several hospitals. He is listed in several Who’s Who and included in Outstanding Religious Personalities and Scholars of the 20th Century, and others.
A PROFILE OF SIX YEAR OLD OSTA ROOYINTAN MEHENTY, MUMBAI

AN INCREDIBLE YOUTH

In February 2010 during my visit to Mumbai, I had the privilege of meeting a very gifted six and a half years old Parsi child – who completely won my heart. While I was reciting my prayers at the Wadiaji Atash Behram-Dhobi Talao, Mumbai with only one other lady in the prayer room, this energetic boy entered the prayer room, stood in front of the Atash and began reciting some prayers aloud. I stopped my prayers and intently listened to what he was praying. I was totally astonished as he prayed like a true adult Dastoorji. His powerful and mesmerizing voice echoed through the prayer room.

Outside the prayer room, I waited curiously to talk to the playful youth. His name is Rooyintan Mehenty and not Rohinton as he quickly corrected me. When I asked if he had undergone his Navar ceremony because he prayed like a true champ, again he quickly corrected me that he still did not have his Navjote. Rooyintan confirmed that what he recited was the prayers from the Khordeh Avasta. He claimed he can recite by heart all the prayers in the entire Khordeh Avesta. His father Ervad Nozer (lead boiwalla at the Atash Behram) & mother Monaz Mehenty proudly joined us and could not stop praising Rooyintan as a "small wonder", "a miracle child". In 15 minutes of my encounter with Rooyintan, we immediately became friends and every time I entered the Atash Behram he would come running towards me to give me a tight hug.

As explained by his proud parents, Rooyintan started reciting prayers at home with his father Ervad Nozer since the age of 4 years, even when he was not able to read, Rooyintan started learning Khordeh Avasta prayers only by listening to his father’s recitation. He picked up the prayers quickly, etched to his young brain and absorbed like a sponge. The parents confirmed that he now has completed the entire Khordeh Avasta and recites all the prayers by heart, and at present struggling with the 9th Ha of Yasna also known as the Horm Yasht, but will eventually master that as well. The Paidayst (funeral) prayers usually prayed by a senior priest is also being learnt by him and he has finished leaning the Ha 28-34 of Ahunavar Gatha which is very difficult to pronounce. Currently Rooyintan is learning the Ushtavad Gatha."

Simply amazing…. I consider myself very fortunate and honored to meet this amazing "miracle child" Rooyintan and his lovely parents. May God Bless Rooyintan and his family. **Reported by Roshan Davar, Toronto, Authorized for publication by Ervad Nozer Mehenty.**
The eminent Dr. Farokh Erach Udwadia concedes that the problems of old age and their management are a cause for concern within the community, in addition to heredity ailments with a genetic streak specific to Zarathushtis.

It was almost a year ago. The last few days of December were passing by rather pleasantly in Dubai, with a heady mix of high-powered Z's from across the globe all animatedly engrossed in the ongoing World Zoroastrian Congress.

As esteemed speaker after speaker articulated an array of issues concerning the community, one that touched the quickest chord was Dr. Farokh Udwadia’s incisive overview of the community’s health.

It would not be out of place to point out that for the Parsis of Mumbai, although not only Mumbai if one may add, Dr. Udwadia is beyond iconic, almost like the Resident Archangel of Revival & Recovery for generations of ailing and wailing Zarathushtis!

He has long been the last word in medical ministration for many, too many, both within the community and without. The awe he inspires is as much for his formidable competence, as for his dashing grace that still makes many a grey-haired granny skip an ischemic heartbeat as “aapro Farokh” steps in to take charge!

His academic accomplishments are towering... He was awarded a Distinction in Medicine at both the MBBS and MD examinations by the University of Bombay, being awarded almost every scholarship and every medal the University had to offer at these examinations. He was also awarded the Prince of Wales Gold Medal and Dr. C.S. Patel Gold Medal at the MD examination. He was elected a Fellow of the Royal College of Physicians, Edinburgh, in 1969, at the age of 38 years – the youngest Indian ever to be so elected.

He has been Emeritus Professor of Medicine, Grant Medical College & JJ Group of Hospitals since 1989 onwards. He is the Consultant Physician and Consultant-in-Charge of the Intensive Care Unit at the Breach Candy Hospital from 1964 onwards and Honorary Consultant Physician to the B.D. Petit Parsee General Hospital from 1958 onwards. He is a Consultant Physician to several other institutions in Mumbai and was appointed Consultant Physician to the Governor of Maharashtra in 1977.

Among numerous honours and accolades he continues to receive, significant was the Padma Bhushan awarded to him by the Indian government in 1987. At the World Zoroastrian Congress in Dubai, held in December 2009, he was awarded the Lifetime Achievement Award for Medicine.(FJ 2010 Vol 24, No 1, pg 29)

He is also a very good speaker and clearly the lot of us in Dubai were bowled over by his eloquence. It isn’t often that one gets to interact with him informally and the indefatigable editor Dolly Dastoor decided to push our luck further by requesting an interview. The good doctor graciously agreed and conceded some time. This lucky writer happened to be at the right place, at the right time!

Excerpts...

* Dr. Udwadia, your thoughts on the community’s health

We are an ageing community. Therefore, there are all the problems that occur with bad health as one ages: heart attacks, strokes, cancer. When you get well past
Personal Profiles

Shernaaz Engineer is a Mumbai-based journalist and was recently appointed Editor of the Jam-e-Jamshed, a 178-year-old newspaper, the second oldest in Asia. She is the first woman editor of the paper.

70, one of these three becomes the cause of death. The older you get, the more the body and mind disintegrates. Sometimes, it's more the body than the mind or vice versa. When that happens and you are alone, it becomes a terrible management issue. The problems of caring for the individual become acute.

* What were the significant turning points in your life
Several, but if I had to pick the most significant one it would be my marriage. It's been a very, very happy 50 years – 51 in December. And then, of course, the fact that my work has been widely acknowledged and my books have been well received, that is very encouraging.

* What has enabled you to succeed, could you share some pointers
You need to have it within you to succeed. You must be confident of your own abilities. There are no short cuts; you need to work very hard. Determination and the single-minded pursuit of what you set out to do are important attributes.

* Did you have any role models
Two wonderful teachers in my undergraduate and post graduate career, Dr. N.D. Patel and Dr. Rustom Jal Vakil, inspired me. But from the age of five I knew that I would become a physician!

* Any regrets
No regrets, except that this is a very taxing profession. I am not sure if in my next life I would want to be a doctor! But, then, I would miss my medical practice.

* Would you consider slowing down
Seems unlikely that I will ever be able to cut back on work. I start my working day at 7.30 a.m. and end it at 9.30 p.m. Often, I get calls in the middle of the night.

* Does your demi God status overwhelm you
It annoys me. A doctor never cures – the Good Lord always does.

* Are you religious
Deeply religious. I lose count of the number of Yatha Ahu Vairyo’s I say through the day.

Shernaaz Engineer

* What are the main health problems facing the community and your suggested solutions for tackling them
For all age groups within the community, the stresses and strains of living in a world that is very competitive are taking their toll. Diabetes is high, specifically in our community. I am increasingly noticing the incidence of heart disease among younger members of our community, as early as in their forties.

Some health problems have no solutions. Diabetes often has a strong genetic base as we are an inbred community. Ischemic heart disease also occurs due to a genetic strain.

However, broadly my suggestions for better health would be: eat less, exercise more and retain a good sense of humour.

* Any peculiarities of Parsi patients
Ah! Parsi patients tend to be rather long-winded. They most often talk about everything except specifically the reason why they are there to see me and it gets rather difficult to arrive at the root their problem. It is quite amusing, actually! Often, there is really nothing very seriously wrong with them. They come to me with imaginary complaints. But by and large they are not cantankerous, except some women.

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* How do you keep yourself fit and in good health...
I used to be an exercise fiend in my younger days. Nowadays I have a very small breakfast, hardly any lunch and I’m not a social person so I don’t go out for dinner. I guess that helps you preserve your health.

* What inspires you and keeps you motivated
My work. I genuinely like caring for people. It is a challenge, very tiring and it involves a great deal of mental stress as I look after many very ill people. As a result, I don’t sleep very well night.

* Your other interests...
Music. I love music and enjoy playing the violin. And I like reading and writing. I have written several books and am in the throes of one right now.

* What Parsi values do you hold dear
Honesty and integrity, which I think many of us value more than anything else. Charity also. And speaking and practicing the truth.
With a warm hug in a ranch-style house in the leafy
neighbourhood of Mineola, Mississauga, I met an old
friend and we got talking.

It was as if the 25 years since we last met just seem
to evaporate. I was thrilled to bits as I met Ervad
Khurshed K. Dastoor, now Vada Dasturji (High Priest) of
the Iranshah Atashbehram in Udvada.

No soppiness and no telling how the years had flown,
he now sports a white beard and I have 20 extra pounds
on my 5 foot 2 inch frame. We got talking almost
immediately as I had 45 minutes to spend with him and
his wife Havovi.

Growing up in Mumbai,
India, most of my summer
holidays were spent in
Udvada at my nani’s house.
He spent most of his time in
Udvada, being the son of a
father who occupied the
position of Head Priest. So
over the years we cultivated
a bond- the strength of
which was evident in the
sharp questions I posed and
the no-nonsense answers
he provided.

A commerce graduate
from Mumbai University’s
Hasaram Rijumal College,
Ervad Khurshed, 47, was
ordained as Head Priest by
Udvada Samast and
Athonman Anjuman on
January 27 2002 after the
demise of his late father Dasturji Kaikobad Dastoor.

Dasturji Khurshed Dastoor joined the Dadar
Athonman Madressa in 1971 and became Navar/Martab in
Udvada in 1975-76. A father of three (they have 2
daughters Parinaz and Shanaya and 1 son Daraius) he
divides his time equally between his liturgical duties in
Udvada and his personal life in Mumbai.

Here are excerpts from the interview that took place
on May 28, 2010 in Mississauga, Ontario when Dasturji
Khurshed was visiting the Greater Toronto Area.

Teenaz Javat (TJ): Why is there so much of bad
blood flowing within our community viz-a-viz the debate
over inter-community marriages? Do you even get the
sense of how divided a community we have become?

Dasturji Khurshed (DK): Yes, I do. More so as
childhood friends who I have grown up with and have
chosen to marry outside of our faith are sometimes
treated quite shabbily. However, I want to set the record
straight once and for all. Our religion is based on
gender equality and if a Parsi/Irani girl or boy chooses to
marry outside of our faith and does so by way of a civil
ceremony he/she has, according to me, every right to
continue to attend the Agiary or Atashbehram of their
choosing.

If, after marriage to a non-Parsi, the individual born
as a Parsi and whose navjote has been performed,
chooses to continue to follow the faith they are born and
initiated into, I do not see
any reason why they should
not be allowed to offer
prayers at any and all
places of worship.

Let me be clear, this is
not my ruling - it is what
Dasturji Daboo, a great
scholar, had suggested way
back in 1968 and I whole
heartedly endorse it.
However, in some cases
where the immediate family
pressurizes the
intermarried girl/boy not to
visit our place of worship
then there is nothing one
can do about it. However, I
want to set the record
straight, that in no way am I
advocating or favouring
inter-caste marriages

TJ: There are so many
petitions floating around the internet both for and against
conversion, what do you have to say about them?

DK: The internet has to an extent created a false
sense of runaway knowledge. Not everything can or
must be believed as the information is in most cases
one-sided. I do keep abreast of all that is going on, but
am not inclined to participate in the controversy that
such exchanges generate. To be honest, it is a waste of
time. I have other greater and more meaningful
responsibilities to shoulder and internet petitions hold
the least of my interest or my worries.

TJ: But as a head priest of our most pious and
sacred atashbehram you do not have an option to stay
quiet anymore and the buck to an extent does stop at
your doorstep?

DK: A lot of stuff you read about is one-sided. Citizen
journalism is not helping our cause, which is to maintain
peace and balance within our small community. Take for instance the case of Ervads Khushroo Madon and Faramrooz Mirza. There is one petition that is calling for them to be defrocked and another to be reinstated. I have seen both and signed neither. I am of the school of thought that once you are ordained as a Navar or Martab no one can defrock you as you have been ordained in the house of God. Besides that there are many priests who have like Ervads Madan and Mirza performed navjotes/lagans of children of mixed parentage and other irreligious activities yet nobody is talking about them.

TJ: It seems the orthodox lobby is gaining strength over the years. Can you explain this rise in Zarathushtri fundamentalism - for want of a better word - over the past 25 years?

DK: It all boils down to financial clout propagating religion of convenience. Just take a look at the amount of money WAPIZ - which is at the forefront of obnoxious movements within the community - spends on advertising in Free Press Journal and circulates them free of charge. Because everyone cannot match their scale of funding does it mean that the defenders of the religion are those with ample money to burn? Certainly not! There are bigger and better things to be achieved to improve and strengthen our community than participate in such a bitter and nonsensical feud.

TJ: Bigger and better things like what? Do you have a pet project you are working on?

DK: Yes, in fact that is what I spoke about at the Zoroastrian Society of Ontario after performing the jashan on Zarthsosht-no-diso.

My pet project is to declare Udvada a heritage village – the reason being to stop the construction of high rise buildings that have been springing over the village and to preserve the heritage grade status of the Parsi homes and mansions at Udvada.

The local infrastructure cannot cope up in providing the required amenities, resulting in inconvenience to the locals and most importantly pose a threat to our Iranshah. These high rise buildings once constructed need to be serviced with huge quantities of water, electricity etc and with 60% of the local population depending on wells for water both for drinking and otherwise, we need to preserve our source of water. The village was built up in a way that one well was meant to service one home not multiple flats that have come up in place of that home.

Secondly, the sewage of these buildings is by way of septic tanks. Some of them are so close to the Iranshah that any contamination of the well within the prescient of Iranshah will be disastrous. All our higher liturgies like yazashne, vendidad, nirangdin depend on pure water from our own well and would come to a grinding halt if the Iranshah wells were to be contaminated.

Once the heritage label is applied to Udvada, there will be tangible benefits accruing to the village. The sale and subsequent demolition of heritage grade homes and mansions will be stopped, construction of high-rise apartment buildings will not be allowed and the pristine glory of Udvada as global religious headquarters will be preserved and maintained. Also notification as a heritage village/site will encourage the government to improve the basic town planning infrastructure such as roads, drainage etc. It will also help save our beach. The gravel and sand depletion which has taken place, thanks in part to the construction boom, has left our beach barren and rock-strewn.

The pristine glory of Udvada along with the sanctity of Iranshah must be preserved at all cost for the generations to come. Udvada cannot be allowed to degenerate into a location where heritage is replaced by modernity.

TJ: At what stage is this project at?

DK: Presently nowhere, thanks to those from the community who shout from the rooftops proclaiming themselves to be defenders of the faith. The proposal to carve out Udvada as a Heritage site was opposed by them resulting in thus far the Government of Gujarat not considering the heritage proposal put up to them in 2004-2005. These same self-defenders of our faith have acquired the heritage status for Agiaries and Atashbehrams in Mumbai, which quite frankly I find ridiculous.

TJ: Have you approached the UNESCO?

DK: No. I do not want the UNESCO involved as then for every structural change to the Iranshah we will have to get approval from them. Let me set the record straight - we are not doing this due to any lack of funds. Iranshah is truly blessed by philanthropist who at a moments notice clamour to serve and fund any renovations that we may require.

My purpose in spearheading this heritage project was to make sure the village does not get run over by runaway development which current infrastructure cannot support. The quaintness of Udvada as you and I remember so fondly must stay as that is what we have to preserve in addition to the Iranshah ever since it was sanctified in 1742.

Teenaz Javat is a journalist living in Mississauga, Ontario. She works for the Canadian Broadcasting Corporation (CBC), teaches journalism at Sheridan College, Oakville and freelances for newspapers and magazines in Canada and abroad. She can be reached at teenazjavat@hotmail.com
To the Editor

Dear Dr. Dastoor,

Re: The Article "The House Of Song" by Raiomond Mirza Ph.D.  FEZANA Spring/March 2010

It is a very interesting article which brings out an obscure concept of music in Zoroastrianism; my hearty congratulations to Dr. Mirza! But to the mobeds trained in madressas at Bombay, Udvada, Navsari etc. it may not be so obscure. During their training, passages from the Avesta would be marked for punctuations to facilitate pronunciations and rhythm. In fact the root of music is in religion. The Hindu and Zoroastrian scriptures were transmitted orally, and poetic/musical compositions make it easy to remember.

Writing about the source, Dr. Mirza writes "It may sound preposterous that the world's first monotheistic religion could have anything in common with its largest polytheistic opposite............"; I respectfully disagree. Hinduism is not a polytheistic religion; it is a misconception. Hindus believe in the existence of one spiritual reality. The Supreme Being is described as "beyond the measure of all attribute".The Upanishads which refer to the three principal activities of the Supreme Being, states, "everything is born in Him, is absorbed in Him, and breathes or sustained in Him."

"Thousand -headed was the Supreme Being, thousand eyed and thousand footed. Covering the world all around, He yet exceeded it by a span. All this is Supreme Being, what is past and what is in the future; He is the Lord of immortality as well as of that which grows by food (mortal creatures)". This verse, Rig Veda X:90:1-2, clearly expresses the Hindu Belief.

From a very early period a Hindu was conscious of the fact that multitudinous deities of his pantheon really illustrate the various ways of describing one single God with His manifold attributes and manifestations. Refer to the Rig Veda I:164:46, "They call Him Indra, Varuna, Agni and even the fleet-winged celestial bird Garuda. The One Reality, the learned speak of in many ways – ek sadhipra bahudha vadanti; a favorite quote of Swami Vivekanand".

In the common parlance of the Hindus there are as many as thirty-three crores gods-and a crore is ten million! These numerous deities to the discerning Hindu mind is just a way of expressing the immense and uncountable manifestations of the One Supreme Being. This is not polytheism, but a recognition that the Supreme Being is known in many ways and worshiped in many ways; a unique manner of the catholicity of the Hindu mind. .

Dr. S. Radhakrishnan writes in his Introduction of "The Principal Upanishads":

"...when worship is accorded to any of the Vedic deities, we tend to make that deity, the supreme one, of whom all others are forms or manifestations. He is given all the attributes of a monotheistic deity. As several deities are exalted to this first place, we get what has been called henotheism (belief in one God without asserting that he is the only God – The Concise Oxford Dictionary, 1974; my input), as distinct from monotheism (doctrine that there is only one God - The Concise Oxford Dictionary, 1974; my input). There is, of course, a difference between a psychological monotheism where one god fills the entire of the worshipper and a metaphysical monotheism. Synthesizing processes, classification of gods, simplification of the ideas of divine attributes and powers prepare for a metaphysical unity, the one principle informing all the deities. The supreme is one who pervades the whole universe. He is gods and men; Rig Veda X:82:3."

I think this short piece is sufficient to refute the concept that Hindus are polytheistic.

Best wishes,

Gustad M. Panthaki,
Toronto, Ontario
To the Editor

**Mobed & Mobedyar in the Diaspora.**

FEZANA Journal Spring 2010, issue is loaded with information regarding the religious services of and for Zoroastrians in the adopted countries – their needs and wants. Sifting through a large conflicting, some contradicting reading, one comes to conclude that for the services that are being performed, perhaps necessary, perhaps optional, neither the performance by Mobeds nor Mobedyars is necessary. As the Dasturs and mobeds themselves state, all these services can be performed – recitals, prayers and rituals by lay Zoroastrians – Athornan and Behdin, men and women. The only requirement is that they learn and know what they are DOING i.e. Education & Will on their own part.

Mobeds’services are only required for the conduct of the consecrated “inner” liturgical ceremonies which require special facilities of consecrated fire-temples “Atashkadeh”. A large population of Zoroastrians have lived in these lands for over half a century without existence of such facilities. Mobed’s services are used as and when available – and if not lay Zoroastrians have filled in. This can go on as long as necessary without any problem.

Why, then, is the rush for creation of “Mobedyar” a new hierarchy and a new curriculum to fit in and compete with Mobeds? As it is, existing Mobeds are under utilized as Mobeds. They have to make their living in other professions. How many Mobeds perform these “outer” liturgical ceremonies even 50 times a year ?

Are the organized Zoroastrians in the Diaspora fools rushing in where angels fear to tread! Will not the Mobeds then accuse these Mobedyars of kicking them (Mobeds) in their Tummy – i.e. depriving them (Mobeds) of their livelihood ? Some in Chicago have already said so.

If all the energies expended on such non existing mundane issues, be directed towards improving (helping to improve) the lives of those around us a lot of good can be achieved – the Real Zoroastrian Way. May we invoke Ahura Mazda’s blessing that we may lean towards the Righteous Path of Progress and Advancement, rather than pursue Retrogressed Preservation !

Mehroo M. Patel
Chicago, IL

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**RESPONSE FROM GUEST EDITORS**

**ERVADS SOLI DASTUR AND JEHAN BAGLI**

Currently, in North America, we have over 200 Mobeds (and about 10 Mobedyars), many of them not actively performing the Mobed Duties. Of all of these Mobeds, almost all of them came to North America NOT TO DO MOBEDI as their primary function, except may be 3-5! They came mostly to pursue further studies in NA Universities in all sorts of fields! If these 3-5 Mobeds, an exception, are under utilized as you mention, and have to make their living in other professions, it is a local problem of the community who brought them here in NA in the first place. The overwhelming majority of the NA Mobeds came here to further their education, found good jobs and perform Mobedi as their voluntary service to the community.

Hence, Mobedi in North America is not a profession. They are financially rewarded not because the mobeds demand it, but because they fulfill the spiritual needs of the laity. And many of the Mobeds refuse to accept any financial rewards for their services, or if they do, they return it back to charities of their own choosing. With the largest population of Mobeds in Toronto we constantly find it difficult to have a Mobed available, when needed, simply because their professional needs have a priority.

**NAMC believes the Mobedyar program IS THE RIGHTHEOUS PATH OF PROGRESS AND ADVANCEMENT.**

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**Yada ashem**

**zevim anghem mazdaoscha**

**Ahuraongho ashicha aramaiti**

May the wise lord reward
when we invoke Righteousness
with sincere devotion

Ys 31.4
Letter to Editor,  FEZANA JOURNAL
8/15/10

I found your editorial (Dynamism of the Diaspora) hurtful and wrong.

The migration from India to U.S. was for

Religious Reasons
Economic Reasons
Educational Reasons
Professional Reasons

Wrong it was mainly for Economic Reasons

• We practice the Zoroastrian Religion in the U.S. as it was meant to be practiced
Wrong...even the minutes of the Mobeds Council indicate they are confused...just talk to a handful privately
• Destructive practices of the community they have left behind
Wrong...They by financing education provided a better economic future to the diaspora..now the editor blames them for their deeds.
• They were saddened by the influence in the community of the different lobby groups.
Wrong, there are more lobbyist on K Street in Washington than any where else, 12,000 on K Street
• By compartmentalized and non flexible thinking...
Wrong...look at the mirror
• By the court battles
Wrong ...come to Chicago...see their annual report...and their court losses after 2 and ½ years, Law suits you failed to mention were filed by liberals
• Who can pray where, when, and how..
"I am glad I am not there anymore"
You got that right...if you mean it, in the U.S.
• Furthermore you state we have excelled in our professions....120 professionals listed in a population of 30,000 or 0.4 % by Parastu Dubash
O.4 % is nothing to Crow about...but thats what Zoroastrians in America do. Eloquent, Affluent, Arrogant...as your editorial
• FEZANA revenues dropped from $200,000 plus to $125,000 in one year.
This is not something to be proud about. Why did this happen?

Also $18,000 is allocated for scholarships but $15,000 is assigned for BACK ROOM OFFICE to ONE person....Jerry Kheradi Report.

Scholarship and patronage have equal weight

Dear Dolly, thirty years ago I got a letter from my parents saying Parsi children have broken from their families in the U.S. from their loved ones and I heard the cry to "break the umbilical chord" I also heard the anguish from Parents in India that were deserted by their children in the U.S. in their old age by the rejection of conservative values as they had changed to becoming LIBERALS...not reformers...per Hinnells as mentioned in the FEZANA that you have so wrongly editorialized.

You are entitled to your opinion even when it is wrong, as you have been told "Freedom of Choice" and it comes out in your lifestyle as written in your editorial, but our religion teaches us "Value of the Theory of Consequences" The Gathas.

Finally when one points a finger at others there are four fingers pointing at same self. Amen Dolly Dastoor

Porus Dadabhoy
Activist (Illinois)
630 960 2425

"No private communications or correspondence will be entertained" writes the author of the letter.

hyat nê mazdâ paourvîm.....hyat shyaothanâchâ sêñghâschâ ÿathrâ varenêŋ vasão dâyetê.

In the beginning Mazda.....gave deeds and teachings so one can choose though Freewill

Ys 31.11
Coomi Aunty turns 100

Thank you Coomi Aunty for your years of service to our community and a very
Happy Birthday from all of us.

On September 7, 2010 Coomi Bhathena turned 100 which called for several celebrations much before the actual date. Her family had a celebration with an OPEN HOUSE, on the Ushtavad (second) Gatha, August 15th at “Cummer Lodge”, her Nursing Home where she lives. There was also a family luncheon of over 65 of her family and friends around her. Five of her six children, 6 grandchildren and 7 great grandchildren together with 4 nieces with their children had all come to Toronto to felicitate her. Congratulatory greetings were also received from the Governor General of Canada, Her Excellency Michael Jean and the Prime Minister of Canada Stephen Harper.

Another lunch was organized by Putli Mirza on the Vahistoist (Fifth) Gatha, August 18th with over 150 people and finally at the Navroze Celebrations of the Zoroastrian Society of Ontario (ZSO), she was presented with a plaque with over 250 people in attendance.

How blessed we are to have known Coomi Aunty and have her in our midst as she celebrates her 100th birthday. Her’s has been a heart that keeps on giving. Nobody in our community has given so much, especially when she spent so little on herself and gave so magnanimously. Fearlessly independent, with courage and enthusiasm, always willing to undertake any task given to her. As we celebrate her 100 years, something she has always dreamed of achieving, we look upon a living example of a true Zarathushti spirit of giving, striving and achieving. May she spend the rest of her years in good health, peace and comfort. Hers has been a life fully lived.

Born in Jhansi in 1910, Coomi Aunty was fondly and aptly called ‘Jhansi Ki Rani’ and she lived bravely as one! The third of 8 children, she left India and went to live in England in the early 60s where she learnt the art of sewing, leather and fur. She returned to India and worked as a matron at the Bandra Orphanage where she taught the girls, arts, crafts, home science and cooking. She also taught handicrafts in Bharati Vidya Mandir School and Birla School. She was a Girl Guide leader as well.

Coomi Aunty was married at 18 to Framroze Bhathena and had 6 children. The eldest Dinaz Keki Irani lives in Pittsburg, Bapsy Guard in Oakville, Ontario, Hosi Bhathena in London England, Perviz Eruch Contractor in Prescott, Ontario, Aspi Bhathena in Vancouver, Darius Bhathena in Caledon, Ontario. It was at her encouragement that her children left India when very young to better their lives abroad. She has 10 grandchildren and 14 great grandchildren.

She never stopped exploring new things, she learnt to swim and drive in her fifties. She immigrated to Canada in the mid sixties and supported herself by sewing sadras, daglis and saree blouses or any outfits people wanted her to make. She made her own dresses for every occasion. When she celebrated her Golden Anniversary, she wore a long dress painted and sown by her. She never wore the same party dress twice!

Coomi Aunty loved to play match maker. Her card and advertisements, read ‘Expert Tailoring, Alterations and Matchmaker’. She had an album of young people who would send her bios in hope of a Parsi Match. She was the original E harmony for Parsis in North America. Coomi Aunty. tried to find matches for all her grandchildren!

All her life was devoted to charity. Everywhere in our Darbe-Mehr you will see items made and donated by Coomi Aunty The beaded torans that grace our door ways, the vases big and small that she made in her ceramic classes, the red carpet in front of the Dadgah room, were all her quiet contributions and gifts. Her
Coomi Aunty turns 100

biggest contribution was towards our scattering ground at Glen Oaks Memorial Gardens. She paid $10,000 the full amount for the entire plot!! (Photo Coomi Aunty holding flowers with members of the Zarathushti community of Ontario)

She was the chairperson of the Seniors’ Group for some time but always on the committee. She took a group of seniors to Los Angeles and Las Vegas in 1995.

She arranged for the Tickets to the show ‘Price is Right’. For her it was ‘Maro Bob Barker’. They went to the show on 3 consecutive days, hoping to be contestants but did not succeed! She held cooking demonstrations and Toran making classes for seniors. She organised many day trips for the Seniors, took part in the Gourmet fair organized by seniors and her Bhel Puri was always sold out. All the proceeds from the senior activities went to the Seniors’ fund from which their activities are financed.

Coomi Aunty’s charity was felt in India as well. The little money that she earned sewing sadras and beading Torans was given to Dadar Madressa where she sponsored 3 children to be Navars. She gave to a clinic in Udwada where they treated the poor for free and donated to the luncheon programme for nassasals.

Coomi Aunty loved Pierre Trudeau and waited for hours at Maple Leaf Gardens to see him and shake his hand. One day she succeeded in doing so and that was one of the highlights of her life!!

Coomi Aunty worked with us on the Muktad Committee till 2004. She used to stay with us for the 5 days of Muktad till she had her stroke and was confined to the wheel chair. She worked actively till she was 94 surviving many years of hardship, never asking for any help from family or friends. I’ve had the privilege to work with her for the past 25 years, on the Muktad Committee. Every Navroze she would single handedly cook for 350 to 400 people!!! Everything was a challenge to her and every challenge she met with success. She has cooked more meals than anyone in our community, for all our functions, including Ghambars and Jashans.

Coomi Aunty is that unique brand of human being who is multifaceted. Even at Cummer Lodge, Residence for Seniors where she now resides, she would put up her paintings for exhibition. To this day she has never worn glasses and yet sews, knits and paints!!!

It has been my privilege to know Coomi Aunty and acknowledge all that she is. She is loved and respected by the whole community. All of us join her family in the celebration of her life and 100th birthday. Ahura Mazda’s choicest blessing have been upon her and may they continue to be on her.

Putli Mirza, Toronto, Ontario

Information was provided by her granddaughter Jasmine Jasavala.

Photos Armaity Homavazir

FEZANA JOURNAL CONGRATULATES COOMI BHATHENA ON THE SUCCESSFUL COMPLETION OF THE FIRST 100 YEARS OF HER LIFE.

Golden Celebration:

Soli and Perin Pardiwala celebrate their 50th Wedding Anniversary in Toronto, Ontario with their family. They were married on May 23, 1960, in the Fanaswadi Agiary, Mumbai, India.

In photo Daughters Zenobia (Harry Silliphant) Shehnaz (Joe Amato), Tanaz (Gustav Svensson ) Grandchildren Aiden and Rachel Silliphant, Lyla Amato and Daniel Svensson.
PURVEZ THE FAMILY MAN

He made my lunch for me every day and would put in a note or a flower …

Aban Rustomji

I got to know Purvez Uncle and Aban Aunty a little more when I was on the Gala Committee in 2008. Aban Aunty was running late for one of our first meetings. She got a flat tire. So Purvez Uncle had to go and help her. I remember her telling us with a cute grin on her face ‘My knight in shining armor saved the day?. I will never forget that, it was so sweet and I could see how much they loved each other.

Zia Anklesaria

Dad taught us that all moments of life required a fine sense of engineering and a certain amount of finesse. I loved that he always carried a handkerchief (just in case you need to wipe your hands), he only ate with a fork and knife (even pizza and French fries required manners), and he believed you are only fully dressed after you wear some cologne. He was filled with wonder when confronted with natural beauty – his birds on the back deck, the roses on the side of the house, and the latest antics of his two grandsons.

Nerina Rustomji

Most adult men do not have the chance to work with their fathers side by side for 16 years. I saw him as he conducted business relations with vendors, clients, bankers and contractors. He was honest and forthright in his dealings. I am very fortunate to have been with him in so many aspects of his life. He was respected by all those who dealt with him. He had a knack of making those around him feel comfortable and confident.

Arish Rustomji

PURVEZ THE VISIONARY

Purvez Shiavax Rustomji was a man of great vision with the ability to articulate it. He helped other people to visualize the vision and embrace it and together with them make the journey to ultimately turn it into a reality. The Zoroastrian Cultural and Heritage Center stands today as a monument to his vision, the perseverance and dedication of one enlightened Zoroastrian, our dear friend, Purvez Rustomji.

Vispi Sagar

We were developing a piece of land for business use in Katy, Texas many years ago. He was explaining to me where to locate the warehouse buildings. I looked at the plan and was puzzled. I asked him, “Dad, you put the warehouse with a 250 foot setback from the road. Isn’t that a bit too far? The driveway will be so long and expensive.” He thought for a moment and replied, “This road will eventually be a 6-lane highway and we will lose 100 feet to the county.” I understood.

Arish Rustomji

PURVEZ AND THE ZAH CENTER

Purvez said “Build the Center and they will come. The Center is like a tapestry that is holding the fabric of our community together …”

Vispi Sagar

He insisted that the community will decide its future and not the donor. He was committed to social justice in that the Center should be open to all, that there be a learning center. Purvez always accompanied Aban to the Library Committee meetings but rarely sat at the conference table. He was man of action - while most of us were involved in long discussions, he would go around the center with his tool box, looking for things to fix. Often overhearing, who is going to do what, he would simply jump in and volunteer to take on the whole project with his
famous expression “consider it done”! No task was too big or too small for Purvez.

Rustom Engineer

Purvez was totally committed to making the ZAH Cultural and Heritage Center a reality. We had many an argument as to whether the approach should be top-down or bottom-up. Purvez, from the stand-point of efficiency, argued for the top-down approach and I argued for the bottom-up, community-based approach. After many discussions and some reflection Purvez told me that he had changed his mind – that it was important for a community project such as this to be bottom-up. Clearly, he was open to changing his mind.

Sarosh Collector

When I served on the ZAH Executive Committee, we had some very intense discussions regarding the center. Very often Purvez came to the rescue with the documentation he maintained. He would whip out emails and minutes to remind folks of why certain things were decided. He did so even if the final outcome did not go his way. That is how fair he was.

Pervin Sagar

It is only because of Pervez that I got involved in community affairs. He had a knack of making everyone feel welcome and value each person’s contribution.

Behroze Daruwalla

Purvez was devoted to his family and to the Center, Aban told us that in between blood transfusions he would go to the Center to check up on things. We visited him between 4 and 5 PM on the day he died. He asked Hoshang to check on the “back flow” in the sewage system at the Center …..

Amavaz and Hoshang Sethna

Most people think buildings and structures are inanimate. However reality is that any structure that has endured for any length of time has a “soul”. This soul is the culmination of various people who have been intimately involved in the design, erection, and maintenance of that structure. We have such a structure in our community in Houston. Purvez is the soul of this structure. You can see the love and dedication that he provided in every nook and cranny of that building. It exudes his spirit and love for the people who enjoy it.

Sarosh Collector

PURVEZ AND CHARITY

My in-laws Gool and Shiavax told me that when Purvez was 12 or 13 years old he came back from town one freezing day in Quetta with just his shirt and trouser. When asked what happened to his coat and woolies Purvez informed his parents that he had given his warm clothes away to a man who needed them more …

Purvez believed that he needed to improve people’s lives directly. At work, he was always inquiring after his workers, finding jobs for their family members, and embracing their children. He did not see himself as just an employer, but also as someone who could help them get ahead in life. As a tribute to his commitment to them, three of his workers even named their children after him.

Purvez, always told me let us give to charity as to “give is to receive”

Aban Rustomji

PURVEZ AND FEZANA

I could always count on Purvez and Aban donating for causes that FEZANA supported.

Firdosh Mehta

My encounter with Purvez started in the rocky years leading up to the Seventh World Zoroastrian Congress in 2000. His was the voice of moderation and sensibility, and at the end of each hour long conversation, he would always make me work through a solution. Thus started a friendship which flourished into the FEZANA Scholarship Program where he was our cherished committee member for over 10 years.

Education and educational activities were dear to Purvez and he worked tirelessly in developing the Terms of Reference for the program. His constant vigilance and diligence in perfecting them to the benefit of the applicants, helped place the academic scholarship program on a sound footing which it is today. He judged the applications very conscientiously, always looking for ways to perfect the judging procedures.

Dolly Dastoor

PURVEZ THE RIGHTEOUS LEADER

In the Ashem Vohu prayer we are reminded of virtue of doing good for the sake of doing good. In the Ahunavar prayer we are reminded of importance of righteousness and our duty to share with others. Clearly, Purvez Shiavax Rustomji has lived up to the precepts embodied in the Ashem Vohu and Ahunavar prayers and will therefore be remembered, by the Zoroastrian Association of Houston Community, as a righteous leader.

Farrokh Mistree
MILESTONES

Adieu Jamshedji!

Jamshedji (Jimmy) Nusserwanji Guzder
Chairman Emeritus, Bombay Parsi Panchayat, Trustee since 1974
(February, 5, 1917 - August 20, 2010)

I will never forget the day my friend - well, actually he was everyone’s friend – passed away from this world. It was early morning of 20th August 2010 – the day I entered my 50th year of life. It made me sad for a few moments, but, after a while I consoled myself, he had lived a full and purposeful life so why grieve? Let me not mourn that he has passed away but let me celebrate the fact that he lived and that I had the privilege of knowing him fairly closely.

Jamshedji Nusserwanji Guzder’s passing away did not come as a surprise to those who were observing his deteriorating health over the last few years. Whenever I used to meet his daughter Statira in Poona, I used to ask about his health and she would always respond with a sad shrug.

My memories of Jamshedji or Jimmy as he was endearingly known to his friends are many. Virtually every afternoon one could spot his red Mercedes parked outside the Banaji Limji Agyari and him praying with fervent devotion before the Holy Fire and greeting each and every Parsi with his trade-mark smile. He was a successful businessman but he never lost the common touch. He was humble and always accessible to one and all. Poor and needy Parsis used to meet him virtually everyday at his office at Neville House with their problems and he seldom let anyone knocking at his door return empty handed or disappointed.

Whenever he visited someone at the Parsi General Hospital, word about his visit would spread quickly and patients or their relatives in the free wards would run up to him and he would simply put both his hands in both pockets and give liberally. Friends used to tell him that many of them were ‘professional beggars’ and that they should not be encouraged. But, Jamshedji, loved people so much that he had neither the time nor the inclination to judge them. He gave because he found joy in giving and putting a smile on people’s faces.

He was a man who loved life and indeed was the life of every party. Even at a very advanced age he looked dashing – soft, almost baby-soft, pink cheeks and a genuine hearty smile – he looked every bit a man at peace with himself and with the world. He exuded true happiness!

He once told me, "I have never, ever taken a headache pill in my entire life" and almost in the same breath he unfolded his stress-busting secret – prayers. 

Yes, he believed strongly in the power of prayers – a habit his mother encouraged in him since early childhood.

Although he had a driver, he loved to drive himself and whenever he spotted an old Parsi lady or gent waiting at a bus stop, he would pull up and offer a lift – the lift often being rounded off with a gift of money. It is his unmatched generosity that endeared him to one and all.

Whether dressed in a crisp white dagli & paghdli or a smart business suit or in his favorite colorful silk shirts, my image of Jamshedji will always be that of a man who spread happiness – almost with a missionary zeal.

I was once at a party in Powai and I requested him to drop me off at any point convenient to him in South Mumbai. But, the gentleman that he was, he dropped me at my door step at home, taking a considerable detour. And, yes, he had relieved his driver earlier saying, "poor chap, he too has a family waiting for him at home". What amazed me even more was his capacity to drive at night at his age after a few drinks.

Jamshedji (Jimmy) became a trustee of the Bombay Parsi Punchayet in the mid seventies succeeding Shiavak R Vakil who was forced to resign under pressure of the orthodox lobby for entering inside one of the dakhma in Mumbai. Late Shiavak was the first to ring the alarm bell that the system for the disposal of the dead was weakening with the dwindling of the vulture population.

During his tenure as trustee Spenta Apartments were constructed and the funds generated were utilized to construct a few buildings at Godrej Baug. In fact, thanks to his efforts and the then Prime Minister, Mrs. Indira Gandhi’s intervention three plots of land at Napean Sea Road, adjoining Doongewadi were saved from lapsing into the hands of the Government under the Urban Land Ceiling Act.

He initiated the scheme for supporting the ‘Third Child’ to give a boost to the dwindling Parsi population and contributed a sum of Rs. 30 Lakhs from his personal family trust for the purpose.

When he completed his term as Chairman of the Bombay Parsi Punchayet, his colleagues decided to confer a unique honour upon him – something unprecedented in the entire history of the BPP. He was made Chairman Emeritus – an honour which he so richly deserved. Personally, I doubt if anyone else after him will ever deserve this honour.

He not only looked like a traditional Sethia – he indeed was one and probably the last of this class of true philanthropists.

It is said, what we do for ourselves alone dies with us; what we do for others and the world remains and is immortal.

Jamshedji is no more in our midst but memories of his good work shall ever remain fresh in my minds of people whose lives he touched in such a positive way.

Noshir H. Dadrawala
Trustee BPP

NOTE FROM THE EDITOR

Dring my visit to Mumbai in 1997, as President of FEZANA, I approached the trustees of BPP requesting that the next World Zoroastrian Congress be held outside the traditional India/Iran axis. Jimmy Guzder who was the chairman then, greeted the idea most enthusiastically, encouraging his fellow trustees to also approve.

Zarathushtris in the diaspora should indeed be grateful to Jimmy Guzder for opening up the Zoroastrian congresses to the world, North America, (2000), London (2005) and Dubai (2009) have all benefitted from his vision.
Homi Merwan Engineer, who was born in Bombay on September 2, 1914, passed away peacefully in Vancouver, B.C. on July 9, 2010 at the age of 95 years. He was the husband of Soonoo and father of Merwan and Rukshana. Homi was the second of eight children of his beloved mother Maneck and father Merwan Irani. His brothers were Aspy, Homi, Jehangir, Minoo, Rashid and Rointon, and sisters Katayun and Peroja. He had vivid and fond memories of his youth: traveling on a bullock cart to school; inspecting the rails on an Inspection Trolley with his father, walking through the beautiful Karachi of old with its saintly Mayor, Jamshed G. Mehta, a friend of the family; beating the older boys in races up to the table lands at Parsi High School, Punchgani. Most vivid of all, was the memory of his older brother Aspy (17 years) beating J.R.D. Tata and others to win the coveted Aga Khan Prize given to the first Indian to fly solo from England to India.

Academically, Homi was precocious, having matriculated at the age of 14 and, after a few years in college, he won an electrical engineering scholarship to the University of Sheffield, England. In the Great Depression, Homi competed in the Indian Service of Engineers exams and secured the only vacancy to a non-Muslim. With the war, Homi was given the job of laying telephone lines throughout northern India. The Engineer family's name was in the news when Homi's three brothers Aspy, Minoo and Rointon were each awarded the Distinguished Flying Cross for their courage in engaging the enemy. Third brother Jehangir while flying the Chief Minister of Gujarat in a small plane to Rajasthan, was shot down in 1965 by two Pakistani Sabre jets in a cowardly attack. At the time Minoo was Air Chief. The youngest of the siblings Ronnie revenged his brother's death by destroying the Pakistani radar station that had picked up his brother's civilian plane inside India and had alerted their Air Force of this easy kill. After the war, Homi served as Lieut. Colonel in the reserves.

Homi married Soonoo Chandibhoy at the late age of 37 years. Besides being beautiful, Homi chose her because he liked the sound of her voice and the intelligence of her politics. They had their first child, Merwan. The dust and heat of India took its toll on Homi who suffered frequent serious bouts of asthma.

Homi arrived in Vancouver in 1957 followed by his wife and son in 1958. They were the first Zarathushti family to settle in Vancouver. Sister Rukshana was born in Vancouver in 1961. Homi, along with the late Jamshed K. Pavri, was a founding member of The Zoroastrian Society of British Columbia in February 1968. He helped Jamshed in managing the Society's administrative matters, including drafting its original constitution.

In the wider community, Homi was a founder of the India-Canada Friendship Association, and as its president he hosted an evening with Indira Gandhi at the Queen Elizabeth theater in 1973. With Inderjit Singh Kohali, Homi started the Indo-Canadian magazine. He was the main champion defending India in the Vancouver Sun through the 1960s-70s.

Homi worked at BC TEL (now called Telus) until age 65 and represented the company at the Canadian Radio-Television and Telecommunications Commission (CRTC) hearings. Not wanting to retire, he became a stock broker. Homi was the last surviving member of the well-known Engineer family of aviators, who made a name for themselves in India. For more about Homi's life see: http://obits.dignitymemorial.com/dignity-memorial/obituary.aspx?n=Homi-Engineer&lc=3747&mid=4314718&=

Ode to My Mother:

My dear beloved mother
You just passed away
I just wish to say
Though you are gone
Certainly not forgotten
Sweet memories I treasure
Will always live on
May your sweet soul rest in eternal peace

Your loving devoted daughter

Farida.

Ottawa, Canada
COL KURUSH BHARUCHA-REID  
(March 29, 1955- May 26, 2010)

Commander of Fort Mead’s Army Field Support Centre Col Kurush Bharucha-Reid was laid to rest with Full Honors Military Funeral at Arlington National Cemetery on September 9, 2010. Brig (Rtd) Ervad Behram Panthaki led the funeral procession with Army Chaplin Samuel Godfrey and recited selected passages from the Gathas.

A posthumous award of Legion of Merit was presented by the Commanding General to his mother Dr Rodabe Bharucha-Reid. Two days before his death Col Bharucha-Reid was presented with the HUMINT Hall of Fame Award for his work in Human Intelligence (HUMINT). This is only the second time that such an award has been given.

Col Bharucha-Reid (popularly known as KB to his friends) was raised in Detroit, where he graduated from the Cranbrook School in 1973. He then joined the Army under the Special Forces Enlistment Option and from 1974 to 1979, served with the 2nd Battalion, 10th Special Forces Group (A) and then attended the Defense Language Institute in Monterey, Calif., to study the Korean language.

A year later, he was assigned to the Special Forces Detachment Korea, serving as the sole U.S. Army advisor to the Republic of Korea Third Special Forces Brigade and participating in numerous Mobile Training Teams throughout Asia. Promoted to sergeant first class in 1983, he left Korea to attend the Officer Candidate School at Fort Benning, Ga. Col Bharucha Reid was proficient in Korean and French.

He was commissioned as a military intelligence officer and in 1988, completed his bachelor of science degree from the State University of New York. Until 1997, he served in various capacities including operations officer and company commander.

Bharucha-Reid was then deployed to Bosnia to serve as the commander of a DoD Human Intelligence element, then to Afghanistan as the first HUMINT officer assigned to provide direct support to the U.S. Army Special Operations Command. In 2006, Bharucha-Reid was deployed to Iraq, where he served in an interagency coordination cell. Prior to his service at Fort Meade, he was also the chief for the military group and senior DoD instructor at the Inter-Agency Strategic Intelligence training program.

Called a "great American Soldier" by Maj. Gen. Mary A. Legere, Commanding General of the United States Army Intelligence and Security Command, Bharucha-Reid was remembered at the Arlington National Cemetery by about 500 colleagues and friends from the Intelligence corps in Army, Navy and Air Force, who had gathered to honor his 37-year army career. Zoroastrian community was represented at the ceremony by mother Dr Rodabe, brother Rustam, his uncle and cousins from Colorado and Leichtag Foundation.
An escort platoon and military band of 3rd United States Infantry Regiment, "The Old Guard", transported the flag-draped coffin of Col Bharucha-Reid to the grave site on a caisson (a two-wheeled cart designed to carry an artillery gun) followed by a riderless horse, with his boots reversed in the stirrups, all marks of respect for the fallen soldier. At the grave site the body was taken off the caisson and a casket team consisting of 8 soldiers carried the casket to the spot where it was to be buried. After placing the casket the flag was stretched, leveled and centered over the casket. Brig Panthaki led the Zoroastrian prayers reciting selected passages from the Gathas, (photo above) The casket team folded the flag that was then presented to Dr. Rodabe Bharucha-Reid, the mother of Col Bharucha. The playing of “Abide with me” by a lone piper marked the end of this moving and solemn ceremony carried out with military precision.

Report compiled by Dolly Dastoor from information supplied by the family and Brig (Retd) Behram Panthaki

Photo credits Jimmy Dholoo, ZAMWI
BIRTHS

Ava Irani, a daughter to Niloufer and Jersis Irani, sister to Zeyus in North Vancouver, BC on December 8, 2009.

Kamran Anthony, a son, to Shireen Dholoo and Anthony Vahedi, grandson to Jimmy and Shahdokht Dholoo, and Tony and Elizabeth Vahedi, in Gaithesburg, Maryland, on February 3, 2010.

Franklin Darius, a boy, to Holly and Kyle Barhamand, brother to Helena and Avery, grandson to Barbara and Fariborze Barhamand, great grandson to Banoo Barhamand, nephew to Joel and Adam Barhamand and Shana Barhamand in Chicago, IL on March 21, 2010.

Anisa Roxana Iyer-Climaco, a girl, to Zer Iyer and Rafael, granddaughter to Hari and Yamin Iyer (Santa Maria, CA) and Darlyin and Greg Climaco (Brea, CA) in San Francisco, CA on March 26, 2010.

Faron Nagawala, a boy, to Farhad and Kashmira Nagawala, brother to Zal and Vehaan in Mississauga, ONT on April 5, 2010.

Ava Shokranesh Tarapore, a girl, to Soraya and Phiroz Tarapore, granddaughter to Silloo and Erach Tarapore (Lafayette, CA) and Sedigheh Keyani-Rafogha in San Francisco, CA on April 13, 2010.

Cyrus Burges Kerawalla to Burges & Geeta Kerawalla of Walnut Creek, California, grandson to Godrej & Ruby Kerawalla of Union City, California and nephew to Rushna (nee Kerawalla) & Ardeshir Sidhwa of Cave Creek, Arizona on April 29, 2010 (photo below)

Yohan Mahyar Hansotia, a boy, to Mahyar and Nazneen Hansotia, brother to Ashdin, grandson to Kersi and Shiraz Hansotia (Mississauga, ONT) and Yasmin and Cherag Bamboat (India) in Mississauga, ONT on May 1, 2010.

Anjali Mila, a girl, to Kea and Danesh Kothari granddaughter to Yasmin and Kanti Kothari & Narin and Khampang Bouhtavong in Naperville, IL on May 7, 2010.

Delna Surveyor, a girl, to Niloufer and Darius Surveyor, sister to Cyrus, granddaughter to Ratan D. Surveyor (Mumbai, India) and Farida and Noshir B. Dhungor in Houston, TX on May 17, 2010.

Ryne Shroff, a boy, to Courtenay and Zubin Shroff, brother to Mason and Cael, grandson to Farida and Rohinton Shroff (Chicago, IL) on May 28, 2010.

Freeya Sukheswalla, a girl to Farzbeen and Zubin, sister to Neville, granddaughter to Pervin and Ronnie Ogra (Romoeville, IL) and Kashmira and Rohinton Sukheswalla (Mumbai, India) in McKinney, TX on May 31, 2010.

Mya Maneckshana, a girl, to Amy and Bejon Maneckshana, granddaughter to Nilufer and Phiroz Darukhanavala (Naperville, IL) and Behroz and Temus Maneckshana, on June 9, 2010.

Keenan Farad Gheyara, a boy to Bianca Chimisso and Farad Gheyara, grandson to Pillo and Kelly Gheyara and Maria and Jean Pierre Sauval, in Montreal, on June 30, 2010.

Pehzad Yohan Banaji, a boy to Gulshan and Yohan Banaji, grandson to Nergish and Aspi Bharucha (Cincinati, OH) and Roshan and late Mehrnosh Banaji (Hyderabad) in Chicago, June 19, 2010.

Aliza Lily, a girl, to Teresa and Jamshed Arjani, sister to Larissa and Arianna, granddaughter to Mehroo and Minoo Arjani (Hamilton, ONT) and Pat and Sam Marchesi (Stoney Creek, ONT) in Hamilton, ONT on June 21, 2010.

Zack Francis Saklatvala, a boy to Jossia and Mel Saklatvala, brother to Jasmine, grandson to Zarene and Jimmy Saklatvala and Jocelyn Belisle and Lucie Rajotte, in Montreal on June 25, 2010. (photo below, Zack with sister Jasmine)

Georgia, a girl, to Narges Nirumwala and Demetrios Nikolopoulos in Vancouver, B.C on June 17, 2010.(photo below)
Daraius Subawalla, a boy, to Shara Godiwalla and Cyrus Subawalla, grandson to Arnavaz and Adil Godiwalla (Houston, TX) and Nergiz and Eruch Subawalla (Mumbai, India) in Chicago, IL on July 2, 2010. (photo below)

Raj Sevak, a boy, to Tinaz and Deepak Sevak (Chicago, IL), grandson to Freya and Farokh Dhomnisha (Wheaton, IL) and Daksha and Sharad Sevak (Dallas, TX) and great grandson to Indira (Dallas, TX) on July 7, 2010.

Katy Xerxes Surkari, a girl, to Xerxes and Jasmine Surkari, sister to Danika, granddaughter to Eruch and Katy Surkari (Thornhill, ONT) and Aspi Sarpurji (Woodridge, ONT), niece to Zubin Surkari and Sunaya Sarpurji on July 17, 2010.

Alea Jim Engineer, a girl to Kiku and Jim Engineer, sister to Zara, granddaughter to Firoza and Adel Engineer (Napierville, IL) and Mehroo and Purvez Mistry, (Mumbai) in Aurora, IL, on July 30, 2010.

Jayden Nazir, a boy to Sabrina and Zubin Nazir, in Burnaby, BC on August 1, 2010.

Zara Commissariat, a girl, to Diana and Xerxes Commissariat, sister to Zane, granddaughter to Firoze and Adel Engineer (Napierville, IL) and Mehroo and Purvez Mistry, (Mumbai) in Aurora, IL, on July 30, 2010.

Cody Bredlau, a boy to Katie and Mark Bredlau, grandson to Dinaz and Ken Weber and Cathy and Pat Bredlau, in Chicago on August 20, 2010.

Maxime Moos, a boy to Nathalie and Rayan Moos, brother to Yasmine Simone, grandson to Perviz and Phiroz Moos and Estella and Jacques Thibault, in Vancouver, BC on September 5, 2010.

Seamus Nariman Flynn-Dastoor a boy to Elizabeth & Merzi Dastoor, brother to little Neville, nephew to Neville Dastoor - grandparents Sarosh & Noshir Dastoor and Julie & John Flynn, in Waterloo, ONT, on September 17, 2010.

Mia Elise Bilimoria, a daughter to Sheila and Karl Bilimoria, granddaughter to Yaz and Firoze Bilimoria of Carlsbad, CA in Houston, on September 30, 2010

NAVJOTES

Zayne Patel, son of Arbez Shroff-Patel and Hoshang Patel, grandson of Aspi and Freny Patel (Karachi, Pakistan) and Perin Shroff-Bhappu and Roshan Bhappu (Tucson, Arizona), with the blessings of (late) Farrokh E. Shroff in Plano, TX on November 27, 2009. (photo below)


Tiana Guard, daughter of Farida and Yazdi Guard in Oakville, ONT on July 9, 2010.

Anosh Irani, son of Gulnar and Shahrak Irani, brother of Arnaz, grandson of Nargis and Aspi Surveyor and (late) Freni and (late) Adi Irani in Columbus, OH on July 17, 2010.

Cyrus Rupa, son of Dilbar and Sorab Rupa at Nanaimo, BC on July 17, 2010. The ceremony was performed by Ervad Adil Antia.

Yasna Dhabhar, daughter of Arnavaz and Ervad Jamshed Dhabhar niece of Ervad Farrokh Dhabhar, in King City, ONT on July 24, 2010.

Adel Hilloowala, son of Maharrukh and Robin Hilloowala, in Brampton, Ontario on August 1, 2010.

Ava Jangi, daughter of Daryush and Tinaz Jangi, granddaughter of Sohrab and Amy Jangi and Aspi and Pervin Jassawalla in Richmond, B.C on August 8,
2010. The ceremony was performed by Ervad Firdos Balsara and Ervad Arzan Balsara (seated on photo below)

Zachary, Vanessa and Sebastian-Ness, children of Leena and Aurelio Useche, grandchildren of Roshan and Ness Lakdawala, and Late Elsbe and Aurelio Useche, in Montreal, on August 14, 2010.

Maxwell and Shaleena Madan, children of Danny and Janice Madan in Oakville, Ontario, August 20, 2010.

Aban and Jasmyne, daughters of Hutoxi and Jamshed Pithawala, in Mississauga, Ontario, on August 22, 2010.

Narika, Armita and Vesta, daughters of Mahabanoo and Farzad Behboodi, in Montreal, September 4, 2010.

WEDDINGS

Xerxes Kekoo Irani, son of Kekoo and Heidi Tunaitis (Chicago, IL), to Heidi Tunaitis, daughter of Bruce and Gail Tunaitis in Las Vegas on May 15; Zoroastrian wedding ceremony was performed at the Dar-e-Mehr in Burr Ridge, IL on April 24, 2010.

Armaity Katrak, daughter of Khushroo and Perin Katrak to Scott Perry, son of Clair and Dough Perry in Toronto, ONT on April 24, 2010.

Cherie Ginwalla, daughter of Freddy Ginwalla (Mumbai, India) to Eric Garcia, son of Richard and Julie Garcia at the San Jose Dar-e-Mehr on June 5, 2010.

Zeenaaz Kalyaniwala, daughter of Aban and Jareer Kalyaniwala (Manitowoc, WI) to Jess Bednar, son of Susan and Bradley Bedner in Madison, WI on June 26, 2010.

Rushna Patel, daughter of Pervez and (late) Baji Patel to Firdosh Bhesania, son of Meher and Kersy Bhesania (of Dubai) in Rolling Meadows, IL on July 2, 2010.

Yazad Lala, son of Zenobia and Sharookh Lala (MI) to Katherine Dawson in Boston, MA on July 4, 2010.

Godrej Engineer, son of Jang and Khurshi Engineer, to Katie Galvin, daughter of Roger and Lynn Galvin in Maitland, ONT on July 17, 2010.

Dino Vevaina, son of Farouk and Dolly Vevaina to Sanjeeta Suri, daughter of Satinder and Ravi Suri in Vaughan, ONT on July 23, 2010.

Farzain Malbari, son of Farhad and Ruby Malbari (Richmond, B.C) to Nicole Delany, daughter of Denis Delany in Kincardine, ONT on July 24, 2010.

Jamsheed Desai, son of Pilsi and Ardehviraf Desai (Vancouver, BC) to Abigail Johnson, daughter of Elizabeth and Peter Johnson (Kingston, Ont.) on August 28, 2010

Mahnaz Marolia, daughter of Soonooh and Rohinton Marolia (Montreal) to Zal Damkevala, (Washington, DC) son of Hiloo and Rumi Damkevala, (Mumbai) in Montreal, on September 5, 2010.

DEATHS

Ratti J. Ardestir, 88, mother of Zarine Pervez Balsara, Rishan Tikkari and Farookh Ardestir, 6 grandchildren and 3 great grandchildren in Danville, CA on April 2, 2010.

Morvarid Sales, 79, mother of Shirin, Manouchehr, Mehrdad, Maheen, Kambiz, Kamran and Jamshed Shogholi, in North Vancouver, BC, on April 4, 2010.

Hosham Shroff, 68, husband of Vicki Shroff (Cupertino, CA), uncle of Cherie Ginwalla (Sacramento, CA) in Mumbai, India on April 14, 2010.


Dadabhoy Byramji Mama, husband of Mahrukh Mama, father of Farah Darius Patel (Mississauga, ONT) and Zinaida Rustom Khambatta in Karachi, Pakistan on May 5, 2010.


Aspi Godrej Irani, husband of Dolly Irani, father of Mahyar (Ernaz) Irani (Los Altos Hills, CA), Parvez (Hutoxi) Irani (Sunnyvale, CA), grandfather of Naushad, Delna, Jehan, Vanizeh, and Zubin in Indore, India on May 17, 2010.

Dr. Mehernosh Dah, 69, husband of Naju Dah, father of Anita, Clar, and Zubin, brother of Cyrus (Lori) Dah and Darius Dah in Stockton, CA on May 24, 2010.

Col Kurush Firoze Bharucha-Reid, 55, son of Dr. Rodab Bharucha-Reid and Dr. A. Bharucha-Reid,(Michigan), brother of Rustam, and grandson of Col Phiroze Bharucha and Pilloo Karaka Bharucha, on May 26, 2010.

Sharyar Meerza, husband of Nargis (nee Tamboli), father of Zarine David Ghaznavi and grandfather

Cyra Farhad Minocher Contractor, daughter of Hutoxi and Farhad Contractor, to Farzin Sam Moreno, son of Sam and late Dolly Moreno, at Heinz Stadium, in Pittsburgh on May 22, 2010. Ashirvad ceremony performed by Ervads Shapur Pavri, Poras and Burzin Bulsara. (photo above)
of Leila in Toronto, ONT on May 27, 2010.


Nergish Hoshang Jasavala, 81, wife of (late) Hoshang Kaikobad Jasavala, mother of Jehangir and Annahita Jasavala (Modesto, CA), Shernaz Zubin Dastoor, (Osoyoos, B.C), Deenaz Burzis Pithawala (Bangalore, India), and Ruksana Moos (Toronto, ONT), grandmother of Rohini and Navaz (Jasavala), Mehrab and Yashaan (Dastoor), Sohrab and Roshani (Pithawala), and Jehan (Moos) in Puttaparthi, India on June 10, 2010.

Shahpour Darabi, 85, father of Ardeshir (Maryam), grandfather of Nika in North Vancouver, B.C on June 10, 2010.

Dhunjishah Behramji Ghadialy, husband of Dhun Ghadialy, father of Holi, Alla and Rashna Ghadialy (Chicago, IL) in Karachi, Pakistan on June 12, 2010.

Purvez Shiavax Rustomji, 72, husband of Aban Rustomji, father of Arish (Meher) Rustomji (Houston, TX) and Nerina (Shehriyar) Rustomji-Antia (New York, NY), grandfather of Aaryan and Azad, brother of Shahrokh Rustomji (Unionville, ONT) and AFS brother Jay Booker (New Hampshire), in Houston, TX on June 26, 2010. (see obituary page xxx)

Piroja Meherwan Irani, mother of Aspi Irani (Livingston, TX) and Soli and Feroze Irani (Houston, TX) on July 1, 2010.

Sam Savaksaw Dhunjebhoy, a resident of Houston, TX for 30 years in Karachi, Pakistan on July 1, 2010.

Homi Engineer, 95, husband of Soonoo Engineer, father of Merwan and Ruksana in Vancouver, B.C on July 9, 2010. (see obituary pgxxx)

Keiku Boman Irani, uncle of Behnaz Vispi Byramji (Mississauga, ONT) in Karachi, Pakistan on July 11, 2010.


Gohar (Keshavarz) Namdaran, 92, wife of (late) Dr. Khosrow Namdaran, mother of Farin Yeganeh (CA), Dr. Farzad (CA), Farzin (CA), Dr. Farshid (Edinburgh, Scotland), Farrokh Namdaran (West Vancouver, B.C) and Farhad (Seattle, WA), grandmother of 15 and great grandmother of 6 in Belmont, CA on July 25, 2010.

Viraf Reporter, 53, son of Phiroze Reporter (Burnaby, B.C) and (late) Gool Reporter, husband of Trudy Piscia, father of Emet and Delara, brother of Cyrus (Ottawa, ONT), nephew of Ervad Jehangir Panthaky (Burnaby, B.C) in Hoboken, NJ on July 28, 2010.

Dorab Shavaksha Kumana, 87, husband of Bindu Kumana, father of Jimmy Kumana (Houston, TX) and Sarosh Kumana (San Francisco, CA), grandfather of Rayomand, Zubin, Vivian and Kevin, brother of Edul (Jeroo) Kumana, Amy Thanevala, Soona Machhi, and Georgi (Silloo ) Kumana in Mumbai, India on July 30.


Herman D’Costa, husband of Dolly (Irani) in Toronto, on August 10, 2010.

Homayun Pourbahrami, (Fouladi, Chami), 84, wife of late Mahyar Pourbahrami, mother of Esfandiar Pourbahrami (West Vancouver, B.C), Nargess Pourbahrami (Maryland), Shahriar (CA), and Paridokht (Tehran, Iran), mother-in-law of Mahvash Aidun, grandmother of Trity, Vista, and Vandad (West Vancouver, B.C), Nahid and Khodarahm Yazdanipour, in Tehran, Iran on August 13, 2010.

Jamshed Nasserwani Guzder, 93, husband of late Shirin, father of Statira, Jehangir (Montreal) Farokh and Cyrus in Mumbai on August 20, 2010. (see obituary page xxx)

Yasmin Nainshad Maneckshaw, 62, wife of Nainshad, mother of Zahin (Seema) and Zarnosh, sister of Aban Khanna, Adil, and Aspi (India) Masani in Maple Glen, PA, on September 10, 2010.

CORRECTION from Vol 24, No 2 Summer 2010

Hooman Mehrbaba in San Jose, CA on Friday, April 23rd, 2010

Looking for a Soul Mate? Try these matrimonial sites and services:

http://matrimonial.zoroastrianism.com

www.TheParsiMatch.com

www.shaadi.com

Mrs. Gool Banaji, Parel, Mumbai, goolpesi@gmail.com, tel: 91-22-2416 6120.
FEZANA Journal will coordinate initial contacts between interested parties. We do not assume any responsibility for verifying credentials. Contact Roshan Rivetna rrivetna@aol.com.

Female, 37, MS in MIS (University of Arizona) and MBA (University of Minnesota) working in Minneapolis. Originally from Bombay, in US since 1999. Enjoys hiking, going to the gym, dance, listening to music and cooking. Contact 612-859 7341, armaiti_b@hotmail.com. [F10-22].

Male, 51, athletics coach in US University, looking for someone with a great personality, attractive, athletic, easy-going, passionate, good sense of humor, with a good heart and an open mind, who likes to travel. Along with enjoying life, he feels it’s only satisfying when you can make a difference by giving yourself to help, and commit to worthy causes. Contact bkanga@aol.com, 504-450 7598. [M10-25].

Female, 55, well-settled in US, young at heart, in excellent health, good sense of humor, enjoys travelling, good cook and home maker. Divorced with two grown children. Interested in meeting well-settled gentleman in good health. Contact friend at 281-499 1832. [F10-26].

Male, 40, MES (Elec. Engg), electrical engineer residing in Australia Intelligent, kind and considerate with a good sense of humor; believes in the importance of family and will give total commitment to life partner; from athonman (priestly) family who strives to live a good life and to think in a high manner. Enjoys art, keeping abreast with latest technology and keeping fit. Interested in meeting women with similar interests, preferably between 30-34 years old. Contact dreamer732@live.com. [M10-27]

Female, 40, studied arts, film producer, works for large event production company on US west coast. Very sociable, outgoing, enjoys sports and classical music. Contact 949-380 9650. [F10-31].

Male, 31, 5’ 9,” born in Bombay, settled in Australia, working as a Physical Therapist (partner in practice), smart, compassionate, loyal and motivated. Enjoys camping, outdoor activities and listening to music. Interested in meeting Zoroastrian girl 25-30, good sense of humor, educated, down to earth, non-smoker willing to settle in Adelaide, Australia. Contact jennybshah@gmail.com [M10-36].

Male, 28, 5’ 11”, MS in Electrical Eng with Computer Networking from San Jose University, California. Enjoys outdoor activities, badminton, volley ball, travelling, singing, listening to music, collecting coins, stamps, movies. Interested in meeting educated, home loving, working girl, upto 27-years old. Contact dynamic.dinoo@gmail.com. [M10-38].

Female, 29. Our highly educated, friendly, compassionate daughter is a successful professional as well an animal welfare activist in California. She has been involved in the Zoroastrian community and has co-taught vegan cooking classes at the California Zoroastrian Center. It is very important to her that a potential marriage partner has or aspires to have a cruelty-free diet and lifestyle. If you are interested in contacting our wonderful daughter please contact us at (310) 392-5911, mazdayasnie@netzero.net or call her directly at (310) 826-2584. [F10-39].

Female, 31, working in the medical profession, in Maryland. Loves to travel, hike and work-out. Interested in meeting a gentleman 32-42 years old, with a good sense of humor and similar interests. Please call 240 481 9236 [M10-40].

Male, 47, MS (Bombay University), professionally well-placed with a French freight organization in Norfolk, VA. Interested in meeting a life partner with interests in classical music, operas, Zoroastrian history, horseback riding, bowling, and one who loves pets. Please contact gsunav@lsuhsc.edu, or call 318-402-5159. [M10-41]

Male, 44, MS in Computer Science from Pune University. Software consultant at a German-based corporation, and prefers to station in Mumbai. Interested in management reading, music, trekking, and biking. Please contact gsunav@lsuhsc.edu, or call 318-402-5159. [M10-42]
In Pious Memory of our parents,

Mrs. Hirabai and Mobed Pirojshah Kawasji Dastoor,

And in appreciation of all our Zarathushtri Mobeds throughout the ages for rendering selfless service to our community worldwide!

May the flame of fellowship, love, tolerance, and charity burn ever eternal in our hearts!

*Atha jamyaat, yatha aafrinaamahi!*
*(May it be so that we wish!)*
Crisis in Faith: Zoroastrians Today

67 minute film by Producer/Director Tenaz H. Dubash
Price $25/
Contact for purchase http://www.tenazdubash.com/about team.html

The Zarathoshti Anjuman of Northern California sponsored a free screening of the 2007 video film “Crisis In Faith: Zoroastrians Today” by Writer/Director Tenaz H. Dubash on June 27th 2010 at the Arbab Rustom and Morvarid Dar-e-Meher in San Jose, California. Cornell University educated Tenaz has, since the premier of the film in Bombay (Mumbai) in 2008, been going around the world conducting companion lecture series and promoting her video film. She stayed back after the screenings to answer questions from the audience.

Nazneen Spliedt, President of ZANC, introduced Tenaz to the over 100-strong audience of Parsi and Irani Zarathushtis and presented her with a token of appreciation. Tenaz gave the background and her reasons for making this film. “We had been working on this film for over 4 years since 2003” said Tenaz. “We have shot footage in Boston, Bombay, Chicago, Iran, New York and Vancouver, Canada. We would like to thank all the individuals who have generously donated to this project.” However, the comment by Tenaz in the film about going to Iran “to look for weapons of mass destruction” is regrettable. Why bring American politics into the film when it is about crisis in the Parsi Zarathushti community and its dwindling numbers?

The 67 mins. long documentary focuses on the assimilation of the Zarathushti community into the melting pot that is USA and Canada. Parsis married outside their ancient faith and their offspring as members of the Parsi community. By documenting the personal stories of individual Zarathushtis, light is shed on our little known (in the Western world at least) but highly successful community, enabling others to appreciate the religion’s rich history and heritage. The name of Cyrus the Great was invoked as the originator of Human Rights. Scenes from Persepolis were plentiful, demonstrating the lost glory of the Achaemenian kings, the last of whom was defeated by Alexander, the Macedonian.

Character-driven stories of several Parsi and Irani Zarathushtis underscore the great challenges facing the Zarathushti immigrant groups from Iran and India in the 21st century. The film expresses the views of 4 groups of Zarathushtis: 1) the Parsi Zarathushtis who still remain in Bombay and elsewhere in India; 2) The first generation Parsi migrants to North America; 3) the first generation Irani Zarathushtis who came after the Islamic Revolution of 1979; and 4) the second and third generations of the afore-mentioned groups. However, the director’s bias in favor of those who want to allow children of mixed marriages and converts into the community is amply apparent.

It was pointed out, the Parsis from India came to North America by choice to improve their standard of living which was and has been going down in Bombay and elsewhere in India after independence from the British. On the other hand, the Zarathushtis remaining in Iran were persecuted, jailed, and harassed by the Muslim majority to such an extent.
that they had to flee overland, through Turkey, to escape persecution after the overthrow of the Shah. The latter group was forced to leave their mother-land, and except in some cases, came with little more than the clothes on their backs.

It is clear from the demographic studies that the Parsi Zarathushti population in India is falling rapidly as is the case also in Pakistan and Iran. The community has been dwindling in numbers for the last 100 years, but more rapidly during the last 50 due to low fertility, late marriages, and migration to the West and subsequent dilution into the melting pot of western civilization. In Iran, Zarathushtis were and are treated like out-casts. Certain government jobs, scholarships, and other opportunities are denied them. Laws of inheritance are such that if a Zarathushh converts to Islam he/she becomes the sole heir to the family fortune. In the market, Zarathushhtis are not allowed to touch fruits or vegetables as they are considered ‘najes’ or unclean and have to only point at what they want from the vendor. The old Zarathushthi “dokmas” or towers of silence all over Iran have been desecrated. And the Zarathushthi “mohallas” (or quarters) are attacked often by the Muslims, according to interviews in the film. The interview with Dr Farhang Mehr, Deputy Prime Minister under the Shah is very revealing.

The views of the leaders of Association for the Revival of Zoroastrianism (ARZ) and the World Alliance of Parsi and Irani Zarhostis (WAPIZ) have been included. What the youngsters of full Zarathushtish parentage and semi-Zarathushtish parentage in North America and elsewhere think, has been also expressed in the film. The film, like all other Parsi/Zarathushti based documentaries, again harps on the glory that the community once enjoyed in the past. That was then. The situation today is different and complex and the tiny community is torn apart by self-styled leaders who promote their own agendas. The lack of a single “pope” or a community leader is felt direly.

It seems, after watching the film, some amount of bigotry has crept into the community. The recent incident at Sanjan comes to mind. The Parsi Zarathushhtis in Bombay want to preserve the blood purity of their race and want to keep out those among them who have married outside the community and that includes their children. One of the leaders of this group is Khojeste Mistree, an Oxford-educated scholar who believes that accepting the outcasts and outsiders into the Parsi-fold will sound the death knell of the community in 50-80 years time. On the other hand, a grand-daughter of Roda H. Mistry, questioned the rationale of the refusal of intermarried Parsis from entering the Parsi Zarathushti fire-temples and the Doongerwadi funeral “bunglis” in Bombay. Clearly the community has chosen to go two different ways and I see no solution to the in-fighting other than to let it come to pass.

The Parsis of Bombay and India want to preserve their unique culture including the “Parsipanu”, (a combination of language, mannerisms, rituals, and behavior) that has evolved among the community after the Zarathushti refugees came from Iran and settled north of Bombay, basically in what is now Gujarat state. In order to keep themselves from getting swallowed up by the overwhelming majority which was India, they made it a rule to remain apart, and devised certain unwritten diktats that did not allow non-Parsis from entering a fire-temple, or a funeral bungli or where ever a Parsi Zarathushthi priest was conducting a religious ceremony. There is a very real fear among the Bombay Parsis that children of inter-married Parsi women, who have had their navjote done will go to court and demand their right to be allowed to enter the fire-temples and the bunglis at Doongerwadi. If they are allowed to enter then it may open the flood gates and everyone will be allowed in. If this is the fear then they can do what the Zarathushtis in Iran have done, i.e., to keep the holy consecrated fire in a separate room where only the true followers of the religion are allowed in, whereas others including the curious and the Muslims can roam other parts of the fire-temple.

The Parsis never had and never will have the sole monopoly on the Zarathushthi religion. The Good Religion was once the recognized religion of two Persian Empires; the Achaemenian and the Sassanian. The Empires extended at different times, but for centuries, from the Indus River to Greece. Due to the turns and twists of history the faith was subjugated and even persecuted but it NEVER died out completely. Not even in Iran and not even in Russia, the Central Asia and the Caucasus Republics. Many thousands of inhabitants of Tajikistan and Turkmenistan, and Russia now desire to revert to the faith of their ancestors. By what rule of God can we deny them that right? They do not want to be called “Parsi”. They do not want to enter the fire-temples (nor should they because of the trusts) in Bombay or have their funerals conducted at Doongerwadi. Nor are they desirous of coming and living in the Parsi “baughs” the allotments over which the Bombay Parsi Panchayet (BPP) holds sway. All they want is to be counted as Zarathushtish and treated as such.

Here I would like to point out to readers that even the most orthodox among the Jews in Israel accept others, who call themselves Jews and have practiced their Jewish faith for centuries. For example, the Falashas, the black Jews from Ethiopia (formerly Abyssinia) - the Falashas were taken from Ethiopia by the plane loads and settled in Israel. Israel has even accepted Jews from Yemen and India with open arms. Their rituals may be different, and languages they speak may be different, but they are united in one faith.

The key to the solution between orthodox views and modern/liberal views is the separation of the two groups with their own fire-temples and methods of disposals of the dead. The two groups can and should live in peace and harmony.
The religion and social classes conducted by the Zoroastrian Association of Greater Boston Area (ZAGBA) was shown in the film. This is a very laudable effort as it inculcates in the young a sense of pride and history in being a Zarathushti. Not all Parsi Zarathushti youth want to inter-marry. There are many who will help to carry the torch and ZAGBA and other Zoroastrian associations throughout the West will preserve the Zarathushti entity.

The state of the dokmas in Iran and India was also touched upon. In the film the Zarathushti scholar Dr Ervad Jehan Bagli, reiterates that the 3 principles of Zoroastrianism that are to be satisfied for a dokhma to function no longer exists in Bombay. 1) that a dokhma should be on a hill with easy access to carrion birds is not satisfied; 2) that the bodies of Zarathushtis consigned to the dokhma should be swiftly and cleanly disposed off by flesh eating birds is no longer the case; 3) that the dokhma should be at a distance from inhabitations is no longer the case as high-rise buildings have come up close to the dokmas at least at Doongerwadi. The solar panels only desiccate the bodies and, according to Dr Bagli is unacceptable. Also, the complaints of stench of rotting flesh and a question of hygiene was also mentioned as totally un-Zarathushti and undignified treatment of the departed’s earthly remains.

After the film was shown the Director took some questions. One Zaver Shroff-Patel of Orangevale, California wanted to know why Tenaz Dubash had not shown parts where the community is in agreement rather than concentrate on disagreements only. Zaver claimed that the Parsis with orthodox views are in the majority and this fact cannot be just brushed aside. Shroff-Patel was not satisfied with the answers she got from Tenaz and persisted but had to be cut short with the reminder that “There are others who also want to ask questions”. It was unfortunate that the Director had to rush off to the airport; otherwise a lively discussion would have resulted. Will the followers in India of the world’s oldest monotheistic religion be able to hold on to the claim of being the ‘true Zarathushtis’ 50 years from now as their numbers rapidly decline? These are some of the central questions that this film attempted to answer, but left the conclusion(s) in midair.

Photo credits Ardeshir B Damania
Once upon a time in Tehran

By Shirin Amani Azari
published by Eloquent Books, Durham Connecticut

The author is an Iranian lady who escaped from Iran in 1985 to live in Sweden. She wrote the book for the enlightenment of her daughter.

The book, a fictionalized memoir describes life in Tehran during the war between Iraq and Iran.

There are some 22 chapters each containing a bedtime story told by mother to her daughter.

Those of the readers who have children or grandchildren and wish to tell them a bedtime story will find this book helpful.

The author has made good use of printing facilities that a computer provides. All stories are in dark print thus clearly distinguishable from the main narrative.

One of the stories refers to a situation when the family is sleeping on the balaposhte-boom( roof-top) during hot nights. Thus young boys and girls living under separate roofs develop a clandestine relationship or just play hide and seek between the clothes hung to dry. If the heat is causing a flare of the temper, the adjoining neighbors could also have an argument over antennas.

Some stories begin with:” yeki bood ,yeki nabood” idiomatically translated as once upon a time. I felt that starting to read a story was like a fishing expedition - your rod is in the water and you have to follow till it gets your catch.

I will summarize one story.

The King and Queen are happily married. After a few years of marriage the relationship went sour as there was no heir and the King not surprisingly blamed it on the queen threatening termination of the marriage. The Queen is told to seek advice from a white witch. The Queen dresses as a maid and escapes from the palace and after many mishaps finds the witch. The queen is given an apple with magic powers and is asked to share it at night with her husband before making love.

The witch had warned that once the heir is born, he should not be put on the ground at least for one year. Of course the nurse who was looking after the child makes the expected mistake, the lad is lost and after many twists and turns is found.

In the course of these narratives the reader will also be entertained about Iranian cuisine, my favorite was the saffron halva. I was intrigued by one story in which the daughter asks the mother as to what is on her forehead, to be told "it looks like a bull's penis"!

It does not seem appropriate that in a story book for children there would be a reference to a bull's genitals

Reviewed by Hoshang Shroff

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One of the stories refers to a situation when the family is sleeping on the balaposhte-boom( roof-top) during hot nights. Thus young boys and girls living under separate roofs develop a clandestine relationship or just play hide and seek between the clothes hung to dry. If the heat is causing a flare of the temper, the adjoining neighbors could also have an argument over antennas.

Some stories begin with:” yeki bood ,yeki nabood” idiomatically translated as once upon a time. I felt that starting to read a story was like a fishing expedition - your rod is in the water and you have to follow till it gets your catch.

I will summarize one story.

The King and Queen are happily married. After a few years of marriage the relationship went sour as there was no heir and the King not surprisingly blamed it on the queen threatening termination of the marriage. The Queen is told to seek advice from a white witch. The Queen dresses as a maid and escapes from the palace and after many mishaps finds the witch. The queen is given an apple with magic powers and is asked to share it at night with her husband before making love.

The witch had warned that once the heir is born, he should not be put on the ground at least for one year. Of course the nurse who was looking after the child makes the expected mistake, the lad is lost and after many twists and turns is found.

In the course of these narratives the reader will also be entertained about Iranian cuisine, my favorite was the saffron halva. I was intrigued by one story in which the daughter asks the mother as to what is on her forehead, to be told "it looks like a bull's penis"!

It does not seem appropriate that in a story book for children there would be a reference to a bull's genitals

Reviewed by Hoshang Shroff

Once upon a time in Tehran

By Shirin Amani Azari
published by Eloquent Books, Durham Connecticut

The author is an Iranian lady who escaped from Iran in 1985 to live in Sweden. She wrote the book for the enlightenment of her daughter.

The book, a fictionalized memoir describes life in Tehran during the war between Iraq and Iran.

There are some 22 chapters each containing a bedtime story told by mother to her daughter.

Those of the readers who have children or grandchildren and wish to tell them a bedtime story will find this book helpful.

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Reviewed by Hoshang Shroff

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Author Dr. Nawaz B. Mody, a Fulbright scholar at Cornell University was the Head of the Department of Civics and Politics, University Of Mumbai. Presently she is the Sir Pherozeshah Mehta Professor of Civics and Politics and the Jt. Honorary Secretary of the K.R. Cama Oriental Institute. She has authored a number of books including Women in India's Freedom Movement and Revitalizing Indian Democracies and has edited India's Role in the United Nations.

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I am pleased to have been asked to write a review of this interesting, informative and educational book.

In my opinion, Mr. Stausberg has done a marvelous job in penning “Zarathustra and Zoroastrianism”, portraying to the world that Zoroastrianism is one of the oldest religious traditions.

In an excellent way Michael has incorporated the ancient traditions from the Gathic era to the contemporary times, segregated yet growing in different geographical regions of the world.

In a unique way he has remarkably condensed the 4000 year history of the Zarathushti people in a small 112 pages book which is remarkable. It shows a lot of dedication in terms of toll, time and effort put into this scholarly work by the author.

Furthermore, he brings the rich Zarathushti culture alive with different pictures when he talks about Asha, rituals and Zarathushti festivals. In a scholarly manner he shows how the dynamics of the Zarathushti religion influenced the other major religions of the world.

Mr. Stausberg’s style of writing is simple, lucid and easy to comprehend which highlights his long experience as a professor of Religion at the University of Berg.

Since, Michael has drawn from the authoritative and learned works of a number of serious scholars "Zarathustra and Zoroastrianism" becomes an authentic guide on different aspects of the Zarathushti religion.

This classic book will help you to learn basics of different aspects of pre Zoroastrian times, Zarathushti religious concepts, models and narratives, Ethics, Purity, Gender, Priesthood, Rituals, Ritual infrastructures, Transitions, Festivals and the Zarathushti influence on Judaism, Christianity and Islam.

NOBLE THOUGHTS

"Look to this day for it is life, the very life of life. In its brief course lie all the varieties and realities of your existence: the bliss of growth, the glory of action, the splendor of beauty. For yesterday is already a dream, and tomorrow only a vision. But today, well lived, makes every yesterday a dream of happiness and every tomorrow a vision of hope. Look well therefore to this day."

Kalidasa
Alexa-Alessandra: A Story of Love

Author: Anita Sumariwalla

Published by: Xlibris Corporation
2009, Pages: 745, $23.99
ISBN978-1-4415-7826-6

Alexa-Alessandra: A Story of Love is a novel by a first time author Anita Sumariwalla from Xlibris Corporation – a self publishing company. Self publishing is increasing in popularity and gives every aspiring writer the opportunity to realize their dream of being a published author. It also requires a tremendous amount of personal and financial commitment from the writer.

The first thing you see when you pick up a book or look it up online is the cover and much more importantly the title. Here the author succeeds in choosing a title that evokes enchantment and clearly indicates the genre of the book. When you open the book and skim through its pages, you find that the novel itself is over 700 pages long, which can at first appear intimidating. The author has addressed this by separating the story into two logical parts. Each part is then in turn divided into easy to digest bite sized pieces or chapters; there are 18 chapters in each part.

The principal character Anna Alessandra Petra von Millen (referred to as Alexa) is born in Switzerland at the beginning of World War II. She wins a scholarship to study music in Rome where she meets another student, Prince Munir Mohammad Al Fayad Ben Saiid (referred to as Munir) from the fictional Arabian country/province of Muktadar. They fall in love. Munir goes back to Muktadar as Munir) who she falls in love with and eventually marries. Charles Michael Edward Hainsley-Lyons (referred to as Charles) who she falls in love with and eventually marries. Charles is posted to Washington DC where during a diplomatic function she meets the new ambassador from Muktadar, her old flame Munir. What happens next? You’ll need to read the book to find out. As the story continues to unfold we realize that her name is a metaphor for her development as a woman. By the end of the book she has blossomed into a woman of greater wisdom and self-actualization, she goes from ‘Alexa’ to ‘Alexa-Alessandra’.

Anita Sumariwalla’s biography reveals that she was born in Switzerland and also lived in both Italy and England, (among other countries) that’s important because the story is set in these countries. Clearly the author has drawn from her own experiences of these countries and her knowledge of their unique cultural characteristics. However, the book could have benefited from more descriptions of specific places and landscapes to set the scene for the reader.

At the beginning of the book, the author included a list of characters (over 70 in total), now while this is a great idea it does allude to one area of improvement – the need to cut back on the number of characters. This would have enabled the author to develop her key characters more fully. Throughout the novel character development takes place primarily through dialogue. Writing good dialogue is incredibly difficult, but the author does a respectable job of making the characters sound natural and true to their cultural backgrounds – particularly in the case of the primary two characters Alexa and Munir. Their burgeoning love is palpable and well developed through the course of the novel.

The author is a cultured individual with a deep appreciation for art and shares that love with the readers. One passage stands out as a great example of this, in the chapter ‘Birthday in Venice’ in Part One:

“They enjoyed a hearty lunch at a small trattoria. It was very close to the church San Zaccaria. They entered the church because Munir wanted to show Alexa a masterpiece by Giovanni Bellini, Madonna and Child with Four Saints. The church was refreshingly cool and silent. The moment they approached Bellini’s serene and yet very charming Madonna, the organ began to play. Alexa reached for Munir’s hand and smiled at him. The music seemed to enhance the stunning beauty of the young Mary holding her baby in a very natural way. One could easily imagine the artist had selected a local model whose natural beauty and the gentleness had fascinated him. The unadorned rendition had a mesmerizing effect.”

It is evident that Anita Sumariwalla poured her heart and soul into this book. Alexa-Alessandra A Story of Love would best be suited to a reader that enjoys hearty historical romances chock full of meticulous details and elegant, formal dialogue. A good read for those young at heart or romantically inclined.

© 2010 Narges Nirumvala

Narges Nirumvala, BSc is a freelance writer, blogger and professional speaker. She has appeared on radio and television. Her writing has been published/circulated to 106 countries. Narges can be reached at http://www.NargesNirumvala.com
“Options for Entrepreneurial Pursuits.”
WZCC SESSION AT THE FEZANA AGM  2010

The theme for the WZCC session of the FEZANA AGM, held on April 25th, 2010 in Mississauga, Ontario, was “Options for Entrepreneurial Pursuits.” The purpose of this interactive session was to stimulate discussions on entrepreneurship from various angles.

SESSION 1

The first half of the WZCC session featured a panel of 4 speakers from diverse backgrounds who presented their thoughts and experiences; each spoke for about 15 minutes followed by a question and answer period that engaged all 4 presenters. Sam Meer, the President of the Toronto chapter of the WZCC, introduced the session to the attending members. Behzad Shroff was the moderator for the session.

SOHRAB GHADILLY - Real Estate Investing

Sohrab and his wife Amy currently own and operate 3 Oxford Learning Centre franchises. Over the last 15 years they have owned 7. On the side, Sohrab also likes to dabble in residential Real Estate. He spoke on pros and cons of investing in real estate, the key traits that make certain properties attractive investments, the process of finding suitable renters and how to deal with banks to arrange financing.

JEHAANGIR BULSARA – Starting and Growing a Family Business

Jehaangir owns and operates a roofing business that employs about 24 staff. His eldest son is preparing to take over the business. Jehaangir spoke frankly about the benefits and challenges of running a family business and the motivations that led to him embarking on the entrepreneurial journey. He spoke of the rewards with running his own business and asserted that we need to encourage others in the community to be entrepreneurs; they are needed in every community and settling into a job is not always the most rewarding option for all.

ADI KAVARANA – Stock Market and Equity Investing

Adi is an investment advisor who works with his clients on financial planning and portfolio construction strategies. He is qualified to deal in equity, options and mutual funds. Adi spoke on the benefits of equity investments in comparison to other ventures. His talk broke down into 2 key segments: diversification and active management.

XERXES WANIA – Angel Investing

Xerses has a Masters degree in Electrical Engineering. Over the past 15 years, he has been involved in numerous technology-based startups. Through this experience, Xerses has come to have a comprehensive understanding of the business world and dealing with Venture Capitalists and procuring funding through Angel investors.

After all 4 speakers were given the opportunity to present their views and experiences, the floor was opened up for questions for the next half-hour. There was lively debate that touched on all topics and was generally well received by all.

SESSION 2

The second half of the WZCC session featured a presentation by Farshid Behmardi on his tissue manufacturing business, BE Control Machines. Farshid sought out help from the community to find investors and distributors as well as provide any general commentary on his business plan. Farshid made a 20-minute presentation followed by several questions from the floor. Through this talk and access to the WZCC, Farshid made a few contacts and engaged questions, which will help him on his journey to promote his business.

In the future, the WZCC hopes to continue to facilitate discussions and help business people in the community make connections that will lead to mutually beneficial solutions to problems, issues and goals.

Behzad Shroff is a Certified Management Accountant (C.M.A.) based in Toronto, Ontario. He has worked for 17 years in the Telecom and High-Tech industry. He is the principal of Yoke Financial Consulting. Yoke helps companies achieve success by providing analytical support for making management decisions based on financial and strategic fundamentals. Behzad grew up in Vancouver, B.C. where he attended the University of British Columbia and graduated from their Business Administration program. Thereafter he completed his professional designation through the Society of Management Accountants of Ontario.
BUSINESS

A WZCC meeting has been scheduled on December 28, 2010 from 5:30 pm to 6:30 pm at the same venue. All WZCC members and interested people are welcome.

GALA DINNER

Speaker: Globally skilled restaurateur and entrepreneur, Iron Chef finalist Jehangir Mehta, will talk about:
“Passion & Risk: Two Sides of the Success Coin”.

Hotel Intercontinental, Houston, TX
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Date: December 28, 2010
Mixer: 7:00 — 7:30 pm—Dinner & talk 7:30 — 9:00 pm
Cost: $40.00 per person
Reservations: Zarir Sethna zarirs@sbcglobal.net
or (713) 963-4229
Payment by checks only. Checks to be made to “WZCC—Houston” and mailed to: Zarir Sethna, 2221 Crescent Palm Lane, Houston, TX 77077.
Check must be received by December 23, 2010.

WZCC PRE-NAZC2010 PROGRAM—December 28, 2010
BUSINESS
MENTORING YLEP

Few rewards in life redound better than the steady and wise support one gives younger people. The gratitude of youth to their supporters spreads a warmth as bright as gold. Good stewardship of youth builds the future.

My husband and I were blessed to feel this firsthand in a remarkable occasion. We were attending the University of Chicago Reunion 2010. In one moving tribute, hundreds of former students and their families celebrated the distinguished and beloved Professors Amy and Leon Kass. Tales of lifetime impacts, a surprise scholarship named for the Kasses, more tears, hugs, and kisses than the length of the golden June day filled Ida Noyes Hall.

If I thought Prof. Amy Kass gave me alone special gifts as a freshman, I quickly saw that a superabundance of impressionable minds excelled under her care. Many were there to give loving gratitude to teachers too dear to displace in one’s affections.

How different this is than what happened in the Martha Stewart saga. Both Martha Stewart and I had been in Silicon Valley at the same time for pursuit of good fortune. As her story unfolded, not once did America’s business journals castigate her for the hardship illegal trades placed on a youth. The young professional starting his career as a trader was not well-served by his customer.

He expressed genuine sorrow and anguish in his testimony, but no one held Martha to account for what her choices meant for his life. I cannot see a branded product from Martha’s company without wincing. Business leaders should think about the younger people they lead and not reduce them to mere means. Or else, how will the generations go forward with the gold of trust and shared community?

As YLEP programs rush ahead, the best part of participating are kind and thankful comments from those I assist. Not only do we have vigorous, bright people doing exciting things for our world; it is almost as important that the newer generations are fine, and at base, gracious people.

Natalie H. Vania-Gandhi, Ph.D is chair of the WZCC New York Chapter

NAZC 2010 – OPERATION EYESIGHT

A Legacy of the 7th World Zoroastrian Congress, Houston, Texas - Year 2000

Around the world, millions of people suffer from poor vision either because they have no access to or they simply cannot afford eye care. Poor vision impedes a child’s ability to learn in school and robs an adult of independence, mobility, and quality of life.

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Thanks to the generosity of our ZAH members and friends, we have been periodically able to contribute to this very worthwhile project in the past. We need your help to continue our work in developing nations around the world. Please donate your old eyeglasses to this worthy cause.

Old eyeglasses will be collected during the 15th North American Zoroastrian Congress in Houston (Dec. 29 - 31, 2010). A collection box will be placed at the InterContinental Hotel during the Congress. Please do not forget to bring the glasses, each pair separately wrapped to prevent damage during shipping and handling. The eyeglasses you donate will be delivered to the needy people through Lion’s Club.

The Gift of Sight is the ultimate gift one human being can give to another. As always, we look forward to your support!!!

For more details, contact Rustom Engineer at rustom47@hotmail.com.
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| 89 | 89 |

16. Publication of Statement of Ownership

[] If the publication is a general publication, publication of this statement is required. Will be printed  
[] Publication not required.