

Interview with Dr. Iftikher Mahmood

Pediatrician/ Founder and President
Hope Foundation for Women and Children of Bangladesh
Miami, FL and Bangladesh

Interview by **Jessica L. Lawson**

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Introduction by Jessica L. Lawson

Dr. Iftikher Mahmood is a Miami based pediatrician and the founder and president of the Hope Foundation for Women and Children of Bangladesh. He is transnationally engaged in health care projects between the U.S. and Bangladesh with the foundation he started in Miami in 2000.

The Hope Foundation has recently celebrated its 14th anniversary, during these 14 years of operation they have been helping to remake the landscape of health care in rural Bangladesh. This interview helps show the importance and positive impact that international migrants and their diaspora can have on the development process. The global flow of remittances has received much attention in recent years as awareness has increased of them as a major revenue source; in many smaller, low income countries they even make up a significant percentage of the GDP. This interview also presents some interesting insights into the usage and impact that remittances are having on the recipient population in Bangladesh.

Q. As the founder and president of the Hope Foundation for Women and Children of Bangladesh, can you first tell me about the mission of the Hope Foundation?

A. Our mission, Hope's mission, is to give assistance to the desperately needy and poor women and children of the rural areas of Bangladesh. Over the last 14 years we have established a full service hospital in Cox's Bazaar and eight rural health centers in different parts of the country

where poor people can come and ask for services. We offer services to the people who can't afford but need care.

Q. Can you tell us about your journey from Bangladesh to the U.S. and what prompted you to make the move?

A. I'm from a middle class family in the southern part of Bangladesh, and as you know Bangladesh is a developing country. I'm one of the few people that went to medical school from my area because there are not many people who send their children to school in a different city. It was very competitive, so I was lucky to get admission to medical school. When I was going to medical school my parents always motivated me, telling me that I need to be a good doctor and help the community because there were not many doctors in the community, so I always had this in my mind.

I attended Chittagong Medical College in Bangladesh and graduated about 25 years ago. At that time we did not have many higher education postgraduate medical school facilities in Bangladesh so I thought of coming to the best country in the world, which is the United States, to finish my education. I thought that if I got a good medical education and good training that I could do something back there where there is a need and a lack of services; so that is how I came to the U.S., for higher education. In the US I was trained in Brooklyn Hospital Center and New York Hospital-Cornell Medical center, both in New York. I came in 1989 and I got my residency training in pediatrics, I loved pediatrics because I like kids, and I also did specialized training in pediatric endocrinology. Then I moved to Miami, I started practice and I love to practice here but I always thought of doing something back in Bangladesh. So, I started the Hope Foundation in 1999.

Q. As I understand, there is a substantial diaspora of people with Bangladeshi heritage in the Mid-Atlantic region; is there also a significant Bangladeshi-American population in South Florida and was this a factor that brought you to Miami?

A. Yes, there are a lot of people of Bangladeshi heritage in New York. I was in New York looking for a job and I found a job in South Florida, in Miami, this is what brought me to South Florida. When I moved to Miami I was pleasantly surprised to find that there was a large

Bangladeshi diaspora here. In South Florida, Miami, Fort Lauderdale and Palm Beach, there are about 20,000 to 30,000 Bangladeshi people and in Central Florida there are probably another 15,000 to 20,000; so we have a pretty good sized diaspora for a country the size of Bangladesh.

Q. What industries do Bangladeshi Americans typically work in?

A. Most of them work in retail; they are hard workers, they work from 12 to 16 hours a day. They like to save money and help people back home, so they work really hard. I have seen a lot of them that successfully own and operate small businesses. Many Bangladeshis are highly educated and engaged in professional jobs as well.

Q. So, there are a lot of small business owners.

A. A lot. Many of them start out by working with other fellow Bangladeshis at their place of business and end up starting their own. They get together with a couple of their friends, start a business, make money and then expand; they are very good at that.

Q. Now, back to the foundation; you told me about what helped prompt its creation, can you tell me a little bit more about Hope and your projects?

A. I finished my training in 1996 and moved to Miami. After a couple of years I felt a little comfortable financially and started The Hope Foundation in 1999. I started to spread the message throughout the Bangladeshi diaspora about my idea for the foundation and asked for help. The Bangladesh diaspora really came out to help me, not only in South Florida, but in central Florida and other states and cities such as New York City, Dallas, and Atlanta. So, I started a small outpatient clinic, this was my first project in Bangladesh.

Q. Your first project was the Hope clinic, where is that located?

A. In Cox's Bazar, which is on the coast of the Bay of Bengal in the southeastern part of Bangladesh; that was in 1999. In 2005 we started the Hope Hospital; this was funded through donations from the Bangladeshi community in the U.S.

Q. How is the Hope Foundation primarily funded, is it mostly funded through private donations?

A. Yes, it is primarily funded through small donations from people, from individuals. We have several projects and partnerships with different organizations that are project based and funded by the organizations themselves, for example we have partnerships with the Fistula Foundation and Smile Train, both are USA based organizations. But funding for basic operations of our hospital and regular care come from small donors. We do fundraising events; we get funds through the website and social media campaigns and things like this.

Q. I understand you have created many beneficial partnerships over the life of your foundation, such as your collaboration with The Fistula Foundation and BRAC University, can you tell me more about some of your partnerships, who they are, how they have benefited your mission and are you in the process of forming any new ones?

A. Some of our partnerships include Resurge International, Direct Relief International, and Medic Mobile and of course, we are looking for new partners. We are working with several schools in the U.S., one is Nova Southeastern University, we have taken groups of medical students to Bangladesh several times and we are constantly discussing ways in which we can work together. We are also working with the University of Missouri-Kansas City.

We are particularly interested in working with partners interested in women's and children's health and we are connected to different women's giving circles in different areas. We have a new partner called Dining for Women, which is an organization that has chapters across the U.S.; they meet once a month to discuss issues involving women in the developing world and make donations. We have been selected to be awarded a grant next year for Dining for Women.

We also work with organizations that work with health research and global health. We are constantly discussing our issues with different possible partners, now we are talking with organizations such as World Vision, Save the Children, and Population Council. We are having conversations and trying to figure out what we can do and projects that can be undertaken that will assist our mission. Right now we are trying to give good services to an area that is populated with 2 million people.

Q. Cox's Bazar has approximately 2 million people?

A. Yes, and I think within the next few years when our midwives come out there will be a huge change in the landscape of maternal health in that area. Our first graduate will be in 2016.

Q. We have not talked about your project with midwives; The Midwifery Training Center is, I believe, your latest large scale project which officially got underway in January of last year, 2013. The training center is in cooperation with BRAC University and funded through a grant from DFID, how is this project going?

A. In 2012 we built a training center at our hospital campus; it was built through a grant from Japan Embassy in Bangladesh. In January of 2013 we began a midwifery diploma program in collaboration with BRAC University; this project is being funded by UK government. Currently we have 30 students enrolled in our program, but we aim to train many more midwives for the area to offer safe birthing service for the rural mothers and also tackle high maternal mortality and morbidity.

Q. Who makes up your Board of Directors and what is their professional background?

A. All Directors are from Bangladesh, they are Bangladeshi Americans. Their professional background is diverse; they are doctors, businessmen, professors and other professionals.

Q. What has motivated them to get involved?

A. HOPE Foundation has a great mission, that of helping disadvantaged people. The mission has attracted many good-hearted people to come and join HOPE, some of them are serving as Board members and some in other capacities.

Q. Are they mainly immigrants from Bangladesh; does the second generation of Bangladeshi Americans tend to get involved?

A. They are mainly first generation but the second generation does get involved. We have many second generation Bangladeshi Americans that help us as volunteers; they work on different projects and participate in events. In fact, we have sent many second generation students to Hope Hospital for exposure and externship training. Over the years we have

motivated a number of students who otherwise would not have gone into medicine, to go to medical school. So second generation Bangladeshi-Americans have been inspired.

Q. Who comprises your staff in the U.S. and in Bangladesh?

A. In the U.S. we have only one paid staff member, Ashley Pugh, the Program Officer; everyone else are volunteers. Our staff is mostly local and they are Americans, although our Board is Bangladeshi. In Bangladesh we have local paid Bangladeshi hospital and clinic staff.

Q. You are helping to provide greater access medical services in the rural regions of Bangladesh, how much impact do you think your efforts have had thus far in the daily lives of the people?

A. I think we have made a tremendous impact, first of all over the last few years I have taken a large number of international experts to the area to work with burn care, trauma care, cleft surgery, and fistula surgery. With the help of these people we have healed many, many women and children; thus far, we have done over 200 cleft surgeries, repaired over 100 fistula patients, and completed many burn surgeries, among other services. We are training local people with the help of these highly skilled people from the U.S. and we are educating community health workers who are going back into the community and working quietly.

We also have a project called the Mothers Club; we have over one thousand members. They are like Hope ambassadors, keeping in touch and disseminating health information, because there is a lack of health education and information. When they know that it is good to go to the doctor, to the hospital, than they will go; but until they are educated in all of the benefits they will not know. We have provided safe delivery and family planning services to thousands of mothers in the area.

So, I think we have had a tremendous impact. We work in the southern part of Bangladesh, and since we are working in a concentrated area, I think our impact is more visible.

Q. And this is near the border of Myanmar?

A. Yes

Q. Bangladesh seems to be doing well with the Millennium Development Goals, having already met 2 out of the 8 goals and showing progress on the rest. Do you think the large diaspora of professionals of Bangladeshi heritage, such as yourself, have helped contribute substantially to this progress?

A. Yes, it is one of the aspects about Bangladeshi immigrants, professional and non-professional; they are very well connected to their roots. I have been in this country for many years and I have been fortunate to make friends with different community people and I have not seen any other community like the Bangladeshis, they are so attached to their roots. Bangladeshi immigrants think about back home, their families and well-being; they send money every month. Because of the migration all over the world, including USA, Bangladesh has so much foreign currency going into it and for a country like Bangladesh, a small amount becomes big. With so much currency being pumped into the country and going straight to the families, it has created a higher standard of living for many families.

Also over the past few years Bangladesh was in the lottery Visa program, so many unskilled people came here to the U.S. and they began working and starting businesses. Bangladeshi people are very hard working, they are not wasting time but working up to sixteen hours a day; so they make money, are able to stabilize their situations and then send money back home. In Bangladesh they build houses, start businesses, and help their families because of the financial help from here; they also look for better services. The Bangladesh government are doing great things to improve the health issues and to tackle health challenges, I am just not familiar with all of the programs; I do know that privately the people are helping their families and as a result they are asking for better services. Women are more often going to the hospitals for C-sections, normal daily preventative care, and they get better nutrition; so this is why maternal mortality is down.

Q. So, from your vantage point, it is partly due to the financial help through remittances that maternal mortality is down, which leads me my next question: According to the World Bank's Migration and Remittances Factbook, Bangladesh is one of the top remittance receiving countries in the world. According to the World Bank's latest data, in 2012 Bangladesh received over fourteen billion dollars in remittances which equaled 12 percent of its GDP. From your perspective, it seems that you see that a large amount of remittances do have a positive effect in Bangladesh?

A. Huge, I would say number one.

Q. So you think the remittances have had a large impact in, for instance, the maternal mortality rate and the process of development?

A. I am absolutely convinced. There are many NGO's that are trying to do things, but privately the remittances have changed the landscape of Bangladesh.

Q. Where do you see the Hope Foundation headed and what new projects do you have on the horizon?

A. My main target right now is aid for maternal health of the area; we are targeting a small area of Bangladesh, Cox's Bazar. We want to produce a lot of midwives, a lot of community health workers and health managers, and we want to help them start self-health care businesses. For instance, the midwives can start a midwife station, we can provide the community health workers with emergency kits so that they can go out into the community, take their knowledge, provide assistance, and make a living. We want to create a large number of people in the area who will be Hope health care workers and educate the community. We need education about good sanitation, vaccinations, regular preventative health check-ups, understanding that one needs to go to the doctor when pregnant, more general health care education. We want to further reduce maternal mortality and morbidity in the area.

And since Hope Foundation is a unique organization, we have a lot of support from the Bangladeshi community and access to high tech experts across the country; I would like to bring more of these expert services that are not typically available, to Bangladesh.

We want to reduce maternal and children mortality and sufferings, and improve overall health of the poor rural people who have limited access to health care. We want to be a model of health care in the area, so that other parts of the country can follow us. And when we see good success here we can slowly migrate to other parts of the country. That is what I see for the future of Hope.