



MAY 2025

Transforming Healthcare in Bagerhat Region

By Preventative Primary Healthcare (PPH)
To reduce burden of Non-Communicable Diseases (NCD)
Like Cancer, Diabetes and Heart Disease
Empowering the community through education and health



Presented To
Mrs. Sitara Khan

Presented by
Dr. Iqbal Hussain

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About iCARE Family Trust

At the heart of the **iCARE Family Trust** is a belief that healthcare should not be a privilege—it should be a **fundamental human right**. In the quiet, rural communities of Bagerhat/Khulna district, Bangladesh, too many families face barriers to basic healthcare. iCARE was created to change that.

Rooted in a **multigenerational legacy** of service, iCARE brings together commitment, compassion and innovation to establish a new model of Primary Preventative Healthcare (PPH), to reduce burden of Non Communicable Diseases (NCD), like cancer, diabetes and heart disease. Combining **cutting-edge digital tools** with a deep understanding of local unmet needs to reach those unheard, unseen, untreated patient population. This is more than just a medical clinic or cancer hospital—it's about creating a sustainable, patient-centric process that restores dignity and reimagines what is possible in cost effective, data driven, high quality, healthcare delivery.

Through partnerships with leading **health innovators**, locally and globally, iCARE is building a bridge between tradition and technology—making quality healthcare more **accessible**, more efficient, and more humane.



Our Legacy



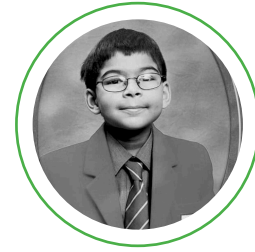
**Dr. Mozammel
Hussain
(Grandfather)**



**Dr. Abu Faruque
M. Hedayet
Hussain (Father)**



**Dr. Iqbal Faruque
Hussain (Me)**



**Farid Iqbal
Hussain (Son)**

The story of iCARE Family Trust is deeply personal. It begins not in a boardroom or specialty hospital, but in the soil of Bagerhat, Bangladesh—where my family have lived and served the community and people for over a century. iCare is a continuation of a legacy—a promise to carry forward the values of compassion, equity, and community care.

My grandfather, **Dr. Mozammel Hussain**, was a pioneering physician, statesman, and philanthropist in British India. Educated in Calcutta before the partition, he believed—long before it was widely recognized—that healthcare is a human right. In both his medical practice and his public service, he treated all patients with dignity, regardless of their ability to pay. He once ran for political office under the symbol of the "Tiger"—a symbol of strength and vision that still permeates our family home, and which has inspired generations after him.

Following in his footsteps, my father, **Dr. Hedayet Hussain**, became an ophthalmologist, trained at Dhaka Medical College and Moorfield Eye Hospital, London, UK. He served communities in both Bangladesh and the United Kingdom, providing eye care with remarkable skill and humility. His life of quiet, steadfast service ended far too soon when he passed away in Canterbury in 1984, aged 49 years. He now rests beside his father in our family graveyard in Bagerhat—a sacred place that continues to remind me of where our story began, and why it must continue.

As for me, **Dr. Iqbal Hussain**, I inherited the same calling. Trained as a urological surgeon in London, my path took me from Dhaka via London to New York, from Chicago to California. I have been privileged to work in some of the most advanced healthcare systems in the world and in numerous global pharmaceutical companies. And yet, every step I took brought me closer to home in Bagerhat. In 2017, I first visited AMADER GRAM in person in addition to merely providing financial support. This was then a fledgling women-led cancer care and research center in Rampal. Founded by my uncle, Professor Mahmudul Haque with the unrelenting support of Dr Richard Love. A partnership between a visionary in art, education, and digital innovation and an oncologist from Wisconsin, USA. Today, Amader Gram Cancer Care and Research Center (AGCCRC) has two dedicated buildings on a 8.2acre site with more than 30,000 patients on record.

The most powerful part of this story belongs to my deceased son, **Farid Iqbal Hussain**, who left us in 2012 at just 15 years old. Farid dreamed of becoming a writer. His humor, wisdom, and imagination still live on in his journal gifted to me. There he once wrote, "Moving on, I'd like to ask you a question, why are you reading this? Do you think you will get some deep insight into my personality?"

Farid's words always remind me that healing is not only clinical—it is emotional, spiritual, and deeply human. His voice guides this work just as surely as those of his ancestors.

The iCARE Family Trust is our collective story—woven through decades of service and sacrifice, grief and gratitude. It is a return to our roots, and a commitment to future generations. Through this foundation, we honor where we come from by transforming how healthcare is delivered—anchored in prevention, powered by technology, and always centered in love.

Mission and Vision

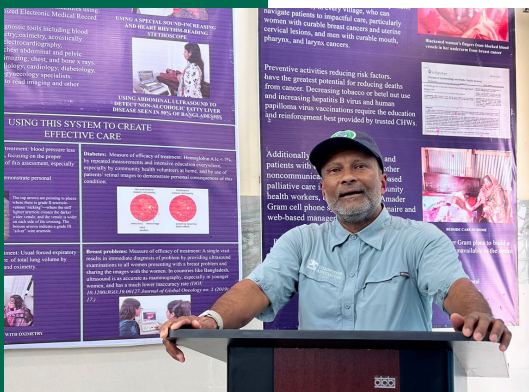
iCARE is a living tribute to my family and to the people of Bagerhat. It exists to bridge the healthcare divide through compassion, education, healthcare and innovation

Mission

The mission is to empower the community through education and healthcare to foster a future where everyone can thrive —so individuals can take ownership of their health and lead lives of wellness and purpose.

Vision

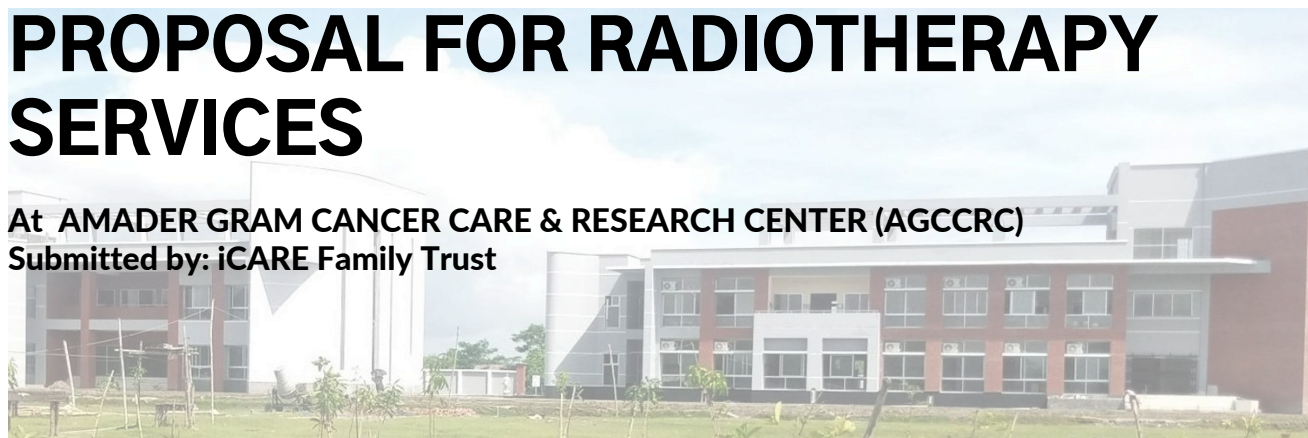
The vision is a community where high quality and cost effective healthcare can be delivered using technology to democratize this fundamental human right. The aim is to inspire hope, improve lives and build healthier communities for generations to come



PROPOSAL FOR RADIOTHERAPY SERVICES

At **AMADER GRAM CANCER CARE & RESEARCH CENTER (AGCCRC)**

Submitted by: **iCARE Family Trust**



BACKGROUND

The Greater Khulna region in southwest Bangladesh, home to over **15 million people**, remains critically underserved in cancer care.

Particularly in access to oncologists and radiotherapy services.

The region has 10 district hospitals and 6 medical colleges (4 government, 2 private). But there are **no functioning radiotherapy facilities** in the entire division.

UNMET NEED

There are over **300,000 women** currently living with breast cancer in this region. Conservative estimates are that over **1500 women** are newly diagnosed with breast cancer every year. Yet, they have no local options for radiation treatment. Instead, they must:

1. **Travel to Dhaka**, where only two government-run centers (DMC and Mohakhali Cancer Hospital) exist and wait three months or more for treatment.
2. **Seek care in India or abroad**, if financially able.
3. **Or worse—remain untreated.**

While the cost of a 10–15 day course of radiotherapy in Dhaka government hospitals is around **5,000–6,000 BDT**, private clinics charge upwards of 1 lakh BDT, **pricing out most patients.**

Even where radiotherapy infrastructure exists eg Barishal Medical College, it's inoperable for lack of access to radioactive cobalt source. This is a systemic issue:

Bangladesh needs **400 radiotherapy centers** to serve its population.

It has only **18**, and **4** are currently non-operational.

Now, after years of progress, **AGCCRC** is facing a critical moment. Despite these major achievements, government funding has dried up due to ongoing political instability. To move forward, immediate financial support is needed to fully operate these new buildings and staff them appropriately.

Immediate Needs

1. **Hiring: 1 oncologist, 1 pathologist, 2 physicians** (transportation needed from Khulna for female physicians)
2. **Equipment installation and operations**
3. **Support for diagnostic and outpatient services** already constructed

Milestones

For nearly two decades, our family has supported **Amader Gram Cancer Care & Research Center (AGCCRC)**—a pioneering, women-led, rural cancer care initiative in Rampal, Bagerhat.

Timeline of Progress: Building AGCCRC from Vision to Reality

2007 – Founding Vision

The seeds of **Amader Gram Cancer Care & Research Center (AGCCRC)** were planted in 2007, when it was established through the leadership and contributions of our family alongside other dedicated community philanthropists. The founding vision was simple yet profound: create equitable, women-centered access to cancer care in a region long underserved.

2009 – Launch of Khulna Breast Center

In 2009, AGCCRC took a critical step forward with the opening of the **Khulna Breast Center**. This center was created by women, for women, offering essential diagnostic services including **fine needle aspiration (FNA)**, **biopsies**, and basic cancer treatment. By 2017, the center had already documented over **16,000 patients**. Today, the number stands at nearly **30,000 patients**, reflecting both the urgent need and community trust built over time.

2013 – Land Secured in Rampal

Following sustained advocacy and engagement with government leaders, AGCCRC achieved a major breakthrough in 2013 when the **Government of Bangladesh allocated 8.2 acres of land in Rampal** for the development of a permanent, expanded cancer care campus. This marked the beginning of a new era of growth and possibility.

2016–2019 – Government Collaboration and Campus Construction

Between 2016 and 2019, collaboration with the **Ministries of Health and Social Welfare** yielded significant progress. The government pledged support and initiated construction of two core facilities: a **Diagnostic Building** and an **Outpatient Services Building**. This infrastructure formed the cornerstone of the future AGCCRC.

2025 – Soft Opening of Core Facilities

In early 2025, after nearly two decades of vision-building, grassroots momentum, and public-private collaboration, both the **Diagnostic** and **Outpatient Buildings** celebrated their **soft opening**. These facilities mark a critical turning point, allowing AGCCRC to expand services and reach even more patients in southern Bangladesh.

New Radiotherapy Center

The Ask

We propose the creation of a state-of-the-art Radiotherapy Center at AGCCRC to fill the unmet medical need. Our goal is to install a modern Linear Accelerator (LINAC) system—preferred over outdated cobalt machines, which are hard to maintain and often inoperative.

Estimated Budget:

- Radiotherapy Machine: 6–10 Crore BDT
- Building Infrastructure (compliance, shielding, approvals): 2 Crore BDT
- First-year staffing and operations: 3 Crore BDT

Total Projected Cost: 15 Crore BDT (\$1.36 million USD)

The Ask: Initial Support to Operationalize AGCCRC

The iCARE Family Trust is seeking an initial contribution of \$150,000–\$200,000 USD to:

- Launch full operations of the two completed campus buildings
- Hire and support a foundational medical team
- Stabilize services in the wake of government funding cuts and political uncertainty

This first step will ensure AGCCRC can immediately begin serving patients—providing diagnostics, outpatient care, and continuity of services. It will also lay the groundwork for the development of the Radiotherapy Center in the coming year.

Dedication & Invitation

We wish to dedicate this Radiotherapy Center initiative to Sitara Khan and the late Dr. Imdad Khan, in honor of their unwavering service and commitment to healing.

We also invite Dr. Sitara Khan to serve as an Honorary Director of the iCARE Family Trust as we continue to build this legacy of health equity in Bangladesh.

For inquiries, contact us.

Dr Iqbal Hussain
iqbalhussain@mac.com
+1 917-371-9242

AMADER GRAM CANCER CARE & RESEARCH CENTER (AGCCRC)

