

Section on International Child Health Newsletter

Spring 2003 American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Message from our Chair Donna Staton, MD, MPH, FAAP



Dear Section Members:



Last November, I officially began my two-year term as Executive Committee Chair. I consider this a great privilege, and have reduced my clinical hours significantly so that I can devote the time and energy it takes to accomplish our established goals, and to implement meaningful and effective new projects. I would like to express my thanks to the other members of the Executive Committee and to all the members of our section who volunteer long hours on a variety of section undertakings.



As I begin my new duties I am struck by two facts. The first is that while much progress has been made to improve the lives and health of all children, this progress is fragile and in many cases faltering. We are all aware of the statistics – millions dying from preventable and treatable illnesses, additional millions orphaned from HIV/AIDS, still more millions un-immunized and unprotected from conflict and social wrongs.



The second fact that strikes me is how profoundly fortunate and privileged we members of the section are. As pediatricians, we are respected and entrusted with the care of what people hold most dear – the lives and health of their children. Furthermore (depending in some measure on where we live and work) most of us are also remarkably economically advantaged. Nearly all of us who work in the US and other industrialized nations are in the top 1% of income earners on the planet. With this wealth also comes responsibility, particularly toward humanitarian service. I am proud to work with all of you who understand this so well.



From my perspective, the ongoing work of accomplishing our section's mission ("improving the health and well being of the world's children") can be divided into two areas. The first relates to the leadership role the Academy must play in improving child health internationally. The sec-



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ond has to do with the services and specific projects that benefit our section members and help us carry out our individual efforts in international child health. I feel the two areas are equally important, and I'd like to outline what I feel should be some priorities in each.

First, the Academy must ensure that all pediatricians and policymakers recognize their responsibility for children worldwide. To do this, we need to increase our collaboration with other national and international organizations that set policies and goals for international child health. I look forward to continuing the close collaboration with the International Pediatric Association. Dr. Jane Schaller, IPA President, has recently sought our participation in "Child Watch Africa," an initiative put forth by our fellow pediatricians in the 34 sub-Saharan nations to monitor and improve the health of children there. Dr. Yehuda Benguigui, Chief of Child and Adolescent Health at the Pan American Health Organization, Washington, D.C., has proposed a joint effort between AAP and PAHO to promote the Integrated Management of Childhood Illness (IMCI) and explore its application at the community level here in the U.S. We have also been invited to collaborate with UNICEF's Section on Child Protection, concerning issues of child labor, child trafficking, and child soldiers.

As a result of such partnerships, the AAP (and its mission of optimizing child health) will be better represented among international policy makers and implementers. I hope to increase the number and types of such collaborations in the next two years. In addition, by providing dates and information on various international pediatric meetings (see our section home page on the AAP website), I hope that many more of us will attend these conferences, not only to support our colleagues in developing countries, but to bring back ideas and information that we can use in our own efforts to improve international child health. The ultimate goal of these organization-to-organization and pediatrician-to-pediatrician partnerships must not be simply the camaraderie, but improved outcomes for children.

The second focus of our section endeavors is what I consider the "nuts and bolts" of our activities and involves primarily service and education. We will continue to sponsor the "Management of Disasters Due to Nature, War or Terror — Focus on Children and Families" course, organized by our past chair Dr. Karen Olness. Another priority in our NCE program planning is to include more of our international members as speakers, and I would like us to develop a separate CME course on international health to be held in a developing country.

The AAP produces many excellent publications but most of them are intended for use in the US. With the help of our diverse membership, we could develop a periodical for use in developing countries, or other resources such as on-line courses. I would also like to produce an International Child Health Curriculum for pediatric residencies to use in their training programs.

Our section home page on the AAP website is due for remodeling and expansion (we need a volunteer!) and should become our primary tool for sharing resources. Also, our list serve is underutilized; I will make it a point to communicate regularly, and everyone should feel free to make use of this unique source of expertise. Please make sure you are signed up!

Each of us can make a difference toward bettering the lives of children, including the 97% of the world's children who live outside US borders. Our section is here to help all of us work more productively toward that goal. I sincerely hope that you will contact me or other committee members if you need help on a project or have suggestions on ways to improve the work of the section.

Donna Staton, MD, MPH, FAAP

Children's Rights and Health

A New Curriculum for Pediatricians

The Sections on International Child Health and Community Child Health have collaborated with the Royal College of Paediatrics and Child Health to develop a unique curriculum on Children's Rights. The curriculum is directed at practicing physicians and graduate and postgraduate trainees. The purpose of the curriculum is:

- To raise awareness of the Convention on the Rights of the Child
- To increase understanding of its direct application to health and health policy and practice
- To raise awareness of the relationship between public policy and the health rights of children
- To encourage a commitment to the development of an advocacy role in respect of children's rights.

The rationale for the course and the framework on which it is built includes the following:

- All children have needs. The Convention on the Rights of the Child (CRC) establishes international recognition that children have a right to have these needs met.
- The CRC provides a comprehensive framework of rights that will facilitate a holistic approach to promoting the well being of children.
- Children's health and development is best promoted by the fulfillment of all their needs. Respect for all the rights embodied in the CRC will help achieve this goal.
- The Convention is legally binding and imposes obligations on governments to respect children's rights.

The program is divided into 5 modules, each of which can be presented in an hour. Extensive readings and power point presentations are included in each module to provide background material and a framework for presentation. Key lessons from modules include the following:

Needs and Rights. This module explores the relationship between the needs of children and their rights. Key lessons in this module include:

- Children have basic universal needs.
- These needs form a basic set of common standards

necessary for optimal health and development.

- Children are entitled to be treated according to these common standards.
- These standards impose obligations on adults to ensure their fulfillment.
- A commitment to fulfill these obligations creates rights for children to have their needs met.

An Introduction to the Convention on the Rights of the Child. This module will introduce the background, status and content of the Convention. The aim is to familiarize participants with its key principles and their universality, indivisibility and inter-dependence. Key elements include:

- The Convention on the Rights of the Child defines the full range of children's needs and provides a practical framework for addressing these needs in an integrated and holistic way.
- It poses a challenge to traditional approaches to children that view them as incompetent, passive objects of adult protective care. Instead, it acknowledges children as both capable of and entitled to active participation in decisions that affect their lives.
- Implementation of the rights contained in the Convention would herald a fundamental change in the status of children in all societies in the world and ensure their optimal health and development and fulfillment of potential.

Implications of Children's Rights for Pediatric Practice. This session is an introduction to the key principles in the Convention that have implications for the day to day practice of Pediatrics and the relationships between doctors, nurses, and other health care providers and children. Key lessons include:

- Children are entitled to be actively involved in their own health care from the earliest possible age.
- Involvement means listening to children and taking their views seriously, respecting their evolving competence to take responsibility for themselves and recognizing the importance of confidentiality, particularly for adolescents.

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Children's Rights and Health —A New Curriculum for Pediatricians *Continued from Page 3*

- Participation of children is important in principle— all people are entitled to be consulted over decisions that affect them. It also has considerable practical benefits in enhancing both the quality of care and the child's general well-being.
- Implementation of a commitment to involve children will necessitate considerable changes in practice. It will require training of all medical and para-medical staff dealing with children, and necessitate making time available to listen to and to talk with children.

Implications of Children's Rights for Health Policy and Health Services. This session looks at how a commitment to respecting children's rights can impact health policy and the delivery of services. Key lessons include:

- Children have the right to life and the best possible health and access to the best possible health care services.
- It is not enough simply to assume that services are promoting children's health and development, providing them with the best possible health services and ensuring the best possible health outcomes. It is necessary to scrutinize services to ensure they actually protect and promote children's rights.
- Key principles in the Convention can be used as a means of monitoring whether standards are being met for all children. For example, can all children access services equally, are services designed for children or for the interests and convenience of adults, are children's views sought as a means of improving services, are children protected from all forms of violence and abuse?
- Giving consistent priority to promoting the best interests of children can be helped by introducing and institutionalizing systems for raising standards throughout the service delivery system, including training, consultation, analysis of budgets, integrated planning of services, etc.

Implications of Children's Rights for Wider Public Policy: The Health Professional as Advocate. The intent of this final session is to look beyond health care services to examine how the social, economic and physical environments in which children grow up can deny them the right to fulfill their optimal development. It focuses on the role of pediatricians and other health professionals in raising awareness of the detrimental impact of much of our public policy on the

well being of children, and as advocates for greater protection of children's rights. Key lessons include:

- Children's rights to the best possible health cannot be fulfilled simply through the provision of effective health care services. The social, economic and physical environments in which they live can and do have powerful influences on their well-being.
- Children lack the democratic rights available to adults with which to fight to protect their rights. Accordingly, they need adults willing to act as advocates on their behalf.
- Pediatricians and other health professionals have insight and experience with respect to how children's lives and their right to the best possible health are affected by their environment, and how the actions and inactions of governments contribute to the failure to protect their right to health.
- By advocating as a body, health professionals can tackle the barriers to children's rights to the best possible health, rather than simply treating the consequences.
- Children themselves have a contribution to make to their own protection alongside adult advocates.
- A greater recognition of children's rights in individual professional practice, the delivery of health services and public policy are needed if the optimal health, development and well-being of all children are to be protected and promoted.

The curriculum is currently available in a draft format. A train-the-trainer conference is planned for the future to orient and introduce facilitators to the curriculum. A 1 hour Grand Rounds will be available to be used as an introduction to practicing physicians.

Those interested in the curriculum should contact Jeff Goldhagen, MD, FAAP at Jeff_Goldhagen@doh.state.fl.us.

News from our Membership Chairperson

Marlene Goodfriend, MD, FAAP

Each month a list of new members to the SICH comes across my desk. Welcome to those of you who have joined the section since October. The SICH is now the second largest section in the AAP, the largest being the resident section. It is heart warming that during these difficult times so many pediatricians continue to be interested in the health and well being of the world's children.

It would be easily understandable if we chose to stay close at home and focus on our work here with a war raging in Iraq and anti-American feelings worldwide. Yet, each month, I receive news of members who continue to reach out to children and colleagues all over the world. Dr. Karen Olness continues to be an inspiration to all of us. She organized and presented a program, Complex Humanitarian Emergencies, in Addis Abba in January. Dr. June Brady assisted her. Dr. Olness is also organizing a Disaster Management Course for presentation in Nicaragua and Panama. Dr. Jeffrey Goldhagen is expanding the training of pediatric residents at the University of Florida in Jacksonville to include a rotation at Hospital Albert Schweitzer in Haiti. Dr. Stan Shaffer has organized a

medical conference with Haitian and international presenters that was to be held in Port Au Prince in March of this year. Dr. Caroline Drueger will ride a bicycle from California to Florida to raise funds for the Angkor Hospital for Children in Siem Reap, Cambodia. Dr. Rich Mier spent time teaching in Ecuador last year, and he and his family have also hosted a medical student from Ecuador. I recently returned from a lectureship on psychosocial pediatrics at the Okinawa Chubu Hospital in Okinawa, Japan. These efforts and projects bring cultures and colleagues together to make the world a better place for children.

Many other members, recent and long term, are involved in international pursuits. Please let us know what you are doing. You can write to me or to the Editors, Drs. Burris Duncan or Karl Neumann. It is especially important that you share your experiences. Knowing what others are doing supports and validates each of our individual international child health endeavors. This sharing and supportive network can inspire others to join us as we care for the children of the world.

New Members Since October 2002

Manuel M Aceves MD
Atizapan, ME Mexico

Ricardo Acosta MD
Torreon, CO Mexico

Muhammed K Adhia MBBS
Karachi Pakistan

Indu Agarwal MD, FAAP
Fargo, ND

Ravi Agarwal MD, FAAP
Lynn Haven,

Jose Alberto Hernandez MD
Mexico, DF Mexico

Ayoob Ali MD, FAAP
St Louis, MO

Carolina D. Amador MD
Corvallis, OR

Annette Kesewah Ansong MD
Durham, NC

Ivan Antonio Wilson
El Dorado Panama

Maria Antonieta J Arias Ortiz MD
Tierra Blanca, VE Mexico

Rajiv Arya MD
Haryana India

Sergio Ivan Assia Robles MD
Puebla Mexico

Teresa Augustine MD, FAAP
Sandusky, OH

Sergio Antoro Ayala MD
Zacatecas Mexico

Oluwakemi Bukola Badaki MD
New Haven, CT

Rupal Badani MD
Los Angeles, CA

Manuel Baeza-Bacab MD
Merida, Yucatan Mexico

Linda Namutebi Barlow MD, FAAP
Eden, NC

Irma Gabriela Bastarrachea-Sosa MD
Merida, YU Mexico

Stephen T. Bauch MD, FAAP
Memphis, TN

Jocelyn Paige Beattie MD
Pawtucket, RI

Oscar Benavides Agilar MD
Puebla, PU Mexico

Rakesh Bhattacharjee MD
Toronto, ON Canada

Jennifer Marie Blake MD
Houston, TX

Stephanie R. Bloom MD, FAAP
Palo Alto, CA

Jaime Bonilla Delgado MD
Morelia, ME Mexico

Rebeca Borgaro MD
Cuernavaca, Morelos Mexico

Annie Buchanan MD
Rochester, NY

Abraham Burak MD
Huixquilucan, ME Mexico

Nina D Burtchen MD
New York, NY

Martin Noe Calvillo Rangel MD
San Cristobal, Ecatepec Mexico

Patricia Alvarez Cantwell MD
Miami, FL

Maria Magdalena Cardenas Padilla MD
Mexico, DF Mexico

Carlos Humberto Castellanos Gonzalez MD
Guadalajara, JA Mexico

Jennifer Nobles Chambers MD, FAAP
Birmingham, AL

Cynthia Chan MD
Lakewood, OH

Yong Jae Choi MD
Chuncheon City, Kangwon-Do

Sujit Kumar Chowdhary FRCS MS MCH
Pgimer, Chandigarh India

Lorimer T. Christensen MD, FAAP
Salt Lake City, UT

Carlyn Martineau Christensen-Szalansk MD, FAAP
Iowa City, IA

Harrietta Kapsalis Christodoulos DO
Buchanan, MI

Jennifer Lynn Citron MD
Gainesville, FL

Saidi Clemente MD
Yonkers, NY

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New Members Since October *Continued from Page 5*

Alfredo Cohen-Henriquez MD WTC Panama	Samuel Fernandez Pena MD Mexico, DF	Rudolf Konig MD Ostermundigen Switzerland
Maria del Rosario Corez Rodriguez MD Mexico	Jorge Field MD Baja, CA	Tao Sheng Kwan-Gett MD, FAAP Seattle, WA
Jose Cristobal Almario MD El Dorado Panama	Giovanni Filocamo MD Bologna, Italy	Jullet Brown Lambey MD Anaheim, CA
Hernan Cruz MD Glendale, CA	Annette D Fischer MD Dundas, ON Canada	Paul Michael Lantos MD New Britain, CT
Maria Ines Cuevas Martinez MD Puerto Vallarta, JA Mexico	Jill A. Forbess MD, FAAP Nashville, TN	Juan Victor Manuel Lara Velez MD Guadalajara, Mexico
Pemmaraju Saleena Dakin MD, FAAP Falls Church, VA	Deena Fulop MD Brooklyn, NY	Tracy Lynn Lawrence-Black MD, FAAP Potomac, MD
Monique Marie d'Avis MD Skokie, IL	Deepica Ganta MD Chicago, IL	Jose Lazaro Ramirez MD Oaxaca de Juarez, OA Mexico
Rolando De Hoyos MD San Ysidro, CA	Hector Garza Rivera MD Cuautu, Morelos Mexico	Shirley M Lo-A-Njoe MD Curacao Netherlands, Antilles
Humberto Ricardo De Leon MD El Dorado Panama	Thomas Gehrke MD Martiguy, Valais Switzerland	Hugo Joaquin Lopez Munoz MD Mexico
Matthew Nicholas Denenberg MD Clawson, MI	Sandip A. Godambe, MD Louisville, KY	Herbert Lopez-Gonzalez MD Mexico, DF
Peter Ross Devries MD Charlottesville, VA	Elizabeth Gold MD Toronto, ON Canada	Carlos E Lopez-Lizano MD Tlalpan, DF Mexico
Amador P Diaz MD Mexico, DF	Rosa Gonzalez Sanchez MD Guadalajara, JA Mexico	Raul Gerardo Lozano Marquez MD Guadalajara, JA Mexico
Felipe Jose Diaz Rubio MD Merida, Yucatan Mexico	Ricardo Gonzalez Yunes MD Chihuahua, CA Mexico	Rebeca Yael Malamud MD Philadelphia, PA
Ty Triston Dickerson MD Syracuse, NY	David Guevara Garcia MD Ciudad Mendoza, VE Mexico	Anna Maria Mandalakas MD Kirtland, OH
Michael Dinerman MD Atlanta, GA	Victor Manuel Gutierrez Gomez MD Toluca, ME Mexico	Danila Mariani MD Brembate, BG Italy
Gilberto Diosdado MD Zapopan, Mexico	Claudia Cristina Gutierrez Juarez MD Ecatepec Edo de Mexico, ME Mexico	Sharon E. Marlowe MD, FAAP Montgomery Village, MD
Ronald Joseph Distajo MD Skokie, IL	Moserra Hammonda MD Damascus, Syria	Arlyn Marrero MD Fargo, ND
Terry Carlyle Dixon MD Durham, NC	Ma Realiza G Henson MD Manila Philippines	Leonel Martinez-Corona MD Mexico City, ME Mexico
Francisco J Dominguez Saldana MD Arriaga, Chiapas Mexico	Andres Hermida MD Veracruz, VE Mexico	Carol Ann McLaughlin MD Cambridge, MA
Cheryl A. Donovan-Hunt MD, FAAP Lake Bluff, IL	Gerlin Hernandez Pena MD Campeche, CA Mexico	Aldo Uzziel Medina Serpa MD San Luis Potosi Mexico
Jose Angel Duenas Avilus MD Tuxtpeex, OA Mexico	Jose Iglesias Leboreiro MD Mexico City, DF Mexico	Juan Melo Pedraza MD Morelia, MI Mexico
David Shannan Dunkin MD New Haven, CT	Olunwa Chisara Ikpeazu MD, FAAP Hendersonville, TN	Luciano Ricardo Mendiola Figueroa MD Pachuca, HI Mexico
Jose Manuel Echeverry y Eguiloz MD Merida, YU Mexico	Salvador Jauregui Pulido MD Guadalajara, JA Mexico	Eva Mendoza Pena MD Mexico, DF Mexico
Paul Dominic Edwards MD Malden, MA	Ernesto Jimenez Balderas MD Villahermosa, TA Mexico	Sameera Ijaz Mian MD Las Vegas, NV
Rim El-Rifai MD London, EN United Kingdom	Juan Angel Jimenez-Olivas MD Zaragoza, Spain	Michelle Dawn Miller MD Iowa City, IA
Cyril Mark Engmann MD, FAAP Ypsilanti, MI	Kristin Long Kaelber MD Cleveland Hts, OH	Jose Miro Montano MD Tijuana, ME Mexico
Jose Vincente Estrada Flores MD Mexico, DF Mexico	Howaida A Rahman Kazly MD Jeddah, Saudi Arabia	Jesus Ambrocio Molina Bravo MD Acapulco, GU Mexico
Echezona Ezeanolue MD Union, NJ	Alan Patrick Kenny MD Rochester, NY	Eduardo Alfonso Molina Sanchez MD Puebla, ME Mexico
Alfonso E Faure Vilchis MD Toluca, ME Mexico	Muna Ramar Khan MD Syracuse, NY	Ricardo Montoya MD Cuernavaca, Morelos Mexico
Maria Del Rocio Feria Ortuno MD Tepic, Nayarit Mexico	Saima Khan MD Mobile, AL	Maria Teresa Moreno MD Panama
Patricio Fernandez Martorell MD Mexico, DF	Ramzi A. Kilani MD, FAAP St Louis, MO	Maria del Rocio Moreno Gateana MD Obregon, Sonora Mexico

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New Members Since October *Continued from Page 6*

Anjali Morris MD, FAAP Richmond, CA	Rosa Rubio Sanchez MD Mexico, DF	Blanca Torres MD Acambaro, GU Mexico
Teresa Murguia de Sierra Mexico City, DF Mexico	Manuel A Ruiz Diaz MD Reynosa, TA Mexico	Maria Torres MD Morolem, GU Mexico
Grant McCann Mussman MD Charlottesville, VA	Juan Manuel Ruiz Mota MD San Nicolas de los Garza, NL Mexico	Trinh T Truong MD Los Angeles, CA
Ghulam Mustafa MBBS Multan, Punjab Pakistan	Xavier Saez-Llorens MD Panama	Kadir Tugcu MD Istanbul, Turkey
Travis Robert Neely MD Cleveland, OH	Hala Mufeed Said MD Stony Brook, NY	Rosa Ugarte Torres MD Mexico, DF
Laila Niazi MD Las Vegas, NV	Marcos Rolando Salazar Fong Panama	Manuel Albert Valencia Castellanos MD Guadalajara, JA Mexico
Horacio Gerardo Nolasco Martinez MD Cancun, QuintanaRoo, ME Mexico	Reyes Salazar Gonzalo MD Yalapa, VE Mexico	Paolo Valerio MD Amsterdam, Netherlands
Frank Oberklaid MD Parkville, Victoria Australia	Filiberto Daniel Sanchez Bernal Culiacan, SI Mexico	Lisette W A Van Suijlekom-Smit MD Rotterdam, Netherlands
Christian N Okpalo MD, FAAP Beeville, TX	Juan Francisco Sanchez Hernandez MD Zacatecas, Mexico	Erzebet Varady MD Abu Bhabi, United Arab Emirates
Jorge Ordonez MD Col Victoria, TA Mexico	Leopoldo Santiago Vazquez Villahermosa, TA Mexico	Yvonne E. Vaucher MD, MPH, FAAP La Jolla, CA
Octavio Orihuela Chavez MD Mexico, DF	Sergey G Sargsyan MD Yerevan, Armenia	Minal Vazirani MD Phoenix, AZ
Jesus Humberto Oyarzabal Camacho MD Mexico, DF	Wendy M. Schmidt OTR/L, MPA Cleveland, OH	Concepcion Vazquez MD Huaguapán, OA Mexico
Sergio Pacheco Sotelo MD Guadalajara, ME Mexico	Sangeeta Jay Shah MD Houston, TX	Teresa Elizabeth Vela MD Culiacan, SI Mexico
Franaxo Antonio Pandeli Magana MD Ciudad Cuahlemoc, CA Mexico	Ahmed Tarik Shinaishin MD, FAAP Hagerstown, MD	Urbina Rincon Victor Manuel MD Morelin, MI Mexico
Gurdev Singh Parmar MD Jalandhar, Punjab India	Joel Michael Shulkin MD APO, AE 09137-0200	Gentil Eduardo Villafane Diaz Panama
Leonel Partida Fonseca MD Zapopan, JA Mexico	Horacio Silva Ramirez MD Mexico, DF	Jose Enrique Villafuerte Arroyo MD Atizapan, ME Mexico
Elizabeth Michael Peterson MD Madison, WI	Harjot Kaur Singh MD Rochester, NY	Monica Villa-Guillen Mexico
Antero Porras MD Chihuahua Mexico	Meera Singh MD Las Vegas, NV	Gerardo Villela MD San Pedro Sula, Honduras
Cedric Joseph Priebe III MD, FAAP Charlotte, VT	Nancy Fisher Slater MD, FAAP Carmel, IN	Judd L. Walson MD Durham, NC
Sukman T Putra MD FACC Indonesia	Doctor Soemakto Jawa Timur, Indonesia	Sunshine Weiss MD Los Angeles, CA
Jose T Quintero Munguia MD Baja California Sur Mexico	Victor Manuel Solis Kitsu MD Cancun Quintana Roo, Mexico	Jeffrey J. Whittall MD Georgetown, OH
Medina Ramirez Francisco MD Madena, TA Mexico	Olivia Sosa Rangel MD Tuxtpec, OA Mexico	Carlos D Williams MD, MC Pensacola, FL
Montserrat Renom-Llonch MD, FAAP Sabadell, Spain	Jonathon Michael Spector MD Brookline, MA	Ebony Williams MD Houston, TX
Roberto Reyes Delgado MD Linares, NL Mexico	William Moyer Stauffer III MD Minneapolis, MN	Scott Donald Wissman MD Houston, TX
Roberto Reyes Gonzalez MD Monterrey, NL Mexico	Laurie Michelle Steward MD, FAAP Conifer, CO	Manuel Ybarra Munuz MD Veracruz, VE Mexico
Urbino Ripoll Hernandez MD Coatzacoalcos, VE Mexico	Christoph Stuessi MD Utwil, Switzerland	Hector Manuel Yee Arellano MD Monterrey, NL Mexico
Alicia Elizabeth Robledo Galvan MD Deleg Benito Juarez Mexico, DF Mexico	Nadia Deborah Sutherland MD Gainesville, FL	Joel Orlando Ying MD Hollywood, FL
Reha Arif Rodopman MD Istanbul-Goztepe, Turkey	Dhenvka Kannan Tennankore MD Toronto, ON Canada	Chainllie Young MD University City, MO
Jose Silvestre Rodriguez Briceno MD Guadalupe Zacatecar Mexico	Vandana Cherie Thapar MD Lakewood, OH	Hyunsoo Zhu MD, FAAP Cupertino, CA
Jesus Maximino Romero Vargas MD Puebla, PU Mexico	Joel Stanford Tieder MD Bothell, WA	Juan Zuniga Rosas MD Veracruz, VE Mexico
Susana Rosales Urban MD Mexico, DF	Smita Tomkoria MD, FAAP Baltimore, MD	

Report from the AAP Office of International Affairs

On a follow-up to the last Section Newsletter, I would like to give an update of the International Activities Office. Last time I introduced the office and myself, this time around I will summarize the work, accomplishments and challenges that the office has faced.

The National Conference and Exhibition (NCE), formerly known as the AAP Annual Meeting, had great international participation. Over 11% of attendees were visiting from abroad. In the last 3 years we have seen this steadily rise. We found this significant because it shows the impact that AAP has outside of our borders and the importance of AAP to reach out to other countries.

We have begun planning our activities for this year's NCE and expect to be able to attract international participation. However, the current war situation does present a challenge and a concern for everyone. We hope that this conflict will not interfere in the ability of pediatricians to attend and participate in such an important CME opportunity.

These past months have also offered me the opportunity to attend a Neonatal Congress in Veracruz, Mexico and meet with the Mexican Society (Confederación Nacional de Pediatría de México -CONAPEME). It was a wonderful and productive experience. We have formed a friendship and collaboration that we plan on building stronger in the coming years. This has begun our plan to better collaborate, teach and learn from our international colleagues.

Our goal is to be able to say that about the many other societies worldwide.

Other congresses to look forward to are the Asociación Latino Americana de Pediatría that will be held in November 2003 in Panama City, Panama and the 24th International Pediatric Association Congress in Cancun Mexico, August 14-20, 2004. AAP is committed in helping to make these a success and have offered our assistance to the local organizing committees.

An other wonderful accomplishment has been the collaboration that Life Support Programs, with help from the International Office, has formed with the Pan-American Health Organization (PAHO, a division of WHO). Plans are on their way to do a Neonatal Resuscitation Program (NRP) Train the Trainer course in two Latin American Countries, Dominican Republic and El Salvador, this summer. NRP is our most successful program and it is wonderful to see the worldwide acceptance of it. It is even greater to see other countries take the program and adjust it to their individual needs, in essence making the program their own. Our goal is to teach them to teach the program to others to reduce the newborn mortality rate in their own countries.

So as you can see, we have been keeping busy and expect to continue on growing with various programs and activities. We are very thankful for the interest we have received from various people with ideas and suggestions, as well as assistance in putting everything together.

Alejandra Lule

International Activities Coordinator, AAP

PLEASE SAVE YOUR 2000 RED BOOKS

We are seeking donations of your 2000 AAP Red Books, to be collected and distributed to training programs and pediatric colleagues in developing countries. Please simply mail them to:

Donna Staton MD
Weston Pediatric Physicians
486 Boston Post Road • Weston, MA 02493

Thanks in advance for your help!

Initiative on Complex Humanitarian Emergencies

Karen Olness, MD, FAAP Immediate Past Chairperson of SICH

Disasters, both natural and manmade, have increased significantly in both number and in severity during the past 15 years. Every week somewhere in this world, at least one disaster occurs that requires external intervention to assist its victims. Eighteen million children are currently displaced from their homes as a result of natural or man made disasters. The number of adults alive today who experienced a disaster as children is the largest ever, and many of these adults continue to suffer physical and psychological after effects long after the disaster occurred. International relief agencies have not generally focused on the special issues/needs of children who experience disasters.

The AAP Section on International Child Health is helping to provide education about the special needs of children in disasters as well as administering hands on service to children who experience disasters. In 1995, the AAP published a manual on "Psychosocial Issues for Children and Families in Disasters". This manual is currently being updated. In June of 1996, the first training course focusing on the needs of children who experience disasters was given at Rainbow Babies and Children's Hospital and Case Western Reserve University. This course has the endorsement of the AAP and the International Pediatric Association. It has been given seven times and has trained about 260 child health professionals, including 15 from developing countries.

Pediatric colleagues from developing countries who have taken the disaster management training have been involved in teaching similar courses in their own countries. In March of 2001, Khon Kaen University in Thailand sponsored a course for physicians from Thailand, Laos, Indonesia, Viet Nam, India, and Cambodia. In January of 2002 pediatricians from Thailand, Turkey, the US, and Nicaragua taught the course in Peshawar, Pakistan for Afghan and Pakistani physicians. In December of 2002, pediatricians from Thailand, the US, and Uganda taught this course for 25 African pediatricians in Addis Ababa and plans are underway to replicate the course in several other African countries.

The course has been translated into Spanish by AAP Fellow, Dr. Marisa Herran. It will be conducted in Nicaragua May 12-17, 2003 and in Panama November 10-14, 2003. Three Indian pediatricians have taken the course and are organizing the train-

ing to be given in New Delhi within the next year.

In 2000, the AAP developed a Child Disaster Network, a standby team of child health professionals who are available on short notice to join relief efforts on behalf of children. AAP fellows interested in joining the Child Disaster Network can find information about it on the AAP website. SICH has also discussed issues involved in making the Child Disaster Network available for domestic disasters. Currently, this is hampered by licensure and insurance issues.

In October of 2002, the AAP established a Task Force on Terrorism. The Task Force provides educational materials about the effects of bio-terrorism, with recommendations for intervention in and prevention of both physical and psychological problems. (aap.org/terrorism)

Section Members to Serve As Contacts to Their State Chapters

In order to promote communication between AAP Sections and Local Chapters, we have been asked to designate a section member in every state to act as a liaison. These liaisons are encouraged to:

- Read and consider contributing to the newsletters of both the section and the chapter.
- Monitor the section's web site for information about current section activities.
- Attend the annual meeting of the chapter.
- Be available to respond to requests for input and information from the chapter executive committee.

We have prepared a brief memo outlining resources our section can offer chapters. Serving as liaison would not be a time consuming job, but could be helpful to our section and your chapter. Please let Donna Staton (dstaton@massmed.org) or our staff liaison, Anne McGhiey (amcghiey@aap.org) know if you are interested.

Invited Comments from Ann Behrmann, MD, FAAP

A new Member of your Executive Committer

Health Impacts of a New War on Iraqi Children

Note: *This article was written before the present war in Iraq. There is every reason to believe that this situation is even worse now than represented in statistics below.*

There has been much written in the past months about the political crisis in Iraq. But little in the mainstream media focuses on recent studies that have examined the current health status of Iraqis and the increased vulnerabilities that these children would face in the event of a war. Iraq now has a population of 26 million, half of whom are children.

To appreciate the problems that military conflict would cause for children in Iraq, a brief understanding of the health care system in Iraq prior to 1990 is helpful. Before the 1991 Gulf War, Iraq was considered by the United Nations to be a middle-income country with a modern social infrastructure and a health care system of medical facilities and public health modeled on western medicine. But during the 12 years since the Gulf War, with UN sanctions in place, and the institution of the Oil for Food Program (UN Resolution 986) in May of 1996, many health indicators have changed markedly:

I. Health Indicators: prewar Gulf War and the present

Infant Mortality	1990: 50/1000 live births	1998: 103/1000
One year full immunization	1990: 84%	2003: 1 million with no measles, 37% of mothers without tetanus
UN Human Development Index of Countries	1990: 50 th of 130	2000: 126 th of 174
Literacy	1990: 89%	1997: 57%
Access to clean water	1990: 100% urban and 72% in rural areas	2003: 60%
Sewage treatment	1990: all urban dwellers	2003: 50% operable
Access to health care	1990: 93%	2003: most hospitals with <1 months supplies for humanitarian emergency

II. Health and Economic Conditions in Iraq in 2003

“Since 1991 as many as 500,000 children have died in Iraq under circumstances that can be attributed to either the war or sanctions.” International Study Team Report, Jan. 2003

Disease

- 70% of deaths of children under 5 years of age are due to diarrheal diseases and respiratory tract infections
- Other health problems include: nutritional anemia, vitamin A deficiency, iodine deficiency, malaria, leishmaniasis, and measles
- Under-Five Mortality levels in 2003 have increased 2.3 times compared to 1990 levels in the south/central area under Ministry of Health control

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Invited Comments from Ann Behrmann, MD, FAAP A new Member of your Executive Committee

Health Impacts of a New War on Iraqi Children *Continued from Page 10*

- Five fold increase in Low Birth weight (LBW) babies between 1990 and 1998, from 4.5% to 24.7%, a reflection of maternal nutrition and access to prenatal care (LBW babies have a 40 times greater chance of dying in 1st month of life than normal weight babies)

Food

- 1/4 of Iraqi children under five years (close to 1,000,000) are chronically malnourished
- Food Dependency: 16 million Iraqi civilians (or 60% of population) are 100% dependent on government-distributed food rations (now about 21 day's worth of food per month)
- Oil for Food Program distributes these monthly rations to 24 million Iraqis in south/central and 3.5 million in north
- More than 90% of all food is imported
- 500,000 Iraqi children are acutely malnourished or underweight and are in re-feeding programs

Jobs/Household Income

- 50% unemployment rate and more than 50% of Iraqi families are living below the poverty line and they spend 72% of their income on food

Education

- 23% of children not enrolled in primary school, mostly girls
- Access to books and journals for teachers and professionals (MDs) as well as secondary and university instruction are severely limited

Refugees

- 1.2 million internally displaced people; 134,000 refugees living in Iraq; 2 million refugees on the Turkish and Iranian borders

III. Likely Impacts of a New War on Iraqi Civilians

Estimated casualties in or soon after a conventional war:

- 48,000 - 251,000, including 2,000 - 50,000 civilian deaths and 6,000 - 200,000 wounded
- With only 3-4 months of medical supplies in country and currently at only 80% of existing needs, the medical system will not be capable of responding to the humanitarian disaster of war.
- Electricity interruption will further hamper hospital emergency operations, as the generators are capable of running no more than 6 hours without a break
- Potable water supplies, desalination and waste water treatment will again be affected and typhoid, cholera and other diarrheal illnesses will log rhythmically increases, especially targeting malnourished children.
- Fuel shortages with damage to roads, rail and ports and food warehouses and flour mills will effectively shut down distribution, leaving 16,000,000 Iraqis without food.

References and Internet linkages for more information:

1. "Collateral Damage: the Health and Environmental Costs of War on Iraq", Jane Savage, author, with June Crown, Richard Garfield, Douglas Holdstock, Victor Sidel and John Yudkin, advisors, Medact, Nov. 12, 2002, www.medact.org
2. "Our Common Responsibility: the Impact of a New war on Iraq Children", International Study Team, Eric Hoskins, team leader, Jan. 27, 2003, www.warchild.ca
3. "The Human Cost of War in Iraq", Roger Normand and Sarah Zaidi, Center for Economic and Social Rights, Jan. 30, 2003, www.cesr.org/iraq
4. "Likely Humanitarian Scenarios Consequent on Invasion of Iraq", UN Confidential Document, Dec.10, 2002, www.casi.org.uk/info/undocs/war021210.html

James Owens, MD, FAAP was invited to introduce himself to our membership. His story is an important one and offers some insight and suggestions into how you might get involved in international child health.

My preparation for international service included a pediatric residency, three years as a public health hospital pediatrician, five years in private practice and a post doctoral Masters degree in Public Health. Although this may not sound like the usual preparation, each of these experiences was helpful in the years to come.

In late 1979 I was working half time as an instructor in the adolescent program at the University of Washington Medical School. The other half of my job, which was to become my major career practice, was serving as the Medical Director for Washington State's incarcerated juveniles.

It was in early November of 1979 that the brutal four-year dictatorship of Pol Pot in Cambodia came to an end. Survivors of that horrible time left Cambodia by the thousands. They crossed the border into Thailand. Pictures of this exodus were seen on world television, showing starved, sick and beaten people.

I saw these pictures and an early interest in international health was re-kindled. I remarked to a faculty colleague, "They must need doctors." He advised me to talk with one of the aid organizations in Seattle. It was not long after that I became part of a medical team headed for the new refugee camp opening on

the Thai-Cambodia border with doctors and nurses from many western countries.

A fellow faculty member covered my job for Washington State and I was granted a "leave without pay" status. I arrived in Bangkok where I spent a short time in orientation with the aid agency that I would be working with. Leaving Bangkok, I traveled by bus to SaKaeo Camp in the southeast of Thailand, close to the Cambodian border.

The camp, which eventually sheltered 30,000 refugees, was located in the open fields outside a small Thai village. Refugees lived in plastic shelters. The United Nations Refugee office and the International Red Cross and the hospital wards were in open sided bamboo and straw buildings. There were 100 cots in each ward, many of them occupied by family members as well as the patient. Severely ill and injured people were brought in every day by large Thai rice trucks with an International Red Cross insignia painted on the side.

We saw severe nutritional deficiencies, malaria, and post-traumatic mental illness following the years of slaughter, torture and starvation that Cambodia had endured. The children were numb, unable to express sorrow or happiness. It took a long time before we heard children crying or laughing.

We were responsible for the care of 500 "orphan" children in the camp. Many of these children were not orphans, but had been separated from their families by the Khmer Rouge soldiers. The Red Cross staff was able to reunite many of these children with their family members in camp.

The team I was part of included Dutch and British nurses and American doctors. Our nurses staffed two wards, one with Israeli doctors as well as the one with American doctors. Other wards were staffed with teams from all over the western world.

Most of us had little experience in tropical medicine. Professors from the medical school in Bangkok met with the teams to discuss the diagnosis and treatment of the diseases we were seeing. The Centers for Disease Control had an epidemiology team in the camp to advise us about disease prevalence in the camp and to provide us with ongoing evaluation of the outcome of the care we were providing.

Falciparum malaria, often in the cerebral presentation, was one of the most common diseases we saw. Severe malnutrition, profound anemia, and injuries from land mines were common.

Nath was a 14 year old boy who came to us close to death. He had malaria and was severely anemic with a hematocrit of 16. Much of his anemia was secondary to being bled to furnish blood for the Khmer Rough sol-

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James Owens, MD, FAAP was invited . . . *Continued from Page 12*

diers in Cambodia; a common practice. Nath was terrified when we came to transfuse him, as he thought we were going to bleed him again. With malaria treatment, transfusions and lots of love, he recovered.

As nutrition improved, families who had lost their children in Cambodia began once again to hold pregnancies but the babies were often premature and very underweight. Medicin Sans Frontier ran the obstetric ward next to us and brought the newborns to us for care. We felt strongly that the infants always needed to be kept with their mothers and were put in a dish

basket on the mother's cot. We realized that it was critical for the babies not to be separated from their mothers, as the mothers would perceive we felt they could not care for their baby and they would disappear into the camp. The nurses inserted nasogastric tubes in the infants too weak to breast-feed or where mothers had too little breast milk. The nurses taught the mothers how to feed soy milk into the tubes until the infant was able to suck and the mother had adequate breast milk.

This is a brief picture of my initial experience in a refugee situation. Since that time I have

had the privilege of serving in many other places, but that first time in Sakaeo Camp was very powerful in my motivation to continue doing that kind of work whenever possible. Subsequent areas of the world where I served included Somalia, Lebanon, Cambodia, Ethiopia, Iran (Kurdish refugees), Uzbekistan, and Kosovo. Each of these experiences has greatly broadened my view of the world, deeply enriched my appreciation for the history of various countries, and re-enforced my conviction of the importance of being sensitive to cultural differences.

**Please Join Us for the Section Meeting and the Following Program
AAP NCE, New Orleans, November 1-5, 2003!!!**

Monday, November 3, 2003

9:30-10:30

Pediatric HIV/AIDS in Developing Countries: Diagnosis and Management, Maternal-to-Child Transmission, and the Plight of AIDS Orphans - Laura Guay, MD

10:30-11:15

International Health for the Pediatrician: Ways to Get Involved, With or Without Leaving Home

11:15-11:30

Break

11:30-12:15

Overseas Opportunities for Pediatricians with Health Volunteers Overseas (HVO): Guyana, St. Lucia, Uganda, Malawi, and Cambodia – Caroline Dueger, MD, MPH, DTMH

12:30-2:00

Section Meeting (Non-Section Members Welcome)

Please join us for this program and our lunch and section meeting which follows!

AMERICAN ACADEMY OF PEDIATRICS



*National Conference & Exhibition
November 1-5*

Invited comments relative to his personal experiences and involvement in international child health from

Christian M. Hansen, Jr., MD, FAAP, MPH

I do not think that I am different from most pediatricians. We all care about children and try to do our best to help parents care for them. This is true, both in the USA and abroad, in third world countries. There are common themes that I found in trying to help children on Indian reservations in the USA, in rural Mississippi in all black towns in the days of the civil rights movement between 1967 and 1969, in the Peace Corps, and in third world countries abroad.

My decision to join the U. S. Public Health Service after a residency at Children's Hospital of Philadelphia was influenced by Dr. Joseph Stokes, physician-in-chief there. He was a model of academic brilliance and Quaker simplicity, and human concern. He taught me that I could cure patients sometimes, but care always. My inspiration first came from people like him and from John F. Kennedy, and later from world events. JFK said something to the effect that we should consider what we can do for our country rather than what our country can do for us. Dr. Stokes encouraged me to become involved as part of a small relief group to try to do something about the horrible effects of war on children in Nigeria/Biafra who were dying of kwashiorkor. The greatest risk I faced in all of my overseas work was when I and other passengers were hurling tons of ammunition out of an old training plane, preparing to crash in Biafra, with me on board. This action saved our lives as we landed safely.

Even though my father was a minister, it was the Quaker influence that spoke to my condition in a denomination where there are no ministers, but where there is a strong spiritual influence and a strong belief in social justice. During four years at a Quaker college, I met faculty and even students who showed in their lives a belief in seeking that of God in every person.

After the Gulf War in 1991 I was able to join a team from the International Rescue Committee (IRC) helping Kurdish Refugees in Northern Iraq. (I thought that the Turkish and Arabic that I knew would hold me in good stead until I learned that they spoke Farsi.) Following this, I worked with a small team of IRC health professionals in treating a large number of Rwandan Tutsi refugees who were fleeing from Rwanda into Tanzania in 1994.

While working in child welfare in New Jersey during the last twenty years I was able to take time off from my work with abused and neglected children to do some of the above missions. While working with foster children with AIDS I met a Haitian-American pediatrician who introduced me to the awful child health problems in Haiti. Here, too, was another person who inspired me to start a small child health project in Port-au-Prince that has been supported by the Quakers over the past six years.

The most poignant experience that affected me was involvement with Medicine for Peace, a small volunteer group that brought back fifteen Iraqi and Kurdish children to the USA for surgery. They were unable to get the surgery in their own country because of the UN sanctions and embargo after the Gulf War. Two of the children were horribly burned by an allied bomb that went astray and killed their parents and siblings. At least ten of the children were slowly decompensating from their untreated Tetralogy of Fallot and would most likely have died without our intervention. This rescue effort required frequent trips to and from Baghdad.

I suspect that I share the hope of all pediatricians that the injuries to children in Iraq will be minimal during the present conflict. It is my hope that the political situation in Iraq will be stable so that it will no longer be necessary for children to come to the USA for medical care.

If I have done anything, I have tried to help "strangers" who are as different from me as night and day. They don't speak my language, their culture is different, but we share a common humanity. No matter where they are, the pain of disadvantage and of hungry children is the same. I ask myself, why do I believe that strangers might be my responsibility. I believe that I have the necessary skills, and there is a human need.

I wonder why I should not try to help? Those of us pediatricians who have done this kind of work know that the personal rewards are great. But we are always faced with the searching question of whether or not the little that we have done has made a difference.

The International Health Opportunities Group (IHOP)

*A medical student run organization at the
University of Colorado Health Sciences Center*



“You must be the change you wish to see in this world.”

Mahatma Gandhi

Medical Students Get Involved in International Health

Medical students all over the country are demonstrating a commitment and passion for international health. The International Health Opportunities Group (IHOP), a medical student run organization at the University of Colorado Health Sciences Center, is but one example of this enthusiasm. The founders all share a passion for travel, medicine, and the plight of underserved patient populations throughout the world. The group was started in the summer of 2002 with the purpose of encouraging and facilitating student interest in international health, recognizing that exposure to international medicine is an extremely valuable experience.

In the past nine months, several exciting projects have been undertaken by students including development of an international health website, monthly lectures, and establishment of non-profit status. The website is a consolidation of international health opportunities in one place so that students and healthcare professionals can more easily access information regarding opportunities abroad. It can be accessed via www.uchsc.edu/ihop. Student and faculty response to the group have been amazingly enthusiastic. Lecture topics have included opportunities in pediatrics abroad, student presentations of experiences abroad and idealism in medicine.

In the future, IHOP plans to pursue funding initiatives to support students abroad, begin a student/faculty journal club, and help to establish permanent exchange programs abroad.

Please contact us via email at IHOP@uchsc.edu.

Another Award for Don and Liz Hilman

Pan American Health Organization's "Public Health Heroes"

Several decades ago, Don and Liz began a career in international child health that all of us admire and some have attempted to emulate. Their sojourn in this area began in Kenya when they and their five children were warmly received as visiting professors in the Medical School in Nairobi. They have not stopped. Their bags are never unpacked and they remain ready at a moment's notice to go and give of themselves. Their teaching style is to bring out the very best in their students and to stimulate them to excel. Don and Liz stay in the background. They enable each one they touch to believe "they did it themselves." **Congratulations!**

And their Report

Don and Liz Hilman, MD, FAAP

At the excellent recent IHMEC (International Health Medical Education Consortium) meeting in New York the following recommendation was passed: "As health professionals committed to international health, we believe that global health requires global peace. Therefore we urge President Bush not to proceed with a pre-emptive attack on Iraq."

The IHMEC meeting was well run and attended by many students and residents from the 65+ American and Canadian medical schools who are dedicated to increasing the international health content of their curricula. Next year's meeting is to be in Guatemala, and we encourage everyone to attend as these meetings are extremely participatory and it is a delight to meet so many dedicated academics as well as students. Karen Olness and her husband, Hakon were founders of this highly successful initiative that is now in its thirteenth year.

The things we personally have done this year seem very small compared to the wide world issues now at stake. Our Canadian Paediatric Society (CPS) has approved two competitive grants for Paediatric residents presenting the best proposals for international research electives.

The CPS is also providing paediatricians and accompanying residents to support teaching and service in the understaffed Paediatric Department at Uganda's second medical school in Mbarara in beautiful Western Uganda. The medical school in President Museveni's hometown, was designed to produce doctors with skills appropriate for the surrounding rural communities it serves. The Canadian residents find this a great learning experience and they contribute a great deal to the teaching program. We have high hopes that this will become another Health Volunteers Overseas (HVO) site on assignment from the existing site at Makerere University in Kampala. We have discussed this with Cindy Howard who is the highly effective HVO director of the Kampala HVO

program. We hope interested paediatricians who apply to HVO consider an assignment in Mbarara. We have worked there ourselves. It is a wonderful opportunity to serve in a deserving and lovely part of the world. Uganda is continuing to successfully defeat the HIV/AIDS epidemic with its comprehensive government supported programs, with NGO and faith based organization support, with its programs in Ugandan schools, and with strong community participation. The program is a model for the rest of Africa.

Karen Olness and daughter Kristine missed the IHMEC meeting in New York as they were very busy completing the final touches on Case Western's World Bank consultation report on the Laos Second Health Project on Medical Education. Many of us have been involved in the highly successful Case Western Reserve University (CWRU) project in Laos and we were honored to be part of the team again in November.

Our Maternal and Child Health Partnership project funded by Canadian International Development Agency (CIDA) in the Northwest Frontier Province of Pakistan has been on hold because CIDA felt it was not safe to send Canadian volunteers into that area at the present time. The Volunteers, selected by our Pakistan partners, have been eager to go but since that is not possible we now have permission in the interim to use some of the funding to support a virtual information and skills transfer program between our partners in Pakistan and the Canadian volunteers. These volunteers are quite experienced in this type of knowledge transfer as it is widely used in Canada, with our long distances between university centres and the communities they serve. This is an interesting new initiative. It will enable us to meet at least some of the expressed needs of our partners in Pakistan. They will be provided with the equipment and skills to continue this type of information transfer with Canada and other countries, even after the CIDA- funded project is over.

MEDICAL CONGRESS IN HAITI COMMEMORATES 35th ANNIVERSARY OF GRACE CHILDREN'S HOSPITAL

Jeannine Hatt, MD, FAAP

I want to share some of my experiences in the organization of an educational conference presented this past November in Port-au-Prince, Haiti. Although I am a simple general pediatrician practicing in a small community in north Texas, my husband (a radiologist) and I have had a long-term interest in international child health and have volunteered in several developing countries over the past 13 years.

My most recent involvement has been in International Child Care (ICC), a health development organization in Haiti and the Dominican Republic which oversees a pediatric tuberculosis facility, Grace Children's Hospital (GCH). I would like to give you some background information on ICC and GCH. GCH was founded in 1967 to provide care to Haitian children ill with TB. ICC's greatest reputation is in its work to bring TB under control in Haiti through the Crusade Against TB that began in 1974. It remains the leading NGO working with the Ministry of Health in planning and executing the National TB Control Program, having an extensive system of clinics in most of the health departments throughout the country. These clinics provide a wide array of preventive health services in addition to TB diagnosis and treatment. ICC takes great pride in its sustainability, exemplified by the fact that all of its personnel in Haiti are Haitian, from the highest administrative and professional levels to the support staff. Personnel and board members from the US and Canada focus on resource development.

Although GCH was a 200-bed inpatient facility in the 1970's, it has decreased its inpatient bed capacity to about 70 beds and broadened and diversified its outpatient services over the past two decades. Its pediatric and adult clinics, general eye clinic, family planning program, and nutrition clinic provide services to more than 3,000 patients each month. Because of the high incidence of HIV infection in its patient population (22%), HIV/AIDS education and counseling services are provided. Traditional birth attendant classes have lowered infant and maternal mortality rates. GCH's urban community health programs reach out into the slums around Port-au-Prince providing immunizations, vitamin A distribution, reproductive health services, health education and literacy training.

In recognition of Grace's 35th anniversary, the staff of the hospital, under the leadership of medical director

Dr. Marie Lubin and the ICC board, planned a two-day educational medical congress to bring together Haitian and US/Canadian physicians to share knowledge and experiences. The focus was on pediatric respiratory illnesses and HIV infection. As an ICC US Board representative, I was asked to serve on the scientific committee and recruit North American physicians to give presentations on designated topics of interest. On November 7th and 8th of this past year nine US physicians and one Canadian physician joined over 20 physicians from Haiti in giving presentations. Topics covered included HIV prevention, the treatment and epidemiology of pediatric TB in Haiti, and the APLS module on pediatric respiratory emergencies. There were 200-300 physicians, nurses, and medical students in attendance. Dr. Janet Squires from Dallas gave an update on the treatment of HIV infection in the U.S., and Haitian physicians shared data on the prevention of vertical transmission of HIV to the neonate. This sent messages of hope to the attendees who are now only able to provide supportive care for their AIDS patients and have little access to medications for either prevention or treatment. Relationships were started and we are already planning another even larger pediatric conference for 2004.

Assisting in the organization of this congress was challenging and humbling. It was a great privilege to lead US colleagues who had never been to the developing world into a country such as Haiti. Although I tried to prepare them for what they would see, the living conditions of most of the Port-au-Prince population and the severity of illness in the children on the inpatient unit of the hospital were a shock. I, also, cannot look around me without asking "why, when there is so much available in health care just a 2 hour flight from here, should children have to suffer like this?" These are issues that ICC and numerous health organizations in the developing world are trying to address.

Certainly, solutions to the worldwide mal-distribution of health care resources are complex and involve political, economic, and public health attention. The grassroots links that SICH nurtures and encourages in its members are vital to working toward these solutions, keeping us striving for a world in which children and their well-being are not unjustly separated by international borders.

Health Volunteers Overseas

Pediatric Overseas Division

sponsored by your Section and the AAP

Health Volunteers Overseas (HVO) is currently looking for pediatric volunteers to provide their insight and expertise in improving the health of children in the developing world. With Pediatrics Overseas programs in five different countries, HVO is recruiting pediatricians who want to take a personal and active role in enhancing the global community. According to UNICEF, the 2000 infant mortality rate for the least developed countries in the world was 17 times that of industrialized nations. In 2001, there were still 150 million children in developing countries suffering from malnourishment, an issue significantly affected by poor access to health services. By joining HVO, volunteers can make a lasting contribution by ameliorating the critical need for improvements in the quality and accessibility of health care in the developing world.

Since the opening of its newest Pediatric Overseas (PO) programs in Guyana and Malawi last year, HVO volunteers have made significant accomplishments in both countries. Dr. Hopwood, a PO volunteer in Malawi, recognized her impact on the students at the Queen Elizabeth Central Hospital after realizing the strain on the limited resources and training personnel in the Department of Pediatrics due to the large number of ill patients. "I think that teaching the large part of the endocrine module was helpful to the faculty who would have had to teach it if I were not there... I was able to give a pediatric perspective, where little would have been discussed if the presenter had been from the Department of Medicine exclusively."

Like Dr. Hopwood in Blantyre, Malawi, Dr. Dipanker Mudhopadhyay had a similar, positive experience at Georgetown Public Hospital in Guyana. According to Dr. Mukhopadhyay, "the experience was very rejuvenating," knowing that he had contributed to the local community and country. After a month of lecturing on a variety of topics to medical students, residents and interns, and acting as a mentor to students in ward teaching rounds and outpatient clinics, Dr. Mukhopadhyay has expressed his enthusiasm in returning to Georgetown Public Hospital to volunteer again with HVO.

In addition to HVO's newest programs in Guyana and Malawi, HVO is also recruiting volunteers for other Pediatric Overseas sites in Cambodia, St. Lucia, and Uganda. Most volunteer assignments are 2-4 weeks in length. Housing and food is either provided by the site or is available at a nominal fee. Volunteers are responsible for airfare, which is tax deductible, to and from the site.

Health Volunteers Overseas (HVO) is a private, non-profit organization dedicated to improving the quality and accessibility of health care in developing countries through teaching and training. Last year, HVO recruited over 350 volunteers and trained over 2,000 health care professionals overseas. HVO programs are designed to foster sustainable development by encouraging the implementation of solutions that are relevant to local problems and which utilize local resources.

Please visit HVO's website at www.hvousing.org or call the office at 202-296-0928 for more information regarding Pediatric Overseas. Even if you are not able to volunteer at this time, we encourage you to consider becoming a member of Health Volunteers Overseas to help support HVO programs with a tax deductible donation.

Take the time to make a difference and volunteer with HVO today!

Another message from our leader (March 20, 2003)

Soliciting your involvement in Sectional Activities

Donna Staton, MD, FAAP

Dear AAP Section on International Child Health Members:

Happy Spring to all (though here in Massachusetts we still have snow)!
I just want to call everyone's attention to a few Section items:

1. We are now in the process of soliciting ideas for speakers and topics for the AAP Meetings in San Francisco in the fall 2004 (yes that's 2004). We value your suggestions, and are open to co-sponsoring sessions with other AAP Sections as well.
 - What do you want to hear about?
 - Have you heard a good speaker lately on a topic related to international health?

We can suggest plenary, selected short topics, workshops, etc. and of course, Section programs. Would you like to make a presentation? Please think this over, and email your suggestions to me at dstaton@massmed.org or Cliff O'Callahan at Cliff_O'Callahan_MD@midhosp.org. We should have your ideas as soon as possible as proposals have to be in by April 16.

2. The section executive committee is meeting on Friday, May 2 in Seattle in conjunction with the Pediatric Academic Societies meeting (<http://www.pas-meeting.org/>). I would like to put items on the agenda you feel are important to the section:
 - What do you think the AAP should be doing internationally?
 - How can we better advocate for children in developing countries?
 - How can the AAP help our colleagues struggling under difficult circumstances abroad?

This is a chance for us to "think big" and influence what the academy does internationally. Please email me your thoughts (dstaton@massmed.org).

3. Lastly, our Section election for new Executive Committee members is underway, so please vote! If it's a hassle to do it on line, just request the candidate bio sketches and paper ballot, and you can mail it in. Deadline is April 30. To vote online: go to www.aap.org/moc (you need your AAP ID #) To vote on paper, call Beki Marshall 1-800-433-9016, ext 4079) or email her at bmarshall@aap.org

Liaison from the Resident Section

Julia Kim, MD, Cincinnati Children's Hospital

In a climate of mounting international tensions and speculations of war, children's rights and health care issues are often overlooked. Children are the first to be subjected to the inequities of war. Their afflictions range from educational neglect with interruptions in schooling, to physical and psychological violence. As witnesses and victims of the atrocities of war many are left physically scarred, experience post-traumatic stress disorder, and suffer from impaired psychosocial health. War causes increased numbers of orphans, and child soldiers are often recruited to perpetrate the violence.

Children are most susceptible to malnutrition, starvation, and illness. After the First Gulf War, a surge of malnutrition was seen in the region. In hopes to save the children in Iraq from malnutrition during and after the war, the UN has distributed food (high protein biscuits for example), to health centers throughout the country.

The violent effects of war on children's health continue for years beyond the end of hostilities. Over 25 years after the Vietnam War, children in Laos playing in schoolyards or wading in rice fields fall victim to land mines or "bombies," cluster bombs that failed to explode. In Rwanda, 14 year-old boys and girls find themselves as heads of households, caring for their younger siblings.

As pediatricians and as residents we are not insulated from the activities of the world. As medical "diplomats" we need to continue to reach out and involve ourselves in communities abroad. We need to expand our sense of social responsibility; there are no borders to children's healthcare. If nothing else, we need to continue to bear witness to the conditions and events of our world.

Although the possibilities of war have deterred some residents from actively pursuing international child health, there have been a record number, 44 applicants, for the SICM Travel Grant! The competitive process of selection resulted in four recipients in 2003.

Maneesh Batra, MD from the University of Washington to Kiwoko, Uganda. Dr. Batra will be working through Initiating Sustainable Integrated Solutions (ISIS) on the pediatric wards and in a special care nursery in hopes of gaining exposure to the challenges of neonatology in a developing nation. He will also be teaching NALS and giving talks to local physicians, midwives, and nurses on several fundamentals of newborn care.

Laura Conklin, MD also from the University of Washington to Santarem, Brazil. Dr. Conklin will be working with Fundacao Esperanca, a non-profit organization that has been providing medical care in the Amazon for over 30 years. She will be working in an out-patient clinic with hopes of learning both medically and culturally to build on her already extensive background in international health and to further her plans of working with immigrant and refugee populations.

David Roe, MD from Cincinnati Children's Hospital to Kasempa, Zambia. Dr. Roe will be serving as a general pediatrician in a 180-bed hospital both in the inpatient and outpatient settings. In addition to honing his clinical skills with exposure to a variety of diseases, he will be initiating a program in the newborn nursery using bubble CPAP for premature infants with respiratory distress syndrome, with the hopes of decreasing mortality in the newborn population where conventional ventilators are unavailable.

Sidney Wu, MD from Loma Linda University Medical Center to Ife City, Nigeria. Dr. Wu will be providing both inpatient and outpatient care and will spend some time at a rural health center aimed at primary and preventive health care. He hopes to learn more about tropical diseases endemic to Nigeria and about the community dynamics in accordance with the bio-psycho-social-spiritual model of medicine. Dr. Wu is planning for a career overseas in cross-cultural service to medically underserved peoples.

Report from a 2002 SICH Travel Grant Recipient

Meenakshi Ramakrishnan, MD

University of Washington Affiliated Hospitals Seattle, Washington

I went to India with a vast agenda: this was my two-month elective to explore public health and clinical practice in a developing country. It was time to reconnect with my grandfather and to explore further my sense of spirituality. India was all this and different, again proving to be a place that both met and defied my expectations. Instead of getting my arms around India, I became enveloped in its myriad experiences and fell into a place that was both familiar yet constantly changing.

The southern temple city of Madurai for me was a return home, sort of. I had spent a year there as a student between my undergraduate and medical school. So returning to continue to work with the Centre for Research and Rehabilitation of Infants and Females (CRIF), the non-government organization with which I had previously established ties, was an exciting prospect for me. Three years ago, CRIF had received a grant to develop an HIV/AIDS Awareness and Prevention Project in Madurai. Though the second largest city in Tamil Nadu State, Madurai still has a provincial town feeling and is surrounded by agricultural communities cultivating rice, wheat, and peanuts. It is an average Indian town in regards to the risk and prevalence of HIV; according to Government figures about 2% of the population is HIV sero-positive. When CRIF began its HIV/AIDS project, there was very little publicity about HIV and a lot of taboos around talking about sexuality and sexually transmitted diseases. CRIF adopted street theatre as the medium it would use to present correct information about HIV/AIDS and to dispel myths. College students were trained as peer educators and began conducting workshops and performing dramas in and around Madurai.

My first month in India was spent mostly in Madurai working with CRIF on the expansion of its projects to train village women in health literacy-cum-self-help groups. CRIF established these self-help groups as it visited villages to perform its street theatre. The groups arose out of the need to create a long-standing partnership with villages to affect positive change. Women in the groups were also taught strategies for saving and micro-credit loans, and they were asked what health-related topics they wanted to learn more about. From their responses, I was given the task of creating a village presentation.

We focused on three main areas of interest: preg-

nancy, nutrition, and the spread of disease. I designed and prepared posters and visual aids to convey key points related to these topics. We took our show on the road and spoke to eight self-help groups at five different sites. The program was based on and adapted to the questions from the audience and the discussions that followed. We spoke with the women and children for about two hours in the evening after they returned from their fieldwork. Usually, there would be 25 to 60 in attendance, giving the chance to interact and get a glimpse into the concerns and realities of their lives.

This was definitely one of the highlights of my trip. The women asked many questions about feeding their children, and what kinds of foods to introduce at what ages, and how much food is enough. In these discussions, we tried to emphasize locally grown fruits, vegetables, and grains as the basis of a sound diet. The villagers often ended the sessions by coming up to me and privately asking various personal medical questions. This was a time when I felt acutely aware of the differences between what I would like to advise and the reality of their limited resources and their options for care.

I also organized a few workshops and training sessions for peer educators for CRIF. We discussed topics they chose in two day-long sessions at the CRIF office on the outskirts of Madurai city. We covered reproductive anatomy and physiology, the cycle of the spread of disease, and basic first aid. The second session was in January, when I returned to Madurai for a long weekend to watch the CRIF street theatre. We spent time discussing the performances and working on refining the skits. Based on my training in December, the peer educators had written and performed a new skit on the cycle of disease spread in a village, giving me a chance to see and comment on that skit as well.

Most of the month of January I worked as a visiting resident at the Kanchi Kamakoti Childs Trust Hospital in Chennai. This 160-bed pediatric training hospital is a private institution. I spent three weeks there working with two different general pediatric units. We saw a variety of cases, some of which were quite new and interesting for me to follow. It was the end of the dengue hemorrhagic fever season in Chennai, and hence there were just a few cases. Other interesting

Continued on Page 22

diagnoses included malaria and enteric fever. Being a private institution, there were no cases of extreme malnutrition. The patients came from the city of Chennai and its surroundings, mostly drawn from the middle to upper middle classes.

I rounded with the pediatric team and followed some of these patients. There was a daily outpatient clinic where I was able to take histories, examine patients, and present to the attending pediatricians. There were many children with gastroenteritis, asthma, and other respiratory diseases. Though at times I was frustrated by my limitations in conversing and educating patients in Tamil, I found the families very kind and receptive. The attending physicians had great clinical skills and it was fun considering their differential for fever workups in various age groups. I also attended afternoon teaching sessions that were based on a curriculum developed for the postgraduates.

My experience did indeed help reaffirm and evolve

my ideas about service in the field of international health. I really enjoyed the health education component of my work and this is a direction I would like to further pursue while earning my MPH degree. In general I felt that my public health work was more rewarding in large part due to the congenial atmosphere of CRIF, where I could interact freely and equally with the staff and peer educators. Though the clinical rotation was eye-opening, the fact that I did not feel as well-equipped as the locally trained doctors to treat patients in this setting probably had a large part to do with my feeling a bit redundant and inefficient. When I go back to work in a developing country, in addition to strengthening my overall clinical skills, I would like to work in a smaller clinic and perhaps in a less urban setting. Overall, my time in India was far more different than I could have anticipated; a rotation spent traveling down dusty dirt roads and hospital halls filled with the smell of antiseptic. I am a different person for the places I discovered.

CURRENT SECTION PROGRAMS

The Section has an e-mail list serve and invites you to become a part of it. Send your e-mail address to Anne McGhiey @ amcghiey@aap.org

Check out the AAP's Web site @ www.aap.org and then click onto the Section on International Child Health. Look for the Directory of International Service Opportunities for Pediatricians or call Dr. Donna Staton @ 1-617-899-4456 (Please let Donna know if you know of a change or update in any of the listings.) Look for the International Child Health Network at www.ichn.org

Service Opportunities

The Pediatric Division under Health Volunteers Overseas (HVO) needs volunteers for its programs in Uganda, Brazil, St. Lucia, Guyana, Cambodia, and (new!) Malawi. Contact Kate Fincham at the HVO Washington office @ 1-202-296-0928.

The CHILDisaster Network was developed by Dr. Karen Olness. It is a group of health care personnel who commit themselves to be available to assist children in disaster relief. You can register @ www.aap.org. Manuals available through the Section; "Working in International Child Health" by Donna Staton, "Helping the Children" by Anna Mandalakas, Kristine Torjesen and Karen Olness

The Pediatric Textbook Repository under the direction of Dr. Donna Staton. She has books that you might like to take with you on your next trip and give to your colleagues to be put in their pediatric library or medical school library and not on their personal shelves. Give Dr. Staton a call at 781/899-4707 or Email her at dstaton@massmed.org to find out what books she has and how to get hold of them. If you have pediatric textbooks less than five years old that you want to send overseas, send them to the Textbook Repository.

Take along a box of appropriate medicines on your next trip to present to your host. Call Dr. David Norton @ 1-413-256-1767 for details.

Consider linking your State Chapter with a pediatric society in your "adopted" country. Call Dr. Joanne Selkurt @ 1-715-538-4355 for details and advice.

The "Country of Interest" groups are being re-vitalized. Anyone interested in being a country coordinator contact Dr. Duke Duncan @ 1-520-694-6000 or e-mail @ bduncan@peds.arizona.edu

The Section invites you to contribute to the Friends for Children and designate your contribution to the Section on International Child Health.

Projects under Development with the Residents' Section and SICH

Julia Kim, MD

These two vital energetic Sections are working to identify and overcome barriers that limit resident involvements abroad. Limitations include funding and time constraints of a 2-6 week period. Also, residency support for international health electives is limited due to the loss of resident work power at home equating to loss of patient coverage. This is especially problematic in the smaller residency programs and with the 80-hour work week restrictions. Residency programs also raise concerns about medical-legal liabilities abroad and recognition of electives abroad by the Residency Review Committee.

Increased funding with new resident travel grants

In response to the demand for increased funding to support resident electives abroad, Dr. Julia Kim is currently contacting the AAP State Chapters to help provide grants to support residents in their State. Another possible source of funding are your state or county medical societies. The Massachusetts Medical Society has graciously provided additional grants to support Massachusetts Pediatric Residents in their international pursuits.

International Child Health Curriculum

In response to the growing interest in international child health among pediatric residents and the lack of an international educational component to most pediatric residency programs, a curriculum is being developed to address resident priorities and resources. Don and Liz Hilman are spearheading this initiative and hopefully it will soon be posted on the SICH website. Dr. Julia Kim has collected a number of articles that may be of interest.

SICH support for residents abroad

Largely through the generous contribution of Dr. Douglas Heiner, the SICH and the Resident Section, Several Resident International Travel Grants of \$500 have been awarded annually. The Executive Committee of the SICH is preparing an official statement underscoring their support of resident involvement in international child health electives to encourage residency programs to support these activities and break some of the barriers noted above.

Resources of Interest

Paula Brinkley, MD, FAAP

The International Network for the Availability of Scientific Publications (INASP), aims to support cooperation, analysis, and advocacy among those working to improve access to reliable information for healthcare workers in developing and transitional countries. Their Health Links website, www.inasp.info, links to selected international websites that may be of interest. Or join the listserv, "HIF-net at WHO: working together to improve access to reliable information for healthcare workers and health professionals in developing countries" by sending an email to health@inasp.info with name, organization, country, and brief description of professional interests.

The World Health Organization just released its first edition of the WHO Model Formulary which provides comprehensive information on the medicines in the WHO List of Essential Drugs. The formulary may be found at www.who.int/medicines/.

Source, a unique resource center designed to meet the information needs of those working in health, disability, and development in the developing world opened in London in September 2002. Source is aimed at health workers, researchers, NGO and governmental organizations, and disabled peoples' organizations worldwide. They have a unique collection of over 20,000 health and disability-related information resources, including links to an increasing number of electronic resources. And they have a valuable collection of materials documenting a wealth of practical experience from developing countries, including unpublished materials. Materials in Source are fully referenced on their database which can be searched from the website, www.asksource.info.

The International Refugee Committee funds a variety of mini-grants within the U.S. under its Community Collaboratives for Refugee Women and Youth Program. These grants (mostly from \$1,000-\$5,000) are intended to increase the capacity of refugee women and youth to contribute to their communities, raise awareness of the issues they face, and support projects which employ creative and durable solutions to their needs. Check the IRC website at www.theirc.org for further details.

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Opinions expressed are those of the author and not necessarily those of the American Academy of Pediatrics. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.