



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



Committed to the attainment of optimal, physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

DISTRICT IX RESIDENT NEWSLETTER

Spring 2005 Issue

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SRI LANKA AFTER THE TSUNAMI: ONE RESIDENT'S EXPERIENCE

By Liz Rogers, MD at UCSF

It was our first day back on normal schedule following our UCSF pediatrics residency annual "holiday call," and our chief resident cancelled the scheduled morning conference. It was Monday, January 3, and instead of discussing interesting weekend cases from the emergency department, she talked for the first thirty minutes about cholera and typhoid fever. We then spent the next thirty minutes discussing how we as a residency program should respond to the disaster caused by the Indian Ocean earthquake and tsunami which devastated South Asia and Indonesia on December 26. In the group gathered for morning conference, there were attendings who had worked abroad with Mediciens Sans Frontieres, residents who had worked on projects in Africa and India, residents and students who had always planned to practice international medicine after residency, and many who participated in the conversation for the intellectual debate rather than a devoted interest to relief or international medicine. We debated the ethics of disaster medicine, the balance

between having the passion to get on a plane and fly to wherever you may be needed and the restraint to know when you may not be needed. I sat, soaking it in, thinking, "This is why I am a pediatrician, and why I love the people that I train with—to have these conversations with people who take time to think about the world and how we can change it."

Inspired, that night I went home and called one of my close friends from medical school, who is Sri Lankan. We had spoken after the tsunami and, despite the devastation in Sri Lanka, I knew her family in Colombo was safe. She left me a message saying she was planning to go to Sri Lanka to do medical relief work at the end of the month, and I called to tell her to count me in.



We began to contact organizations doing relief work in the primarily Tamil areas of the country, which were rumored to be receiving less aid due to the longstanding tensions between the minority Tamil and majority Sinhalese populations. The first organization to respond to us was the International Medical Health Organization, IMHO, one of the first American NGOs to send medical teams following the tsunami. IMHO had established itself in previous years as an NGO serving primary health care needs in the North and East of the country, where the population is primarily Tamil. They were therefore well positioned to provide emergency medical care as well, as the communities knew and trusted them. They welcomed us as volunteers on their team and we began taking care of logistics such as plane tickets, passport renewal, vaccines and malaria prophylaxis, and contacting our own institutions for donations and supplies. I was already scheduled for my two-week vacation block, so the time was mine to give. We were both extremely lucky to have our home institutions, UCSF Children's Hospital and Stanford Medical School, donate supplies, medications, and funds, and we collected and packed them for the trip.

We arrived in Colombo on February 1 and received an orientation from the Centre for Health Care, the umbrella organization managing many of the medical volunteers in Sri Lanka from international NGOs. We spent the next day surveying the tsunami damage on the south coast. Despite the many media reports and even Kofi Annan's statement that it was destruction beyond which he had ever seen, we were unprepared for the devastation. Five weeks after the event, piles of rubble left from the houses and buildings that were destroyed lined the coast, and in them we found pages from photo albums, clocks permanently reflecting the exact time they were damaged,

and tattered pieces of clothing. The international humanitarian response, too, was overwhelming, as we visited tented camps that had been established all along the coast through Galle and Matara.

We were assigned to go to Batticaloa on the east coast of the island, where a CHC physician would meet us and would be scheduling our daily clinics. After a six and a half hour trip in our Land Rover covering only a 116 km distance almost due eastward from Colombo, we arrived in Batticaloa. We met the CHC physician, Dr. Kanthan, who gave us a tour of the devastation on the east coast. It was more difficult to comprehend what had been destroyed on the east coast than in the south because the landscape was completely flattened. Gone were the "skip lesions" of the south where occasional buildings somehow escaped damage when their neighbors took the full force of the wave; here, it seemed, nothing was spared. At the same time, there were no sparkling tented relief camps flying the sponsoring foreign government flag. Although every hotel room in the city was booked with relief workers, their presence was much less obvious than in the south.

Eager to get started, we spent our first afternoon at what would be the most emotionally difficult of our clinic sites, Central College Refugee Camp located in the heart of Batticaloa. Run as a joint effort by the Sri Lankan Army and the Tamil Rehabilitation Organization, it housed thousands of people in two enclosed rooms and a dirt courtyard with a ceiling. Within five minutes of our arrival, a woman with an acute ankle injury was carried over to our table, screaming in agony. Our examination found she had neither a fracture nor, once engaged, even a great deal of pain. We learned then that she had lost her two children in the tsunami and since then even the smallest pains were almost impossible to bear.

Over the next week we spent our days in various refugee camps providing urgent and primary health care. I saw between forty and seventy children each day, most of whom presented with fever and cough, or diarrhea and vomiting, or headaches and eye pain from losing their glasses to the wave. Many had cellulitis or wound infections from their tsunami injuries. Providing the best health care was a balance between knowing what was sustainable and what would produce the best results: for example, many children with active wheezing would respond best to the metered dose inhalers we had brought with us, but such treatments aren't readily available and a "refill" of such a prescription would be almost impossible for them to obtain. Salmeterol syrup was their mainstay of therapy, and, if nebulized treatments were required, a hospital admission. We tried to work within the system while not compromising care. Without the guidance of a stat CBC or urinalysis in the youngest infants with fevers, I assessed their viral symptoms, their mental status, their ability to breastfeed and keep themselves hydrated, then encouraged mothers to bring their infants to the hospital 20 km away if any worrisome symptoms developed, hoping that would be possible if the infants did get worse. We gave oral rehydration salts to any child with diarrhea, some of them received antibiotics if they met criteria, most were likely viral.



The chief complaints of the adults we saw read like a primary health clinic census: hypertension, diabetes, asthma, back pain, chronic reflux. Most of their medications had been lost, and they didn't know what they had been prescribed or at what doses. We did our best to control any hypertensive crises. We used our small glucometer to check a one-time sugar, then prescribed what we had with us or sent them to the hospital. Many also had viral illnesses, pneumonia, and, like the children, wound infections from standing in stagnant water.

Most of the children we saw were very healthy. We did, however, see mothers who had lost their children in the tsunami. One of the stories involved the dual tragedy of the tsunami in the Tamil areas of the country, where the coasts are lined with barbed wire. Running from the wall of water, one mother had each of her two children in one hand. In front of her was a long fence of barbed wire. Unable to get through it in time, she lost both of her children to the rushing ocean. Her hair was caught in the barbs, which held her there until the water receded and her husband was able to cut her hair out to release her.

After our work in Batticaloa, we returned to Colombo before flying back to the United States. At the debriefing session in Colombo with the Centre for Health Care, neither my friend nor I were able to comprehend all we had seen and experienced in such a short time. One thing was clear: we had been needed. The people of the east coast of Sri Lanka needed to know that others from around the world knew what they had gone through, what they were still going through. And the people of San Francisco and Palo Alto and Minnesota and New York needed to know what we saw and why we went, and, most importantly, why we cannot forget about all Sri Lankans and the hardships they are living with that were only heightened by the tsunami crisis.

AAP ELECTIVE IN DC

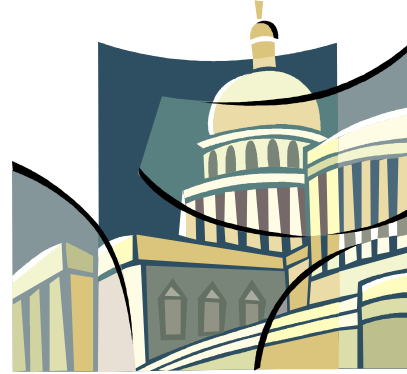
By Michelle Roy, MD at UCSD

In November I had the opportunity to spend a month at the AAP's Federal Affairs office in Washington, D.C. This is headquarters for the lobbying efforts of the Academy. Fifteen staff stay informed about all legislation affecting children and pediatricians, lobby, and educate AAP members about advocacy. The Federal Affairs office offers training in policy, advocacy, and government all year round to residents who can commit at least two weeks time.

My activities varied greatly from day to day. I attended coalition meetings, researched EPA studies, and participated in the March of Dimes Pink and Blue Lighting Festival. I had two major projects which occupied most of my time. I helped prepare folders for the new congressional members describing the AAP's history, mission, and goals. This gave me the opportunity to learn about the health of children on a national basis and about pending legislation. My second project was preparing a presentation on advocacy that will be available from the Federal Affairs website for training. This was a great refresher course on the United States government. I also learned how something as simple as sending a letter to your congress member can profoundly affect the outcome of a bill.

November was a great time to be in DC not just because of the crisp fall air and beautifully colored leaves. It was election time and everyone was excited and anxious to see the results. Yasser Arafat passed away and everyone was focused on how new leadership would affect the pursuit of peace in the Middle East. The Homeland Security Advisory went from Orange to Yellow and I saw firsthand what this means as checkpoints were removed from around the capitol.

My time in D.C. was a great learning experience and I highly recommend this rotation to anyone interested. The staff were fun and helpful and DC is a great place to visit. More details can be found on the Federal Affairs website. If you only have a few days, try to attend one of the annual Legislative Conferences. This year it is April 10-12.



LOBBY DAY IN SACRAMENTO

It's that time of year again! Each year, the AAP participates in the annual California Medical Association Lobby Day. This year's event is on **Wednesday, April 6th** in Sacramento. Details of the day include:

- Morning training session by Kris Calvin, AAP District IX Executive Director
- Distinguished speakers from the CMA
- Lobbying your legislators and their staff in the afternoon

To take advantage of this wonderful opportunity to learn more about the legislative process and to make an impact by meeting with your legislators, **please contact Marianne at (510) 559-8383 or aapmarianne@aol.com**. No prior legislative lobbying experience is necessary, and each year pediatrics residents say that this has been such an amazing experience. We hope to see you there!!!

CHAPTER FOCUS

Each newsletter will focus on a specific program from one chapter. This issue looks at Chapter 2.

The AAP California Chapter 2 sponsored its yearly "Life After Pediatric Residency" fair this past January in West Los Angeles. The conference was well attended by pediatric housestaff representing several southern California programs. Featured speakers included AAP President, Carol Berkowitz, M.D., who spoke on "Balancing Life and Practice." A variety of other topics relevant to career guidance were covered, including preparing for the ABP examination, financial planning, and contract negotiation. The day ended with a panel discussion featuring recent graduates relating their experiences in pediatric practice.

For more information on the "Life After Pediatric Residency" fair, please contact Robert Adler, M.D. (radler@chla.usc.edu), or California Chapter 2 of the AAP.

CALIFORNIA ADVOCACY SPOTLIGHT

Each newsletter will highlight one statewide advocacy group in California.

California Food Policy Advocates

As California's only statewide anti-poverty program with a focus on hunger and malnutrition among low-income people, CFPA employs a variety of strategies to develop and implement public policies that recognize the value of adequate nutrition and its fundamental contribution to good health and development, education and productivity. One such strategy is their involvement in an upcoming lobby day in Sacramento on April 28 to bring attention to the current obesity epidemic. To learn more about CFPA, including how you can participate in their lobby day, visit:



CALLING ALL DELEGATES!

Is your program listed below? If so, then we don't have updated info on who is the AAP delegate



at your program! AAP delegates serve as the integral link between the AAP and residency programs, as delegates help educate their peers about the opportunities that abound in the AAP. **If your program is listed below and you know who the AAP delegate is at your program or are interested in learning more about how to become the AAP delegate at your program, please contact Matt Oster at moster@itsa.ucsf.edu**

- Loma Linda University Program
- Charles R Drew University Program
- Kaiser Permanente Southern California (Los Angeles) Program
- University of Southern California/ LAC+USC Medical Center Program
- White Memorial Medical Center Program
- Kaiser Permanente Medical Group (Northern California) Program
- Stanford University Program
- Los Angeles County-Harbor-UCLA Medical Center Program

RESOURCES

Resident AAP Website

www.aap.org/sections/resident

District IX Resident Website

www.aap.org/sections/resident/districtix.htm

District IX Chapter Websites

Chapter 1 (Northern CA):

www.aapca1.org

Chapter 2 (Southern CA, except as listed in Ch. 3 & 4)

www.aapca2.org

Chapter 3 (San Diego):

www.aapca3.org

Chapter 4 (Orange Country):

www.aapca4.org



UPCOMING GRANT & AWARD DEADLINES

Resident Clinical Case Presentation

For poster presentations of unique diagnostic or therapeutic clinical care abstracts

Value: \$200 NCE Registration fee

Deadline: April 2005

For more info on grants and awards, please visit:

www.aap.org/sections/resident/summary-ga.htm

UPCOMING EVENTS IN CALIFORNIA

District IX-X Joint Meeting

April 1-3, 2005

Newport Beach, CA



CMA Lobby Day

April 6, 2005

Sacramento, CA

Advocacy Elective in Health Policy

April 6 – May 3, 2005

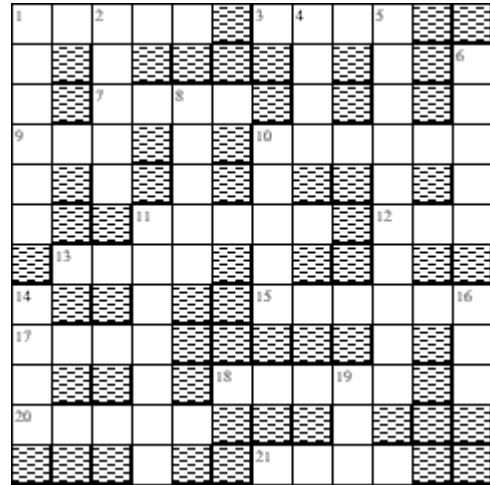
Sacramento, CA

For info on this and future such electives, contact Dr. Richard Pan at

richard.pan@ucdmc.ucdavis.edu.

More info on the above events can be found on the relevant chapter webpages.

MEDICAL CROSSWORD PUZZLE



Across

1 A procedure in which fluid is flushed into the rectum for cleansing

3 The front of the head

7 An infant or young child

9 The conscious sense of the self

10 Referring to the stomach

11 The thigh bone

12 Organ of sight

13 The basic unit of all living tissue

15 To remove completely

17 The top, the end or the tip of a structure.

18 Referring to the ear or hearing

20 An open sore on the finger

21 A state of deep unconsciousness where the person cannot be awakened

Down

1 Swelling of the outer skin

2 The bend of the arm where the upper arm and the forearm connect

4 A sensation of light, or warmth that may be noticed shortly before an attack of migraine or an epileptic seizure

5 These tissues provide coverings and lining membranes for inside & outside the body

6 To interrupt breathing by compression or obstruction of the throat

8 Intestine

10 See through fabric made of cotton used in surgery and for bandages

11 A movement in a joint that decreases the angle between two connecting bones

14 The fleshy mass at the back of the leg below the knee

16 The organ of hearing

19 Limb of the upper body