Pediatric Advocate Profile – Karl Hess MD FAAP (Cleveland, OH)

(Editors Note – Help the Section for Senior Members profile the advocacy work of our members on our web page to encourage others to either remain or become involved and to promote dialogue and discussion of specific topics. Send your information to Dr. J. Aronson – Webmaster. Today, we begin with Dr. Karl Hess and his work with the Hunger Project of Africa)

Karl Hess MD FAAP (on the left) with Fitigu Tadesse, VP and director of Hunger Project in Africa.

"After 35 years of primary pediatrics, I've 'retired', meaning I work for free" says Karl Hess MD FAAP as he begins to discuss his advocacy work during retirement. Dr. Hess attributes part of the inspiration for his work to Abraham Jacobi MD, sometimes called the father of American Pediatrics. He quotes a Jacobi publication in which he said: "Questions of public hygiene and medicine are both professional and social. Thus, every physician is by destiny a "political being" in the sense in which the ancients defined the term - viz. a citizen of a commonwealth, with many rights and great responsibilities. The latter grow with increased power, both physical and intellectual. The scientific attainments of the physician and his appreciation of the source of evil enable him to strike at its root by advising aid and remedy..."
Inspired by Dr. Jacobi, Dr. Hess is working locally in Ohio on committees working on reduction of lead poisoning, adequate access to mental health care and universal medical care for children. Dr. Hess has been traveling to Africa since the mid 1970’s with volunteer organizations. In 1987, at the suggestion of a patient, Dr. Hess became involved with the Hunger Project in Africa. (http://www.thp.org/africa/)

Since 1991, The Hunger Project has pioneered a strategy, based on its strategic planning-in-action methodology, known as the epicenter strategy. This strategy empowers rural Africans to meet all their basic needs on a sustainable basis. It is a unified, people-centered approach that has proven effective in Benin, Burkina Faso, Ghana, Malawi, Senegal and Uganda and during 2004 was extended into Ethiopia. Elements of The Hunger Project strategic-planning-in-action methodology are described below because they are generic and can serve well in other developing country advocacy activities by Section for Senior Members advocates.

**Secure high-level support:** Before it will work in any country, The Hunger Project secures support from — and is usually invited by — the head of state. It selects a dynamic local country director, who establishes a national advisory council of influential people in the country.

**Choose a strategic location:** Work begins in a cluster of villages that are clearly impoverished, yet have shown a readiness to mobilize for self-reliant action. The first cluster is chosen to be close enough to the capital that policy-makers can easily witness the success.

**Align on a national vision:** An early step in the process — implemented most recently in December 2004 in Ethiopia — is a strategic forum that brings together leaders from all sectors of society to build a shared understanding of all aspects of poverty in the country, and to align their support for the epicenter strategy.

**Train animators:** During these workshops, some villagers will demonstrate leadership potential — often bright young women and men who exhibit enthusiasm for the strategy. They receive an intensive one-day training to be animators — spark plugs to mobilize people in their villages and facilitate their development activities. Out of a public workshop of 200 people, perhaps 20 may step forward to become animators. Animators meet each month to review progress and create new strategies.
**Overcome the mind-set of resignation and dependency:** The experience of rural people has taught them that they are powerless to change things. The Hunger Project directly intervenes in that mind-set with its Vision, Commitment and Action Workshop. Villagers create a vision for their village, commit to it, and design plans of action to achieve it based entirely on their own resources. Only after six months of successful self-reliant action is the village’s sense of self-reliance sufficiently strong to take the next step.

**Build the physical infrastructure:** With village leadership in place, The Hunger Project mobilizes the community to construct a building that will house its nursery school, health center, food processing, food bank, adult literacy classes, other training, a meeting room, and a rural bank for credit and savings. For most villagers, this is an achievement beyond the realm of what they could ever imagine — yet they do it themselves. The government, an individual or chief contributes land, including land for a community farm. Others contribute labor, learning to make bricks and construct the building.

**Build social infrastructure:** As the community begins to mobilize to meet its basic needs, it elects an overall epicenter committee, and subcommittees responsible for health, education, food security, employment generation and other village priorities. An absolute requirement is that there must be equal numbers of women and men on each epicenter committee.

**Create strong linkages with local government:** Local government officials are included at every stage of the process. As the village gains confidence, it also gains stronger voice and is more able to negotiate with local government to gain teachers, health workers, extension workers and pharmaceutical supplies.

**Build in sustainability through self-reliance:** In our experience, traditional development projects never succeed in making the transition from donor dependency to sustainability. The epicenter strategy is different in that sustainability is established from the start. Epicenters generate sufficient funds to maintain their facilities from proceeds from the community farm, off-farm income-generating projects, and interest payments to the bank, usage fees for using mechanized food-processing equipment, and rental of the main community hall for cultural and educational activities, weddings and other local celebrations.

A key element of The Hunger Project is the **African Woman Food Farmer Initiative (AWFFI)**. AWFFI provides credit, savings facilities and training so that farmer women have the opportunity to economically empower themselves. AWFFI was also created to advocate for increased support and an enabling policy environment for these women food farmers who work so hard to produce over 80% of Africa’s food, yet receive less than 10% of the credit accorded to
small farmers, own less than 1% of the land, and receive less than 7% of the agricultural extension services.

Dr. Hess sees himself as “as a partner with villagers, such as this woman (above) who is taking the lead in the loans to women farmers. Her job is to develop the economy of the village. My job is to raise the money to raise up many more of her out of poverty.” In his view, “The program makes an amazing difference in these villages, and treats the cause of the poverty, the oppression of women.”

Dr. Hess has also traveled to In Benin in 2000. Uganda in 2002, and Ethiopia in 2006 with the Hunger Project.

In Benin, Dr. Hess met with Prof. Adjahossou, Benin Country Director of the Hunger Project. Prof. Adjahossou, an agronomy specialist, showed Dr. Hess
some new high-protein “miracle” beans the Hunger Project is introducing to Benin.

It is the intent of Professor Adjahossou to have the beans replace Cassava as a primary food source for community families.

Cassava (a root plant – seen above) has almost no protein. This contributes to the high levels of kwashiorkor seen in Benin.
Dr. Hess’s notes that “NGO’s” (non-governmental organizations) are key contributors to improving the health and welfare of people in developing countries. Here we see Dr. Hess (on the right) with Brian Gillespie, a missionary worker sponsored by the Presbyterian Church in front of the local office of the Mekane Yesus synod (the Ethiopian branch of the Presbyterian Church). “Brian provided transportation for some conversations I was having with Mekane Yesus officials.” Unfortunately, as Dr. Hess notes, in-country NGO’s often fail to effectively collaborate and sometimes actually compete with each other. Dr. Hess hopes that “since some of the Ethiopian Hunger Project staff are members of this church they will work out a way to replicate the program widely.”

To find out more information about The Hunger Project in Africa, [CLICK HERE](#).

To contact Dr. Karl Hess MD FAAP for additional information or to collaborate with him on further projects, [CLICK HERE](#).

To find out more about AAP International Activities, [CLICK HERE](#) and look at Opportunities for additional information about international volunteer activities.

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