

IIHA News

SUMMER 1995

Vol 1 No 2



Our winter newsletter brought a very positive response from many of our readers; and to all of you who have given so generously to enable us to continue with our work a big thank you.

We were touched by the way many of you wrote to express your appreciation of what we were doing. For example, Sheila Woodhead, the daughter of an old Friends Ambulance Unit (FAU) colleague, Don, who is now 81, wrote to say that, sadly, her father was house bound and could no longer do very much for himself - not even write a letter - but he was very keen to send us a donation.

Lewis Waddilove, another old colleague of FAU days, was full of praise for the work we were doing. He said that he learnt quite a lot about genetic and other disorders affecting children when, following the thalidomide tragedy, the Foundation he directed was asked by Keith Joseph to run the Family Fund for very seriously handicapped children.

"Cystic fibrosis," he writes, "was one of the most distressing of the conditions we met."

He goes on: "Your work to give help to those with this distressing condition, in places where even the limited help now possible is not available, is relief work at its best."

Bishop Stephen Verney, who also served in the FAU for a while, wrote to say that a granddaughter Olivia suffered from CF. He sent a small donation "as a token of friendship and remembrance." The Verney family, in fact, are being very supportive. Stephen's daughter Rachel sent us part of the proceeds of a musical event which she and her husband organised in aid of CF.

These are just a few of the many encouraging letters we received following our winter newsletter.

However, although we have been able to do more than we ever dreamed was possible to improve the quality of life of children suffering from CF in Russia, it is only through the personal generosity of volunteers and with something like 95% of our work unpaid that we can keep going.

Since we were registered as a charity in 1992, we have received over £250,000 in cash and kind from Charity Know How (a Foreign and Commonwealth Office initiative), the Department of Health, pharmaceutical companies and members of the public. But most of this money is earmarked for specific projects, leaving very little for our own overheads.

If you want a donation to be used for a specific project, we would like you to say so. But if you wish to support the work and development of IIHA by making an unspecified gift, this does enable us to keep going under less financial pressure.

Cost-effective

We can assure you that IIHA's expenditure is highly cost-effective.

On the CF Project so far we have spent about £30,000. But taking into account the value of professional medical time and hefty donations of pharmaceutical products, plus costs of travel waived by people going to Moscow to help, the cost of the operation would be more like the figure quoted above - i.e. £250,000. So we are getting about six times the value of our donated money. But this cost is as nothing when you set it alongside the success we have achieved in alleviating the suffering of the many

children and their families in Russia and the Ukraine

Odessa

You will read in this issue of our visit to Odessa organised and paid for by IIHA in April when 85 children from the various regions of the Ukraine, some travelling thousands of miles, were treated by doctors from the Royal Brompton Hospital in Odessa. There's no doubt a number of young lives were saved by Dr Mark Rosenthal and his dedicated team.

Our track record over the last three years has been very good. We are gradually building up the confidence of funding bodies and are hoping to hear shortly of an award of £200,000 to £300,000. Of this we shall be allowed to spend £6,000 on overheads, which will help a little. But we need a lot more than that to build on the present momentum and to extend our work to include children in many different centres in Russia and the Ukraine and to help the Russians to establish a network of family support groups.

It is all the contributions together which make us so effective - so, once again, THANK YOU and please go on helping if you possibly can. £10 from everybody who receives this newsletter would pay for much of our essential administrative work.

International Integrated Health Association

Registered Charity No 1014734

3 The Square
Winchester
SO23 9ES

CYSTIC FIBROSIS EDUCATION IN THE UKRAINE

Teaching families to help themselves.

by Roy Ridgway

Everybody told us that April was a lovely month in Odessa, and we had expected a blaze of sunshine, but the plane touched down in a blizzard; and the passengers cheered at the skill of the pilot in actually managing to find the runway because we couldn't see anything but swirling snow through the windows.

In Odessa they had never known snow before in April. Earlier in the week the sun had indeed been shining with people walking round in their shirtsleeves. But now they were wearing fur hats and coats. It was like being back home the way they talked about the weather. We know in Britain it is always "most unusual for the time of year" - but not in Odessa, which has a Mediterranean-type climate and there are palm trees and vineyards; only two months in the year - January and February - are really wintry.

Dorothea and I had 25 kg of antibiotics for the children with cystic fibrosis who were going to the Pirogov Institute to receive treatment. We'd heard that 100 children would be attending the clinic; some of them very ill, and, said Dr Janetta Krainaya (a CF consultant at the Pirogov Institute) there were a number who would die in hospital.

Besides ourselves, two doctors, chest physician Dr Mark Rosenthal and paediatric respiratory Research Fellow Dr Jane Davies and a senior paediatric physiotherapist from the Royal Brompton Hospital went to Odessa with the intention of reviewing the health status of all the children known to the Pirogov Institute with a diagnosis of cystic fibrosis.



85 children actually attended the clinic in three days. Measurements were taken of growth, lung function and nutritional status; and the children were given oral and intravenous antibiotics and steroids. Nobody died.

There's no doubt lives were saved and many went back with the prospect of enjoying better health for some time to come.

Esprit de corps

However, the most important aspect of the visit was the teaching of families on how they could help themselves and develop an *esprit de corps* rather than suffer in isolation. Many of the families travelled two and half thousand kilometres to see us which was very gratifying. We hope that continued funding will make it possible to provide these children with life-saving enzymes which they are not getting at present. We have applied to the EU Lien Programme for some help, but we are just one group among many deserving causes that have applied for funding; so it may be that we will continue to depend on the generosity of pharmaceutical companies and the public for essential medicines.

The way we manage cystic fibrosis will result in spin off benefits to other groups of children with chronic illnesses; and, as a matter of fact, our style of management is being considered by the Pirogov Hospital for widespread use on the children's wards.

"From our point of view," said Dr Mark Rosenthal, "this population of children with CF probably represents the last untreated group of Caucasian children. The opportunity to observe the benefits of modern management, which would be impossible in any Western country, is of tremendous value."

Alexander Zashkov, president of the Russian Charity for Aid to Patients with Cystic Fibrosis, and his deputy Yevgeni Savitsky joined us in Odessa. They met some of the parents and told them what they were doing in Moscow and discussed the problems of setting up a parents support group. A newly qualified young doctor, Igor Baidenko, has offered to travel to the main centres in the Ukraine to help the parents of CF children to set up their own committees.

Greenhill Sanatorium

Alexander and Yevgeni came with us to the Greenhill Sanatorium in a beautiful area on the Black Sea West of Odessa. We were looking at it with a view to helping to provide facilities for CF children from Russia and the Ukraine to stay there in the unpolluted air among the pine trees.

The sanatorium is open throughout the year, providing "total care" for children with lung disorders. They are able to take 250 children at a time; they stay for a period of 45 days. 14 doctors work under medical director Dr Anatoly Vaseilovich Panenko. In addition, there are 250 staff including 86 nurses, laboratory workers, a dentist and his assistants, kitchen staff and teachers. A school of nine classes provide normal education for children of different age groups.

The food is very good; there's a plentiful supply of fresh vegetables and fruit and the children are given six meals a day: breakfast, a mid-morning snack, lunch, tea supper and a hot drink before going to bed. There's a

gym and sports grounds, but very little equipment. Treatment consists of hydrotherapy in the hot springs of the region, massage, physiotherapy, mud treatment, which is very popular in the Ukraine, heat treatment, electro-magnetic treatment and nutrition. The sanatorium generates its own electricity and provides its own hot water. The staff are very caring and highly qualified, but lack

many essential medicines and would benefit tremendously from medical exchanges with hospitals in the West. Dental equipment is old and badly in need of replacement. However, the main advantage of the sanatorium is its position in the pine woods, close to the sea, and the climate: a perfect spot for children with lung disorders. We must do all we can to provide them with better facilities for treatment.

Improving the Reproductive Health of Ukrainian Women



Parents who are planning a family are worried about such issues as global warming, pollution and the quality of the food they eat. This concern is linked with their worries about what sort of world their children will inherit. Simon House describes IIHA's programme, called Health of Future Generations, designed to improve the reproductive health of men and women before they start a family.

IIHA's Winter Newsletter described our Reproductive Health Programme. Basically, what we said was that for a sound and healthy child both the ovum and sperm *must* have been well nourished. So the necessity for both parents to have been well nourished and healthy for some while before conception is not really surprising. Once fertilised, the ovum begins growing by cell division and, after a few days when there may be eight cells, they begin to differentiate towards forming the various organs of the body. If the embryo is to retain its potential to become a complete and healthy person, it must have readily available protein and specific vitamins - particularly folic acid - and certain 'trace minerals' must not be absent.

Professor Michael Crawford, director of the British Institute of Brain Chemistry and Human Nutrition, has developed a programme to improve reproductive health and reduce the rate of defects at birth and chronic illness. Our job is to fit this in as best we can to the health service structure in the Former Soviet Union. This is the approach which has been agreed with the Pirogov Medical Institute, for which we are applying for a pilot run, leading we hope, to a research programme large enough to give statistically significant results on infant disorders, including one of the least frequent, but the most serious, cerebral palsy.

Mother and Baby Clinic

It is proposed that a mother and baby clinic should be established in the new children's diagnostic centre in Odessa. The director of the centre is Professor Boris Reznik, who is head of the paediatric department of the Pirogov Institute. The clinic will be responsible for:

- **Education** - responsibility in child-bearing, including contraception and nutrition
- **Contraception** - (method/s to be considered) - ensuring provision.
- **Nutrition** - nutritional supplementation, beginning when conception is planned (pre-conception care)
Advice on an economic and healthy diet
Encouraging people to grow their own food (organically and economically, using permaculture methods)
- **Environment** Advice on environmental factors in the promotion and maintenance of health.

Monitoring mother and baby to age of 15 years.

- **Research** - into: general statistical effects of 1, 2, & 3 above
Detail on incidences of specific nutrition-related infant disorders

Clinic For Women Of Child-Bearing Age (encouraging all to attend)

- Those considering conception, now or later, referred to Mother and Baby Clinic
- Those with no wish to conceive, receive counselling on contraception and nutrition

Child Healthcare Clinic - (developing from CF Clinic)

- Receiving children from age of birth to 15 years - (Odessa region only).

A meeting is to be held shortly at the Royal Society of Medicine with Professor Michael Crawford and members of IIHA to plan an implementation schedule for the purpose of obtaining funding for the programme

Kiev

While in the Ukraine I made some useful contacts in Kiev and there was enthusiastic support for IIHA's reproductive health programme from the International Department at the Ministry of Health and from the director of the Institute of Paediatrics, Obstetrics and Gynaecology. We are now making plans to establish an IIHA Reproductive Health, Maternity and Child Health Care Centre, with the three clinics described above, both in Kiev and Odessa.

This model of total health from pre-conception planning to birth and childhood and then through to adulthood will be of value to health services in other countries.

IIHA specialists help with reform of primary health care in the Ukraine

by Simon House

If you had gone to your doctor in Russia or the Ukraine a few years ago, with a chronic stomach ache or fractured tibia, you would have gone straight to a specialist, hopefully not the ear-nose-and-throat man but the appropriate one! Not many countries provide a system of general practice like our own. Most countries rely on specialists at the local level, plus, of course, hospital services, and on these lines the Former Soviet Union had rapidly developed their system following the 1917 Revolution, with specialist medical training for everyone, including local doctors.

For some years Russia and the Ukraine have been moving towards more general training, aiming for a medical structure more like the British. As their government and personal resources have dwindled to almost nothing, doctors are looking to a form of insurance medicine as a means of financing the service, but so far with little success.

Dr John Stephen, much-travelled as a global expert in Primary Health Care, is visiting Ukraine's Odessa with Dr John Howard of the Royal College of General Practitioners, Roy Ridgway, member of the Medical Journalists Association and regular contributor to GP, a newspaper for general practitioners, plus a specialist in health care management yet to be named, at the end of July.

Dr Howard is going to look at medical education in the Ukraine with a view to recommending necessary changes in its structure if the Odessa oblast health authority adopts a system of family medicine. He will be working closely with Dr Alexander Korvetsky, head of the Odessa Health Administration and Dr Natal Bashmakova, head of the Advanced Training Faculty for Doctors at the Pirogov Medical Institute.

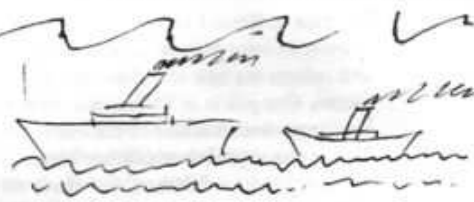
Dr Stephen, who is looking at grass roots problems, is the key man in the team. He will spend a fortnight assessing the primary health care service from the point of view of those at present running the service at the local level and their patients. He will help those responsible to choose the

form of service most appropriate to the circumstances, and, together with other members of the team, will recommend the timing of the changeover. He will also be working closely with Professor Korvetsky, as well as Dr Veniamin Chernetsky, head of Odessa Polyclinic 10.

In addition to city facilities he will assess rural ones. He will include midwife posts, paediatric and adult, emergency, industrial and health units. He will speak with all involved in the services, including unions, and he particularly wants to listen carefully to the patients themselves to make sure that changes will be to their benefit.

John Stephen and the other members of the IIHA team will be helping to forge a system in which there will be specialist education for general practitioners, a highly efficient service with adequate resources, and, for patients, more personal continuity with the medical and nursing staff of the GP practice, and a more reliable referral system. There is also a need for training in communication skills and doctor-patient relationships, which are neglected in medical education all around the world.

From Liverpool to Odessa with love



Six incubators and other medical equipment and a consignment of baby food were delivered to the new children's diagnostic centre in Odessa at the end of May. Former Lord Mayor of Liverpool Roger Johnson organised this following Professor Boris Reznik's visit to Liverpool in January, paid for by IIHA. Hardly ever has such a small investment - Professor Reznik's fare to Liverpool - resulted in such a magnificent return. Local television told the story of the ex-Lord Mayor's trip to Odessa with the incubators and, as a result, donations have flowed into his office to buy more equipment and medicines. Some of the equipment already donated came from maternity hospitals in Liverpool, earmarked for closure.

At present conditions in the Odessa hospital are appalling with a shortage of medicines and doctors having to work with out-of-date equipment.

The mortality rate is very high in the Ukraine and the number of youngsters developing leukaemia is rocketing. There are various reasons for this, including the effects of Chernobyl and industrial pollution. Professor Reznik complains that his hospital does not receive any of the funding for charities set up to helping the children of Chernobyl.

Odessa is twinned with Liverpool, and shares similar problems stemming at root from the long-term decline of its ship-building industry and freightage business. As in other parts of the C.I.S,

insufficient consumption of fresh foods is widespread and results from problems of distribution, cost and lack of knowledge of what constitutes a balanced diet. Poor nutrition is believed to be a major factor in the high incidence of pathological conditions seen in the newborn throughout Russia and the Ukraine.

Besides talking to the Lord Mayor of Liverpool Professor Reznik also met Princess Alexandra, the president of Britain's Cystic Fibrosis Trust. The Princess approved of his idea to launch a *Rescue the Children of the Ukraine* campaign; and, if it gets off the ground, IIHA is hoping to help, but at present it hasn't the administrative staff to deal with all the extra work and there is also a need for a Ukrainian to lead the campaign.

CYSTIC FIBROSIS: A MODEL FOR CHILD HEALTH CARE

Dr Chris Rolles, consultant paediatrician at Southampton General Hospital and director of IHA/Southampton/Moscow CF Project, explains why CF is the ideal model for understanding the many factors involved in child health.

In the last 20 to 30 years Western paediatrics has begun to concentrate on the concept of positive health rather than illness in children. It is now accepted that they must look at the child in the context of the total health and well-being of developing human beings from conception, through pregnancy and birth and then through childhood and adolescence and on into adult life. Paediatrics is no longer regarded as a branch of adult medicine, but more the other way round: i.e. it is the study of what happens early in life as an explanation of conditions that develop later on or as an essential aid to understanding the health of the human being at maturity.

Total care must cover not only those areas defined as "organ specialities" but must also encompass psychosocial development, including education. In order to gain a comprehensive understanding of total child health, it may be necessary to use a range of medical conditions and clinical situations as models of care.

Although in population terms the number of individuals with cystic fibrosis (CF) is small, it has many features that make it an ideal model for the understanding of the many factors involved in child health. They are:

- It is a condition which, if untreated, is almost invariably fatal within the first one or two years of life and yet with good modern treatment at the current level, an individual born in 1995 with CF would expect to live well into adult life.
- The precise genetics has been worked out and the gene defect has been characterised and is now the most interesting model for further research in trying to correct a primary defect.
- It is a multi-system condition with a major impact on the lungs, the bowel, liver,



pancreas, reproductive system and other organs, though less commonly.

- It is a multi-disease condition with each of the three main systems involved presenting with a variety of problems:
 - a) *Lungs*: recurrent severe chest conditions, which eventually become continuous.
Other complications include pneumothorax, bronchiectasis, haemoptysis and, in about 40% of cases, asthma.
 - b) *Pancreas*: pancreatic abnormalities can lead to malabsorption and maldigestion, pancreatitis and, in about 10% of older patients, diabetes mellitus.
 - c) *Liver*: cirrhosis occurs in 10 - 15% of cases, with additional complications of oesophageal varices, haemorrhagic disease and, as a secondary effect, splenic enlargement with hyposplenism.
- Each area of pathology has its own specific areas of treatment requiring both clinical skills and specific pharmacology:
 - a) *Chest disease*: physiotherapy forms the essential basis of chest treatment with the use of specific antibiotics as well as the full range of treatment for asthma.
 - b) *Gastrointestinal*: because of pancreatic insufficiency, digestive enzyme replacement along with vitamin supplementation are required; and both forms of treatment are based

on extensive research and clinical understanding of nutrition.

c) *Liver disease:* until recently liver disease had no active form of treatment but now methods are available, such as the use of ursodeoxycholic acid, which has been found to slow down or halt the progression of cirrhosis. □

□ In most cases, the overall management of a CF service is in the hands of one clinician but there is an absolute necessity for back-up of a range of very specialised professionals:

a) *Respiratory doctor:* very often the team will include a "respirologist", who can undertake complex lung function testing, bronchoscope, the management of unusual infections and allergic reactions in the lungs, and the whole range of complications listed above.

b) *Gastroenterologists:* maintenance of normal nutrition is highly complex in CF and includes a detailed understanding of enzyme function, malabsorption and maldigestion. There is also the specialist problem of dealing with the effects of over-absorbed vitamins. The quantity of vitamins given to individual patients must be calculated with extreme accuracy.

c) *Paediatric surgeon:* some of the

complications that occur in CF are unique to the condition. they include various forms of intestinal obstructions. Access to the body for intravenous drugs may need surgery for special devices such as a vasoport. Gastromies may also be required. In some centres the incidence of rectal prolapse has been reported as high as 10% and this may also need surgical intervention.

d) *Cardiothoracic doctor:* cardiothoracic surgeons may be needed for a range of complications from simple pneumothorax to lung lobectomies and finally to full heart lung transplantation.

e) *Endocrinologists, obstetricians and gynaecologists:* with the large number of CF patients developing a special kind of diabetes, the expertise of an endocrinologist is required. Although male patients with CF are infertile female patients are capable of bearing children. They need special attention during pregnancy and childbirth.

f) *Psychiatrist:* CF has its own particular impact on individual patients and their families, including siblings. They may be in need of psychiatric help, but they also have the need of counsellors and family and adult support services. One cannot separate psychological problems from social or medical problems.

Photo call on the CF ward of Southampton General Hospital when local media met doctors from Russia at IJHA/Southampton CF Project's first press conference on Tuesday 25 April. In the photo are (l to r) Dr Ludmilla Terederko, Alexander Zashkov, CF patient Chloe, Roy Ridgway, Dr Chris Rolles and Professor Evgeni Ginter from the Institute of Medical Genetics, Moscow.



MOSCOW'S INSTITUTE OF PAEDIATRIC HAEMATOLOGY - AN APPEAL

Moscow's Institute of Paediatric Haematology was established in 1991 to improve the system of medical care for children with blood and immunologic diseases and to develop research in the field of haematology and immunology. It also provides an on-site training for oncologists and haematologists. In the past survival rates for the increasing numbers of children suffering from leukaemia and blood disorders was as low as 4-10%, compared with 70 - 80% in Western countries.

The director, Professor Alexander Rumyantsev and two dedicated staff found it necessary to change the whole system of treatment by introducing the Western programme of chemotherapy.

Generous donations from various sources, including the Gorbachev Foundation, enabled 35 doctors and nurses to receive specialist treatment in Europe and America. A bone marrow transplantation unit was installed, the first in the former Soviet Union.

The Institute began to play a pioneering role and, building on their work, it is hoped to establish similar institutes in other cities and in the republics of the CIS.

Already results are encouraging but in spite of this promising start, there are still many difficulties and unsolved problems. The most important of these is

securing a regular and reliable supply of chemotherapeutic drugs and antibiotics. Like most of Russia's hospitals there is a desperate shortage of specialised drugs, medical equipment and even basic necessities, such as disinfectants and

Blood donors needed

There is a desperate shortage of blood donors in Moscow and no educational drive to recruit them. On 1 January 1993 the first ever bone marrow transplantation in Russia took place at the Institute on an 11-year-old girl. Shortage of blood meant that the doctors themselves had to use their own blood platelets and were walking round with bandaged arms. Anyone visiting Moscow who would like to donate blood should contact the Research Institute at Moskvorechie 1, Moscow 115478. Telephone (095)4348141

cleaning materials. The Institute cannot fulfil its role as a training and pioneering centre until it has solved some of these underlying problems.

Donations of medicines or financial contributions for the purchase of medicines and medical equipment can be sent to IIHA, 3 The Square, Winchester, Hants., SO23 8BX.

£10,000 grant awarded to IIHA

A grant of £10,000 has been awarded to IIHA/Southampton CF Project by the Know How Fund Health Sector Small Partnerships Scheme (SPS).

SPS was established in mid-1994 with the aim of encouraging the development of partnerships between UK health sector providers and Russian organisations and institutions working in the health field. Its main focus is on partnership development which can facilitate the transfer of technical know-how and expertise across a wide range of health sector interests.

In the first financial year IIHA in conjunction with Southampton General Hospital were among those who received the maximum grant of £10,000. SPS encourages

projects which involve the development of self-help and support group initiatives.

IIHA Appeals director

Pat Parker, a 45-year-old businessman and former president of the Southampton Clausentum Rotary Club, has joined IIHA as appeals director. Pat has had many years experience in charity work, mostly with children's charities. A stroke last year put him out of action, but his health is now improving and he welcomes the opportunity to help develop IIHA's projects in the CIS.

He would like to form groups of helpers in many centres in the UK and has some very good ideas for special events. He is planning to open a charity shop for the sale of goods from Russia and the

Ukraine. Another suggestion is to revive the idea of the rag and bone man who would collect second-hand goods for sale or re-cycling. So if you have a horse and cart or know someone who has, he would be pleased to hear from you.

Any suggestions or offers of help would be welcomed. *Write: Pat Parker, Appeals Director, IIHA, 3 The Square, Winchester, Hants, SO23 9ES*

A breath of fresh air.

Moscow is sometimes very hot but windows sometimes remain closed in the Summer. When the hospital room where Simon was working with parents reached a temperature of about 40C, he suggested opening a window. "That's impossible," said the parents. The window had been screwed down. Simon then went with a parent to the hospital staff room and obtained a screwdriver with which he opened the windows. Hey presto! Fresh air rushed in. And a lesson was learned. Nothing is impossible in a free society!

To Russia - with a postbag of love

"Together we can conquer," wrote Harry, who has twin boys with CF. "Little terrors!" he calls them.

Harry was one of the six who answered a *CF News* appeal for parents interested in corresponding with Russian parents of CF children.

He wants to do everything possible to help the Moscow children who have suffered terribly through lack of modern treatments.

Harry has been writing to Andre Buchaev and his son Kirill (CF), who have recently been visiting England for the first time.

They stayed with Ben House, project co-ordinator of IIHA.

Families isolated

There has been a distinct improvement in the health of Russian CF children since the twinning of the CF clinics of Southampton General Hospital and Moscow's Republican Children's Hospital, but for a long time families have felt socially isolated and, more than anything, they need to make contact with parents who could give them some hope for the future.

The six parents who wrote have been put in touch with families in Moscow, but there are problems with the mail and in future IIHA will take all letters and parcels by hand - there is a constant flow of people going to Russia from different charities.

IIHA has also established a connection with families in the Ukraine, whose children are not getting any of the life-saving pancreatic enzymes, though it is hoped an EU grant will cover the cost of providing them with

supplies until they are obtainable on prescription, as they are in Moscow now.

Representatives of IIHA will be visiting both Moscow and Odessa regularly and would be pleased to hear from anyone else who would like to be put in touch with Russian and Ukrainian CF families.

Correspondents wanted

Since the publication of the current issue of *CF News*, we have received the following letters from people who would like to correspond with a Russian or Ukrainian family.

From Clare Down, who is a single parent with a 17-month old son Christopher, who has CF.

From Amanda Richardson, a nurse at the Leicester Royal Infirmary's Children's Hospital. She is at present working on a children's ward which specialises in cystic fibrosis.

Our newsletter is read in Moscow and Odessa, so if anyone there would like to correspond with either of the above, please contact Dorothea or Roy Ridgway.

We have also received a most interesting letter from Sandra and Chris Bell, of Wrexham, who have a 17-year-old daughter with CF.

Chris has an interesting story to tell about being adopted at the age of 18 months and not knowing who his parents were until 1985 when he traced them to Winnipeg, Canada. He flew out to see them in 1987, just eight months before his father died. He then found out that his great grandparents had come from Brody in the Ukraine.

This June Chris and Sandra went to the Ukraine for the first time and took 3000 capsules of pancreatic enzymes and other medicines with them for the children who attend Professor Reznik's CF clinic in Odessa.

English fairy tale

A letter from Andrei Bushaev and his son Kirill, who has CF, describe their Spring visit to England as "a fairy tale."

They write of the thrill of receiving an invitation to stay with IIHA projects co-ordinator Ben House and how Andrei's heart missed a beat when he saw their flight announced on the information board at Moscow's Sheremetyevo.

Simple things that we in the West take for granted loom large in their memory. Visiting the duty free shop; the flight itself on the McDonnell Douglas; changing planes in Vienna and their disappointment when there wasn't time to look around the airport.

Glued to the window watching the descent of their plane over the English channel; the coastal resorts studded with lights; the "soft landing" at Heathrow and then being met by the Bushaev family's "best friend" Ben House; and the 65 miles drive to Ben's home in Portsmouth.



"We woke at 5 am," writes Andre "and I remembered that Ben sent us a video film of Portsmouth showing us the way to the sea. So we decided to take the five minutes walk to the beach. The English Channel welcomed us. It was ebb tide; waves gently lapped the beach. The sun was already shining in a cloudless sky."

And so it was for the rest of their visit - a magical mystery tour. They visited Dr Chris Rolls, head of the CF Clinic at Southampton General Hospital; Peter Kent, head of the Family and Adult Support Services with the CF Trust in Bromley, Kent; Dorothea and Roy Ridgway in the IIHA office in Winchester.

WORKING WITH THE FAMILIES OF CHILDREN WITH CF

In the winter issue of IJHA News we mentioned plans to organise counselling for the Russian families of children with cystic fibrosis. This is now happening and Simon House reports on the first tentative steps in trying to help these families in which the Quakers and IJHA worked together.

Moscow: 4 June, 1995

Michael Dibdin and I have come to Moscow mainly to link up with Patricia Cockerell, who has been working here for the Quakers for two or three years. She has been helping street children and

We came out here, partly at the expense of Moscow Friends, with the hope of introducing parents to co-counselling, a self-help technique which would enable them to help one another. But



Would you guess that these children, enjoying themselves at a party organised by IJHA and the Quakers in Moscow, suffer from a life-threatening illness? They all have cystic fibrosis. Their health has considerably improved since IJHA introduced Dr Chris Rolles to the Republican Children's Hospital, where they receive the very latest treatments.

refugees and was mainly responsible for setting up a hospice in Yaroslavl, a city on the Volga some 200 kilometres North of Moscow.

As members of IJHA, we have been working with Patricia to try to help families of children with cystic fibrosis (CF) with their psychological and social problems. The children are getting all the help they need medically, and family stress is the main problem now. It is much more acute than it is in the West, owing to the economic situation and the lack of Western-style social services.

A mother is usually completely tied to her child at home. She cannot move about freely because of the child's condition which demands constant attention. Consequently she cannot do anything to help with the family income - crucially important with most salaries very low by Western standards.

we met with many difficulties, the main one being the problem of making contact with the parents. The hospital and parents' charity have not had to deal with such problems in the past so they have not learned to work together very closely. Most of their time has been concentrated on their desperate need for the latest medicines and treatments.

However, we were able to help a small group of families and we relied greatly on Patricia's skills. She has a wonderful touch as well as fluent Russian. We could have done nothing without her. Her warmth and love come over in her playful ways of working. The small success we had is the beginning of what we hope will develop into a full programme of social and psychological support for the families of CF children. We have been promised the help of Peter Kent, who runs the Family and Adult Support Services for the CF Trust, Britain's main CF charity.

CHILDREN KAHLIL GIBRAN

And a woman who held a babe against her bosom said, Speak to us of Children.

And he said:

Your children are not your children.

They are the sons and daughters of Life's longing for itself

They come through you but not from you,

And though they are with you yet they belong not to you.

You may give them your love but not your thoughts,

For they have their own thoughts.

You may house their bodies but not their souls,

For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.

You may strive to be like them, but seek not to make them like you.

For life goes not backwards nor carries with yesterday.

You are the bows from which your children as living arrows are sent forth.

The archer sees the mark upon the path of the infinite, and He bends you with His might that His arrows may go swift and far.

Let your bending in the Archer's hand be for gladness;

For even as He loves the arrow that flies, so also He loves the bow that is stable.

Extract from The Prophet.





Our man in Paris, Loic Lopez (left), talks to Yevgeni Savitski (centre), deputy director of the CF parents group in Moscow and Roy Ridgway (right). Loic has a degree in environmental science and architecture, and is interested in the relationship of buildings and health. Roy and Yevgeni were in Paris to make contact with CF parents groups.

COMRADES IN ARMS AGAINST CF THREAT

Co-operation between Russia and the UK is advancing cystic fibrosis research world-wide reports Roy Ridgway in the following extract from an article in *Hospital Doctor*

Clinical trials by Western institutions in a medically starved country such as Russia can provide medicines for those who desperately need them and, at the same time, research opportunities that are unavailable in the West.

This is why the research partnership between the Moscow Institute of Medical Genetics and Southampton General Hospital has been so successful.

"Strong links have developed between the Southampton and Moscow units," says Dr Chris Rolles. "And both units have been enriched through the sharing of views and experiences."

The original aim of the partnership, which started in November 1993, was to provide an intermediate level of care for patients at the CF clinic at Moscow's republican Children's Hospital at considerably less than the £11,000 a year it costs the NHS to treat a CF patient.

The situation has advanced since then so that the children are receiving treatment that conforms more closely to Western standards, but at a fraction of the cost.

In the year and a half since the partnership

began, most of the children have experienced a significant increase in height and weight and their lung function has improved - without the expensive treatment routinely provided in the West.

The main research project, made possible by a hefty donation of pancreatic enzymes by Duphar Laboratories, has been a detailed investigation of the benefits of optimal enzyme treatment without any other changes in care.

One important outcome of this research, which has implications for our own management of CF, is the important role nutrition plays in the control of respiratory problems," says Dr Rolles. "Although pancreatic enzymes have been available sporadically in Moscow, there has been no regular maintenance of optimal nutritional care."

Another research programme aims to evaluate two different delivery regimes for modern antibiotic care.

Duphar and Glaxo, the two main pharmaceutical companies involved in this research, have provided antibiotics and pancreatic enzymes free.

Much data has been gathered from the enzyme and nutrition study and most of it was presented at the European Cystic Fibrosis Conference in June.

Dr Rolles says that some totally novel information has emerged, including possible early indicators of respiratory infection which might allow treatment to take place at a stage before the clinical illness becomes apparent.

NURSING IN THE REPUBLICAN CHILDREN'S HOSPITAL



Judi Maddison, a Southampton General Hospital CF specialist nurse, found hospital care full of paradoxes in Moscow's Republican Children's Hospital.

Specialist nurses, she says in her report of her visit to the hospital in November, 1994, are few and far between, and the concept of community nursing unknown.

Low salaries do not attract many young women to the profession. After a six-year training course the nurse's average salary is \$10-15 a month, for shifts of 24 hours on and forty-eight off. This compares unfavourably with that of a cleaner, who earns more for a shorter working week.

However, according to Judi Maddison, there are some features of hospital care that are admirable. In spite of a shortage of drugs and medical equipment, cracked lino, holes in the ceilings, and a general lack of maintenance due to the economic situation, each cubicle on a ward has its own bathroom facilities and the hospital is decorated throughout with wonderful art work and murals.

Because the amount of work expected of each nurse is considered too much for one person, it is her responsibility to ensure that the parents on the ward do their share of the tasks.

The mothers of children under three years old are obliged to stay with them, but most will stay even if their child is older.

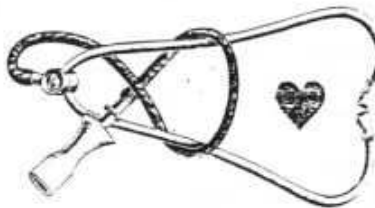
There is a mother's dining/sitting room on every ward. They all have proper beds to sleep on, and there are good laundry facilities. In addition, the nurses can give mothers of the younger children a ticket for free meals in the staff dining room and, in some cases, free milk.

The nurse also keeps a daily record of the parents in residence for the director of the hospital, and then signs certificates obliging every parent's employer to continue to pay them their salary.

The children are well-provided for the play areas, and there is a hospital school, though being in another building, the children can only attend it when the weather is warm enough for them to go outside. However, school work is encouraged, with desks in many of the cubicles.

All this contrasts strangely with the shortage of medical resources and manpower, which means that the few dedicated nurses, though extremely efficient, are unable to carry out the care they are capable of giving.

MOSCOW THROUGH THE EYES OF A MEDICAL STUDENT



"My first impression of Moscow at the airport was cold, depressing and discouraging" writes Jan Parker, a medical student at Southampton General Hospital about a visit in icy December. "I was ready to go home."

But as time went on her attitude completely changed and her admiration grew for the warm-hearted Russians with their wonderful sense of humour.

The family who hosted her for a week lived, like the vast majority of people, in tower block flats, the only variation, according to income, being the size of the flat.

Jan writes: "Michael, the father, met me in the cheerless, smelly lobby, but the flat, to my relief, though sparsely furnished, was warm, bright and very comfortable."

Michael's wife, Ludmilla, was a doctor. They spoke no English, but their daughter, Anna, had learned a little at school. It is a language much sort after in Moscow, where it is regarded as essential in order to understand

the ways of Western commerce. 'YOU MUST LEARN ENGLISH' says a sign in the metro.

"Moscow is a place of contrasts," says Jan. "My first visit was to the Space Centre where the technology is astounding, the best in the world. Yet all the Russians I met were leading lives of poverty, with little freedom to change anything. With the failure of the promised choices and options, my family longed to return to communism."

Jan goes on: "Although I had heard all about the shortages in Russia, the reality was still a shock. Supermarkets displayed just one type of most food stuffs. The bill was calculated on an abacus, a lengthy process. Not surprisingly, my family kept every scrap of food. They threw nothing away. It all went back into the cupboard, to reappear again and again until it was eaten. Hence the slightly unusual combination of Swiss roll with Russian sausage for breakfast."

Jan found Red Square and the Kremlin very impressive. She was awestruck by the architecture, especially the beautiful ornate churches, whose interiors sparkle with gold leaf decorations, with here and there a blaze of candles and icons covering the walls. They were quite unlike anything she had ever seen before.

She got to know a medical student called Nastia, from whom she learned that despite low pay, the doctor's profession is still very prestigious. It was that fact, says Jan, together with a genuine interest in the subject, which kept Nastia and her fellow students going throughout the long demanding training. Larger grants are given to students who achieve higher grades, so the pressure is continuous. Jan writes how she saw them in the metro, both feet firmly planted for balance, with their noses deep in medical textbooks.

"Every day I accompanied Ludmilla to the hospital," writes Jan. "Fortunately, public transport is good, with buses every two minutes and regular trains on the metro. But I realised that the doctor's working week, which I found hard enough with a temperature just below freezing, would be almost unimaginable in January and February when the temperature is - 20."

In conclusion, Jan says, she would always remember that week in Moscow, but in

particular "the sheer generosity and hospitality of my hosts who told me: 'One must have a sense of humour and optimism to survive.'"

THE RENAISSANCE GROUP



A recent reminder from the bank that the Renaissance Group account had been dormant for about a year, drew our attention to the need to revive our group, which for a number of years has been meeting regularly at Lena Kukowski's flat in the Barbican.

The IIHA was originally a subsidiary of the Renaissance Group, but became a separate charitable organisation which has taken up most of our time. Only a small number of our original members continue to take an interest in our activities, regarding IIHA as an outward expression of Renaissance Group thinking.

Perhaps a brief reminder of what the Renaissance Group stands for would be of interest.

The Renaissance Group was founded in 1987 with two main aims:

- (1) to seek new ways of thinking, being, relating and communicating that will eliminate the threat or use of violence as an instrument of policy in international politics and the exploitation of the environment for short-term gains;
- (2) to act as a catalyst group to bring together other groups with the aim of breaking down barriers of creed, class, age, philosophy, ideology and country, and encouraging recognition of our inner nature, our common humanity.

Its co-founders were Roy Ridgway and Dr Michael Ellis, who for many years had been working towards a more holistic approach to health problems, a concept that has become more acceptable and has been adopted by mainstream medicine since the ecological revolution of the late 1980s which favoured a return to more natural ways of living and the recognition of an interconnection between the health of the mind, body and the psychological/spiritual and physical environments.

The honorary president was Sir Mark Oliphant, the distinguished Australian physicist, who worked with Rutherford in his

Cambridge laboratory and was involved in the Manhattan Project, which was concerned with the development of the first atom bomb. Sir Mark wrote: 'I am interested in your concept of a new group ... You seem to be seeking a combination of Niels Bohr's "openness" between individuals and between nations, with Einstein's conviction that "we shall not solve the problems of the world with mechanisms, but only by changing the hearts and minds of men and speaking courageously." Their concern was with life as a whole, on earth, as expressed in the concept of Gaia, and especially with the attitudes of homo sapiens towards the planet.'

In our early days the British Holistic Medical Association (BHMA) and the Renaissance Group worked closely together and the International Centre for Better Health (now the IIHA) was launched jointly by the BHMA and the Renaissance Group in the House of Commons in 1990.. It seemed appropriate that an organisation concerned with the promotion of health in its widest sense and an organisation concerned with breaking down barriers and promoting new ways of thinking were ideally suited to working together. Since then IIHA has become a practical expression of the Renaissance Group's "holistic" approach to health and economic/political problems.

Anyone interested in reviving the Renaissance Group as a "think tank" and helping to organise regular meetings should write to *Roy Ridgway, 9 Richard Moss House, St Peter Street, Winchester, Hants., SO23 8BX*

RETURN OF NUCLEAR THREAT

There was an alarming article in the Guardian (10 June) saying that "the Bomb is back with a bang." I am not sure if this is journalistic sensationalism or if we should take it seriously and start campaigning again against nuclear testing.

The Guardian article is based on three disturbing items of news: (1) the report that France is to resume nuclear testing and that Greenpeace has prepared a boat to stand guard among the atolls of the Pacific where France does its testing; (2) China recently carried out an underground nuclear test at Lop Nor in Xinjiang; and (3) the Pentagon wants to modify the comprehensive test ban (CTB) to allow bombs to be exploded underground up to

a limit of 500 tons. The reason for the Pentagon suggestion is that hawks in the U.S.A feel it's important to maintain an arsenal of nuclear bombs and therefore there's a need to test their continued effectiveness and also to upgrade delivery systems.

Relationship to the world that modern science fostered and shaped has exhausted its potential because it is missing something. It fails to connect with the most intrinsic nature of reality, and with the natural human experience. It is now more a source of disintegration and doubt than a source of integration and meaning.

Vaclav Havel

News of the resumption of nuclear tests, says the Guardian, threatens the agreement signed by 170 nations only about a month ago at the U.N. in New York making the Nuclear Non-Proliferation Treaty permanent. The agreement was originally signed on the understanding that the nuclear powers would work towards a CTB. And this latest agreement was signed because there had been a moratorium on nuclear testing and the nuclear powers had promised to sign a CTB treaty by 1996. But now, it seems, two out of the five recognised nuclear powers were thumbing their noses at the rest of the world.

The threat to our safety doesn't come from countries like Iran and Pakistan, who have the capacity to produce nuclear bombs, because they haven't the necessary delivery systems, which need to be tested. So long as there is a CTB, which is respected by the five nuclear powers, and a Non-Proliferation Treaty, there is no danger to our safety. However, the

Guardian says that the CTB is being undermined. And the article, which is called *Return of the Nuclear Nightmare*, concludes with the words: "Come back the peace movement!" R.R.

PEACE BUILDING THROUGH HEALTH CARE PROGRAMMES



Eastern and Western doctors, who for many years had worked on research programmes aimed at treating and curing disease, kept the lines of communication open during the Cold War. They worked together on an anti-nuclear weapons campaign with the aim of disseminating the medical facts about the consequences of nuclear war and even after the threat of nuclear war receded, they have continued to work towards health and security in the year 2000 and have urged politicians to think more in terms of the health and well-being of a society than in terms of military preparedness.

Gorbachev pointed out that the doctor's campaign had influenced him in shaping his policy towards nuclear weapons, which brought the Cold War to an end.

In working with Russian and Ukrainian health specialists for a cleaner, safer, healthier world, IIHA is building bridges of friendship and goodwill. We are at present targeting the most vulnerable groups in Russia and the Ukraine = the mothers and children whose health is absolutely vital for the sake of the well-being of future generations.

At the same time IIHA is working in areas where there are opportunities to create new models for health, which will benefit other regions of the world. We are also creating a new model for peace building, which is

concerned with our way of living in the world and of changing the world.

International Integrated Health Association

Registered office: 3 The Square, Winchester, Hants SO23 9ES

Registered charity No 1014734

A company limited by guarantee registered in England and Wales No 2733511

Commission of the E C Central Register

PHARE/TACIS No UNK-9500

Trustees: Dr Jean Robertson MB ChB;
Dr Alistair Cameron MB ChB MRCP;
Edward James MA BD C.Eng CMath;
Rev. Simon House MA; Michael Ridgway

Director: Roy Ridgway
Treasurer and office manager: Isabella Block
Appeals director: Pat Parker
Legal adviser: John Jopling
Accountants: David Gamblin
Bankers: Co-operative Bank, Kingston-upon-Thames

We have an emergency. We have many capabilities but...we have been far more cut off than you may think and many, many new ideas are needed. Our children cannot wait for us to do all that needs to be done on our own, so we are asking the world to help.

Hospital Director, Moscow

IIHA is uniquely placed to respond to this call.

IIHA works

to relieve suffering and distress through a whole person approach to health, paying attention to physical, mental, emotional, social, environmental and spiritual aspects

to achieve an integrated system of health care which uses limited resources in the most effective ways

to form partnership exchanges of medical information and expertise between science/ technology and traditional therapies, professionals of different countries and cultures

to improve primary health care

to educate doctors and men and women of reproductive age in pre-conception care to prevent early cell damage, with its devastating effects on the child's development, even affecting the succeeding generation.

DIARY

Roy Ridgway

A letter from Dr Arthur Wates, a retired GP, says that he was greatly moved by the Patricia Cockrell piece in the Friend, which describes Quaker Peace and Service collaboration with IHA in Moscow. He encloses a "token" cheque of £10. When he was a country GP, he says, he heard of a woman called Elizabeth Ridgway, who way back in the past was burnt at the stake for poisoning her husband!!

I know of one ancestor who was partly responsible for the troubles in Ireland - Sir William Ridgway, first Earl of Londonderry; another who was whipped out of his parish for vagrancy; but I hadn't heard of Elizabeth. Yet another member of the Ridgway rogues gallery! Perhaps I'm now being directed on high to do charity work as payment for the sins of my ancestors.

The Rolles' treatment

Took Professor Boris Reznik (head of Paediatrics Dept of the Odessa University Hospital) to Southampton General Hospital where Dr Chris Rolles showed us round the children's wards. I've been round the wards before but what you see depends on who takes you round. Every time it's different. Chris was obviously very popular both with patients and staff. In the CF ward he got the children themselves to explain to Boris why they were in hospital and what sort of treatment they were receiving. There was a happy relaxed atmosphere on the wards which impressed Boris. There was one ward for children who came in for minor operations. Two we saw had the orifices of their penises widened and there was a mother waiting for her son who was having a circumcision. They just stayed for a few hours and then went home.

Consciousness

This morning had an invitation from the Royal Society of Science to attend one-day conference on Consciousness. The scientific approach is so different from the way consciousness is viewed by humanistic and transpersonal psychologists. The sort of question scientists ask is: "How does the body produce consciousness and what is it for?" Consciousness cannot be observed because the observation itself is a conscious process. The observer cannot be separated from what is observed. So where does that leave us? Science does not usually take into account subjective experience. This is what distinguishes the orthodox scientist from the sort of scientists who are members of the Scientific and Medical Network, a sister organisation which is doing great work in explaining the paradymn shift in science today. In a review of a book on The Transpersonal by John Rowan in the current

issue of the Network newsletter I find this quotation from Abraham Maslow:

If there is any primary rule of science, it is: acceptance of the obligation to acknowledge and describe all of reality...It must accept within its jurisdiction even that which it cannot understand, explain, hat which cannot be measured... It includes all levels or stages of knowledge, including subjective experience. □

This means a science of the whole, with special emphasis on what can't be understood or measured. In other words, don't just look at the things that fit your theory. Pay more attention to the things that don't fit your theory.

TRAVELLERS' REWARDS

Amusing and alarming moments are likely when travelling across Russia and the Ukraine. I took three night trains to move from the Baltic to the Black Sea, from St Petersburg to Moscow, and then on to Kiev, where I spent a couple of nights, and finally to Odessa.

On the journey to Kiev I was lucky to find myself in the same compartment as a charming couple in their thirties, who very generously invited me to share their supper. They knew no English and my Russian is little more than a few words from a tourist phrase book. So with the inadequate aid of such unusable sentences as "my aunt eats oranges and lives in Yaroslavl" and a bottle of vodka our exchanges were hilarious

But a non-verbal friendship was firmly established and the couple kindly invited me to stay with them in Kiev.

When we arrived in Kiev my driver with the hired car that was going to take me to my hotel was nowhere to be seen. My new companions stood by me and tried to help by telephoning a number I had been given, but they soon gave up and I was left stranded. This sort of situation is not unusual in Russia or the Ukraine; one simply has to have patience. Half an hour later my driver did turn up and with him, surprisingly, were my two train companions.

That night they entertained me regally in their modest flat. At 1 a.m we started showing each other our videos and I saw clips of themselves building a grand stone house in the country. I later discovered that my friend was in funeral insurance - a new kind of business in their country.

⇒

→

I was still being pressed to more vodka when I suddenly felt very tired and they allowed me to retire to the beautiful double bed which they had hospitably given up for me. But not before presenting me with a large parcel. They videoed me unwrapping it when I found to my delight that it contained a complete showpiece of Ukrainian gilt porcelain - plates, coffee pot, cups, bowls, vases and so on. I was overwhelmed by their generosity but wondered how on earth I could get it home without breaking any of it. Luckily I had left my winter clothes in Moscow and had some spare room in my suitcase. I got up at six the following morning and tenderly wrapped all the pieces in my summer clothes. I just managed to fit them all in.

Simon House

Barbican Party

Farewell party for Boris and Madlena Reznik at Lena Kukowski's beautiful apartment in the Barbican. Lena's son was there with his wife and latest addition to the family, a girl born five days ago. Like most new-borns, she was red in the face, her eyes screwed up, making her look angry. Probably she was indeed angry after being thrust into the world from a comfortable womb.

Surprisingly, our Ukrainian friends arrived on time. Most people lose their way when they come to the Barbican for the first time. It was nice to see Yuri and Janetta Krainaya, who looked very happy. "It's like a dream," said Janetta. "I can't believe it."

Boris told us how much he'd enjoyed passing through the English countryside on a visit the previous day to Liverpool where he'd met the Lord Mayor. He was most impressed with the Lord Mayor's gold chain - something he'd never seen before.

Most guests seemed to enjoy the evening, which was more spontaneous than usual. It started with our usual opening circle and the meditation which just happened this time without my saying anything. This was followed by Julian's deep-throated Buddhist chant which reverberated around the room. I asked Julian to explain it in Russian to our guests.

Boris said it was a good idea sometimes to stop and think. I said it was a better idea to stop and not think. Boris said how grateful he was to IIHA for making it possible for them to come to England. "I bow down to you," he said in English. It was all a bit embarrassing, but they are over the moon about this visit. They've been cut off from the West for a long time.

David Spiro brought a Ukrainian eye surgeon from Kiev, who is working at Moorfields eye hospital. She has a work permit and won't be going back home for about three years. Her husband had told

her not to come back because there was no work for her in the Ukraine. She had a long discussion with Boris about medicine in England. He was intrigued and a bit puzzled about general practice and had a discussion with David Spiro about this.

"How can you know everything?" he asked.

"We don't," said David. "We can treat some minor complaints, but in the case of a serious illness, we can make a preliminary diagnosis and usually know which specialist can best help the patient."



Professor Boris Reznik

Julian sang some Ukrainian folk songs and he and I danced wildly round and round for about ten seconds - couldn't manage any more! The evening finished with the singing of Auld Lang Syne, which always amuses our guests from the former Soviet Union, where the author Robert Burns is very popular and was once featured on a postage stamp.

Letter

Some appreciative words from Eileen Conn helps to lighten the load of anyone working in our field which is so vast. Others tell us we're taking on too much. 'I have just been reading the first issue of IIHA News. It is a wonderful result of all your hard work. I've always been inspired by the several dimensions of what you're doing - holistic, integrated, right into the muck of the chaos in post-Communist Russia, and health in its widest social and political contexts'.

