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IIHA NEWS

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NEWS FROM INTERNATIONAL INTEGRATED HEALTH ASSOCIATION

Heartfelt Thanks

"What is normal here in England is easily taken for granted", says Angela Coxon, chairperson of the Wessex Children's Heart circles. "When our Russian colleagues from a heart charity in Moscow visited an intensive care ward for children with heart problems they were terribly shocked."

They had been shown babies ventilated with tubes extending from various parts of their bodies. And they were surprised to find the babies' mothers there in the ward. In Moscow this never happens.

However, in spite of the shocks Vera Basis, director of the Russian society for Children with Cardiovascular Diseases wrote glowingly of their visit last November. "Heartfelt thanks to everybody who helped to make our visit such a success," she said.

The visit was organised by IIHA and financed by Charity Know How. See page 2.



"A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove... but the world may be different because I was important in the life of a child."

Toys for Siberia

When nurse Avril Hilditch went to Novosibirsk, capital of Siberia, in September she was horrified by the conditions in the hospital there. Avril is a respiratory nurse specialising in asthma and cystic fibrosis. She went to investigate conditions in Siberia with her colleague, Dr Sheila Peters, consultant paediatrician at Portsmouth Hospital. Cont. page 3

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Moscow's charity to help the treatment of children with heart problems

Getting to grips with aims and needs

by Dorothea Ridgway

When I met Vera and her daughter Julia, who run the charity, the Society for Children with Cardiovascular Diseases, and their colleague Irina, an English teacher, at Heathrow I was amazed at the amount of luggage they brought with them. "What's all this?" I asked. "You're only here for a week." "We've brought toys for the children," they said.

Russians are very good at giving presents and at welcoming visitors to their country with flowers and sumptuous meals, even though food is expensive and they go without themselves.

We spent quite a lot of time talking about cultural differences. They were astonished at how casual our doctors were when they were off duty. One instance stands out. Dr Tony Salmon, consultant cardiac paediatrician at the Wessex Cardiothoracic Centre, came to a weekend meeting dressed in mufti and made the tea for everyone, which is unlikely to happen in Russia where ordinary working men are hardly ever likely to be seen in the kitchen, let alone the doctors!

The differences of attitudes to sick children in hospital became apparent during a visit to a cardiac ward in Southampton Hospital. In Russia the doctors are very much in charge and mothers are only allowed to visit their children at set times; and then it's all a bit grim - sitting quietly or sometimes helping with the chores on a cheerless ward.



Vera enjoys a cuddle on Southampton's cardiac ward.

"A parent's presence is part of the treatment," said Dr Salmon. "The more we can create the same sort of atmosphere on the ward as in a child's home, the better!"

The shyness on the part of English people to discuss these differences and our tendency to communicate in what we consider a diplomatic way is what makes for misunderstandings. The Russians express their feelings about these things much more readily and directly than we do.

There was a number of very useful meetings, including a meeting on aims and needs. Vera told us about her work in Moscow and the help that had been given to her by the Salvation Army. They have links with Romania and Germany. In fact, they received a great deal of humanitarian aid from Germany.

In Winchester they were shown around the Charity Centre in the High Street where several local charities, such as Relate, CIBA and Shopmobility have their offices and share resources,

including facilities for training. Vera appealed to the West for any sort of medical equipment, even if it is considered out of date. Ward furniture is often a bit rickety. For instance, simple recovery beds often have only three legs and regularly topple over, which of course can be dangerous.

They need literature, manuals for parents, medicines of course; and they value the expertise that is being provided and is impressing the doctors on the children's cardiac ward at the Moniki Institute. A good relationship has been established between the Moscow charity, the Wessex Children's Heart Circle, the charity Heartbeat and IIHA. In April Vera's team will be attending a conference for European charities who are linking up to share resources and know how in the development of parents support groups.

Our colleagues take back to Moscow many ideas for improving their organisation, including the possibility of sharing expertise and resources by getting together with other charities as they do at the Winchester Centre.

TOYS FOR SIBERIA

Cont. from page 1

Unlike British hospitals where sick children are surrounded with toys that make their stay in hospital more like home, the seriously ill Russian children had not a toy between them!

Touched by their plight, Avril decided to collect toys from families in and around Portsmouth.

She gave a talk at the hospital which aroused a great deal of interest. She has also collected £500 to cover the expenses of getting the toys to Novosibirsk.

She now has more toys than she needs for the one hospital, but there are other children's wards in other hospitals that need brightening up.

The CF ward in the Republican Children's Hospital, Moscow has for long had a cheerful ward with murals which the Moscow Quakers designed. The Quakers also organise parties for the children and their siblings. Another one is planned this year. Called a "fun day", the party is designed to teach children about self-care - diet, physiotherapy etc.



A WARM WELCOME IN A COLD COUNTRY

Dr S.A Peters and Avril Hilditch visit the Children's Hospital in Novosibirsk

There were times when we wondered whether our trip to Novosibirsk was meant to be - when a passport disappeared in the Southampton Post Office sorting office's major re-organisation; when the Parcel Force card for collecting the flight tickets went astray; and when the currency exchange booth at Sheremetevo II had no roubles to sell.

But though things go wrong in Russia, the welcome is always cordial and a phone call in Moscow brought immediate help and saw us safely on the Aeroflot plane winging our way to Novosibirsk.

There was a warm welcome too at Novosibirsk airport by Dr Natalia Romanenko and her fluent English (or was it American)- speaking son Roman. We felt sure all would be well when our American hosts had arranged for a morning of slumber for us after breakfast. A six-hour time difference between England and Siberia had left us a bit jet-lagged.

Over the next three days we were privileged to meet 14 of Dr Romanenko's patients; some were receiving in-patient intravenous treatment, but most had been brought to the clinic to see us. We were able to share some of the difficulties in caring for the child with cystic fibrosis - the workload placed on the parents and families, the difficulties in maintaining school attendance, the problems of cross-infection - and also to gain insight into the special problems posed by shortages of medications and supplies. We were stunned at the co-operativeness of Russian children, swallowing Creon capsules whole from the age of two!

Particularly powerful was the image of modern CF care being well understood by the medical team but only partially provided because of financial constraints and difficulties of obtaining regular supplies of medications. We discussed some of these difficulties with the Director of the hospital, Dr Alexander Lvov, who was intrigued to learn that Western hospitals too function within budget constraints, albeit with different terms of reference, and would love to visit a UK hospital to see this at first hand.

We met many of the Novosibirsk paediatric Pulmonology team and were shown around parts of the hospital - the Pulmonology ward with its delightfully decorated dining room for the children, the out-patient consulting room, the endoscopy room in use, the lecture theatre, the radiology department and laboratories.

Our social and digestive needs were also well and truly catered for - a chance to enjoy music performed by Insula Magica; typically Russian meals prepared by our hostess (where **did** she find the time?); a performance of Swan Lake by the much acclaimed Novosibirsk Ballet Company; and of countryside local sightseeing.

We visited Russia at a time of great political and economic uncertainty. Western media were showing shops empty of food - our hosts were pleased to show us the inaccuracy of this, but nonetheless shared with us their concern at the devaluing of the rouble, which was of great concern to everyone at the time we were there. The over-riding philosophy of "we have suffered before and come through, we can come through this too" seems to prevail and give great strength.

The Yaroslavl Hospice

After the death of her mother in a Devon hospice, Patricia Cockrell wrote to John Major asking for help to establish a hospice in her twin city in Russia. The result was a grant from Charity Know How for setting up a small hospice in Yaroslavl, a city on the Volga about 200 miles NE of Moscow. A day care centre was opened two years later with a European Union (Takis) grant. With some local support the hospice service is now largely funded by the Yaroslavl Hospice Trust, a registered charity based in Exeter. Patricia, who is a trustee of IIHA, writes about the situation today. The Yaroslavl Trust is one of a network of charities linked to IIHA. All are working to promote family based healthcare in Russia and the Ukraine, spanning the whole of life from birth to death.

The waiting list for hospice care in Yaroslavl is about 2000. Many of these people will die in loneliness, pain and squalor before they can be accepted onto the programme of the Yaroslavl Hospice Charity, which is continuing to offer a service in increasingly impossible conditions; there is no question of being able to take on more staff or accepting more patients. Though the local health authority does help with some funding, the hospice is still largely supported by the Yaroslavl Hospital Trust, based in Exeter.

Meagre salaries are paid to the dedicated nurses, many of whom are their family's only bread winner, but supplies for the hospice of disposable nappies, colostomy bags and simple pain killers have almost come to an end. The meal offered to day-care patients is now for most of them the only cooked meal they will have: most are on a pension of about £15 a month and this has not been paid for months.

The hospice team which has had medical, psychological and management training in England and in Russia has become expert in public relations and lobbying. On Old People's Day (October 1) TV cameras were invited to the celebrations at the day-care centre while journalists from the local media interviewed staff, patients and visitors and an amateur group of retired musicians performed in national

costumes. Two days later interviews were granted with the local authority at senior level; the director was ready with a list of urgent needs and yes, the local authority will pay for one meal a day for 10 patients. There is also agreement in outline for help with home-care as public transport becomes ever more unreliable and permission is granted to open a second-hand shop, though with conflicting advice it is not clear how this will affect the charitable status of the hospice.



Ludmila and Patricia on the banks of the Volga on the way to the hospice

The small hospice at Kurba in Yaroslavl region (population 1.5 million) which was opened in 1993 and where only four beds (or possibly six if there is an urgent need) are now dedicated to the imminently dying, is overwhelmed with demand from its own area. A grant from the European Union for a 20-bed unit in Yaroslavl city was applied for in April, 1998. To date, no decision has been made on this. The day-care patients, including our most recent - 22-year-old Larissa who has a brain tumour - live in dread of becoming too ill to come in for day-care.

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CANCER CHILDREN NEED YOUR HELP

IIHA is looking for some substantial funding for the Magic Key, a Moscow charity linked to the Moscow Institute of Oncology and Haematology. A recent application for funds was turned down by Charity Know for various reasons, one of which was that the Moscow charity was not so much involved in the project as the Institute. They also said that genuine involvement with parents had not reached an acceptable level.

It is always difficult convincing potential funders that our aims are achievable, especially in Russia with its terrible economic problems, but we usually suggest that they should go and see for themselves what is happening. If they do this, they are usually pleasantly surprised.

In the case of a charity concerned with a serious illness such as cancer it is hardly possible to help patients or families without involving doctors. Yet the implication in the rejection of our bid is that it is a medical problem not a social one, as if you can separate the two. As a matter of fact, we are trying to do just what our own Government has described one of its aims as solving complex problems with joined-up solutions. The joined-up solution is what is lacking in healthcare systems today, not only in Russia but in our own country.

And as for parents not being involved to any great extent, Roy Ridgway spent a day at the rehabilitation centre taking part in games and other activities in which both parents and children were involved. The parents are very much involved, but need some help in organising themselves.

There are at any one time in Moscow 1,000 children who have had cancer. They and their families have been emotionally battered by the experience and somehow or other have to rebuild their lives, which is difficult without help.



Fun day at the cancer rehabilitation centre.
Roy with some of the children

The rehabilitation centre is doing wonderful work but the Magic Key is hampered by lack of funds to open an office with full-time staff and office equipment such as fax and photocopying machines. IIHA also needs help to develop its own capacity to help children and families socially disadvantaged by chronic illness and other disabilities. We have achieved a great deal in the case of children suffering from cystic fibrosis and can offer the same encouragement and training for other charities trying to help families of sick children.

To save a life

An e-mail from Olga Hinka, the president of the Dvin Association which helps children in Lvov, Ukraine, who are suffering from cystic fibrosis, asked if we could help 6-year-old Christina who was seriously ill with a chest infection. "She is near to death," said Olga. "She needs a particular antibiotic called Securopen to save her life."

IIHA forwarded the message to everyone we knew. "If it's a question of money, I can help," said one of our trustees.

"We need to know more about the girl's condition," said J J Cowley. So we sent an e-mail saying, "More details please about Christina's condition and the treatment she's been receiving. If we sent money would that help?"

The little girl's family, like so many others who have children with chronic illnesses, is very poor and can't possibly afford the expensive medicine that is needed to treat CF.

We then received a list of medicines that were needed to get Christina back to a reasonably manageable condition.

In the meantime, a good friend, a GP who was one of the founders of IIHA, said, "I'll help. Securopen costs £70 for a ten-day course. Treat this as a donation to IIHA."

The next problem was, how do we get the medicines to Lvov, which is on the Ukraine-Polish border? Then a friend, Feola, told us that there was a coach leaving from a hotel in Ealing for Lvov on Sunday, 10 January.

Feola picked up the antibiotics from the GP's surgery and delivered it to the coach driver who said he'd give it to Olga at the coach station in Lvov in two days' time.

Feola said, "I hope it gets through. There are stories of medicines being confiscated at the border. One charity I know has given up sending medicines to Ukraine."

The driver had insisted that it should all be legal. No smuggling.

Maybe the coach full of Poles and Ukrainians travelling on an old creak of a vehicle were allowed to

take the drugs into Ukraine to help to save the life of a little girl. If it had been a Western capitalist tourist bus, well.....

Anyway, two days after leaving Ealing we received another e-mail from Olga: "Medicine arrived and at this moment is in hospital. Thank you for all you are doing for us."

Now we know how to send the other medicines that were requested to Lvov. J J Cowley, a remarkable man, a postman from Newport, South Wales, who has started a charity to help children in orphanages in Byelorussia, obtained all the other drugs for the little girl.

Now someone has to go to Newport to collect them. There are those who say we are wasting our time going to all this trouble just for one little girl. There are millions who need help. But I seem to remember someone saying a long, long time ago that to help and serve "these, my brethren" - the poor and sick - is the same as serving me. In other words, doing God's will. And I am reminded of that other well-known saying, the difficult thing can be done immediately, the impossible takes a little longer.

The impossible situation

After receiving the medicine, Olga wrote thanking all those who played a part in saving the life of the little girl, Christina Mikitiyuk.

Olga goes on to describe the desperate plight of many CF children in Ukraine:

"Unfortunately today in Ukraine there is no government plan to provide CF children with essential medication and high calorie meals, which families can't afford.

Most children with CF die before the age of one. A sad situation!

My heart is torn with pain. I would really like to help these children. I hope, dear Roy, we can help them with your support.

"So far in the two years we have been going, we have started a rehabilitation centre for children with CF in the sanatorium area of Lvov, which consists of two offices, including an area for physiotherapy, a training centre and a club for parents. In 1998 we wrote and published a book for CF children and their families. What has been done is no small achievement, but the main thing that troubles me is that I am still not in a position to provide essential medicines for the children and I am very sad about this".

I'm very sad too. IIHA can do little more than help our partners to help themselves through offering training in public relations, fund raising and lobbying. It is a scandal that the Ukrainian government does not regard health as a top priority. We go on about war crimes. But this is a peace crime and there must be international pressure to get governments to do more to help their children. R.R.

Pacifists in action

Many of our supporters are ex-members of the Friends Ambulance Unit (FAU), an organisation which provided an opportunity for young men and women, mostly Quakers, to undertake non-military service during the Second World War.

Now a book has just been published, called *Pacifists in Action* by Lyn Smith (William Sessions, York), based to a large extent on interviews with members

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recorded for the anti-war archives of the Imperial War Museum.

These young men worked in UK hospitals and provided civilian relief in twenty five countries across the world.

It earned the respect of wartime leaders and one MP, Basil Need, said in the House of Commons, at the end of the war: "These men have given admirable service. They have served with quiet, self-effacing efficiency and with high courage. I do not think that any fighting soldier would hesitate to pay tribute to these men who, prevented by their principles from bearing arms, have nonetheless willingly suffered the full dangers and rigours of war while pursuing their humane calling in tending the wounded and sick."



Roy (centre) with two FAU friends, Italy, 1944.

The FAU spawned many other humanitarian organisations and tribute is paid to IIHA, along with OXFAM (in the beginning directed and staffed by FAU members), the Halo Trust neighbourhood schemes and many other diverse organisations concerned with humanitarian aid.

Pacifists in Action is an inspiring story that has lessons for today.

Sarah gets involved

Sarah Pradel, who joined IIHA in October, has been a tower of strength in the office. She writes: "After seeing an advertisement in the local paper back in the summer, I contacted IIHA in September when my four-year-old son started school. The advert had asked for voluntary administrative help; although I had no directly related charity or medical experience or in dealing with Russia, I felt sure I could help in some way."



I was asked to organise a programme of visits and workshops for three people from the Moscow Society for Children with Cardiovascular Diseases who came to England for a week in November. It was challenging to be involved in a major IIHA project from the moment I started here, but made me feel very much a part of this busy office. After the weeks of planning, the day of the visit arrived; Russian and English voices on the phone at last became familiar faces.

Recent weeks have been an eye-opener for me. A visit to Southampton General Hospital with the Russian visitors allowed them to see the paediatric cardiovascular and intensive care units. It is hard enough to see

young children in hospital, but to hear the Russians' description of the care children receive in Russia in comparison to here was very distressing. I now appreciate more fully how vital the work done by IIHA is.

The IIHA office is staffed by a small number of people, but a huge amount of work goes on, not only here but also through the efforts of vast numbers of people who devote time and energy to one or more of the many ways which help the causes supported by IIHA.

Having come here initially on a voluntary basis, I am now delighted to be a part-time member of IIHA's team."

Alison Redman

Alison Redman was a generous friend of IIHA, an enthusiastically green person to the core. Her warm greeting with welcoming arms, bright eyes and open heart assured you of her love. With such excitement each year she greeted the swallows too, and the flowers on her fields and the butterflies that returned to dance on them. Such was her love of all nature that she turned from the excesses of agro-chemicals to reinstate Nutley Farm's 60 acres as closely as possible to their natural habitat, and reunite it with lovely Broughton Down, uncultivated for at least a thousand years. This she achieved with the staunch help of her thistle-digging husband Wray, and the support of the Countryside Commission Stewardship. Its director Jonathan Howe, and Alison's advisor Charles Flower, describe her achievement as a model, and head and shoulders above any other such scheme. With their help her family and friends will sustain her fields as she would wish.

Wray, considerably older, had slipped quietly away last May. Alison's departure was a great shock. She was taken, on the way to the Christmas Oratorio in Romsey Abbey, in a car accident which injured three of her friends. The walls of Broughton Church bulged with those who love her, to praise God for her. One of her daughters read her husband's poem *Butterflies*, written for Alison.

Back they come
To fields new sown.
With ancient blooms restored to former
glory

Under her broad smiles
And quiet satisfaction
They flutter out their all too short
existence

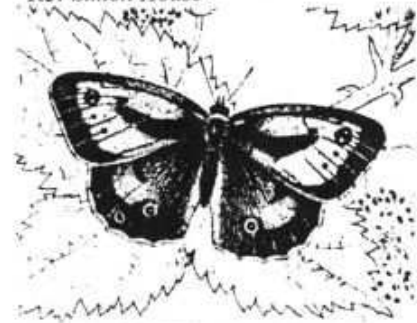
Like she who tended to their habitat
They are not here long enough
Like she
Their vulnerability lets them down

But
Forever now
They will return to where she made
them safe

And we she leaves behind
Feel warmer
For the knowing of her life

Like those her caring has restored
She flits around our heads
And rests awhile on petals of our
thoughts
Always in our hearts.

Rev Simon House



JENNY JOINS OUR TEAM

Jenny Chambers brings a flair for working with young people and a knowledge of Russian to IIHA's Winchester office where she now assists with administration and project planning.

Jenny writes: "Since finishing my degree in Russian language and literature, I have been looking for ways of helping the countries of the former Soviet Union. Whilst browsing on the Internet, I came across IIHA's web site and was impressed with IIHA's ability to develop long-term strategies for health care reform as well as responding to urgent calls for help. Having worked as a volunteer, I am pleased to be a part-time member of IIHA's staff.



In 1994 Jenny worked with children in Byelorussia who had been damaged by the lingering after-effects of the Chernobyl disaster.

"A boisterous group of ten-year-olds kept me busy with boating, walking in the woods and playing ball games," she says. "They were always able to interpret my muddled Russian phrases when adults struggled."

Sadly many of the children needed medication for thyroid problems and their immune systems were weakened.

A CHILDREN'S HOSPITAL IN THE NUCLEAR CITY OF OMSK

The Children's Hospital in Omsk is in the centre of a bustling city of one million people, a city that was once closed to the outside world because it was a Soviet manufacturing centre for nuclear missiles. It is still an industrial centre though many of the factories are derelict. The main industries include petrochemicals and fertilisers. The skyline is dominated by chimneys from a coal-burning electricity plant which also provides hot water for the many apartment blocks. The quality of the air is poor; the rivers are languid and brown. Road travel is hazardous due to the extremely cold temperatures (which fall to -30 C) with ice in the winter and cracks and pot holes in the summer, which occur when there is a sudden change of temperature.

When Dr Jeremy Cogswell, consultant paediatrician at Poole Hospital, visited the Omsk Children's Hospital in August he was impressed with the dedication of the staff who were working in this polluted environment, making huge efforts to provide a service with very few resources.

The CF service has been up and running for three years and is managed by Dr Elena Titova. There are 36 identified CF patients which means that many are undiagnosed if gene frequency in Siberia is comparable to Northern Europe. The use of antibiotics is hit and miss depending on supplies and antibiotic courses tend to be short.

Since closer contact with the West mainly through the training given by the CF Department of the Republican Children's Hospital, treatment has improved, and they do not see complications of some types of heart failure which were once prevalent. They do, however, worry about suicide in young adults. This suggests that the social welfare and counselling services need to be strengthened. While the clinical treatment improves, family welfare tends to be overlooked mainly because of lack of expertise in this area. This is something IIHA is trying to remedy in all the CF centres in Russia and the Ukraine.

It is encouraging that one of the aims of the Omsk CF service is to improve the education of parents and the improvement of treatment in Omsk regional centres. There is an active parents' group anxious to make contact with similar groups in the West. As a start IIHA is proposing to bring one or two parents to Southampton for training in physiotherapy. The idea is that they will be able to train other parents in the latest physiotherapy techniques.

Sarah Wright, a senior physiotherapist at Poole Hospital, was able to demonstrate percussion and vibration techniques which were effective without force. Among other things she demonstrated, were breathing exercises, particularly "huffing" techniques. She explained the importance of blowing games for the three-five year age group. Lots of ideas were discussed and then practised. These included blowing up balloons, blowing bubbles, blowing through straw and blow football.

Sarah Wright says: "Both the staff and the parents were very receptive to the ideas and enthusiastic to put them into practice. After all, physiotherapy is affordable, and if carried out in an effective way it can make all the difference"

The Russian Polyclinic

IIHA is constantly being told that communication between hospitals and polyclinics is not very good. But good communication and close co-operation is paramount in the IIHA project to develop outreach services in Russia.

The polyclinic provides a primary healthcare service besides a limited amount of secondary (specialist) care.

Because not a lot is known in the West about polyclinics, IIHA was invited by the Know How Small Partnerships Scheme (HSPS) to visit a number of polyclinics in Moscow and to report on their current position and the relationship between polyclinics and hospitals.

Dr John Stephen, an expert in healthcare systems in the former Soviet Union and a trustee of IIHA, went to Moscow to carry out a study of polyclinics. He was accompanied by Patricia Cockrell.

The report of that visit is very thorough and will prove helpful in implementing the outreach project. However, one of the conclusions of the report was that it is impossible to get any doctor to admit that there is any problem of communication between the polyclinic and hospital. So the anecdotal evidence must remain unsubstantiated.

One of the problems in Russia is that Western models of healthcare are becoming more widely known and understood; and medical experts tend to claim that the Russian system is working much better than it is. As Dr Stephen says, "In Russia today, as well as in the United Kingdom there is a difference in

the Health Service of rhetoric and reality and in Russia it is exceedingly difficult to assess that difference. In both countries there is a danger of believing the propaganda".

This is one of the problems in bringing doctors and nurses over here for training. They won't admit that there is anything to learn here that they don't already know. In the end, however, they do go back to Russia with glowing reports about the way healthcare is delivered in the UK.

Some doctors from the West also tend to dismiss the Russian health care system as too specialist and research-based, paying little regard to the psychological needs of the patient. The polyclinic is a case in point. There is much of value in this system which should be of interest to health workers in the UK, but all we see are the warts, not the whole picture.

In carrying out an outreach programme one cannot ignore the fact that Russian nurses are still regarded as low down in the pecking order in the healthcare system. Nurses in the UK have a large say in outreach programmes, but in Russia generally the opinion of a nurse counts for little and if proffered would almost certainly be dismissed as irrelevant.

However, all in all the progress being made in the implementation of an outreach programme is very impressive. In particular, it was agreed that the CF team at the Republican Children's Hospital in Moscow would organise seminars to train polyclinic doctors in the diagnosis and treatment of cystic fibrosis.

dialogue

The IIHA was founded in 1992 as the "doing" group of what was essentially a group devoted to new ways of thinking. This latter group, called the Renaissance Group, was founded in Moscow in 1987 by Dr Michael Ellis and Roy Ridgway at the time of the Russian Congress of the International Physicians for the Prevention of Nuclear War.

Its first president was the distinguished physicist Sir Mark Oliphant, who wrote: "Recognition of the one-ness of life on earth, of its beauty and its sanctity must be spread by an almost messianic revolution. The creation of awareness, of consciousness of the need for change, needs a focus, a place from which it can radiate throughout the globe."

We are now reviving this group as the IIHA New Millennium Group. It will take the form of a dialogue group, along the lines of physicist David Bohm's groups that met not for intellectual discussions or therapy, but as the basis of "a new set of possibilities for the release of creativity and for more harmonious and fruitful relationships between individuals, groups and even nations" (David Bohm: *Unfolding Meaning*, 1985). It was concerned mainly with the raising of consciousness - not discussed as a theory, but experienced as a reality.

A weekly meeting will be held at 26 St Thomas Street, Winchester and a three-monthly weekend seminar will be held at a venue to be decided, also in Winchester. More details about the New Millennium Group can be found on the Internet web site:

<http://dSPACE.dial.pipex.com/iiha/Millennium/introduction.html>

Health of Future Generations

PRESSING FOR ACTION NOW

Getting the product right in the first place is an idea that would appeal powerfully to anyone in industry.

With IBM computers and Ford cars I am sure that is the case.

But what if the product is a human being? A baby?

Among the few people who really know about early human development there is great eagerness to give babies the best start in life. Some of these people are in Russia and Ukraine.

Yet even a senior Western medical man, internationally involved in such research, can say: "I have grave doubts as to whether countries such as Russia and Ukraine should be encouraged to give priority to matters which, however important to those of us personally involved, pale into insignificance beside the problems of feeding the populace, maintaining law & order, and so forth".

Surely those of us most "personally involved" are the babies and their parents.

The so-called medical expert's attitude seems incredibly short-sighted. It contrasts sharply with the more personally involved Ukraine's head of paediatrics, who opened one meeting with the

words, "Only seven per cent of our children are born healthy".

After wholeheartedly embracing our project she closed the meeting with the words, "We shall call out the television and press in a great celebration to launch this campaign."

Ukrainians and Russians, despite their plight, often have far more foresight that we find in the West. They can see that the gains in preventing suffering are enormous. They can see that affordability needs comparing with the huge economic saving in terms of improved lifelong health, meaning greater productivity and savings on health service, and even the knock-on effect to the following generation.

How is it that we are more thorough about manufacturing products than producing children? The responsibility for a product lies neatly with its manufacturers. The responsibility for producing a healthy child lies loosely between the parents, who may know little about the subject, and health authorities and central government. The production of healthy children depends on government funding. It depends on health authorities' priority for research and services offering parents the opportunity of producing the healthiest possible child. And it depends on parents grasping this opportunity.



Tolya and Simon play indoor shuttlecocks

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Modern medicine has already wonderfully improved the safety of childbirth for child and mother. Mortality is a fraction of what it was. Antenatal care has been instituted. But there is a new wave of research findings that are being taken up all too slowly. These findings emphasise the need for a wider approach to reproductive healthcare through:

- Educating adolescents and young couples
- Contraception, reduction of abortions
- Preconception nutrition and supplementation
- Toxin avoidance - tobacco, alcohol, drugs, pollution
- Diagnosis of disease
- Care and nutrition in pregnancy, including scan-indicated nutrition supplementation
- Care of the mother's emotional state
- Natural birth and bonding
- Sustained breast-feeding

IIHA looks for partners and projects to co-ordinate some of these principles.

Most of us who read this newsletter will seldom hear of a birth deformity or serious illness, but in Russia and Ukraine, however, where couples can scarcely afford to feed themselves properly and few are toxin-free, problems are far more frequent. That is the case too even in our own inner cities among the underprivileged.

Professor Michael Crawford and Dr Wendy Doyle, who specialise in this field, know the situation in Hackney, East London, all too well.

Governments have so far taken a too short-term economic view of these newer opportunities for improving reproductive healthcare. I have seen signs of two UK health authorities waking up to them. When these measures become routine in this country our reproductive healthcare projects will more readily receive backing. Meanwhile, as Michael Crawford observes, from a more global perspective, there will be the addition of a further "several hundred thousand brain and otherwise damaged newborns. When is some one going to stop it?"

Our four grant applications have so far been turned down, to our great frustration and embarrassment with our overseas partners. Worse, we are letting down parents and the children they are bearing. The bureaucratic system is not helpful.

The Karl Popper philosophy, taken up by George Soros who is doing so much to help Russia tackle some of the worst of her health problems, takes a very critical view of the planners and politicians who claim the right to impose their blue prints on the rest of us by virtue of supposed knowledge. There can be no such knowledge of how things will turn out. We can only deal with the situation as we see it today and make guesses at possible outcomes, based on experience.

The situation in Russia and Ukraine is dire. The reality is they are urgently in need of help now

and what is more important than giving the maximum attention to the health of newborns? Paying attention to the health of the present generation of parents is the best way of ensuring the health of future generations.

Rev Simon House

Russian infectious disease projects

Soros got together in 1997 with the Russian Public Health Research Institute in a programme designed to combat emerging infectious diseases in Russia. The first two areas they are addressing are tuberculosis and hospital-borne infections. Many millions of dollars are being spent on this programme, which includes the most modern treatment for tuberculosis. We are pleased to see that one of IIHA's supporters, the First Moscow Medical Academy, has been provided with a modern microbiology laboratory with the aim of training Russian physicians in the latest techniques to diagnose and track hospital infections.

THE UNBORN CHILD

A New Concept of Care

by Roy Ridgway

I have had many requests for copies of my book, which was first published in 1986 by Wildwood House as *The Unborn Child: How*

to Recognise and Overcome Prenatal Trauma. Unfortunately, the English edition is no longer in print, but it goes on selling in Japan.

However, while I am negotiating with a new publisher with a view to bringing out a new and completely revised edition of the book, which may take a year or more, I have decided to produce a desk-top edition for sale to friends and members of IIHA, the International Society for Prenatal and Perinatal Psychology and Medicine, the American Association for Pre- & Perinatal Psychology and Health, the British Association of Humanistic Psychology, the Scientific and Medical Network and on the Internet through an international bookshop, so I am hoping to get a very urgent message across to a wider readership.

A change to the sub-heading (*A New Concept of Care*), gives the book a new slant. This was prompted by the concern of many people about the general insensitivity and lack of understanding of the needs of children during their formative years, starting with pre-natal bonding.

Violence towards children is endemic. As the UNICEF State of the World's Children (1996) points out, wars and civil conflicts are taking a massive toll of children. Approximately 2 million children were killed between 1986 and 1996, and between 4 million and 5 million disabled.

Nearer to home, an advertisement, headed *Cruel Britannia*, placed by the Children's Society in the British Press, points out that we march for animal rights, respond

generously to humanitarian tragedies across the globe and campaign for a better environment. Yet we have the worst record in Western Europe for caring for our children, our future.

The real voyage of discovery consists not in seeking new landscapes, but in having new eyes

Marcel Proust

My book deals with the influence of parental health and attitudes at conception and throughout pregnancy on all that follows after birth. It describes a concept of care that spans a whole lifetime from conception onwards and discusses new therapies that are winning wide support among all who are involved in family therapy, maternity care and child healthcare.

The following are a selection of comments about the book.

The author, an experienced and respected medical journalist, has presented a comprehensive picture of the *in utero* life of the human fetus in a manner which will make it readable and understandable to the general public. The line between technical authoritativeness and popularisation is one which is difficult to draw and certainly difficult to maintain. It is a tribute to the author's skill as a journalist that he succeeds so well. *Medical Science Research*

What a pleasure to see something for the lay reader so sensitively and convincingly put together. *Andrew T. Stanway, MB, MRCP, a psychosocial and marital physician who has written 24 books himself.*

Despite its daunting title this is not written for the medically qualified. It is a sympathetic and wide-ranging review of material about the sensibilities of the unborn baby - what it may remember and how its birth might affect it in later life. *Nikki Bradford and Professor Geoffrey Chamberlain, Pain Relief in Childbirth. Harper Collins, 1995*

Mr Ridgway's book on Pre- and Perinatal Psychology is one of my favourites. It is easily read and filled with valuable information for the reader. These insights and knowledge need to be in the hands of anyone working with birth and also in the libraries of our schools and universities. I highly recommend it to all parents, grandparents and anyone who loves children. *Barbara Findeisen M.F.C.C. Vice President, Association for Pre- and Perinatal Psychology and Health.*

I am delighted that you are producing a new edition of *The Unborn Child*. It was, I believe, the very first book I ever read on pre- and peri-natal issues and it started me on a path which has been both life-changing for me and life-changing for others. *Barbara Carruthers*

This is a pioneering book on one of the most important finds of the twentieth century - the effect of prenatal trauma on adult life.

Roy Ridgway has compiled a book containing information from some of the most influential people in the world working in the field of pre- and perinatal psychology and medicine.

Now is the time to bring these findings into the consciousness of humanity. Roy's book is an important aspect of this ground breaking work.

Shirley Ward

*Amethyst
Resource for Human Development*

IIHA News

Barbara Findeisen has kindly offered to write a forward to the new edition.

If you wish to order the book, please write to Roy Ridgway, 44 Richard Moss House, St Peter Street, Winchester SO23 8BX

WATCH THIS SPACE

In June two years ago Russia was officially declared a democracy by the USA and invited to join the Group of Seven as a fully-fledged member. Yet the vast majority of Russian people are at odds with Western assumptions. They would not call their country democratic or liberal-capitalist, as Russian propaganda (designed to attract capital from the West) asserts.

They are more inclined to label their society as "oligarchic" - i.e. ruled by "the few", some of whom can actually be named. They are heads of financial empires and oil and gas monopolies.

However, there are those who say this is the propaganda of the poor and oppressed. They blame everything on the few, including the criminal class. But the sociologist Vladimir Shlapentokh believes that there are four facets to Russian society: oligarchic, criminal, authoritarian and liberal. Our own capacity to help Russia will depend on the triumph of liberal Russia over "bad" Russia. Experts will be invited to write for future issues of IIHA News on Russian trends. Are we seeing a full-scale criminalisation of Russia or will liberal Russia prevail. Watch this space.



The Siberian Cystic Fibrosis team with hosts John Corrie, Dorothea and Roy Ridgway in Winchester