

AIDS, refugees, hunger and despair: Here's how MDs can help

The AIDS pandemic. New waves of drug-resistant TB. Thirty-nine million refugees. Although health care problems in the developing world may seem overwhelming, physicians can play many different roles in helping to solve or alleviate them.

Below are some of the Canadian organizations that are seeking help from physicians. (If we've missed a group, contact barbara.sibbald@cma.ca to be included in the online posting.)

Canadian Centre for Victims of Torture:

This centre, based in Toronto, (www.icomm.ca/ccvt) helps some 900 survivors of torture, primarily refugees, every year. The centre is involved in treatment, public education and helping refugees who are in legal limbo because they lack documentation. Psychiatrists are in particular demand to help document cases for immigration hearings. The centre is also creating the Canadian Network for the Health of Survivors of Torture and Organized Violence, a coalition of 11 other similar organizations across Canada. For the closest organization, visit www.irct.org.

Canadian Federation of Medical

Students: Medical students have several ways to get moving internationally through the CFMS (www.cfms.org), in-

cluding 2 exchange programs through the International Federation of Medical Student Associations (www.ifmsa.org). Last year 80 Canadian students did 4-week clerkships through the Standing Committee on Professional Exchange. Students can also apply to the Standing Committee on Research Exchange, which sends about a dozen Canadian students to work with foreign researchers for 2 months. The CFMS also has 4 educational action programs: refugees and peace, reproduction and AIDS, public health, and medical education, and it links to university-based international programs across Canada.

Canadian Physicians for Aid and Relief:

Despite its name, CPAR (www.cpar.ca) doesn't send physicians abroad or engage in crisis relief. Rather, it raises money and awareness for long-term projects in Ethiopia, Tanzania, Uganda and Malawi. CPAR is helping communities become self-reliant through programs that provide safe water, better sanitation and other improvements. Physicians form the backbone of CPAR, accounting for 40% of the \$6.5 million it raises annually. For every dollar donated, CPAR gets up to \$3 from the Canadian International Development Agency. Physicians help organize

fundraising and public-awareness events through CPAR's 4 chapters. It also hosts annual study tours (2-week visits cost about \$5000) to project sites. For instant gratification, plant a tree through the CPAR Web site — CPAR has planted more than 48 million of them.

Canadian Public Health Association: If you're an expert in immunization or public health, the CPHA (www.cpha.ca) wants you. Under the Canadian International Immunization Initiative, the CPHA recruits Canadian technical consultants to help WHO and UNICEF strengthen national childhood immunization systems and eliminate childhood diseases in developing countries. Last year the CPHA sent 24 people abroad, mostly to Africa. Immunization workers stay overseas an average of 3 months, but there are also short-term contracts (2 weeks to a month) that allow doctors to work in a developing country's ministry of health. Next year it is sending teams of volunteers to Afghanistan. Travelling expenses and room and board are paid.

Canadian Red Cross: Last year the CRC (www.redcross.ca) sent 103 physicians, surgeons and other workers to help out during emergencies and disasters. At the moment there is an urgent need for experts in prosthetic devices to help victims of landmines. The CRC is also involved in disaster preparedness and spreads the word about international humanitarian law. CRC volunteers are now working in Afghanistan, Jerusalem and elsewhere. Aid workers get a salary and expenses for terms that typically last 6 months to a year. Cash donations are welcome.

Canadian Society for International Health: CSIH (www.csih.org) offers access to the Canadian International Health Registry, which matches professionals seeking employment or volunteer opportunities with the Pan American Health Organization and other organizations. CSIH also runs the International Youth Health Internships Program; its 88 host organizations have placed young Canadian professionals in more than 75 countries since September 1997. CSIH



Médecins Sans Frontières photo

Angola: MSF volunteer aid worker in action

also runs 7 projects of its own.

Global Health Research Initiative:

Launched in July, the GHRI aims to coordinate and improve Canada's global research efforts. The importance of international cooperation was recognized in the G8 summit's Africa Action Plan, which opened the door for international partnerships among G8 health research organizations such as the Canadian Institutes of Health Research (CIHR). The GHRI, a collaborative effort led by the CIHR's Institute of Population and Public Health, is preparing to launch new programs and research strategies (www.cihr-irsc.gc.ca).

Médecins du Monde: This spin-off of Médecins Sans Frontières has provided emergency and long-term medical and humanitarian assistance to more than 20 nations from Kosovo to South Africa (www.medecinsdumonde.org). MDM Canada, which opened in 1996, sent out 25 volunteers last year. Currently its nurses and physicians are working in Afghanistan, Haiti, Nicaragua and on the street in Montreal. Online donations to relief efforts in Afghanistan are welcome. For information, email medecinsdumonde@mblink.net.

Médecins Sans Frontières: MSF (www.msf.ca) is the world's leading independent international medical relief organization, with projects in 87 countries. MSF operations begin as emergency relief programs for people affected by catastrophe, and these relief programs later become rehabilitation projects that may run for several years. MSF Canada sends about 100 volunteers abroad annually. This month MSF is launching Global Health Quest, the first reality-based humanitarian Web site. It will allow users to encounter situations MSF volunteers face in the field.

Physicians for Global Survival of Canada:

PGSC members are concerned about social justice and the health implications of war, nuclear weapons and violence. Membership costs \$100 annually, and volunteers are always in demand (www.pgs.ca). This physician-led organization educates and promotes policies to the public and government. The organization was instrumental in the campaign to ban landmines that was launched in 1994.

PGSC also fosters medical students' development through their participation on its board of directors and at national and international meetings. Funding is available. PGSC is the Canadian affiliate of International Physicians for the Prevention of Nuclear War (www.ippnw.org), which has more than 60 active affiliates around the world.

Residents without Borders: The year-old Residents without Borders, an affiliate of the University of Toronto's Centre for International Health, helps residents get involved internationally through guest speakers, a listserv and

foreign-placement opportunities. Each year about a dozen of its 130 members go abroad. They are now setting up a primary care project in rural Cambodia. Contact: ut.rwb@utoronto.ca.

University-based groups: Many universities also have medical outreach and global health programs. To find the closest organization, visit www.csih.org [Sunsihprog.html](http://www.Sunsihprog.html).

Other opportunities: Many international organizations are also seeking physician volunteers, including www.medscout.comvolunteers, www.oneworld.orgjobs, and [## AIDS: focus on Africa](http://www.globalhealth</p>
</div>
<div data-bbox=)

Facts from UNAIDS (www.unaids.org/hivaidinfo) and Health Canada

- Number of people infected with HIV worldwide: 40 million
- Percentage who are women: 46%
- Expected death toll between 2000 and 2020 given current control: 68 million
- Number of AIDS orphans worldwide at end of 2001: 14 million
- Percentage of HIV infections occurring in developing countries: 90%
- Number of people infected with HIV in sub-Saharan Africa: 28.5 million
- Number who were receiving antiretroviral drugs at end of 2001: < 30 000
- Current life expectancy in sub-Saharan Africa: 47 years
- Estimated life expectancy in that region without AIDS: 62 years
- HIV prevalence among pregnant women in urban Botswana in 2001: 44.9%
- The prevalence among those aged 25–29: 55.6%
- HIV prevalence among Kenyan women aged 15–19: 23%
- The prevalence among Kenyan men of the same age: 3.5%
- Expected loss to Zimbabwean workforce because of AIDS by 2020: 30%
- Number of new teachers Swaziland will need over the next 17 years: 13 000
- Number needed if there were no deaths from AIDS: 6000
- Number of AIDS-related deaths reported in Canada in 1995: 1482
- Number reported in 2001: 81

IV tubing poses strangulation hazard, hospitals warned

Concern over possible accidental child strangulation has spread from Canada's living rooms to its hospitals. In a July 30 letter to all hospital CEOs, Health Canada warned that materials such as IV tubing can pose the same danger to infants as cords for window blinds, which have been blamed for 19 deaths in Canada since 1989.

Health Canada spokesperson Tara Madigan says there has been only one reported case of accidental strangulation at a Canadian hospital, but the department has received anecdotal reports of entanglements and near strangulation. The death involved an 11-month-old boy who became entangled in IV tubing at the Royal Alexandra Hospital in Edmonton in May 2000 while being treated for pneumonia.

In its "Dear Health Care Professional" letter, Health Canada recommends that children who might become entangled be under continuous observation or have their condition monitored electronically. As well, oral treatment or use of a heparin-locked needle should be considered in place of intravenous therapy. If tubing is used, excess amounts should be coiled to prevent entanglement. — *Patrick Sullivan, CMAJ*