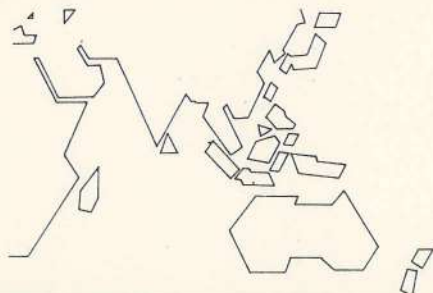


AMDA NEWSLETTER

Association of Medical Doctors for Asia

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90%

Regional Co-Ordinators: A LETTER FROM DR. KOHEI TOHDA, RC, AMDA -JAPAN

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Dr. Jintana Pootirat,
92/7 Soi Jitvisutl,
Muang, Nontaburi,
Thailand 11000

Dear AMDA members,

How are you doing? Now we Japanese members just started to prepare for the 1989 conference. The hardest work is to collect money, as you know. To persuade many foundations, which have some possibility to support the conference, we are now making the pamphlet of the 1989 conference. So, now we need many participants from your members and cooperation and ideas to make the conference more significant.



Dr. K. Tohda, Regional Coordinator
of AMDA - Japan

I would like to suggest the tentative plan and theme of the 1989 conference. Please read it and let me know your opinion and possibility to attend the conference.

Also I would like to show the plan of this summer meeting which is organized by Dr. Nipit and Dr. Jintana, AMDA Thailand regional coordinator. Please let Dr. Nipit and me know, how many members in your country can attend the meeting, as soon as possible.

This summer I'd like to make the meeting intimate to know each member in each country and also to discuss AMDA organization and tentative theme of 1989 conference. If possible, I'd like to

get some preliminary report about the tentative theme from participants. If we succeed to collect the fund of the 1989 conference, we can support AMDA members' original projects. To succeed the 1989 conference, I hope this summer meeting in Thailand would be important step for the 1989 conference.

I am looking forward to seeing you in Thailand soon.

AMDA SUMMER MEETING IN THAILAND IN 1988

1. Topics: About the organization of AMDA; About the exchange program on the basis of questionnaire; About the tentative theme of the 1989 conference.

2. Date: August 12th, 13th, 14th. 1989.

3. Place: Bangkok (not fixed)

4. Participants: 4 from Japan, 2 from Philippines, 1 from India, 8 from Thailand (not fixed). 1 from Malaysia, Singapore, Indonesia, Taiwan, Hongkong (now we try to contact with them)

5. Accomodation: Dormitory or hotel

6. Expenses: May be under US \$ 35 per day

7. Organizer in Thailand: Any information or questions address to:

Dr. Nipit Piravej M.D., 56/13 Soi Kua Witthaya Charoen Nakhon Road
Bangkok 10600, Thailand.

N.B. I would send you more detailed schedule later. Please give me the informations about the possibility to attend this summer meeting. If you have any trouble please consult to me or to Dr. Nipit.

sincerely yours

AMDA Japan Regional Coordinator,
Kohei Tohda, 2nd dept. of Pathology, Akita School
of Medicine, 1-1-1 Hondo, Akita 010 Japan

TENTATIVE PLAN OF 1989 AMDA CONFERENCE

Theme: AMSA, AMDA 10th anniversary symposium

Now and Future of the Primary Health Care in Asia

- Rôle of the young doctor and medical students in Asia -

Date: August 5th and 6th, 1989

Place: International Conference Center, Kobe, Japan

Sponsor: AMDA Japan

Contents of Discussion:

1. Report of the 10 years' activity of the AMSA and AMDA.

2. Medical care for the Refugees. (including refugee's camp and settlement center in each country)

3. Medical problems in urban area in Asia. (mainly slum problems, labour health, pollution, environment)

4. Medical care in rural area in Asia. (including community medicine, health education etc.)

5. Utility of technology in PHC (personal computer etc.) Utility of traditional medicine in PHC.

6. Education program on PHC in medical school.

Participants: open

Budget: On-going

Advisors: Prof. D. Muangman M.D. (Dean of Public Health, Mahidol University)

Prof. N. Maruchi M.D. (Public health, Shinsyu University)

Dr. N. Iwamura M.D. (ASEAN training center)

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MY SUGGESTIONS FOR THE 1989 AMDA/AMSA CONFERENCE IN JAPAN



<<< Dr. Ma. Emma D. Palazo
AMDA - Philippines Member
4 Oak Street, Fairview Park Diliman
Quezon City, Philippines

THEME = It is relevant to the goal of WHO- Health for all by the year 2000. Perhaps we can launch a year by year countdown for ten years starting 1990. Special task forces composed of students and doctors will reach out to the most number of Asians especially in the rural areas. They will train health volunteers for six days. We can pattern the curriculum we are using for Project BINHI at barrio Magdaragat, Tondo.

SCHEDULE = I hope we hold the conference for at least 4 days. First 2 days: Scientific discussions. Last 2 days: Formulation of resolutions and plan of action - this will include short and long term plans.

TEN YEARS' ACTIVITIES OF AMSA/AMDA = It will be better if we can have a thorough evaluation of the activities of AMSA and AMDA. From this, we can plan activities relevant to our objectives for the 2nd decade of our association's existence.

MEDICAL CARE FOR THE REFUGEES = The refugee problem is rather complicated. However, I think AMDA, being an international organization can help this group of Asian brothers by finding foster parents/families, medical missions and educating them about health.

MEDICAL CARE IN URBAN AND RURAL AREAS = Non-government organizations play a vital role in mobilizing communities to recognize their resources and use it for the development of their society. AMDA is an organization capable of providing the health needs of the people, to help them to become self reliant in the future. Each member country can adopt a community just like Bo. Magdaragat, and develop it.

TRADITIONAL MEDICINE = As we study this aspect, I suggest that we formulate a protocol or an outline on how to investigate this field in our respective countries. In so doing, it will be easier to us to compare and analyze these different forms of medicine. Perhaps, AMDA can lay the foundation for the Asian Medicine.

PHC IN MEDICAL SCHOOL = Based on the papers presented by each country during the 8th AMSC in Malaysia, we can deduce that PHC is not properly emphasized in the present medical curriculum of all the member countries. Common observations and concerns were:

1. Maldistribution of doctors in urban and rural areas;
2. More time allocated for curative medicine rather than preventive medicine in schools;
3. Problems on the increasing aging population;
4. Lack of exposure to environmental and occupational health;
5. Existing traditional medicine; and
6. The establishment of a 'humane factor' in doctor to patient relationship.

I believe that evaluation of the medical curriculum is an integral part in implementing reforms in the medical profession that is relevant and accessible to our Asian Brothers.

FUND RAISING PROJECT = If somebody can edit and collate the different papers presented during the previous conferences, we can publish and sell them to other institutions who will be interested.

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Mr. Rudy explains mercury contamination, Ciliwung River

EVENTS: □□ Dr. Hideki Yamamoto visited Indonesia May 7-15. He studied environmental pollution in Indonesia. Mr. Iman Rudy (final year student of University of Indonesia) arranged his program in Indonesia. Mr. Iman Rudy was a leader of BRM (student board of research) and conducted the research of water pollution in Ciliwung River in Jakarta. His research shows that the river is contaminated with mercury and there are 6 patients who are suspected to have mercury poisoning. He has a will to continue his research and to examine the mercury in hair of inhabitants near the river. He proposed the financial support from AMDA Japan to continue the research because it takes much money to examine the mercury in hair (Rp 800/man).



L.to R. Dr. Hideki Yamamoto, Mr. Iman Rudy and Mr. Yovsyah in front of University of Indonesia

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