



AMDA

NEWSLETTER

THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

AMDA INTERNATIONAL OFFICERS 1989-1990

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Dr. Rameshwar Prasad Pokharel

AMDA Nepal-We Have Started!



Dr. Pokharel is the Regional Coordinator of the newly established AMDA Nepal.

We AMDA Nepal have just started a village maternal and child (MCH) clinic in our one of the rural districts about 4 Km. from Kathmandu City. The clinic is running weekly by a team of doctors and medical students. The target groups are mothers and under five children. But because there is a great demand for general adults as well, therefore we are planning to start adult health care unit too.

Apart from the clinical activities, we have decided to provide preventive and promotive health care on the basis of active participation of the people themselves in the community.

We have only one medical school, and it is still in the developing phase. So we may not in a position to start any exchange program with other AMDA countries. However, we can arrange observation tours for interested members to visit hospitals and health care units in Nepal and get to know our medical system.

The NGOs that AMDA may affiliate in Nepal are Nepal Medical Association, WHO-Nepal Office, UNICEF-Nepal, Mission Hospitals, Nepal University Teachers Association and The Red Cross. About the membership of AMDA, many doctors graduated from Nepal University are now working with AMDA Nepal with a great spirit to improve the health situation of our people. Because of the present lack of constitution, I am sorry to say that we still can not state the exact number of our members. After getting the constitution, the number will also increase rapidly because every one now is asking for the constitution.

Our best regards for AMDA members.

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AMDA NEWSLETTER

A MONTHLY PUBLICATION OF THE ASSOCIATION OF MEDICAL DOCTORS FOR ASIA

PURPOSES

1. To publish information about AMDA activities.
2. To provide a medium of communication among AMDA members.
3. To be a forum for AMDA members to express ideas and comments.
4. To publish articles about health care and community development

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EDITORIAL



Dr. Pokharel, AMDA Nepal

Nepal has joined AMDA since the Sixth AMDA International Conference in Osaka. With the great effort of the young, energetic Regional Coordinator, Dr. Rameshwar Pokharel, AMDA Nepal has rapidly established its firm basis.

In this issue of the Newsletter, we proudly present some of the activities of our friends there in Nepal.

Let's continually give our new Nepal friends a big support!

The Editor



“Manamaiju Mother and Child Health Center” is the name of our clinic. The room to set up this clinic is given by the community.



Dr. Pokharel examined a child in AMDA MCH Clinic.



Dr. Pokharel with the people in the community.

Dr. Antonio A. Tinio

The Role of Medical Students as AMDA (Asian Medical Student Association) Members.



Dr. Antonio A. Tinio is the Director of Health Service Group-Philippine Refugee Processing Center in Bataan. He joined the 6th AMDA Conference in Osaka as guest speaker on the topic of refugee.

Introduction:

The recently concluded joint meeting of AMSA and AMDA, held in Kobe, Japan last August 6, 1989, is a proof of developing ties of international understanding among medical people of Asia.

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AMSA, on its 10th anniversary, has proven beyond reason of a doubt that it is now a big association of Asian countries, while AMDA on its 6th year, has shown tremendous achievements in the field of researches, projects and programs.

During the joint session at Kobe, one glaring doubt in the minds of AMSA delegates was "what will be my participation in this noble endeavor?" Some consider it as the beginning of bigger challenges in life, some consider it as a break of the monotony of school works, and still some consider it as a trip to other country. All of the above speak of one thing, that it is a period of exploration to gain knowledge, experience and international exposure to learn more on the cultural heritage of neighbor nations, It is a forum for effective communications and understanding, bringing members of different countries to closer relationship.

AMSA is the best training ground for future AMDA leaders, who can better produce tangible achievement that will bring global recognition.

I remember the hardship that Dr.Krasae Chana-wongse of Thailand had to suffer when he introduce to his homeland the concept of "Primary Health Care". Dr.Chanawongse, a Ramon Magsaysay awardee of the Republic of the Philippines has become a well known figure on PRIMARY HEALTH CARE today. In my humble way of trying to bring better health care services to all refugees entering the Philippine Refugee Processing Center on their way to their final country of destination, gain invitations to the 6th AMDA Convention as one of the keynote speakers. The experiences of many Japanese physicians, to include Dr.Shigeru Suganami, Dr.Kohei Todha, and Dr.Yoneyuki Kabayashi, are tangible measures of achievements. Notwithstanding other AMDA members who started as AMSA and now front-runner members of the AMDA.

I would say AMSA is the training arena of future AMDA achievers.

Country AMSA Chapters Need to be Organized:

Success is hard to achieve, but once achieved, it is a very rewarding experience. No successful human being in his chosen endeavor will claim that success is an easy ladder to climb. It is like a tree that needs to be planted in a fertile soil, tendered and nurtured by human hands, till it grows and bear flowers and flowers to turn into fruits.

Any organization, association, forum or community of man needs a leader which is often said to be also a good follower. One of my favorite passages

is, "Lord, give me the strength to change things that I can, the courage to accept things that I cannot, and the wisdom to know the difference." I personally believe that this passage summarizes every component of success. It is my firm belief that an organization, to survive, needs leadership and membership. How few the members are with one good leader will achieve good things and good projects. Again, allow me to talk about my experience on one project that was not related at all to medical science but more on livelihood, that changed the turn of events for a small shoe-making town in the Philippines.

I was then designated as Chairman of Community Service Project of the Philippine Jaycees, Marikina Chapter. I was in my early adulthood, at age 24, when we approved an Agro-industrial trade fair. The problem of the town was low income of families, mostly shoemakers, who earned very little from shoemaking. The incidence of Pulmonary Tuberculosis most popularly known as "shoemaker's disease" was a medical problem. The committee which I headed planned, programmed, and implemented a trade fair which was basically aimed to bring into national recognition and awareness that shoes can be produced locally at a cheaper price, and that its quality can compete with more expensive imported shoes. The exposition, which was originally set for 3 weeks, was extended to 45 days due to public demand and acclamation. The birth of a local shoe-making industry was achieved.

My idea in relaying my story is to open the avenue of project orientation that will not only center attention on medical projects, but livelihood projects which oftentimes bring about better benefits and very fruitful outcome. I am sure that all AMSA organizations need funds for project undertaking. The money or funding aspect will always need utmost consideration.

The head delegate of TAIWAN-ROC came and talked with me during AMSA-AMDA closing ceremonies and I felt duty-bound to open my views of AMSA. I personally believe this young future doctor will go places by his looks, poise and interest in AMSA projects. He asked me personally to write something on AMSA projects, which I personally feel will benefit AMSA members as well as people that AMSA will serve. I promised to deliver an article on the subject, the reason for this paper.

For any project to be launched, an organization needs to be organized. A big or small organization can handle big or small project depending on several factors which I will discuss in the following sub-topics.

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For AMSA, to become strong, member nations must be able to put up an International Directory. I would suggest that the international set of officers be elected during annual conventions from among screened candidates. I would further suggest that regional conferences be organized, where international officers must continuously attend both for moral boosts and better communication among member nations. International organizations, to survive, need a Secretariat, headed by a Secretary-General. He is like to the "man of the hour", ready to go and give expert advise as gathered from the Council of Advisors of AMSA and AMDA alike. Although he is still a young future doctor, the learned experiences will be personally beneficial to him and the chances for him to lead AMDA and AMSA in the future toward the right direction.

The elected Secretary-General must have the willingness to sacrifice for the good of the organization. Equally important is the set up of country Secretariat which could be headed by the Regional Coordinator or other officer who may be designated to do the job. Consequently, money/funding will be needed to render it effective. Japanese AMSA has an edge over other countries due to availability of resources. Japan today is considered as the richest country among Asian neighbors. Foundation and non-governmental agencies are willing to share the burden of sharing its fund towards humanitarian projects. The Government of Japan equally has agencies for international assistance programs like JICA and JOCV. These 2 agencies are very helpful in making their projects, national and international, a successful undertaking, in the same light of reason, each AMSA member country can adopt strategy of AMSA Japan, on how they were able to raise funds. As I wish to reiterate, the success of any association relies so much on sound funding. AMSA Chapters in each member country needs to be organized supported by AMSA Secretariat.

To be An AMSA:

Anyone who wants to be an AMSA member needs to apply. The idea of enticing or attracting one to join defeats the purpose of getting goods, effective, and self-sacrificing members. The strategy is to establish the name of AMSA as something that will give honor and prestige to be a member. I remember the comment and apparent depression of one member who expressed during AMDA-AMSA closing ceremonies, her frustrations for unruly, undisciplined behaviors of some delegates. It happened because the communication system for international mutual understanding and respect was as yet needed to be established. It calls for stronger leadership to truly

address the problem of discipline and conduct of delegates attending international forum. This AMSA members will observe once they become AMDA members. As an AMSA member, an acceptance committee is needed to be organized and not all applicants are to be accepted. A code of acceptance needs to be adopted to internationalize the general membership program, and you can be assured of obtaining good members.

Projects/Programs at Hand:

AMSA members can list down areas of interest where project can be developed. To help break the ice, I have enumerated hereto some good projects which AMSA may launch nationally and internationally:

1. Regular Newsletter for all members
2. Monthly or quarterly area conferences
3. Health education and information drives
4. Outing/picnics for local chapters/regular meeting
5. Medical assistance program
6. Inter-country exchange visits
7. AMSA-AMDA joint projects in each member country
8. Fund raising projects
9. Other projects with livelihood impact to help poor families

The different projects as stated can be adopted both for funding/income producing projects as source of funds of AMDA. All interested countries are encouraged to write the author on the details of the project that will best serve their capability to undertake.

Conclusion:

The challenge to AMSA as a potential medical group of future MEDICAL DOCTORS of Asia is overwhelming. The just concluded AMSA-AMDA closing ceremonies apparently failed to achieve the closing of the gap of miscommunications. AMSA members look up to AMDA members as big brothers for the helping hand of guidance and this should be the common concern of both organizations.

I am willing to get out of my way to extend help to countries that may need some advisory assistance on their projects for the future, It is only through the spirit of collaboration and cooperative undertakings that we can achieve our goal, which is better health in Asia.

Let me conclude by saying "Let AMSA be the group to represent vigor, enthusiasm, and ideals while AMDA provides the helping hand of guidance and encouragement for AMSA to be better health leaders of tomorrow.

AMDA IN FOCUS

Dr. Edmund Chan-AMDA Hongkong



Dr. Edmund Chan is the Regional Coordinator of AMDA Hongkong. He graduated from University of Hongkong and was one of the founding members of AMDA. He is interested in the structure and managing aspect of the association.

Dear Asian colleagues,

Today Asia has become a focus of the world. It's economy, it's social, technical improvement has made it a name from developing area to a far more developed position.

When people all over the world are talking about the rapid growth of the economy of Asia, should a health worker be glad with the growing figures; while showing joy over our faces, is this the time for a break? What is our role as a health worker in this decade?

What we have in the 80's, we still have today, and we will still have in the coming decade. Asia is still

a politically shaky place; we still have refugees, we still have poverty problems. The pattern of diseases in some areas has changed from epidemics to that of developed countries, but we still have plenty of epidemics, infections and malnutrition.

But one thing that's joyful is the growing number of people showing concern over the environment and care to the others. Some of the countries are getting better-off, that not simply implies the size of poverty problem has been diminishing, but there are countries paying attention and contributing to other's problems.

AMDA was founded with a primary aim of providing services in Asia. As a non-governmental organization, we start with ideas but not resources. To make it a more successful association, we need to expand our idea bank, to strengthen the infrastructure to improve efficiency of the group and to link up with other associations, so as to give more meaningful production.

Medical doctors nowadays are not just aiming at their own practice, more and more people are showing concern over the world and the continent. We need those, who are motivated to give their time and energy in achieving a better Asia.

To recruit those who have the interest in such aims is to let them see what they can do by showing what we have done.

That means the Association needs more activities, and we need to show them what the results of such activities are. In the past the premier of AMDA mainly resides on friendship. Parallel to it, we should make the people believe in our aims, make the people more professional, better directed and when they involve, they'll feel what they have done.

The infrastructure is thus essential to bring out these aims. More training workshops, more connections with other associations, better training to the working executives, better communications, among members and higher efficiency over various aspects are illustrated in the activities and news of the AMDA one by one. These are the necessary short-term outcome of the recent year effort that helps to provide the chance of joining our forces with other NGOs. This will make the resources more readily available and for use.

The clear concept of equality should not be overemphasized. One of the foundation elements of AMDA is based on equality among our members which is one of the most significant differences from other NGOs. Thus we shouldn't just sit aside when we know suffering exists. Among ourselves, equality is even more important. Consideration on colleagues from other country members when we put forward our plans will produce a harmonious cooperation, work can thus be carried out without much difficulty. It will help the smooth running of the Association.

The last but not the least I would like to mention is what the core group has to do. Apart from upgrading their knowledge and understanding of the Asian situation, they should also widen the scope of interest of their own country members. Workshops, training programmes and sharing of knowledge and experiences will serve as ways to achieve this. Here, I'm obliged to show my gratitude to the effort of the AMDA-Philippines in arranging such an informative summit meeting and the effort of the editorial board in continuous supply of the effort as shown in the newsletter. Obviously these are only some of the success we are looking forward to see.

The success of the Association, in turn the success in putting forward our aims will depend on the collective advancement of the whole group, and not just a few in the group.

Without the orientation of the founders, without the effort of the past and present contributors, it will not be able to transform AMSA into AMDA. As well, without the present and future successor, it will not be possible to make the dream of AMDA to be true.

SEVENTH ANNUAL CONGRESS ASSOCIATION OF MEDICAL DOCTORS FOR ASIA (AMDA)

JULY 29 TO AUGUST 1, 1990
HOTEL INDONESIA, JAKARTA, INDONESIA

REGISTRATION FORM

I. Name : Dr/Prof/Mr/Mrs/Ms _____
Position : _____ Birthdate : _____
Address : _____
Telephone on. _____ FAX _____
Nationality : _____
() AMDA member () delegate () accompanying person
() International Observer/guest : _____
(Association/Institution)

II. I am/am not presenting a paper/country report at the plenary session. The title of my paper : _____
() Enclosed is a copy for inclusion into the agenda folder.
() I will bring my papers to Jakarta and take care of the reproduction or will bring enough copies for all the delegates.
() I will need slide projector/overhead projector for my presentation. (please encircle choice)

III. I am/am not presenting a photo/poster exhibit.
The title of my poster/photo exhibit is _____
() I will need a slide projector/overhead projector for my presentation. (please encircle choice)

IV. Hotel Indonesia Reservation :

Please reserve for me :

- () single room US\$ 47/night
() double room US\$ 55/night
() extra bed US\$ 11/night
() I am sending herewith US\$ _____ (rate of one night) for formalize my hotel reservations to Mr. Rudy Maringka of Bali Plus Tours.
() Please reserve a room for me, I shall pay the reservation fee to the hotel upon my arrival. I will stay for _____ nights from _____ (Inclusive dates)
() I need airport-hotel transfers on arrival and upon departure.

*Registration fee of \$240.00 will be collected during the convention.
(Accompanying persons must accomplish separate form)

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V. Food Preference :

- ☐ I have no special food preference
☐ Please arrange for a vegetarian diet
☐ Please arrange for Moslem food preparation
☐ Other special food arrangement pls. _____

(indicate

V. Jakarta City Tour :

- ☐ I am interested to join a city tour of Jakarta.
☐ I am not interested.
☐ Please send me information on the city tour.
☐ Please send me the cost of city tour.

_____ persons are joining the city tour.

VI. My flight schedule is :

I/we will arrive on _____
date time flight no.

I/we will depart on _____
date time flight no.

VII. We are ☐ bidding ☐ not bidding to host the:

- ☐ 8th Executive Council Meeting in 1991
☐ 8th AMDA Congress in ☐ 1991
☐ 1992

Please consider our official bid.

Signature : _____

Date : _____

Please send to :

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