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ANNUAL REPORT
INTERNATIONAL CENTER FOR HEALTH SCIENCES
of
MEHARRY MEDICAL COLLEGE
FEBRUARY 1, 1982 - JANUARY 31, 1983

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INTRODUCTION

A major emphasis of the mission of Meharry Medical College has been, from its inception, a commitment to the improvement of the quality of life among the disadvantaged of all origins. The expression of Meharry's empathy to the disadvantaged of all origins is translated via its commitment to programs of health care, training, and research. The mission of Meharry, as a health science institution, continues its movement toward the utilization of knowledge gained by experience to improve the health care delivery systems both at home and abroad.

Although the disadvantaged abroad represent peoples of geographical and cultural differences, the needs and plight of peoples in this country are shared in common with those in developing countries. While improvements in the quality of life in developing countries, as well as in this country, are deeply embedded in the socio-economic strata, a significant portion of that influence is possible through the enhancement of the quality of health care programs such as those offered by Meharry Medical College.

The International Center for Health Sciences has

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a mission whose philosophical base is consistent with the mother college. Though the Center's major focus is towards populations outside the continental United States, its facilities serve as a health sciences laboratory for practical experiences for both students and faculty at the college.

Yeharry has enjoyed a history rich with service and participation from many countries. In the future, Yeharry hopes to expand the involvement of students from developing countries in its graduate programs. The college is proud of the reciprocative nature of the learning process in these programs. When we refer to the "reciprocative nature" of the learning process, we are specifically describing an exchange of resources by way of knowledge and information that has value to the reduction of problems being studied.

The International Center for Health Sciences serves to bring together all the multidisciplinary resources available at the College. These resources are utilized to focus on specific problems such as nutrition, immunobiology and biomedical ecology which are of considerable importance to the institution as a whole as well as the individual units independently. The Center provides an integrative facility for activities. It's integrative

function serves to utilize and direct comparable resources towards the prevention of certain kinds of diseases particularly parasitological diseases and problems of the specific nature mentioned above.

THE INTERNATIONAL CENTER

The International Center for Health Education (ICHE) was established in the School of Graduate Studies and Research at Rutgers Medical College on July 2, 1975, with a grant from the United States Agency for International Development (USAID), and assistance in formation from a USAID institutional grant.

The Center houses a multi-national and multi-cultural team of medical, public health and nutrition specialists who serve as an international consulting and advisory group in maternal and child health (MCH) and in multi-national mission planning.

One major function of ICHE is to provide training, seminars and field internships which will help both African and American medical and health personnel to assist in developing and introducing integrated MCH services in African countries. Another function of the Center is to act as a resource clearing house, with the ability to gather and disseminate information related to maternal and child health and applied nutrition. This function is designed to create a multi-lateral lateral-lateral exchange of information and expertise for maternal and child health and applied nutrition within the context of economic and social development between Rutgers Medical

science and medical institutions and public health agencies in the developing countries.

The International Center for Health Education is housed in an ultra-modern, air conditioned, computerized building situated on the Jackson campus in Jackson, Tennessee. The building contains administrative offices, laboratories, classrooms, individual study areas for students and a small library of materials specific to international health, MCH, nutrition, nursing and nursing education.

The building is ideally suited for conducting workshops, symposia, training sessions and technical meetings. These facilities are supported by a full complement of lecture rooms and audiovisual equipment such as tape recorders, movie and slide projectors, overhead projectors, flip-charts, a language learning complex and anatomical models for teaching.

PROGRAM BACKGROUND AND OVERVIEW

For the past four years the staff of the International Center for Health Sciences has moved toward the development of the Center as a major resource in maternal child health and applied nutrition to institutions in America and developing countries. These efforts became more vivid as the grant activities of this past year, together with former years, produce a picture of the Center's continuing progress.

These years have seen the development of an advisory infrastructure, the recruitment and development of the core staff towards an expertise in maternal and child health and applied nutrition as it relates to developing countries, the successful negotiation of agreements for Clinical Associates from selected units on the campus, and the establishment of inter-departmental support across the campus. These human resources have enabled the Center to meet with success in its grant activities.

The International Center for Health Sciences grant activities demonstrate a progressive history in several campus areas: the education and training capabilities as evident in the six-week certificate level summer MCH and Applied Nutrition course; the knowledge base and

capabilities as exemplified by the continued development of the IGHS library, and the information and dissemination capacity in the area of NCH and applied nutrition as illustrated by the NCH Newsletter, IGHS brochures, and international forums. These activities have strengthened the Center's ability to address issues in international health.

Not only has the Center been strengthened as a major resource, but it has expanded and developed influential international linkages. Efforts to develop these linkages have taken the IGHS staff and support persons to several African countries, including Liberia, Nigeria, Kenya, Malawi, Tanzania, Gambia, Ghana, Sierra Leone, Togo, and the Ivory Coast. While foreign linkages have been pursued, domestic linkages have not been neglected. The Center maintains contact with both domestic and international organizations including the Food and Agriculture Organization (F.A.O.); United Nations Educational, Scientific and Cultural Organization (U.N.E.S.C.O.); World Health Organization (W.H.O.); League for International Food Education (L.I.F.E.); the Catholic Relief Service; and the World Bank.

HUMAN RESOURCES REPORT

ADMINISTRATIVE/INTEL STRUCTURE

The staff at the International Center for Health Sciences is administratively under Dr. Charles H. Johnson, the Vice President for Academic Affairs. Currently, the staff is being directed by Dr. H. Nahemiah Cooper.

The organizational structure of the Center includes: an Advisory Committee whose primary purpose is to counsel, consult with, and make recommendations to administrative personnel in the ICHS with regard to the planning, execution, coordination and evaluation of programs; the Core Staff whose international experiences and perspectives serve as a vehicle for carrying out quality programs; and the Clinical Associates who represent an innovative attempt to bring additional technical expertise to the ICHS.

I. ADVISORY COMMITTEE

Under the direction of Dr. Cooper, a plan for re-organization of the Advisory Committee for the International Center is in progress. The organizational structure of the Advisory Committee for the ICHS would include:

A. Membership of the Advisory Committee

Chairman and Executive Secretary - Director of the ICHS

Core Staff of the ICHS

Clinical Associates & Fellows
Research Associates & Fellows
Consultants, External

- B. Association with the Center is established in two grades for both clinical and basic scientists. Those persons with academic appointments at the level of assistant professor and above are designated as Associates, and those with academic appointments below that rank designated as Fellows.

The primary object in these designations is to distinguish between those individuals, for example, residents, who may undertake exchange appointments under the aegis of the Center in target countries, and those who have more senior responsibilities at Meharry.

Besides being more cost effective to enlist those fellows from various departments of the institution as they are needed, the mechanism developed would recognize the need to have these Scholars and Clinicians engaged in full-time service to the institution either in teaching, research, or whatever their primary pursuits may have been. This would ensure that we have a reservoir of

highly trained people upon whom we could call, and whenever overseas projects would call for greater numbers of individuals, the staff could be hired ad hoc, but any given project would always be headed by a Meharry professor--even if he were not 100% resident in the host country. In fact, in most cases he may well not be resident overseas. This is the arrangement used by many of the great American and European universities, who perennially dominate the overseas contract business of training and research projects sponsored not only by the U.S. government, but by the United Nations and its affiliate organizations. For all practical purposes, our commitment to this scheme or some variant of it, is necessary if we are to become serious contenders in the business of overseas projects.

- C. The category of External Consultants should be left at an indeterminate number, so that advantage can be taken of opportunities to obtain the advice and consultation of eminent individuals at other institutions nationwide, as the administration may see fit from time to time.

D. The Executive Committee (the effective internal board for the management of the Center). Membership of five:

- Chairman: Director of the Center
- Dean of the School of Allied Health
- One Clinician, rotating yearly
- One Basic Scientist, rotating yearly
- Representative, School of Dentistry

E. Meetings:

- a) Scheduled meetings - two or three times yearly - autumn, winter and spring. Dates to be adjusted and determined by the schedule of activities at the Center. Proposed: September, January, May.
- b) Call meetings may be initiated by the Executive Secretary (Director of the Center) at the request of any member, or by direction of the Chairman.
- c) Agenda for scheduled meetings to be prepared and circulated at least 21 days in advance by the Executive Secretary.
- d) Consultants to be reimbursed for travel - round-trip air fare and hotel accommodations in cases where it is indicated.

- e) At meetings of Executive Committee, such officers of administration and other experts as may be needed shall be co-opted.
- f) Meetings of the Advisory Group may be combined with International Forum or seminar, in which case the meeting of the Executive Committee can either precede or follow the day-long or two-day convocation.
- g) For practical purposes in the day-to-day management of the Center, the Director of the ICHS may poll by telephone members of the Executive Committee and utilize at his discretion the information thus gathered as a basis for call meeting.

II. CORE STAFF

<u>POSITION</u>	<u>NAME</u>
Interim Director	H. Nehemiah Cooper, M.D. Meharry Medical College Nashville, TN Surgery
Nutritionist	E. Aban Oddoye, Ph.D. University of California Berkeley Nutrition

<u>POSITION</u>	<u>NAME</u>
Health Educator	Habteab Zerit, M.P.H. University of California Berkeley Health Education
Fiscal Officer	William Simons, B.S. Oakwood College Huntsville, Alabama Accounting
Program Development Specialist	Deborah D. Heath, Ph.D. Vanderbilt University Nashville, TN Program and Staff Development
French Instructor	Rosa Bobia (Ph.D. Candidate) Vanderbilt University Nashville, TN French

III. CLINICAL ASSOCIATES

Lionel F. Willoughby, Jr., M.D.
Director, Child Development Center
Department of Pediatrics
Meharry Medical College

Charles E. McGruder, M.D.
Associate Professor
Department of Obstetrics and Gynecology
Meharry Medical College

Robert E. Hardy, M.D.
Acting Chairman
Department of Internal Medicine
Meharry Medical College

INTERDEPARTMENTAL SUPPORT

The Center continues to be supported by other campus units. These Meharrrians serve as consultants, lecturers, and provide assistance in dealing with the technical aspects of Maternal and Child Health and Applied Nutrition.

Staff persons at the International Center have been appointed to serve on the Nutrition Developmental Activities Ad Hoc Planning Committee, chaired by Dr. Betty Cleckley, Assistant Vice President for Academic Affairs. The staff members who are participating in this effort include: Dr. H. Nehemiah Cooper, Interim Director; Dr. Deborah Heath, Program Development Specialist; Mr. Habteab Zerit, Health Educator; and Dr. E. Aban Oddoye, Nutritionist. The Nutrition Developmental Activities Ad Hoc Planning Committee is charged with the responsibility of developing plans, projects, programs and research activities designed to examine factors and conditions affecting nutritional status and optimizing the utilization of nutritional information.

A sub-committee on Nutrition and Maternal and Child

Health was formed as an outgrowth of the Nutrition Developmental Activities Ad Hoc Planning Committee. Staff members at the ICMS are also active participants in the direction and activities of the Nutrition and MCH sub-committee.

OUTPUTS

I. INCREASED EDUCATION AND TRAINING CAPACITY

The education and training capability activities during this fourth year have been the development, strengthening, and enrichment of the Maternal Child Health and Applied Nutrition Summer Program and the implementation of the International Health Course. Also an update on the Meharry Malawi Community Nurse Training Proposal and the Proposal for the Training of Nigerians in several health care areas is presented.

1. International Health Course

During the Spring Session 1982, the International Center for Health Sciences offered a course in International Health to graduate students. The course was offered by the Division of Community Health Sciences. Students were enrolled in the Graduate Health Services Administration Program. The program offerings of this division are in the School of Graduate Studies, Meharry Medical College. The course was listed in the Meharry Medical College catalog as "MPH 770." The International Health Course was a requirement for M.S.P.H. students. The enrollment for the course was ten students. Classes were held two hours per week in the

International Center for Health Sciences Lecture Room.

The lecture series and seminars included in the course were delivered by the Center faculty, clinical associates and other Meharrrians. The content of the International Health course was designed to help students understand the approaches used by, mainly, the developing nations of the world. Content areas were as follows: Current Health Problems in the Developing Countries, National and International Health Programs, International Maternal Child Health Programs, Health Manpower Problems and Some Alternate Solutions, Nutritional Problems in Developing Countries, and Health Planning and Evaluation.

The following objectives were used as a guide for the lectures and seminars. The student will be able to:

- List the major health problems in developing countries
- List the most common preventable diseases
- Discuss and compare various national and international programs to combat diseases
- Describe the major maternal and child health problems and their effect on the

nation's welfare and development

- Describe and discuss the health manpower problems in developing countries
- Recognize the importance and need of training and utilizing primary health care workers
- Identify and discuss nutrition related socio-economic and health problems
- Recognize the importance and need of health planning as an important part of national development plans.

The evaluation of students in the International Health Course was partially based on individual term papers. Students were required to write a term paper on a topic of their choice, depending on the individual's area of interest. Listed below are some of the topics suggested for consideration:

SUGGESTED TOPICS

1. The impact of Disease (D) in an Area (A) on Factor (F) e.g. The impact of Malaria on the socio-economic development of a particular country in Africa.
2. The impact of Auxiliary Health Workers on the health delivery system of country "A".
3. Compare the role of Primary Health Workers in country "C" with that of the Barefoot Doctors in China.

6. Analysis of the Health Infra-structure of a particular country in the developing world.
 5. "Does Country 'X' need Family Planning? Discuss the pros and cons in that particular country.
 4. Critical analysis of the role and functions of an International Health Organization (e.g., W.H.O., P.A.H.O., U.N.I.C.E.F., F.A.O. etc.)
 7. Needs assessment study in a particular health field (e.g., Health Education, Nutrition, M.C.H. etc.)
 8. Health Planning as part of Development Planning in a developing country in Africa.
1. Summer Program in Maternal Child Health and Applied Nutrition

The summer program has been organized to increase the knowledge and skills of ten (10) health science students from the U.S. and less developed countries. The students must be presently enrolled in U.S. institutions. The areas of focus, as the title of the program implies, includes Maternal Child Health and Applied Nutrition.

Recognizing the need for each country to create MCH programs reflective of its culture, special attention is given to conditions which might

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jeopardize the future health, economic and demographic stability of a nation. There is a need, therefore, to expose future health professionals to a variety of NCH and applied nutrition models and to provide them with the experiences and knowledge that will be necessary for the adoption of relevant and appropriate nutritional conditions.

The NCH and Applied Nutrition Program was started in the summer of 1979. To date, four programs have been completed. During the 1981 summer program, there were originally ten participants representing the following countries: Ghana (2), Malawi (1), Nigeria (1), U.S.A. (3) and Zimbabwe (1). Nine participants actually completed the program. The participants were graduate or upper class health science majors, currently enrolled in American institutions. The cultural diversity of the participants generated a very useful cross-cultural exchange and sharing of individual concepts. The participants represented a wide range of health science backgrounds, i.e. medicine, pharmacology, biochemistry, biology, psychology and sociology. The theme of the summer program has remained constant. The theme encompassed the individual and his/her environment. The curriculum was

designed to give approximately 500 students a comprehensive overview of the interplay between micro and macro environmental factors, as it related to pre-school children, pregnant women and lactating mothers. The overall objective was to equip the participants with basic knowledge and skills in MCH and Applied Nutrition with particular reference to the developing world. The participants' evaluation of the summer program, confirmed that these objectives were by and large achieved, and that they left with a much better insight into the health care needs of mothers and children, especially in poor communities.

The topical contents of the lectures and discussions included:

- A. Epidemiology and environmental sanitation
- B. Obstetrics and Gynecology
- C. Nursing and Pediatrics
- D. Food and Nutrition
- E. Health Education
- F. Management and Evaluation
- G. Impact of Health policies on Culture

The lectures were supplemented with films and field trips. Students visited the Whites Creek

Wastewater Treatment Plant, the Metro Water Purification Plant, and the Twin Lakes Catfish Farm, Burns, in Dickson County, Tennessee.

The basic program design also remained the same. It encompassed three phases.

- A. Factors of the physical environment;
- B. The physical environment as it relates to the development of the fetus and the mother;
- C. The interplay between the environment and the infant to preschool children that encompasses nutritional concerns, public health programs, and health education programs.

Problem solving activities of the program enabled students to gain new insight and to learn approaches to communication strategies and alternatives for initiating, implementing, and evaluating MCH and Applied Nutrition.

A Nutrition project aimed at finding out and explaining the eating habits of different socio-economic districts in Nashville, Tennessee was used in one problem solving activity. The method agreed upon was to find out about grocery prices in different areas. Specifically, the students, working in two groups, conducted a survey of the food buying

habits and grocery prices of "rich" and "poor" districts of Nashville, aimed at evaluating the nutritional status of the people.

Successful completion of the program was based on a variety of continuous evaluation techniques. Included in the evaluation was the expectation of participants to successfully pass examinations on materials presented.

3. Update on the Meharry Malawi Community Nurse Training Proposal

In May, 1981, a proposal was developed to train community nurses in Malawi. These community nurses would train primary health care workers and maternal child health assistants. The major objectives of the train the trainer approach taken in the Meharry Malawi proposal are 1) to train a work force capable of extending adequate health services to the rural communities at minimum costs and 2) to monitor the health needs of the community and initiate and teach preventive health measures.

The Meharry Malawi proposal has not been approved by U.S.A.I.D. Malawi representatives. Therefore the International Center remains at a standstill concerning this phase of its program.

4. Update on the Proposal for the Training of Nigerians in Several Health Care Areas.

The proposals for the training of Nigerians submitted in October 1981 included health care areas such as:

Maternal and Child Health, Health Care Administration and Planning, Rural Environmental Health, and Biomedical Sciences. There is also a portion for post-doctoral training in Family Health, Pediatrics, Dentistry, and other fields as might be needed by the Nigerian Government.

Meharry Medical College proposed to make available its capabilities, facilities and specialized services through a range of complimentary health programs directed towards improving the health care delivery systems in Nigeria.

The U.S./Nigerian officials have recently met and agreement has been reached on the funding of some projects. We are in the process of contacting the Nigerian authorities to clarify the status of our proposals that were submitted in October 1981.

II. A STRENGTHENED ADVISORY CAPACITY

In this fourth year, the strengthened advisory has been

- 1) a continuation of the ICHS French Course; 2) Selected

staff and other Meharrians attending a conference on Nutrition and Disease in Developing Countries and the need for Biomedical Research; 3) Selected staff attending the Grantsmanship Course; and 4) Attendance at the 110th Annual meeting of the American Public Health Association.

1. FRENCH COURSE CONTINUED

The French course at the International Center for Health Sciences is now in its fourth year. This course is offered to the ICHS Core staff and other interested individuals within the Meharry College community two times per week. The primary goal of this course is to expand the outreach capabilities of staff members to enhance their abilities to serve Francophone countries in addition to Anglophone countries in Africa and the Caribbean.

As in the previous year, students in the ICHS French course go to Fisk University on Thursdays to have lunch with members of the French Department and others (African, Caribbean) who are French speaking, in order to enhance and enrich their efforts in becoming fluent in the language.

During the first three years, classes were structured to teach fluency in French. In this fourth year, the materials selected, as well as

the structure of the class, have been chosen to provide students with a specialized vocabulary. The basic French Reader for this year has been Bouze Contes de Maupassant. The other standard materials for this year included a third year grammar workbook and La Vie covers the cultural news of France and Canada.

Afrique Mon Afrique, a French text, has been used to give students an African cultural context which provides vocabulary particular to the African culture. Also, magazines and newspapers from Francophone countries such as Juene-Afrique, Ivoire Diman Che and L'Histoire D'Afrique have been used for this purpose. Other materials used to develop a specialized vocabulary included a French Health and Nutrition text.

Participants in the French course are fluent in reading and speaking and able to understand the French of native speakers. During the fifth year, there will be a continued emphasis on fluency and further concentration of a specialized vocabulary.

2. CONFERENCE ON NUTRITION AND DISEASE IN DEVELOPING COUNTRIES AND THE NEED FOR BIOMEDICAL RESEARCH

The nutrition conference, held February 19, 1982, was attended by two ICHS staff persons, Dr. Gladys Hardy and Dr. E. Aban Oddoye, and four other Meharrians, Dr. Margaret Hargreaves, Dr. Adedamola Oni, Dr. Ifeanyi Arinze, and Dr. Frank Hatcher.

The objective of the trip was to attend a conference on nutrition and disease in developing countries and the need for biomedical research sponsored by the University of Maryland at College Park, Maryland.

This conference was designed for selected institutional representatives with an interest in consolidating efforts and organizing a consortium to coordinate and conduct collaborative nutrition, biomedical and animal disease research in developing countries. Suggest areas of nutrition research include but is not limited to:

- (1) nutrition surveillance to evaluate the nutritional status of the population;
- (2) food consumption patterns;
- (3) food consumption habits and factors influencing food choices, food purchasing

practices, food preferences and acceptability;
(4) food intervention programs involving food fortification and supplemental feeding, nutrition labelling, and nutrition education.

Areas of Biomedical Research could involve integrated multidisciplinary research in the major tropical diseases of malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis, leprosy and other less known but equally important diseases. Most of the research is expected to focus on the epidemiology, etiology, diagnosis, treatment, control and prevention; and it could involve entomology, protozoology, helminthology, malacology, virology, bacteriology and genetics.

After the establishment of the basis for cooperation in biomedical research, the members were divided into three groups - Nutrition, Biomedical and Animal Disease research groups. The Nutrition Research group members discussed the different nutrition activities, capabilities and resources of their different universities. It was agreed that members on return should send, in writing, to the organizers of this conference their capabilities and resources in nutrition research.

Animal Disease Research will be primarily directed towards zoonoses to involve diseases identified as being transmitted from animals to human beings. Potential research projects include:

- (1) identification of zoonoses existing in man and/or in animal populations;
- (2) evaluation of the degree of infection of the animal population;
- (3) identification of previously unrecognized diseases in animals which affect human beings;
- (4) development of methods of reducing or eliminating diseases in animals;
- (5) development of methods of controlling contact of human beings with infected animals or carriers.

A variety of dissemination methods such as lectures, slides and small group discussions were used to augment the following topics:

- (1) Biomedical Research in Developing Countries;
- (2) The African Scene, an overview;
- (3) The interrelationship between Disease and Nutrition on Health in Developing Countries;
- (4) Zoonoses in Developing Countries;

(5) The philosophy of CINBAD;

(6) The Administrative structure of CINBAD

In the afternoon, there was a discussion on the organization of the consortium. The philosophy of the consortium is cooperation and putting together of resources for the different member universities in developing research programs relative to health needs of developing countries. It was also stressed that with the funding agents tending towards supporting projects from consortia, it will be to the advantage of members to form the consortium. Some practical questions arose out of this discussion which were not fully answered before members departed to their different ways. Some of the questions raised were:

- (i) can the consortium provide services efficiently to overcome the inherent cost?
- (ii) What type of administrative model will be suitable for this consortium?
- (iii) Legal and financial status of the consortium, etc..

Before adjourning, it was agreed that:

- A. Interested members should send to the Secretariat,

- (i) a statement expressing interest,
 - (ii) inventory of interest and capabilities in three areas,
 - (iii) Suggest a working model and membership of the steering committee,
 - (iv) Identify managers/representatives to look at legal problems
- B. The secretariat should send to members before the next meeting a summary of the item A (ii) above and correspond to members the time and place of next meeting.

The conference brought out some of the problems encountered in forming a group out of a large number of universities. Less than a day's meeting was not enough to come to groups with the problems much more to find solutions for them. It also brought the potential usefulness of such a united front for international MCH and Applied Nutrition Research. It opens up a whole new field for working closely with other colleagues from other universities.

3. GRANTSMANSHIP TRAINING

The Grantsmanship Training Course offered by the Grantsmanship Center, Los Angeles, California,

was sponsored by Meharry Medical College during the week of October 24, 1982. The Grantsmanship Course was attended by Dr. Deborah D. Heath, Program Development Specialist at the International Center.

The Grantsmanship training covered these four areas: Proposal writing, the changing nature of government funding, and foundation and corporate funding.

Proposal writing as a management tool covered several broad areas which included: grantsmanship and agency management; How to get out of the "grant mentality"; The role of grants in your agency's funding plans and developing a long-range funding strategy.

Program planning and proposal writing covered areas directly related to producing a quality proposal for various organizations. These areas included: proposal writing for government grants; proposal writing for foundations and corporate grants, developing your creditability as an applicant, preparing needs assessments, developing program objectives, designing an evaluation, preparing a proposal budget and packaging proposals.

The changing nature of government funding section of the grantsmanship course outlined ways of keeping abreast of changes in funding sources. The areas covered in this section included: the basic sources of information - where to find them and how to use them; current status of the federal budget; the increasing importance of the states and block grants; how funds flow through states to local agencies; coping with A-95 and other review procedures; how to obtain RFP information and secure contracts and how to keep up with changes in funding.

Foundation and corporate funding covered areas which included: foundations and corporations in the Reagan era; basic information sources on foundations; letters, proposals and personal approaches; corporate dollars and other corporate support and negotiating with foundations and corporations.

The major points of the grantsmanship course were shared in a special session with ICHS staff members. A hand-out was developed to supply the ICHS staff with relevant definitions and important principles which govern the seeking and securing of funds from various funding institutions. Also, the major publication used in the grantsmanship

course was copied to be used as a reference and resource guide for each staff person.

After successfully completing the course, each participant was given three continuing education units and a certificate.

4. THE 110TH ANNUAL AMERICAN PUBLIC HEALTH ASSOCIATION (APHA) MEETING

The American Public Health Association's 110th annual meeting was held in Montreal, Quebec, Canada during the week of November 14, 1982. The APHA meeting was attended by the ICHS Nutritionist, Dr. E.A. Oddoye and the ICHS Program Development Specialist, Dr. Deborah Heath.

The theme of APHA's 110th annual meeting, attended by over 7,000 members, was Aging and Public Health: International Perspectives. As the theme implies more than half of the activities and sessions were devoted to the elderly, looking at their health problems and needs from an international perspective.

The purposes for attending the APHA meeting included: to broaden our perspective as well as increase our knowledge and skills in applied nutrition, maternal child health and international

health in health care delivery systems; to explore the subjects named above to examine any implications for innovation in the International Center's training programs; to scout out sessions which might spark ideas to improve and expand the services we currently have to offer developing countries; and to renew old and establish new professional contacts.

The Program Development Specialist, Dr. Heath concentrated on sessions sponsored by Maternal Child Health, Food and Nutrition and International Health. Being a nutritionist with an interest in international health, Dr. Oddoye spent most of the time attending sessions on International Health.

Some of the topics presented on Maternal Child Health and Food and Nutrition included: Infectious Diarrhea, Causes of Death, Promoting Breast-feeding, and the Impact of Block Grants and of Funding Reductions on Maternal and Child Health Services.

Most of the International Health sessions dealt with health delivery systems in developing countries with an emphasis on Primary Health Care (PHC). Some of the topics discussed were: "Transition from small to large-scale PHC programs, rhetoric and reality in PHC intervention programs in PHC, PHC in rural

China, collaborative ventures in health manpower development, health care for the elderly in transitional societies and pharmaceuticals for developing countries." Papers were read examining all the major concepts of PHC as defined by the Alma-Ata Declaration of 1978. Problems of implementing national PHC programs through international assistance were discussed. Infrastructural, organizational, management, information, logistical, manpower, communication and functional requirements, as well as the effects of cultural practices and attitudes, alone or in concert, have all be found to impede, retard, or in a few instances facilitate implementation of the PHC dream. Despite the difficulties encountered, there was some progress made in using this approach. It has been found, for example, that in order to achieve greater community participation in PHC, it is better to integrate it into the community development program. Studies up to date showed that new approaches need to be found for financing since purely volunteerism on the part of community members does not work well in many cases.

One added advantage of attending this meeting is the chance to meet exhibitors, as representatives

of book publishers, food and other health companies, international health agencies, national and religious agents. APHA provides the opportunity to obtain first hand knowledge of the workings of some of these agencies and also become aware of some new publications on the market.

Attending this type of professional meeting is very important for professional growth. Not only does it afford one the chance to familiarize oneself with the current research areas in one's field of expertise, but it also gives one the chance to discuss on one-to-one basis with researchers in areas of one's interest. Through this, one can acquire different research techniques.

III. EXPANDED LINKAGES AND NETWORKS

Relationships are being developed and strengthened with other MCH and Nutrition related institutions and organizations. The development and strengthening of a network of linkages represents an integral output of Meharry's grant activities. These activities not only assist in the development of MCH/Nutrition resource component, but linkages also aid in a widened base of knowledge at Meharry

Medical College to facilitate further research and delivery services and expertise in developing countries.

Dr. Cooper, Interim Director of the ICHS traveled to several developing countries in Africa to evaluate and update information, as well as expand and establish further contacts or linkages with the regions visited. It was decided before hand that the visit would concentrate upon the limited region of West Africa. It was in this region that the Center had had greatest exposure and experience and it seemed logical to follow through there, even as we sought to maintain ties with Malawi and other countries in the South and Central areas.

At the end of that visit, two conclusions stand strongly out, reinforcing what had been only intuitive impressions before. They are:

- 1) There is a great need throughout the African region for support and assistance in every phase of health care delivery and health education at all levels. In light of the current world-wide economic deterioration, the need will be a continu-

ing phenomenon for the foreseeable future in this region. (Depressions are always more severe and recovery always less vigorous in the Third World than in the developed countries.)

- 2) A continuing presence on-site is mandatory for success in Africa, given all the problems of transportation and communication peculiar to this region. Meharry will have to reconcile to this fact of life to "stay in the ball game". The question is not whether, but when and how.

Below is a detailed report of exploratory talks that were held, some unscheduled, that illustrate the broad range of possibilities that exist.

LOME, TOGO January 16 to January 20.

At the meeting of the West African College of Surgeons a valuable forum existed, since there were in attendance many of the professional leaders who eventually make the decisions regarding research projects and medical school programs at the undergraduate levels. Whereas direct control and administration of primary health care delivery systems reside in the respective ministries of health in

the member countries, the Advisory groups that influence these decisions have in their membership the senior physicians and surgeons in their respective countries. (The lines of demarcation are not always as distinct in the African region as they are in the developed countries). It was of value to be able to present our case to people at this level, many of whom were known personally to Dr. Cooper and had been associated with him in years past on various councils.

Dr. Peter O. Fasan, Executive Director of the West African Health Community, was in attendance. Because of the logistics, Professor Adesola, Vice Chancellor of the University of Lagos, whom we had asked to arrange an appointment for Dr. Cooper, had suggested that they meet in Lome. This they did on Monday, January 17, 1983.

ABIDJAN, THE IVORY COAST January 20 to January 22.

Dr. Cooper has reported as follows:

"My host in Abidjan was Dr. David M. French, Director of the SHDS (Strengthening Health Delivery Systems) Project. This project involves twenty countries in Sub-Sahara Africa and is funded by U.S.A.I.D. Boston University is the contractor.

Of historical interest is the fact that the

project was an outgrowth of the Smallpox Eradication Campaign. I was a delegate at the original meeting in Brazzaville in February 1973 at which the idea for such a project was advanced. The meeting was jointly organized by U.S.A.I.D. represented by Dr. Samuel C. Adams, Assistant Administrator of U.S.A.I.D. for Africa and Dr. Comla Quenum, Regional Director of W.H.O. for Africa. From that perspective, it is difficult to overstate the tremendous impact that this program has had on the target region."

"Dr. French is a highly skilled surgeon with sub-specialty training in pediatric surgery, who subsequently changed careers, taking an M.P.H. degree, and becoming involved in International Health. His enthusiasm and his commitment are infectious, and his personal charisma marks him as an extraordinary individual."

("Having thus characterized the man, it is with some reticence that I must reveal that he is a personal friend of long standing. But the evaluation is nonetheless objective, and is by no means overstated.")

"Dr. French is very receptive to the idea of Meharry and other 122-d grantees becoming involved in the region, and in principle would be responsive to any cooperative arrangements with his organization.

They already have the infrastructure of an establishment there.

"Through Dr. French I also met and talked with U.S.A.I.D./REDSO officials in Abidjan as well as the health and population specialist for the African Development Bank, Mr. Joseph Carter. We shall be corresponding with these individuals in due course."

DISCUSSIONS WITH THE AFRICAN DEVELOPMENT BANK

"I also held talks with Mr. G. Henry Andrews, Deputy Director of the African Development Bank. Mr. Andrews, a close personal friend and associate who was formerly a cabinet minister in the Republic of Liberia, is now Deputy Director of the African Development Bank, with responsibility for all external projects funded by the bank. I took the opportunity to register Meharry as a consultant institution with the Bank and asked to be placed on their mailing list for requests for proposals. The Bank is becoming increasingly involved in health projects, recognizing this facet of development as being of highest priority in most member countries. Application and registration documents are being sent to us from Abidjan."

It was also a pleasure to make a courtesy call upon the U.S. Ambassador to the Ivory Coast, Her Excellency

Ms. Nancy Rawls, an old friend whom I first met sixteen years ago when she was the commercial attache at the U.S. Embassy in Monrovia, Liberia. Ambassador Rawls was most cordial."

MONROVIA, LIBERIA January 22 to January 29, 1983.

"It is no secret that the political situation in Liberia remains tenuous, in the wake of the replacement of civil government by a military regime three years ago. By the time of my arrival, the Deputy Minister of Health, with whom I had corresponded, had been replaced. It is remarkable, however, that the officials of the Ministry had arranged a detailed itinerary for me, a copy of which is appended, and all the officials concerned were apparently anxious to receive me and listen attentively to the message of my mission. I conducted wide ranging discussions with officials in the Ministry and with all the health institutions that influence the delivery system."

"The conclusion of any arrangements here will require patience and tenacity, because of the political situation. My personal knowledge of the local situation, I believe, will be of positive value in putting forth our case, in the event any opportunities for service here should develop in the immediate future. I also met with the

Minister of Health; once with each of the following officials: Chief Medical Officer of the John F. Kennedy Medical Center, Dr. V.K. Golakai; the Dean of the Medical College, Dr. Festus M. Haley; the Director of TNIMA (Paramedical Training Institute), Mrs. Jessie Duncan; the Director of LIBR (Liberian Institute of Biomedical Research, Dr. Aloysius Hanson; and I conducted private conversations with several former colleagues in the country, including the Medical Director of the Firestone Medical Center, Dr. Edwin M. Jallah, and several senior consultants. The situation at present is quite unsettled, but there is no doubt that the top of the agenda includes primary health care delivery. We have a good chance of being consulted here.

The principal concern of the Medical College and the Medical Center are for 1) Basic Scientists to augment faculty strength in the medical college and 2) opportunities for post graduate training in this country. These two areas are not high on the list of priorities from the perspective of U.S.A.I.D., the reasoning being that they do not address the most urgent problems of health care in the country. They are nonetheless of extreme importance on the agenda of the country, and so they provide opportunities for cooperation in the areas where funding sources other

than U.S. A.I.D. might be of importance. Moreover, these are areas in which Meharry is also interested.

IV. EXPANDED INFORMATION AND DISSEMINATION CAPACITY

The staff of the International Center for Health Sciences has continued its emphasis on enhancing the Center's resource capacity, in order to facilitate overseas development planning and to serve other organizations and individuals committed to the development of maternal child health in developing countries.

A brochure describing the recent activities of the International Center for Health Sciences was sent to medical schools in several developing countries (see Appendix I). Recipients of the brochure were asked to pass the information on to members of their staff that were known to have an interest. They were also asked to contact the International Center regarding any on-going programs they have in which the Center could cooperate. The recipients of the brochure were informed if interested, they could be put in touch with members of the Meharry faculty and staff who have similar interests. The correspondence encouraged the idea that there are possibilities for mutual benefit between the ICHS and the perspective institution in the developing country.

Members of the Meharry faculty (see Appendix II) were also sent a brochure. With the brochure was a letter of explanation requesting some feedback concerning current interest across the Meharry campus related to the International Center and present and future international activities.

During February, 1982, the ICHS offered a special seminar presented by Donald R. Hopkins, M.D., MPH., Assistant Director for International Health, Public Health Service for Disease Control, Atlanta, Georgia. The topic for the seminar was International Programs at the Center for Disease Control (CDC).

Dr. Hopkins began the seminar by examining the major mandate of the Center for Disease Control which is to "protect the health of the American people". He continued to say that CDC does not have a major thrust in International Health. The Center for Disease Control is authorized with the responsibility to:

- °protect the American people - monitor people who turn up in America with infectious diseases
- °assign persons to international organizations such as W.H.O.

- °undertake interagency agreements such as with U.S.A.I.D. and authorize CDC joint responsibility
- °implement foreign quarantine and screen persons coming into the U.S.
- °make available persons to work in camps for humanitarian reasons.

On the International level some of the activities of CDC include research, training, operational programs (U.S.A.I.D. joint programs), laboratory assistance, and epidemic and disaster assistance.

The objectives of the Center for Disease Control in International Health are: 1) to defend the health of the American people, 2) help other nations reduce morbidity and mortality, 3) develop new knowledge and 4) train Nationals of other countries.

Dr. Hopkins concluded the presentation on CDC with a slide show and responding to questions regarding the organization.

7. EXPANDED KNOWLEDGE BASE AND RESEARCH CAPABILITY

The staff of the International Center for Health Sciences has maintained, as one of its priorities, the objectives stated in the 122(d) grant of enabling Meharry Medical College to determine the technical state of the art of developing countries in the areas of MCH and Applied Nutrition. Expansion of the knowledge base and research capabilities have been actively pursued through work shop development and the continued development of a library at the International Center.

1. Workshop Planned for Malawi

A two-week MCH workshop sponsored by the International Center for Health Sciences, Meharry Medical College was planned for Malawi in late October.

The MCH workshop in Malawi was postponed upon request by the host government. The workshop has been slated for the Fall of 1983.

A tentative workshop, theme and program had been drawn up at the time of the postponement. It is anticipated that the topics outlined in the tentative program may be used in the upcoming MCH workshop provided the program meets in-country approval.

The theme of the MCH workshop was Breast-feeding and Supplementary Feeds. Some of the suggested topics to be included in the program follow:

- °Child Health in a Rural Setting
- °Growth and Development of the Young Child
- °Nutrition in Pregnancy and Lactation
- °Dietary Habits (in Malawi); Food Culture, taboos, myths, etc.
- °Stable Foods in Malawi
- °Lactation
- °Physiology of Breast-feeding
- °Composition of Breast-milk and its Advantages for the Infant
- °Difficulties in Breast-feeding
 - (i) Causes Related to the Mother
 - (ii) Causes Related to the Infant
- °The Physiology of Infant Nutrition
- °The Effects of Feeding Practices on Normal Growth
- °Feeding the Low Birth Weight Infant
- °Weaning
- °The Importance of Breast-feeding
- °Formula Feeding

At the close of the Workshop, there would be an evaluation. Recommendations would be prepared from the evaluation and presented to the participants. The closing ceremony of the workshop would include the awarding of a certificate to each of MCH workshop participant.

2. International Center for Health Sciences
Reference Library

The Center's reference library represents a compilation of sources for information on MCH and nutrition and an institutional source from which health professions can extract knowledge and readily find information to develop their expertise in these areas.

Some of the major subject areas covered by materials in the ICHS library include: nutrition, MCH, health care in developing countries, family planning, population growth and control, U.S.A.I.D. and other grant agency publications.

During the 1982 fiscal year, progress was made towards the ICHS Library becoming a satellite of the Main Library of Meharry Medical College. Being a satellite of the Main Library would give faculty and students greater access to the materials available at the ICHS Library.

CONCLUSION

SUMMARY AND PROJECTIONS FOR THE FUTURE

With the departure of Dr. Gladys Hardy, who had been director of the Center for five years, Dr. H. Nehemiah Cooper, Clinical Director, was appointed Interim Director with effect from April 1, 1982.

An administrator is being recruited to handle the day-to-day operations of the Center, but with the present dormant status of our negotiations on our two overseas projects in Africa, and in view of financial constraints, the urgency of this position is of a lower priority at this time. Any change in the status of either project would restore the priority of our recruiting a senior administrator, since Dr. Cooper continues to hold a clinical appointment in the Department of Surgery, and is actively involved in the teaching program of that department. It is his judgement that the current level of activity at the Center does not warrant expansion of the core staff at this time. In fact, one aim continues to be the integration into related areas of the college of the specialists on the core staff of the International Center.

In the past year under review, despite the downturn

in overseas activity, we have continued to maintain contact with our linkage partners and other potential partners.

Internally, we have sought to improve our advisory group structure in order to maximize their input and enhance our ability to utilize the resources available to us from other departments of the college. The membership of the Advisory Group consists of the Core Staff of the Center, augmented by Research Fellows and Associates, as well as Clinical Fellows and Associates.

Also invited to membership are external consultants who from time to time will be elected by the Administration, and will include eminent individuals at other institutions, nationwide, whose experience and value as resource persons may be of aid to Meharry in developing international programs.

STATUS REPORT OF PENDING PROJECTS

MALAWI:

In May 1981 a proposal was developed by the Center to training Community Nurses in Malawi. The final approval of that proposal has been delayed and remains at a standstill. We have recently reopened talks with the Ministry of Health in Malawi, however, in the hope that the project can be updated and revised and new initiatives undertaken towards its implementation. Meanwhile, our linkage agreement with

Malawi remains in force, and there are plans to conduct a workshop on nutrition later this year in that country.

NIGERIA:

Proposals for training Nigerians in several health care areas were submitted in October 1981. Areas of training included maternal and child health, health care administration, rural and environmental health, postgraduate family medicine, internal medicine and pediatrics, and biomedical sciences. Negotiations on these projects have been re-scheduled several times in the past eighteen months. Since the agreement is to be between the two governments (i.e., U.S. and Nigeria) the Center in effect had no point of intervention prior to the talks. We have just confirmed that talks were held on February 21, 1983. We have asked for a copy of the accords from the Department of Health and Human Services, and it is being forwarded. In the meantime we are attempting to contact the Nigerian Embassy in Washington to clarify the status of our proposals. These projects are not funded by U.S.A.I.D.

VISIT TO AFRICA:

During the year under review, it was necessary to postpone two previously scheduled workshops, one in Sierra Leone and another in Malawi because the details of preparation

in those countries could not be satisfactorily concluded with our counterparts there.

In January 1983 the Interim Director traveled to Africa on an exploratory visit to assess our continuing relationships with our partners in the region and to determine if any new initiatives might be undertaken. It was decided beforehand to concentrate upon the West African region, an area in which we had had considerable experience and which was known to be in great need of programs of the type that we offer.

No new revelations were unfolded from that visit, but additional insights were gained relating to alternative funding sources, including the African Development Bank. We have sought to register our capabilities with the Bank and actively seek consultative assignments from them for projects in the region.

One conclusion drawn on that visit also was that in order to be effective in the region, we shall have to establish a presence in the field. Whatever that may entail, we shall eventually have to do. One intriguing possibility for the future is that the four institutions participating in the 122(d) grant may find it mutually rewarding to establish a consortium or affiliation with the goal of establishing a joint regional office in Africa.

Admittedly, we have not devised a detailed plan nor have we discussed any plan in depth with our sister institutions. It is our judgement, however, that such a cooperative venture is worthy of exploring.

TOWARDS THE FUTURE

In the immediate future our attention is focused on the following broad objectives that are related:

1. To seek alternative funding that will allow us to continue uninterrupted at the expiration of the current 122(d) grant - after the expiration and the deferred date of January 1985.
2. To identify resources available to us that will help us to improve our internal structure, especially in the techniques of project preparation and grantsmanship. This will include inquiry into the Inter-agency Personnel Loan program of U.S.A.I.D. and investigation of the possibility of securing an Indefinite Quantity Contract with U.S.A.I.D. Both of these undertakings would be of advantage, especially in interim periods as we are now experiencing, where no major overseas project is being executed.
3. To examine in the short term other possible geographic areas of activity in this hemisphere, for example,

the Caribbean, where our skills can be used just as effectively as they are in Africa but at lower cost, because of the proximity, and hence lower travel costs.

4. To integrate the International Center into other programs of the institution including basic research and other new initiatives. While the Center does not itself have the resources to assume a key role in any one of these projects, it can be a valuable vehicle in identifying overseas resources and research partners for those scientists at Meharry that may be in need of such contacts in their respective areas of interest.

FISCAL REPORT

1982

Salaries and Benefits	\$164,473.01
Supplies	6,502.75
Utilities	1,984.65
Travel	9,294.85
Contract Services	237.80
Student Aid	6,000.00
Staff Development	719.41

Total Expended

\$189,212.47

APPENDIX I

MEDICAL SCHOOLS CONTACTED IN DEVELOPING COUNTRIES

Dr. Festus M. Halay
Dean
A.M. Dogliotti College of
Medicine
University of Liberia
Monrovia, Liberia

Dr. V. Kanda Golakai
Chief Medical Officer
J.F. Kennedy Medical Center
Monrovia, Liberia

Dr. Edwin M. Jallah
Medical Director
Firestone Medical Center
Harbel, Liberia

Dr. Seth Bekoe
University of Ghana
Medical School
Korle-bu Hospital
Accra, Ghana

Dr. Emmanuel Evans-Anfom
Chancellor
University of Kumasi
Kumasi, Ghana

Professor Victor Anama Ngu
Vice-Chancellor
University of Yaounde
Camerrooms

Dr. Raphale Owor, Dean
Faculty of Medicine
Makerere University
P.O. Box 262
Kampala, Uganda

Ms. Eva Mae Caulker
United Nations
Development Program
Gaborone, Botswana

Dean, Medical School
University of Benin
Private Mail Bag 1154
Benin City, Nigeria

Dean of the Medical School
University of Ibadan
University College Hospital
Ibadan, Nigeria

Dean of the College of Medicine
University of Lagos
Private Mail Bag 12003
Lagos, Nigeria

Dean, Faculty of Medicine
Ahmadu Bello University
Zaria, Nigeria

Dean, Faculty of Health
Sciences
University of Ife
Ile-Ife, Nigeria

Dean, Faculty of Medicine
University of Nigeria
Enugu, Nigeria

Dean, Faculty of Medicine
University of Nairobi
Nairobi, Kenya

Dean, School of Medicine
University of Zambia
P.O. Box R.W.110
Lusaka, Zambia

Dean, Faculty of Medicine
Addis Ababa University
P.O. Box 1176
Addis, Ababa, Ethiopia

Dean, Faculty of Medicine
University of Dar Es Salaam
P.O. Box 35091
Dar Es Salaam, Tanzania

APPENDIX II

MEMBERS OF THE MEHARRY FACULTY CONTACTED

Dr. Earl Long Dept. of Microbiology	Dr. Charles McGruder Dept. of OB/GYN
Dr. Parsottam J. Patel Dept. of Microbiology	Dr. Lionel Willoughby Dept. of Pediatrics
Dr. Ifeanyi J. Arinze, Chairman Dept. of Biochemistry	Dr. Henry Foster, Chairman Dept. of OB/GYN
Dr. Margaret Hargreaves Office of Academic Vice President	Dr. Robert Hardy, Acting Chairman, Dept. of Internal Medicine
Dr. William Stone School of Graduate Studies	Dr. Edward Hills Dept. of OB/GYN
Dr. Salil Das Dept. of Biochemistry	Dr. Winston Griner Dept. of Family Medicine
Dr. Edward High Dept. of Biochemistry	Dr. Richard Carter, Acting Chairman, Dept. of Community & Occupational Health
Dr. Julius Jackson, Chairman Dept. of Microbiology	Dr. Horace Mann School of Dentistry
Dr. James Russell School of Graduate Studies	Dr. Otis Maxwell School of Dentistry
Dr. Shirley Russell School of Graduate Studies	Dr. Andrew Bond, Dean School of Allied Health
Dr. Frank Hatcher Dept. of Microbiology	Dr. James Story, Chairman Dept. of Anatomical Sciences
Dr. Adedamola O. Oni Dept. of Family Medicine	Dr. John E. Arradondo Dept. of Family Medicine
Dr. William Nesor, Director Dept. of Community Health Services	Dr. Evelyn Tomes, Chairperson Dept. of Nursing Education
Dr. Kofi Semenya Dept. of Psychiatry	Dr. T.W. Johnson, Acting Chairman, Dept. of Pathology
Dr. Ruth Dennis Dept. of Psychiatry	Dr. Saburo Hara, Acting Chairman, Dept. of Pediatrics

MEMBERS OF THE MEHARRY FACULTY CONTACTED (con't)

Dr. Joseph Byron, Chairman
Dept. of Pharmacology

Dr. Joseph Stinson, Chairman
Dept. of Physiology

Dr. Louis J. Bernard, Chairman
Dept. of Surgery