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GLOBAL MEDICINE: A CASE STUDY OF
TRANSNATIONAL INTERVENTION

An Interactive Qualifying Project Report

submitted to the Faculty

of the

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by

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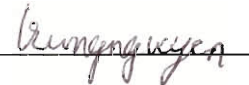
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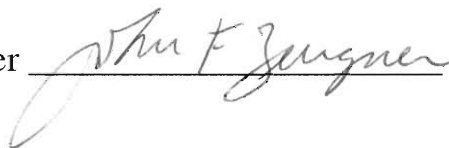
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Abstract

This project strove to understand and help The Child Medical Connection, (CMC) a nonprofit organization founded and directed by Mr. Joseph Bodanza in Leominster, Massachusetts. The CMC brings handicapped children from Vietnam for treatment at the Shriners' Hospital in Springfield, Ma. The project team translated documents and conversations for the CMC, accompanied patients to and from the hospital, and investigated alternative technologies and organizations that might carry on the CMC's work, and finally publicized the CMC in the Vietnamese community of Worcester, Ma.

Executive Summary

This project is about a charity organization called The Child Medical Connection. This organization sponsors a program that brings handicapped Vietnamese children to America for treatment. This project tries to understand, validate, and aid the work of this organization as well as to grasp the use of technology in helping this organization.

The *Introduction* chapter presents briefly the history of Child Medical Connection and Joseph Bodanza, the director and founder of this organization. After he met a handicapped boy on his visit to Vietnam in 1996, he sponsored this boy to come to the United States for treatment at the Shriner's Hospital in Springfield, Mass. Upon successful completion of the boy's surgery, Joseph Bodanza received a lot of applications from the parents of handicapped children in Vietnam asking him to be the sponsor for their children. Those made Joseph Bodanza feel a need of founding an organization that takes care of the cases.

The Methodology chapter describes how the project team worked. In C term of 2000, the team began to visit Joseph's house each week depending on his schedule. At his house, the team interviewed Joseph about the organization in order to understand how the Child Medical Connection

operated. The team also interviewed the children who were at his house and were at the Shriners' Hospital to know the process of how the children came to US. In the visit, the team helped him in translating documents from Vietnamese to English and vice versa. In addition, the team tried to find and compare Child Medical Connection with some medical programs like Green cross, Doctors Without Border, and Telemedicine.

In D term of 2000, to get more detail about the children condition before and after treatments, the team went to Logan airport to pick up the children who came from Vietnam journeyed with them to the Shriners' Hospital where the children got treatments. In March, at the airport, the team took their pictures for the project record. The team interviewed them to know more about their conditions and the process of getting here. Team members also served as interpreters for these children at the Shriners' Hospital.

During the summer of 2000, the team interviewed some members of the Vietnamese community in Worcester to have some ideas about their opinions toward Joseph Bodanza's work. The team interviewed Thich Thien Hue who was the head of the temple and the Vietnamese Thanh Thieu Nien Association. In addition, the team tried to help Joseph Bodanza in many tasks including translating the letter of the children's parents to

English, re-typing the documents as Joseph's request. Happiness was a very important part to help the children getting success in treatment; therefore, the team decided to give some conveniences to the patients in their initial lives in this country-e.g. teaching English and computer, cooking Vietnamese food, driving them to some fun places in the weekends.

In C term of 2001, the team gathered all information obtained so far and started to write the *Introduction* and *Literature Review* about The Child Medical Connection as well as its director, Joseph Bodanza. In the *Results* chapter we first wrote up all visits to Shriners Hospitals and Logan Airport followed by the *Portfolio Of Patients* section. In this section the team arranged each case of treatment in the order of time: the physical state of each child before and after they got treatment was recorded. The *Results* chapter also includes *Translated Documents*. In this section the team has included all the forms and documents necessary to apply for treatment at Shriners Hospitals in America. We put these forms in the logical order that a patient should be filled and sent. Finally, we included the *Analysis and Conclusions* section. In this section we specified the problems Joseph Bodanza has confronted since he founded his organization and discussed possible situations that may occur such as who will take care of handicapped children when Joseph Bodanza should pass away or if there is any other

organizations that could take over his work. The project also studied the effect of technologies on his work. Finally the team made a presentation before the Vietnamese-Student Association at WPI. In this concluding event the team introduced the history of Child Medical Connection and suggested what the Vietnamese-Student Association could do to help this organization.

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Introduction

In January of 1996, on his visit to Vietnam, Joseph Bodanza was introduced to a young handicapped boy Phuc Thanh Nguyen, who was eleven years old and had suffered polio as a child. When he returned home, he assisted the boy's mother to submit an application for treatment at Shriners Hospitals. Luckily, the boy got accepted, but he could not come to America because his family was too poor. Joseph offered him a round-trip transportation to the U.S. and was his sponsor while he got treated at Shriners Hospitals. After months of treatment, the boy was returned home in healthier condition. (*Joseph Bodanza's approach and plan*)

Because of this case of Phuc Thanh Nguyen, the parents of many handicapped children had asked Joseph Bodanza to be the Sponsor/Guardian of their children at Shriners Hospital. Therefore, he undertook to do the work that many people said "crazy." His plan was basically the following:

He assists the parents of the handicapped children, under age eighteen, to submit a correct application to Shriners Hospital with all the necessary documentation, and submit it to the Chief and Staff for review. If the parents or sponsor are not available in Vietnam to accompany the child to the hospital and assume all the expense and liabilities of travel, home-stay and return home to Vietnam, and if Joseph considers this case acceptable to

him, he will become sponsor of the child, or he attempts to procure a sponsor here whom the parents and hospital will agree to. Also, once the application is accepted by the Shriners Hospital, he will inform the parents of the decision of the Chief of Staff and the Board of Governors, and advise the parents of the child to apply for a passport, and procure a U.S. visa in Hanoi.

Moreover, once the day is set for medical evaluation at the hospital, he will proceed to procure a round-trip airfare for the child to come to the United States for the medical evaluation. When the child has already come to the United States, he will provide the child with a host-family for four to six weeks prior to admission to the hospital to allow time for immunization, medical-blood tests, x-ray. He also provides the child with transportation to and from the hospital on an outpatient basis as necessary. In addition, he follows up continuously while the child is confined to the hospital, and keeps the parents informed regularly of the child's progress, problem, etc. As a sponsor, he provides the hospital with all necessary signed documents of permission for surgery. He will also apply for a U.S visa extension for the child, if necessary, upon the advice of the doctor. If possible, he might allow the child to attend some type of formal education classes so that the child's education will not be interrupted while in the United States. Finally,

upon the Doctor's order, he might do all the paper work to help the child return back home to Vietnam with an adult escort.

The items above are only the main points, and by no means exclusive of other necessary items. The well being of the child is the top priority from the time the child leaves and returns home to Vietnam. Every child will return home as soon as possible upon the release and decision of the doctor.

All expenses incurred will be paid for him, if the family of the child is not able to afford any or all of the expenses of the above items. All expenses used in this process are either paid for by Joseph Bodanza's personal finances, or by private donations, and no funds are used from any government, federal, state or local means-tested public benefits.

The goal of this project was to understand, validate, and aid the Child Medical Connection in its work of bringing handicapped Vietnamese children to the United States of America for treatment, and at the same time to grasp the uses of modern technology in creating and sustaining the organization, as well as providing some relief for its on-going problems.

The project's team wants more handicapped Vietnamese children to have a chance to come to the U.S. for treatment in the future. The next chapter will be Background, Literature Review, and History of the Child Connection, a brief history of Shriners Hospital. This chapter also describes

a few comparable like Green cross, Doctor Without Border, Telemedicine. The next chapter briefly describes the methodology of this project. That is followed by the result chapter which details all the works of the team accomplished translating all documents for Mr. Bodanza and at Shriners Hospital, visiting Shriners Hospital, doing work as Joseph Bodanza's request, evaluating the sentiments and knowledge of Mr. Bodanza's effect in the Vietnamese Community in Worcester.

The project concludes with analysis of the work done for Mr. Bodanza by the project team and some recommendations to his organization to expand his commendable achievements.

Background, Literature Review, and History of the Child Medical Connection

Fortunately for the handicapped children over the world were the establishments and the charters of treatment of the Shriners Hospitals. The first Shriners Hospital for children opened its doors in the fall of 1922; and it was located in Shreveport, Louisiana. The second opened just few weeks later, on January 2, 1923, and was located in Honolulu, Hawaii.

The original Honolulu Shriners Hospital was established as a ward in a rear wing of the Kauhikeolani Children's Hospital, located in the Liliha neighborhood of Honolulu. On November 27, 1930, the hospital's operations were officially transferred to a stately mansion at the present eight-acre site in Makiki. The mansion and property were deeded over to the Shriners Hospital for use as the location of the Honolulu hospital in memory of the late John and Wilhemine Dowsett. Between 1930 and 1966 the hospital operated out of the Dowsett mansion.

Now there are twenty-two Shriners Hospitals in the United States of America that provide quality orthopedic and burn medical treatment to children under age eighteen at no charge. All expenses in the hospital are paid for by private donations. For the past seventy-five years, these Shriners hospitals have helped thousands of children; first for children who reside in

the United States; children from foreign countries are accepted on the basis of available space. Over the years, Shriners Hospitals have accepted a great number of foreign children, because polio in the United States now is virtually non-existent since the Salk vaccine has eliminated the dreaded disease here. However, polio is still a great problem in many areas in the world. Therefore, many children from many foreign countries come to Shriners Hospitals when space is available, perhaps on a first-come-first-serve basis. (*Joseph Bodanza's approach and plan*)

In addition, the personal advocacy of Joseph Bodanza that connected Shriners Hospital in U.S. and many Vietnamese children in Vietnam raised a question for many people in both countries. When Joseph Bodanza retired, he heard that there were many handicapped children in Vietnam who were waiting for surgical help. At that time he knew that he could not do any thing for them. After he met a friend who told him about the Shriners Hospital in Springfield that provided free medical treatment for children under eighteen years old regardless of race, religion or lack of financial resources, he could not believe that there was such an organization. After investigating, he decided to devote the rest of his life for these unfortunate children. (*"Screening Clinics"*)

Phuc Thanh Nguyen was a young handicapped boy brought to Shriners Hospital by Joseph Bodanza. Phuc was eleven years old and suffered polio as a child. He was an unfortunate boy at the time Joseph Bodanza saw him. He had a deformed spine that was causing him a lot of troubles in daily life. He also had one leg shorter than the other and had to use crutches to get around. That made Joseph remember his own childhood suffering polio. So when he returned home, he assisted the boy's mother to submit an application for treatment at Shriners Hospital. The boy got accepted. Joseph Bodanza offered him a round-trip transportation to the U.S. and was his sponsor while he got treated at Shriners Hospitals. After months of treatment, Phuc Nguyen was going home in healthier condition. (*Joseph Bodanza's approach and plan*) Phuc said: "I want to help children who are like me receive help. I want to do every thing I can do to help children like me. All of this happened because of Joseph Bodanza. He had given a new life for Phuc. Joseph said: "These children have a future, but right now they don't realize it. They are so wrapped up in their physical pain; they can't see the world outside of them. But once their physical needs are met, their whole world will open up." (*"Four Children of Vietnam in America Because of Joe Bodanza's Concern"*)

In October 1996 Joseph Bodanza flew to Saigon to find handicapped children to bring back to America for treatment. Hundreds of children were waiting him for help. Most of them came from poor families or were orphans. Bodanza said, "Their lives were difficult and pitiful. That is why I have to do something for them." Since his financial resource was limited, Bodanza could take only four children. He took \$7,000 out of his pocket. He said, "Korean Airlines granted free tickets so the travel of these children became much easier." (*Four Children of Vietnam in America Because of Joe Bodanza's Concern*) "Those who came here for treatment were really lucky," said Bodanza, "since my finance is limited." That is why he founded the Child Medical Connection. This organization has gotten donations from private sources and the help has allowed several more Vietnamese children to come to this country for medical treatment.

In the world today, Vietnam is one of the poorest countries. Vietnam does not have the medical technology to treat many young children who have been suffering from diseases like polio. Even though a polio vaccine has been available since 1955, many Vietnamese do not seek or cannot afford the medicine. Further, medical care for many polio victims and sufferers of other serious medical conditions was virtually nonexistent in Vietnam. In addition, there are children who suffered from burns, for which

there is no treatment in Vietnam. These kids are desperate cases; most of them would die an early death or be severely handicapped if they do not get help.

One of the unfortunate kids Thu Nguyen who was born in 1984. Misfortune struck her at age of two. Her left leg was stricken by polio; she had to crawl to get around the house. She is one of three children in the family. This family is very poor. Their home is only a small hut. Thu's parents have to work for living as laborers to feed the three children, especially Thu. She had to stay in her home until she was twelve years of age; by then she went off to school. Every day either her grandfather or her father had to carry her on their back, to and from school. Although she is disabled, she is a good student. She was awarded in the first and the second grade. Only one thing that bothers her is when her friends call her "The Disable Kid." Ever since she went to school, knowing how much her father and her grandfather worked to carry her to school, she always wanted to have a wheelchair to lessen the burden of her parents by carrying her. All is still in her dream. After hearing about Joseph Bodanza's Child Medical Connection, Thu has a new hope in her life by hoping that she will have treatment. There are many children who have similar situations to Thu's case in Vietnam.

Besides the Shriners Hospitals around the world, there are many medical centers or medical program serving for people with different ways like Doctor Without Borders, Green Cross, and Telemedicine. A brief description of such programs will highlight the uniqueness of Joseph Bodanza's efforts.

First of all, Doctors Without Borders is also known as Medicines Sans Frontiers (MSF). It is the world's largest independent international medical relief agency aiding victims of armed conflict, epidemics, and man-made disasters, and others who lack health care due to geographic remoteness or ethnic marginalization. The organization of the "Doctor Without Borders" is operated independently of all governments, institutions, political, economic, or religious influences. It depends on the volunteer health professionals in fulfilling its mission. The financial necessities for this program are supported by private donations; the organization is able to maintain great flexibility and total independence in its choice of operations. Doctors Without Borders was established in 1971 by a group of physicians determined to offer emergency assistance wherever wars and man-made disasters occur. Its guiding principles are laid down in charter to which all members of the organizations subscribe. In accordance with the universal medical ethics and the right to humanitarian assistance, Doctors Without

Borders observes strict impartiality and demands full and unhindered freedom in performing its functions. In addition, Doctors Without Borders has a wide range of expertise and proven techniques and strategies of intervention. The organization is able to effectively pool the logistics and human resources necessary to provide rapid and efficient aid. When medical assistance is not enough to save lives, Doctors Without Borders will speak out against human right abuses and violations of humanitarian law that it witnesses in course of providing medical relief. (*“What is Doctors Without Borders”*, <http://www.doctorswithoutborders.org/intro.htm>)

Doctors Without Borders is an international organization, with offices in 18 countries. Those offices are placed in MSF International, Australia, Austria, Belgium, Canada, Denmark, France, Germany, Holland, Hong Kong, Italy, Japan, Luxembourg, Norway, Spain, Sweden, Switzerland, United Arab, Emirates, United Kingdom, and United State of America. It usually sends more than 2000 volunteers of more than 45 nationalities to some 80 countries (*“What is Doctors Without Borders”*, <http://www.doctorswithoutborders.org/intro.htm>)

There is another organization called Green Cross. Mikhail Gorbachev, who served as president of the Soviet Union from 1990-1991, in 1993, founded Green Cross International. Green Gross is non-governmental

and non-profit organization. Their mission is to help create a sustainable society by cultivating harmonious relationships between humans and environment. (*“Green Cross Family”*, <http://www.gci.ch/GreenCrossFamily/gcfamilyhp.html>)

Green Cross concentrates its efforts on the five programs whose common theme is to promote a significant change in human values leading to greater respect and care for Earth’s community of life in all its diversity. One program is called Earth Chapter. Green Cross strives to improve law and governance systems protecting the environment. To promote this goal, Green Cross helped draft the Earth Chapter, which embodies fundamental values and principles and is intended to serve as a universal code of conduct to guide people and nations towards a sustainable future. In addition, there is a program Environmental Legacy of Wars that includes Legacy of Cold War, Legacy of Vietnam War, Legacy of Gulf War, and Legacy of Yugoslav War. Green Cross works to mitigate the social, environment, and economic consequences of man-made damage attributable to wars. They help people and communities afflicted by chemical and nuclear environmental contamination. They also seek the environmentally responsible destruction of chemical weapons stockpiles, and they contribute to determination of clean-up priorities for nuclear contaminations to work together in democratic

fashion to elaborate sustainable solutions. The program also addresses Water Conflicts Prevention and Desertification. The program is composed of many projects and includes activities like synthesis research, workshops, information dissemination, and planting trees. It is energy and resource efficiency and promotes new consumption patterns to reduce the consumption of energy, to stem climate change and to conserve natural resources. Finally, the program includes Environmental Education and Communication. It is based on the international conferences, the Earth Chapter Youth Contest and specific national projects like Danuse Kvasnickova's environment education in school systems in the Czech Republic or the Environment Diary in Japan.

In the Legacy of Vietnam War program, the projects have launched a campaign to raise funds in order to assist Vietnamese children born with crippled arms and legs, probable consequences of Agent Orange contamination in the food chain. According to Green Cross, "Agent Orange" is powerful defoliant that was largely used during the Vietnam War, in order to defoliate the forests that were hiding the Vietcong soldiers. This chemical produce contained a poison dangerous for health and environment. Its disastrous effects appeared about after three or four years after its use, causing malformations in about 75,000 people. And still

nowadays, 25 years after the war, 3,600 children come to life each year with severe deformities, fissures in the throat, double rows of teeth, and other muscular atrophies. The growing infertility of the young women, as well as agricultural problems, is also attributed to Agent Orange. Effectively, important amounts of dioxin have been found into the grease and liver of Vietnamese victims. This weed-killer harms human beings by seeping from water or soil into their food. (*"The Green Cross "Agent Orange"*,

<http://www.gci.ch/GreenCrossPrograms/legacy/Vietnam/agentorange.html>)

However, the efforts of the Vietnamese government are focused toward economic growth and export industries, setting aside the social politics of the handicapped. Help is all the more needed and the handicapped children are considered as monsters in Vietnam and are therefore hidden by their ashamed families, and condemned to a vegetative life. Others are sent to beg in the streets, and punished through maltreatment, starvation and even abandonment if they do not bring back home enough money. (*"The Green Cross "Agent Orange"*,

<http://www.gci.ch/GreenCrossPrograms/legacy/Vietnam/agentorange.html>)

As a part of Legacy of Wars program, Green Cross helps with the motto "To go for signifies Life." Its goal consists in providing 750 kids with orthopedics care. This project started in 1998. In Hanoi and Hai Phong, two

centers have been built in order to welcome these children. German Department of Technical Cooperation (GTZ) finances these centers, as well as the equipment and the staff. Green Cross is therefore able to dedicate the totality of the donations into a direct assistance in favor of the victims of Agent Orange. The program involves the medical aspects of the diagnosis and therapy, the supplying of the appropriate orthopedic tools, the rehabilitation and transport, as well as those needed to host the children and some of their parents. All these costs represent, in general, an amount of \$ 240 U.S.D maximum per victim. Such a small sum corresponds to the average annual income per individual in Vietnam, which explains why most of the families cannot afford such an expense for their child contaminated with dioxin. However, the importance of such assistance lies in their chance to reintegrate into society.

Another program is Telemedicine. It is one of new technologies that have been developing recently. It is difficult to imagine that medical treatment can be undertaken at one location, but with consultations and direction from Doctors at another location. Indeed, telemedicine at Texas Tech University health Sciences Center is one demonstration of that. It was created in 1989. The first case of teleconsultations was conducted in 1990 between a physician from Alpine, Texas, and a consultant in Lubbock. And this case

was very successful. (*“Center for Telemedicine/Telehealth”*,
<http://www.ttuhscc.edu/telemedicine/history.htm>)

In order to develop more equipment for telemedicine, engineers at Texas Tech University Health Sciences Center invented the TeleDoc. This mechanism provides medical staff with user-friendly equipment that does not require technical staff to operate. It can be safely and easily transported between locations. There are many cases that have been done at Texas Tech University Health Sciences Center for patients in Texas Department of Criminal Justice as well as in rural areas and in such specialties as orthopedics, general surgery, internal medicine, urology, gastroenterology, neurology, psychology, pediatrics and psychiatry.

Actually, many people do not have a full understanding of telemedicine and are challenged by the technology associated with it. It's easy to understand the reason why many people don't believe much in Telemedicine, because Telemedicine is a new technology, and it's not popular in the world, especially in rural areas. Although it has been done with many cases, but most of them are not the big or well-known cases. According to TTUHSC, the concept of telemedicine is actually very simple. It is the practice of medicine over distance with the use of telecommunications equipment. Telemedicine can deliver a specialist

located hundreds of miles away into the actual examination room via live interactive system. Therefore, telemedicine is very helpful in medical treatment. The patients don't need to move far away from where they live, so this saves much money for transportation. Also there will be many groups of professional doctors working from many locations concentrated into one. Especially, at poor countries in the world, the medical treatment doesn't have much development. Many doctors don't have enough experience for treatment. So if telemedicine is developed over the world, the medical treatment will be increased in the poor countries. (*Center for Telemedicine/Telehealth*", <http://www.ttuhsct.edu/telemedicine/>)

Methodology

The methods for this project include background and literature reviews on the Child Medical Connection and other similar organizations; interviews of Joseph, patients, and Vietnamese in the community; office help; and visits to the airport and the hospital.

The first method that we did was background and literature search on the Child Medical Connection and other similar organizations. In order for us to know the background of the Child Medical Connection organization, we interviewed Mr. Bodanza who is the founder. The interview was focused on how he begins his work, and was there any plan for this organization. We also reviewed all the public documents and press releases newspapers stories about the Child Care Connection. In addition, we also did some research on Doctor without Borders, Green Cross, and Telemedicine.

The second method of this project was interviews of Joseph, patients, and Vietnamese in the community. In order for us to understand how this organization works, we extensively interacted with Mr. Bodanza. We asked him on how his work begins, how these cases get processed, and does he have any plan for this organization in the future. For the portfolio of patients during this project, we also interviewed the children patients so that we can

know more about the process of getting here and how they feel when they got here. In the interviews, we asked them how they knew about Mr. Bodanza's work and what did they do to be able to get here. The interviews were also focused on their backgrounds, and their conditions before and after the treatments because we wanted to know that how they felt as they returned to Vietnam after the treatments. Were their conditions any better? Finally, we also conducted some interviews with the Vietnamese in the community. We have chosen to conduct an interview with the head of the temple in Worcester because he has interacted a lot with the Vietnamese in this area. The interview was about how felt concerning on Mr. Bodanza's work. To get different view on Mr. Bodanza' work, we also interviewed the group of the Vietnamese youth Association of Worcester. In the interview, we asked them about Mr. Bodanza's work, and their opinion on the organization.

The third method was used was translation of documents. In helping Mr. Bodanza to translate documents like patients reject letters from Mr. Bodanza, patients' reject letters from the Shriner Hospital, hospital forms as well as correspondence between Mr. Bodanza and Vietnamese parents, we could understand more about the process of bringing these children over here.

The fourth method was office help. For better understanding of Mr. Bodanza everyday life work, we have come and helped him at his office. We helped him on organizing the office, which include putting the applying patients in order, sending out thank you letter for financial donor...etc. We also helped the children get used to the environment. In this helping process, we were able to know how these children live here and their activities, how does Mr. Bodanza work, and the finance of the organization.

Finally, we went with Mr. Bodanza to the Logan airport to pick up the newly arrived children and to the Shriner hospital. The goals of these visits were to see the children's conditions at first hand when they first come here and the process of the hospital treatment.

Results

The result of our IQP covers all the visits to the Shriners Hospital, visits to Logan Airport, the interviews of Vietnamese in the community, Portfolio of patients during this project, and all the translation of basic documents.

As the part of the project, we helped Mr. Bodanza bring these Vietnamese children to the Shriner hospital in Springfield so that we can understand more about the treatment procedure for these children. Our first visit to the Shriner hospital was on March 21st 2000. Chinh and Khoi were on that visit. Chinh and I were waiting for Mr. Joe at 6:30 AM on Green street Worcester, MA. Later on, we were going to the Shriner Hospital. It took us about one hour to get there. This is a first time to the hospital for three new-handicapped children, Pham Tung Giang, Trung and Liem. After Mr. Bondanza talked to the receptionist, he told us to go to help for Giang as an interpreter. Pham Tung Giang couldn't walk because of polio. He just came here last week from Saigon City. I put him on the wheelchair and brought him to the room where a doctor can perform an examination. At first, she went over all stuffs on Giang's paperwork and asked Mr. Bodanza for sure, then she asked me to interpret for Giang some questions like when was it he first couldn't walk, where did he get hurt on his body, how is his

family status.... When her job was done, another doctor came up to do an exam of Giang's body. He measured Giang on his back, the disease affected legs, head, and hands in order to know how is Giang's body. It took about one hour then he told me to bring Giang to an X-ray room. I translated for Giang when he was asked and helped him to take an X-ray. I brought him back to the first room and waited for the Chief of Staff who will be coming up and making a decision. A group about five doctors was coming with X-ray films and Giang's case history files. They discussed the X-ray film, then they told Joe what they are going to do for Giang. At 12:300, everything was done; we went to cafeteria in the hospital for lunch. We went back to Worcester at 2:30pm.

For the second visit to Shriner Hospital, Trung and Hai went with Mr. Bodanza. We met Joe at the parking lot near Hien Vuong on Green Street at 6:30 am. We parked our car there and got into his van. In the van were Mr. Joe and three boys. One boy was sitting near Joe, the driver. The other two were on the middle bench, and we sat on the last bench. We were introduced three of them: Liem, Trung, and Giang. We asked Trung in what city he and the other two lived. Trung said he and Liem were brothers and lived in Ben Tre whereas Giang was from SaiGon. We asked Trung how he liked this country. He said, "Beautiful, but it's cold." We could feel that he was falling

into sleep, so we did not talk to them any more. Instead, we observed them from the last bench and tried to estimate how serious their physical bodies were, but we found nothing serious. “Trung and Liem are slim, but Giang is OK,” we thought. We felt asleep too since we woke up early that morning, so we leaned my head against the bench, closed my eyes, and went into dream.

... We woke up when we heard somebody said something unclear. We looked out of the window and saw the Shriners Hospital in front of me. We looked at the clock in the car. It was 7:20 am. We had traveled for nearly one hour. We opened the door and got out of the van. Liem was already on the ground. At this moment we realized that his legs were not normal. They were so thin that we could see the bones inside his trousers. But he was still being able to walk. Giang was worse. Mr. Joe pulled out a wheelchair from the trunk and we helped him bring Giang out of the car and put him on it. Trung might be the healthiest among them. His body was normal except for left arm. It was smaller than the right one.

We walked to the entrance of the hospital. Mr. Joe did the registration process and we were told to go to the waiting room. When we got there, no other patients were waiting. Mr. Joe left us, went into a room, and talked to the woman inside. The three boys and I were sitting in the waiting room.

During the conversation, I knew that Liem was 17 and in his 11th grade, Trung in his 9th grade, and Giang in his 8th grade. Even though they knew that they were unfortunate boys, there were no sad or depressive expressions on their faces. They were talking and laughing as if nothing happened. That made me surprised.

We waited for about an hour. Then a doctor came to us and took Liem and Giang away. He said he already had an interpreter, so Joe and I did not go with him. We stayed with Trung for about fifteen more minutes. Then a nurse came to us and asked us to go with her to another room. Here Trung was weighed and measured, and the nurse recorded all information. She asked when Trung got polio, if there were other people in his family got this disease, if he could raise his arm over his head., etc. Then a doctor came in. He examined Trung's arm carefully, asked many questions, and finally he told Trung that he had to exercise as much as he could, eat more, and came back there later in April.

Finally, Chinh and Khoi helped the third visit to Shriners Hospital. As we discussed, on May 5, 2000, Joe called Chinh Do at 12:00 pm, then 45 minutes later, we met Joseph at the parking lot on Green Street. After buying some coffees, we went ahead to Shriners Hospital in Springfield. There were six kids who Joseph transported on that day. It took about one

hour to hospital. When we stopped at the front desk of hospital, Mr. Boodanza had to talk to someone and told us he needed to sign in the visitor book. Few minutes later, we were allowed to go up stair and visit Liem and Giang; these guys have been treated there in several weeks. We showed the kids to play some of the games and answered some questions when they asked. Joseph talked to the doctors about his kids.

We left Shriners Hospital at 3:15 pm and went to Springfield for watching circus show. This is Melha Shriners Circus. They have been working around the United States, and that day is first show in Massachusetts. We helped Joseph to buy the foods for 6 kids and get in the show field. The show started at 4:00 pm and ended at 7:00 pm. Most of them were very interested with that show. We got back to Worcester at 8:30 pm.

Also, as a part of our project, we have decided that we will go with Mr. Bodanza to pick up Vietnamese children when they come here from Vietnam at the Logan airport. There were two trips that Mr. Bodanza wanted us to come with him at that time, and Hai was the person that will go with him to help him out and also to see the conditions of these children when they first come here.

The first trip to the Logan airport was on March 16th, 2000, we went with Mr. Joe Bodanza to the Logan airport to pick up three handicapped children from Vietnam. Mr. Bodanza had asked me to come along to help him in translation because these children did not speak English and Mr. Bodanza didn't know Vietnamese. Mr. Bodanza also said that I came along so that there is somebody these children can talk to so they would not feel homesick.

On the morning of that day, Mr. Bodanza and Hai were at the Logan airport an hour early to do some immigration paperwork to let these kids stay in the United States for up to one year. At about 10:00am, the three children, age from fifteen to eighteen, were coming from the gate. They were so thin and tired from a long trip. One of them had to use a wheelchair. However, they were very happy knowing that they were going to get treatments. Hai helped Mr. Bodanza with greetings like how are you, how was your flight.... After Hai helped these kids with immigration and checking out, we were ready to go to Mr. Bodanza's house. On the way going home, one of the kids was having carsickness. We asked him he said that he never been in a car before. When we got to Mr. Bodanza's house, Hai helped them call their parents to let their parents know that they were fine. Hai also helped Mr. Bodanza to tell these kids where they go to sleep, how

to use the toilet, and use their own toothbrushes and towels...etc. Hai also told them what they don't want to do around the house like set off fire alarms. After all of the learning, they were too tired and went to bed because it was like 3:00am for them.

Hai's presence was very helpful for these kids and Mr. Bodanza. Hai not only helped them in communication problem but Hai also helped them in becoming familiar with the environment in the United States that is so different from Vietnam. This was a very good experience for me knowing that Hai can help people that needed help.

The second trip was on April 1st Hai and Trung agreed to help Mr. Bodanza to come with him to the Logan airport to help him pick up seven disabled Vietnamese children. Most of these children are polio victims. Because they can't have treatment in Vietnam, they came to United States to hope that they were going to have treatments. Our presence is to help them in translating.

As usual, we arrived early at Logan airport on that morning. Because Mr. Bodanza knows the immigration officers and they know Mr. Bodanza's work, we were able to get right to the terminal gate with no problem. Finally, the flight arrived. From the gate, seven children were helping each others walking out. They were all very skinny. One of them had to use

wheelchair and others two had to use wooden crane to walk. They seemed very tired but happy and excited knowing the flight was over or happier that they know they were going to have treatments. They didn't know any English, not even some basic greetings. It was really an emotional meeting as they met Mr. Bodanza for the first time. They wanted me to help them thank Mr. Bodanza for giving them chances to have treatments that they have never dream of. On another hand, Mr. Bodanza was more concerned about their health and conditions. He asked them how were they feeling, were they happy to be here, how was your flight...etc. They all answered that they were happy, excited, and thanked him to be here. After the greeting conversation, we also took some pictures for memory, and went to the check out.

At the check out, we helped them to do the immigration paper works. The checking out process was very smooth. We didn't have any problem with the immigration paperwork. In the van they were all asleep because they were so tired of the long flight. It was really an emotional experience for me. We really admire for what Mr. Bodanza has done for these disabled Vietnamese children who wouldn't have treatments if they didn't come here.

One of the important parts of our project was to interview Vietnamese in the community. The goal of the interview was to know how the Vietnamese community feels about the work of Mr. Bodanza . On March 7, 2000, we went to a temple that located on Dewey Street, Worcester of Massachusetts State to make an interview with a monk named Thich Thien Hue. After introducing our reasons for the interview, and Mr. Bodanza's Work for Vietnamese handicapped children, we have asked this monk some questions about Joseph's work in the form below.

What do you think about Joseph's work for Vietnamese handicapped children?

As a leader of a temple in Worcester, could you let us know about the action of yourself and Vietnamese people in this City to the work of Joseph Bodanza?

Thich Thien Hue said, "As a monk, I do not want to criticize his program since I do not like to go into details of his personal life. I feel ashamed whenever I see him because I think that I am a monk but I cannot do things as he did. As a refugee, my ambition is to devote all my life for the development and popularity of Buddhism in America. Aside from praying for other people, I also want to help them cope with their daily lives. In the future, I will sponsor some program to help hobos, handicaps, and orphans.

We got donations from Vietnamese Community and used that money to support victims of the last flood in Vietnam. Back to Joe's work, I think that he feels happy to help handicapped kids."

He also said, "We all have to stop looking at Joseph's work as why he is doing this. We should discuss about our situation; we are too busy when we came to the United States because of many different things like making a living, helping relatives back in Vietnam. Therefore, we didn't have time for helping these children. Let ask how many people out of Vietnam that have helped these handicapped children like Joseph. I feel ashamed every time I see him because as a head of this temple, I can't help these children. Therefore, I respect Joseph's work. I have been telling people to help Joseph. I know Mr. Joseph have brought children from Bentre and Hanoi; about this issue, I see these children as children who have not done anything wrong. These children are not communists. I don't oppose his work."

Thich Thien Hue also let us know about his thought. He said "Joseph is not a person who has a relationship with communists. But communists in Vietnam see that Joseph has a program to bring the handicapped children to America for the treatment, they want Joseph to give first place for the handicapped children of people who do work for the present government. Under Joseph's eyes, these children are the handicapped people, they should

have the good cares, and need to be treated by the high medical technologies in the United States of America.”

Buddhist monk Thich Thien Hue also said “I have not discriminated the handicapped children of the south, middle or north in Vietnam, provided they are the handicapped children, they need to have the good cares and need to be treated, that is compassion between people and people”

When we ask Thich Thien Hue about the oppositions of Vietnamese people in Worcester to Joseph’s work, he said, “I would like to ask these people, have they ever helped Vietnamese handicapped children? Or do they have any program to help Vietnamese handicapped children? According to the discussion between Joseph and I, There are some of Vietnamese people saying that Joseph is working for communists, but Joseph does not mind about that.”

In addition, Thich Thien Hue said, “ Because Joseph had a wife in Bentre, he was introduced by his wife about the handicapped children there. Therefore, the handicapped children in Bentre were given first place to bring to America for the treatment that was obviously true. I see that the children were brought by Joseph, were not only children in Bentre and Hanoi, and they were in Bien Hoa, Sai Gon, Long An, Kien Giang, and Da Nang. We

should appeal Vietnamese people in Worcester and in the United States to help Joseph to do well his work.”

We also interviewed the younger Vietnamese. On March 26 of 2000, there was a meeting of Vietnamese Thanh Thieu Nien Association of Worcester that took place at Travel Agency in Worcester. Trung, Hai, and Chinh were the members of this group, and showed up on that day. According to our request, all member of “Vietnamese Thanh Thieu Nien Association” agreed for us to interview them about Joseph’s work for Vietnamese handicapped children in several years. Because the time was not enough to interview all people there, we interviewed only Thuy Vo, Quoc Tran, and Tuyen Tran.

Generally, the questions were asked for all of them that were simple like: “Do you know who is Joseph? What do you hear about Joseph? What do you think about his work for Vietnamese children?”

Thuy Vo, whom was the first person we asked, replied very smooth and professional in speaking. She said: “I have been living in this country for over ten years, and I’m a mother of two children, age 1-3 years old now. I have not seen any people love Vietnamese people, Vietnamese children, like Joseph. He spends all his time to do work that Vietnamese people should do for their handicapped children, but no one does that. I’m a

Vietnamese, but I give no help to compare with Joseph. I feel like crying for myself. I have seen Joseph with some Vietnamese handicapped children at temple Pho-Hien in Worcester. After a short conversation with him, I see he really loves and feels painful for Vietnamese handicapped children in Vietnam. He dreams all of them have good care. He brings them over here by his own money and some from the donations. He needs help from Vietnamese people in this country like donation, transportation, translation, and shelter.” Mrs. Vo also said: “Although I have much difficulties in life like caring for my very young children, supporting my relative in Vietnam, I usually volunteer do work in helping children in Worcester area and sometime donate for International Cancer Research Program, Joseph’s work, etc. As a secretary of Vietnamese Association in Worcester, I would like to send some words to all of you that you guys should donate as much as you can to help Joseph’s program. Your money will use to care for Vietnamese children or do good work, you will feel happy for that.”

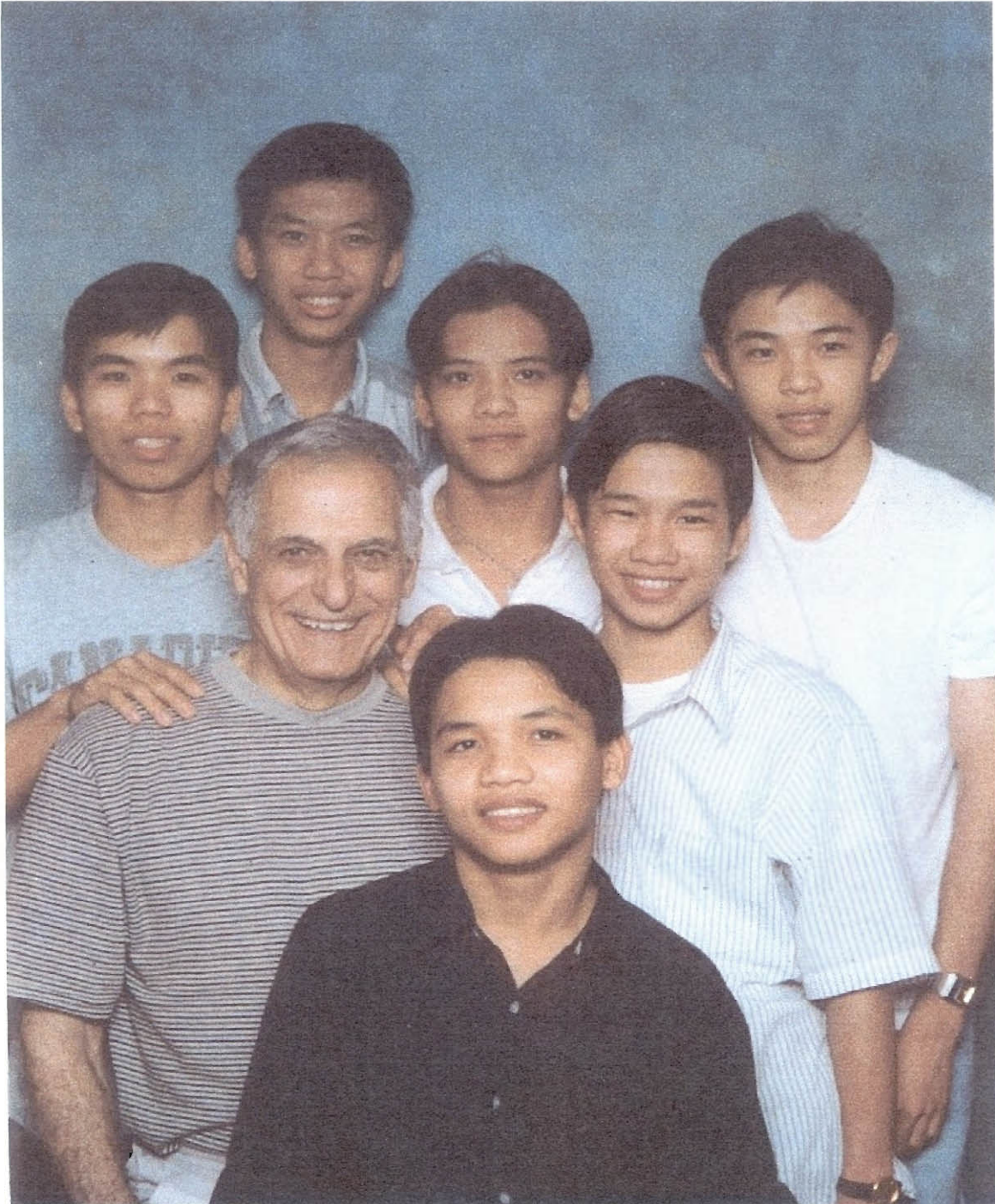
Quoc Tran was the second person to answer our questions. He said: “I was a student at Worcester Polytechnic Institute, and graduated in December of 1999. I knew Joseph and heard his work for Vietnamese children during the time I was in school, but I had no way to help him and

the kids except some little donations. I agreed with what Mrs. Vo said. I felt bad for myself when comparing with his work.”

Because the meeting seemed to be end, Tuyen Tran was last person to answer our question. He said: “I was a student at Northeastern University and graduated in December of 1998. I have been living in this country for all most fourteen years. Joseph Was first person I saw in many of us. He had a good heart. He really loved handicapped people. I knew and heard about him when I was sophomore year in school. I have donated few times for his program, but that was very small to compare with Joseph. As a member of Vietnamese, I would like to say thanks for what he did for Vietnamese handicapped children.”

PORTFOLIO of PATIENTS

As Joseph has done on his job, in March of 2000, he has brought nine Vietnamese handicapped from Vietnam.



Unlike previous cases, the kids were coming from Vietnam at this time are all boys. He told to us that he has enough room at his place for the kids, but he really concerned when boys and girls are living together. In order to avoid something happening between them, he wanted to bring all the boys first, and planned to bring all the girls for next time. We helped Mr. Joseph to pickup all of them at airport in Boston. As we mentioned before, Vietnam is one of a poor country in the World. Because of the war, and the medical conditions, there are too many children who have been gotten polio. Most of them got polio when they were a few months of age because their parents did not bring them to a hospital to inject a vaccine. Some of them immediately got polio when were born because their parents were infected with poison from the war. Mr. Joseph has tried to help all of these kids to come to the USA to get a treatment; however, Shriner hospital has limited amount of patients coming from each country. Also depending on Joseph's financial situation that is donated from his friends, or Vietnamese communities in the USA, he would be able to bring some more kids to the USA for treatment. Coming to the USA this time were separated into two groups. First group is Giang, Liem, Trung and Kieu. Second group is Nam, Tuan, and three others. These kids are from eight to fourteen of age. They

have been living with their parents in South Vietnam. Most of them were born in poor families. When they got polio, their parents brought them to some hospitals in Vietnam; however, because of poor medical conditions, and the finances of their family, they couldn't get adequate treatment.

Fortunately, a person who has helped him in Vietnam introduced their parents to Mr. Joseph Bodanza, and after all paperwork was done, they were allowed to be here for treatment. The limit time that allowed them to be here about one year, some special cases that need more time, Mr. Joseph needs to reapply the visa for them, and most cases like that were approved by INS.

Three days after the first group was coming, we helped Joseph to bring them to Shriners at Springfield, MA to take some first examination. We also had a chance to do some short interview with these kids. First person we would like to introduce here is Dinh Truong Giang, who is fourteen years old. He was born in Thu Duc, a place in South of Vietnam. He talked to us that his parents used to live in North Vietnam before 1954, but when Communism took over North Vietnam, there were too many people, and some had to move to the South in order to avoid the terrorization of the communists, and his parents were in the stream of people. He was gotten this disease when he just was only nine months of age.



His father brought him to Center of Polio and some of Children Hospital for treatment. A lot of money was spent on him, but he didn't get any better than. When his parents couldn't be able to support money on him, he had to be returned home with two of the legs that couldn't work anymore. Giang had not reviewed with any treatment since that time. It's really incredible when you see him, how can he live with his status like that from that time up to now? He cannot be able to walk, or doing anything by himself. After the

first examination, the chief of doctors had made decision for him immediately had to be in the hospital for treatment. We used to be an interpreter for Giang at that time, and had known that they planned to do a surgery for him next several weeks. We followed Joseph to visit him after his surgery. The doctors tried to pull his backbone to straight by putting a circle thing on his head, and then they put six screws around it. There is a wire that has something on the other side will pull up his body. He has been on the wheelchair all the time even sleeping. Giang told us that it's really hurt for him. Giang must be in this status for several months until his backbone doesn't look like a curve anymore. Although it's hurt for Giang when he got the treatment, but he was very happy since he believed that he would be able to walk, or doing something by himself, that he has never done before.

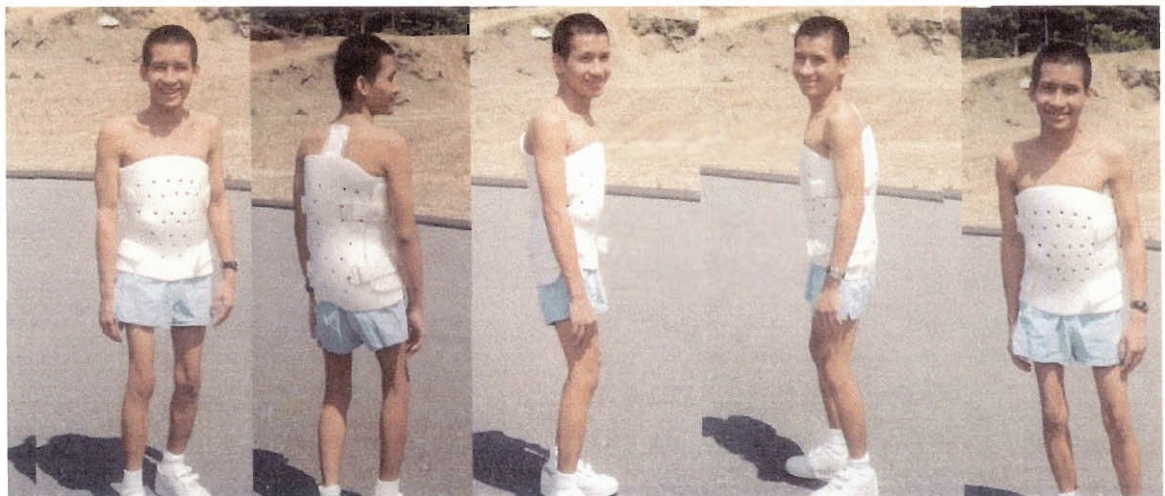
Second person is Le Van Kieu, who was coming from Tien Giang, one city of Vietnam. We took a short interview him and knew that he was gotten polio when he was only eight-teen months of age. He is sixteen years old now. His parents told him that he got polio after he suffered a fever. His parents sent him to some hospitals in Saigon, although they spent too much money, but everything was too late for him. Kieu returned home with one leg doesn't work anymore.



As we can see on his picture, He was very much better than Giang. His back was not deformed. The doctors told Joseph that Kieu would need surgery to make his leg works back, and it's not a big due for the doctors at

Shriners Hospital. He was waiting for one year to complete his paperwork and coming to the USA the same day with Giang.

Next one is Pham Thanh Liem, who is eight teen years old. It's really unfortunate for Liem's family. His parents have three children, two boys and one girl. But two boys, Liem and his younger brother, all got polio. He said he was infected when he was

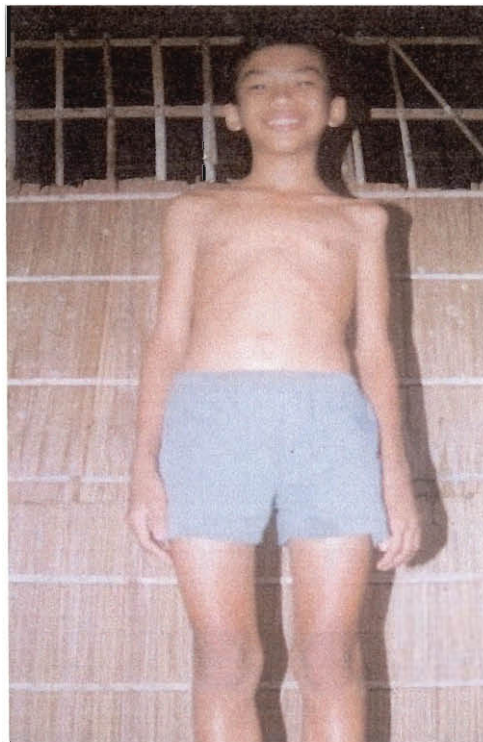


seven years old, but his family didn't have enough money to bring him to a hospital. His back had been deformed by the time. One of the legs was shrunken.



He is oldest brother in his family. Although he was disease like that, but he has tried to work hard. He tried to walk by him self, goes to school or doing something to help his family. Liem had surgery on the back several weeks after Giang. The doctors were doing some techniques similar to the one for Giang. He wished he would get better as soon, so that he can get back to Vietnam to help his parents. Although in the wheelchair all the time, but Liem has tried to learn English, or some good things from here. He asked us so many questions about the USA, or whatever he wanted to know. He's really a good guy that we have never seen.

And here is his younger brother, who is named Pham Thanh Trung.



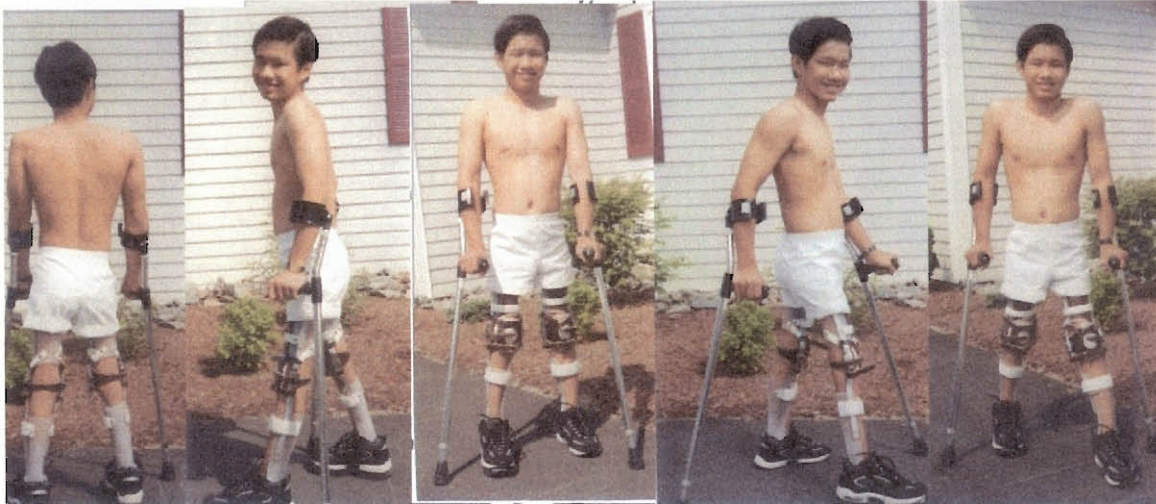
He was gotten polio a few months after his brother. Much better than Liem, Trung was gotten polio only on his left hand. After taking examination, the doctors said that he doesn't need to take any surgery, just only doing exercise and get good food to eat, his hand is going to work back. Mr. Joseph let Trung stay here to help him take care the other kids. He is also a good person like his brother. He goes to school for learning English, and helps Joseph cooking a food for the other kids.

This is Nguyen Hoang Tuan. He came from Ben Tre, a place that has many polio cases that Mr. Joseph has involved. Both of his legs were shrunk because of polio when he was several years of age.



Like the others, Tuan was tried with some hospitals in Vietnam; however, he didn't get better and the legs were shrunken by the time. He came here with both legs could not be able to walk. Tuan is one of smart and cute persons in

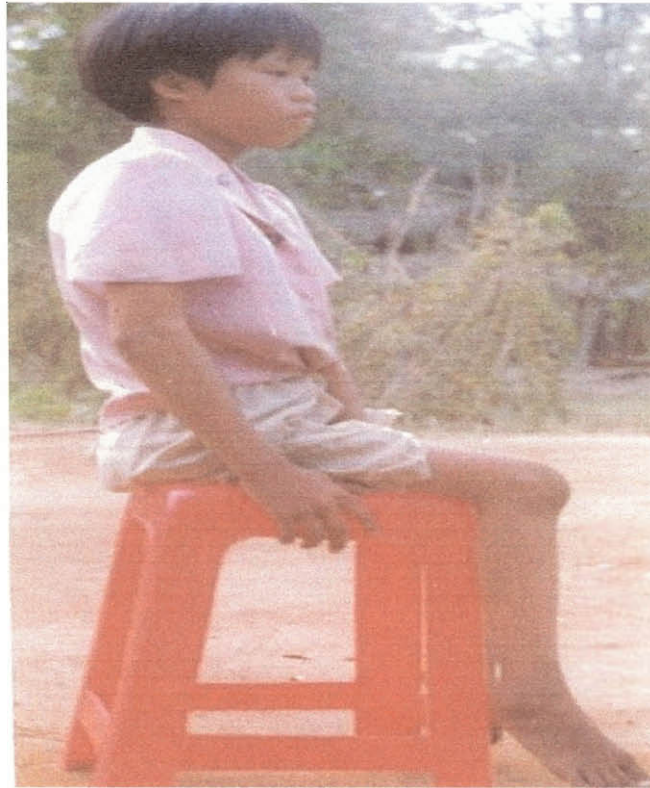
Joseph's house. After several weeks coming here, Tuan got surgery on both legs and now



he can be able to walk by using the crutches. He also tried to learn English and computer. We have taught him how to use some stuff on a computer.

Last person we'd like to introduce to you is Nguyen Hien Anh Thu. She came here three times, and this is really special case of Joseph program. Thu has been here in 1997 for first treatment. She had gotten polio when she was two years old. Both of the legs were shrunk, and her back was deformed. Because she was born in a very poor family, Thu didn't get any treatment for this disease. She went back to Vietnam after she got a treatment, and she was able to walk by using the crutches, but there was something wrong inside her legs, so she needed to be back at Shriners Hospital immediately for check up. That was a second time Thu got surgery

Thu has been here in 1997 for first treatment. She had gotten polio when she was two years old. Both of the legs were shrunk, and her back was deformed



Because she was born in a very poor family, Thu didn't get any treatment for this disease. She went back to Vietnam after she got a treatment, and she was able to walk by using the crutches, but there was something wrong inside her legs, so she needed to be back at Shriners Hospital immediately for check up. That was a second time Thu got surgery. We had a short interview with her when she was here for third time. One more surgery on her to take something out of her legs, and that is going to be done for her case. She got much better than before.

Above are several cases in Mr. Joseph's program. There are too many cases still waiting for help from Mr. Joseph. He has still been working on his great job in order to help all Vietnamese handicapped children, innocent kids in a poor country.

Translation of basic documents

In order to get treatment at Shriners Hospitals, the first thing applicants need to do is fill out the following forms and submit them to Joseph Bodanza. These forms request applicants to give detailed medical information and a complete immunization record. Joseph Bodanza will then send these applications to Shriners Hospitals.

| APPLICATION FORM SHRINERS HOSPITALS FOR CHILDREN | |
|--|---|
| To Be Completed By Parent or Guardian | |
| Name of Child: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (Middle) </div> | |
| Permanent Home Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (City/Town) (County) </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (State/Province) (Zip Code) (Country) </div> | |
| Mailing Address: _____ <small>(if different)</small> <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (City/Town) (State/Province) (Zip) </div> | |
| Home #: (_____) _____ Alternate #: (_____) _____ <small>(Area Code) (Phone Number) (Area Code) (Phone Number)</small> | |
| Date of Birth: ____/____/____ Sex: M F Child's Social Security No.: _____ | |
| Who does child live with primarily? (Circle One) 1. Both Parents 2. Mother 3. Father 4. Other (Name) _____ | |
| Name of Mother: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (Middle) (Maiden) </div> | |
| Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (City/Town) (County) (State/Province) (Zip) </div> | |
| Home #: (_____) _____ Work #: (_____) _____ <small>(Area Code) (Phone Number) (Area Code) (Phone Number)</small> | |
| Marital Status: (Circle One) Single Married Separated Divorced Widowed | |
| Name of Father: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Last) (First) (Middle) </div> | |
| <small>(If Different From Mother)</small> Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (City/Town) (County) (State/Province) (Zip) </div> | |
| Home #: (_____) _____ Work #: (_____) _____ <small>(Area Code) (Phone Number) (Area Code) (Phone Number)</small> | |
| Marital Status: (Circle One) Single Married Separated Divorced Widowed | |
| Name of Legal Guardian: _____ <small>(if Different From Above)</small> Relationship to child: _____ | |
| Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (City/Town) (County) (State/Province) (Zip) </div> | |
| Home #: (_____) _____ Work #: (_____) _____ <small>(Area Code) (Phone Number) (Area Code) (Phone Number)</small> | |
| <small>(continued on reverse)</small> | |
| SPONSORING SHRINER INFORMATION | |
| <small>To be Completed by Sponsoring Shriner</small> | |
| Sponsoring Shriner's Temple: _____ | |
| Shriner's Name: _____ | |
| Shriner's Address: _____ Daytime Phone: (_____) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (Street) (City/Town) (State/Province) (Zip) (Area Code) (Phone Number) </div> | |
| Sponsoring Shriner's Signature _____ Date _____ | |
| FOR HOSPITAL USE ONLY: | |
| Return To: _____ Hospital _____ Address: _____ _____ _____ | Date Received: _____ Application Number: _____ Date of Screening Visit: _____ Medical Record Number: _____ Name of Person Initiating Form: _____ |

Name of Child: _____

| MEDICAL INFORMATION | |
|--|--|
| Problem or Diagnosis (If Known): _____ | |
| Date First Noticed: _____ | |
| Chief complaint (symptom) describe: _____ | |
| How long has child had the problem: From birth <input type="checkbox"/> Developed recently <input type="checkbox"/> Injury <input type="checkbox"/> Date _____ | |
| What other symptoms does your child have (describe): _____ | |
| _____ | |
| Currently Under Care Of | Physician: |
| Name: | Hospital: |
| Address: | _____ |
| Phone #: | _____ |
| Treatment Provided: | |
| Surgery/Dates: _____ | |
| Other treatment/Dates: _____ | |
| X-rays: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of most recent x-ray _____ (should bring to 1st visit) | |
| When was child last seen by doctor? _____ | |
| Has child been treated at another Shriners Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Treatment _____ | |
| Location/City: _____ | |
| FINANCIAL INFORMATION | |
| TOTAL COMBINED FAMILY | <input type="checkbox"/> \$0 - \$10,000 <input type="checkbox"/> \$10,000 - \$20,000 <input type="checkbox"/> \$20,000 - \$30,000 |
| INCOME FOR LAST 12 MONTHS | <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$40,000 - \$50,000 <input type="checkbox"/> over \$50,000 |
| INSURANCE INFORMATION | |
| Type: | Private <input type="checkbox"/> HMO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Agency <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> |
| Name of Company or Health Plan: _____ | |
| ID Number: _____ | |
| Name of HMO Physician: _____ | |
| <i>(If this application is approved, further insurance information may be requested by the Hospital in order to assist with services not performed at Shriners Hospitals.)</i> | |
| Name of Person Completing Form _____ Relationship _____ Date _____ | |
| FOR HOSPITAL USE ONLY: | |
| CHIEF OF STAFF RECOMMENDATIONS | |
| Accept <input type="checkbox"/> Reject <input type="checkbox"/> Screen <input type="checkbox"/> | |
| Reason For Rejection: _____ | |
| _____ | |
| Signature - Chief of Staff _____ Date _____ | |
| ACTION BOARD OF GOVERNORS | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> | |
| Reason for Denial: Medical <input type="checkbox"/> Financial <input type="checkbox"/> Non-Compliance Foreign Patient Policy <input type="checkbox"/> | |
| Coverage <input type="checkbox"/> Other <input type="checkbox"/> | |
| _____ | |
| Signature _____ Date _____ | |

**BỆNH VIỆN SHRINERS
ĐƠN XIN CHỮA BỆNH CHO TRẺ EM**

Xin điền đơn này bởi cha, mẹ hay người bảo trợ

Tên trẻ em: _____
(Họ) (Tên) (Chữ lót)

Hộ khẩu thường trú: _____

Địa chỉ liên lạc: _____

Số điện thoại: _____ Số điện thoại (Nếu khác): _____

Ngày sinh: ____/____/____ Nam ____ Nữ ____ Số chứng minh: _____

Đưa trẻ sống với ai (Khoanh tròn) 1. Cha, Mẹ 2. Mẹ 3. Cha 4. Những người khác (tên) _____

Tên người mẹ: _____
(Họ) (Tên) (Chữ lót)

Hộ khẩu thường trú: _____

Số điện thoại nhà: _____ Điện thoại nơi làm việc: _____

Hoàn cảnh gia đình (khoanh tròn): 1. Độc thân 2. Có chồng 3. Ly thân 4. Ly dị 5. Góa chồng

Tên người cha: _____
(Họ) (Tên) (Chữ lót)

Hộ khẩu thường trú: _____
(Nếu khác địa chỉ người mẹ)

Số điện thoại nhà: _____ Điện thoại nơi làm việc: _____

Hoàn cảnh gia đình (khoanh tròn) 1. Độc thân 2. Có vợ 3. Ly thân 4. Ly dị 5. Góa vợ

Tên người bảo trợ hợp pháp: _____
(Họ) (Tên) (Chữ lót)

Quan hệ với đứa trẻ: _____

Hộ khẩu thường trú: _____

Số điện thoại nhà: _____ Điện thoại nơi làm việc: _____

THÔNG TIN VỀ SPONSORING SHRINER

Xin điền bởi Sponsoring Shriner

Sponsoring Shriner's Temple: _____

Tên của Shriner: _____

Địa chỉ: _____ Số điện thoại ban ngày: _____

_____ Ngày

Chữ ký

| | |
|------------------------------|---------------------------|
| Dành cho bệnh viện: | |
| Gửi trở lại: _____ Bệnh viện | Ngày nhận được: _____ |
| Địa chỉ: _____ | Số đơn: _____ |
| _____ | Ngày: _____ |
| _____ | Số hồ sơ bệnh án: _____ |
| _____ | Tên người đứng đơn: _____ |

Tên của trẻ em: _____

| THÔNG TIN VỀ BỆNH ÁN | | |
|--|--|--|
| Triệu chứng bệnh (nếu biết) _____ Ngày phát hiện _____ | | |
| Mô tả triệu chứng: _____ | | |
| Đứa trẻ đã bị bệnh bao lâu: Từ lúc mới sinh <input type="checkbox"/> Mới phát triển <input type="checkbox"/> Bị tai nạn <input type="checkbox"/> Ngày _____ | | |
| Những bệnh khác mà đứa trẻ có (Mô tả): _____ | | |
| Đang điều trị bởi: _____ Bác sĩ: _____ | | Bệnh viện: _____ |
| Tên: _____ | | |
| Địa chỉ: _____ | | |
| Điện thoại: _____ | | |
| Phương Pháp Điều Trị Đã Dùng : | | |
| Giải phẫu/Ngày _____ | | |
| Những sự điều trị khác/ Ngày: _____ | | |
| Quang tuyến: Có <input type="checkbox"/> Không <input type="checkbox"/> Ngày chụp quang tuyến gần nhất _____ (Nhớ mang theo khi đi BV) | | |
| Lần gặp bác sĩ cuối cùng? _____ | | |
| Đứa trẻ đã có chữa trị ở bệnh viện SHRINERS nào khác không? Có <input type="checkbox"/> Không <input type="checkbox"/> Ngày điều trị _____ | | |
| Ở đâu/ Thành phố nào: _____ | | |
| TIN TỨC TÀI CHÍNH | | |
| Thu nhập tổng cộng của gia đình trong 12 tháng gần đây | <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$10,000 - \$20,000 |
| | <input type="checkbox"/> \$20,000 - \$30,000 | <input type="checkbox"/> \$30,000 - \$40,000 |
| | <input type="checkbox"/> \$40,000 - \$50,000 | <input type="checkbox"/> over \$50,000 |
| TIN TỨC BẢO HIỂM | | |
| Loại: Tự nhân <input type="checkbox"/> HMO <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> State Agency <input type="checkbox"/> Những loại khác <input type="checkbox"/> Không có <input type="checkbox"/> | | |
| Tên Công ty bảo hiểm: _____ | | |
| Số thẻ: _____ | | |
| Tên của bác sĩ HMO: _____ | | |
| <i>(Nếu đơn này được chấp thuận, bệnh viện có thể yêu cầu những thông tin về bảo hiểm khác với mục đích giúp đỡ sự phục vụ ở những bệnh viện khác)</i> | | |
| Tên của Người Điền Đơn: _____ Quan hệ _____ Ngày _____ | | |
| Dành cho bệnh viện: | | |
| Ý KIẾN CỦA BỆNH VIỆN TRƯỞNG | | |
| Chấp nhận <input type="checkbox"/> Loại bỏ <input type="checkbox"/> Xét lại <input type="checkbox"/> | | |
| Lý do loại bỏ: _____ | | |
| Bệnh viện trưởng ký tên _____ | | Ngày _____ |
| QUYẾT ĐỊNH CỦA BAN LÃNH ĐẠO BỆNH VIỆN | | |
| Chấp thuận <input type="checkbox"/> Từ chối <input type="checkbox"/> | | |
| Lý Do Từ Chối: Y-tế <input type="checkbox"/> Tài chánh <input type="checkbox"/> Không tuân theo chính sách cho bệnh nhân nước ngoài <input type="checkbox"/> | | |
| Quá tuổi <input type="checkbox"/> Những điều khác <input type="checkbox"/> _____ | | |
| Chữ ký _____ | | Ngày _____ |

SUPPLEMENTAL PATIENT INFORMATION

Name of Child: _____ Application No: _____
(Last) (First) (Middle)

Date of Birth: ____ / ____ / ____

PHYSICIAN OR HEALTH CARE PROFESSIONAL INFORMATION

Referring Physician/Health Care Professional Name: _____ Specialty: _____
(If applicable)

Address: _____
(Street) (City/Town) (County) (State/Province) (Zip)

Phone No.: (_____) _____
(Area Code) (Phone Number)

Primary Care Physician Name: _____ Specialty: _____

Address: _____
(Street) (City/Town) (County) (State/Province) (Zip)

Phone No.: (_____) _____
(Area Code) (Phone Number)

If child is not presently under physician's care, give name, address and telephone number of physician who last treated the child:

(Physician's Name) (Address) (Area Code) (Phone Number)

REFERRAL SOURCE

1. How did you first hear about Shriners Hospitals? *(Check only one)*
2. Who/what is directly responsible for your present referral (this referral) to Shriners Hospitals? *(Check only one)*

| <u>First Heard</u> | <u>This Referral</u> | <u>First Heard</u> | <u>This Referral</u> | <u>First Heard</u> | <u>This Referral</u> |
|---|--|---|--|---|--|
| <input type="checkbox"/> Family Member/Self or Friend/Non-Shriner <input type="checkbox"/> Shriner <input type="checkbox"/> Physician | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Other Health Care Provider or agency (e.g., UCP, physical, therapist, etc.) <input type="checkbox"/> School/Teacher | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Media (Circle one) Television-PSA Billboard Poster/Flyer Radio-PSA Newspaper Other (Specify) _____ _____ _____ | <input type="checkbox"/> <input type="checkbox"/> |

**Shriners Hospitals
for children**

Form 1036 SPI Rev. 5/99

TÀI LIỆU BỔ SUNG CHO BỆNH NHÂN

Tên của trẻ em: _____ Đơn số: _____
(Họ) (Tên) (Tên lót)

Ngày, tháng và năm sinh: ____/____/____

TÀI LIỆU VỀ BÁC SĨ HAY CHUYÊN GIA SỨC KHỎE

Tên Bác Sĩ/Chuyên gia sức khỏe: _____ Chuyên môn: _____
(Nếu có thể)

Địa chỉ: _____
(Tên đường) (Thành Phố) (Tỉnh) (Quốc Gia/Bang) (Mã số vùng)

Số điện thoại: (____) _____
(Số vùng) (Số điện thoại)

Tên của Bác Sĩ chính: _____ Chuyên môn: _____

Địa chỉ: _____
(Tên đường) (Thành Phố) (Tỉnh) (Quốc gia/Bang) (Mã số vùng)

Số điện thoại: (____) _____
(Số vùng) (Số điện thoại)

Nếu đứa bé hiện tại không được chăm sóc của Bác Sĩ, cho biết tên, địa chỉ, số điện thoại của người Bác Sĩ cuối cùng chữa trị cho đứa bé.

(Tên Bác Sĩ) (Địa chỉ liên lạc) (Mã vùng) (Số điện thoại)

NGUỒN GIỚI THIỆU

1. làm sao bạn biết về bệnh viện Shriners? (đánh dấu chỉ một)
2. Hiện tại ai là người có trách nhiệm trực tiếp hướng dẫn bạn đến Bệnh Viện Shriners? (đánh dấu chỉ một)

| Lần đầu tiên (Câu 1) | Hiện tại (Câu 2) | Lần đầu tiên (Câu 1) | Hiện tại (Câu 2) | Lần đầu tiên (Câu 1) | Hiện tại (Câu 2) |
|---|--------------------------|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Thành viên gia đình, Bản thân, bạn bè/không Thuộc Shriners | <input type="checkbox"/> | <input type="checkbox"/> Dịch vụ sức khỏe khác Hay chi nhánh khác | <input type="checkbox"/> | <input type="checkbox"/> Thông tin đại chúng(chọn 1) Tivi, bảng quảng cáo, áp phích đài, báo chí | <input type="checkbox"/> |
| <input type="checkbox"/> Shriner | <input type="checkbox"/> | <input type="checkbox"/> Trường học/Thầy giáo | <input type="checkbox"/> | Các thứ khác (chỉ rõ) _____ | |
| <input type="checkbox"/> Bác Sĩ | <input type="checkbox"/> | | | _____ | |

Bệnh Viện Shriners

Cho trẻ em

Mẫu đơn 1036 SPI Ngày 5/99

Patient Name: _____

Date Form Completed: _____

CONTAGIOUS DISEASES:

Has your child ever had any of the following:

Please indicate date of illness if applicable

| | Date of Illness/ Patient Age | | Date of Illness/ Patient Age |
|--------------------------------------|---------------------------------|----------------|---------------------------------|
| Rubella (German Measles) | _____ | Hepatitis | _____ |
| Chicken Pox | _____ | Mumps | _____ |
| Measles (Regular) | _____ | Whooping Cough | _____ |
| Polio | _____ | Diphtheria | _____ |
| Tuberculosis | _____ | Scarlet Fever | _____ |
| Was illness verified by a physician? | _____ | Other | _____ |

Indicate Treatment: _____

VACCINATIONS AND IMMUNIZATIONS:

Give date of last immunization except as noted:

| | 1st | 2nd | 3rd | 4th | 5th | Result and/ or Reaction |
|----------------------------|------------------------|-------|-------|-------|-------|----------------------------|
| DPT | _____ | _____ | _____ | _____ | _____ | _____ |
| Polio-Oral (OPV) | _____ | _____ | _____ | _____ | _____ | _____ |
| MMR | _____ | _____ | _____ | _____ | _____ | _____ |
| Hepatitis B (HBV) | _____ | _____ | _____ | _____ | _____ | _____ |
| Hemophilus Influenza (HIB) | _____ | _____ | _____ | _____ | _____ | _____ |
| Tetanus | TB Test/ Result: _____ | | _____ | _____ | _____ | Date Last Test: _____ |
| Other | _____ | _____ | _____ | _____ | _____ | _____ |

ALLERGIES AND DRUG SENSITIVITIES:

Is there any history of drug sensitivity? No Yes If yes, specify drug: _____

Describe symptoms experienced: _____

Is there any history of latex sensitivity? No Yes If yes, specify describe: _____

Is there any history of food or other allergies? No Yes If yes, please describe: _____

We, the parents/legal guardians, hereby (authorize / not authorize) the Shriners Hospitals for Children, Medical Staff, (circle one) to give any immunizations (including Polio Vaccine) which they may deem advisable.

Parents or Legal Guardian _____

Witness _____

Date _____

Signature

**Shriners Hospitals
for children**

Form 1019 Rev. 2/97

CONTAGIOUS DISEASE
AND IMMUNIZATION REPORT

Họ tên bệnh nhân: _____

Ngày hoàn thành đơn: _____

CÁC BỆNH TRUYỀN NHIỄM:

Con bạn có bao giờ bị những bệnh sau không?

Làm ơn cho biết ngày bệnh (nếu có thể)

| | Ngày bệnh / Tuổi của bệnh nhân | Ngày bệnh / Tuổi của bệnh nhân | |
|-----------------------------------|-----------------------------------|-----------------------------------|-------|
| Bệnh sởi đỏ | _____ | Bệnh viêm gan | _____ |
| Bệnh thủy đậu | _____ | Bệnh quai bị | _____ |
| Bệnh sởi | _____ | Ho gà | _____ |
| Bệnh bại liệt | _____ | Bệnh bạch hầu | _____ |
| Bệnh lao phổi | _____ | Bệnh tinh hồng nhiệt | _____ |
| Bệnh có được kiểm tra bởi bác sĩ? | _____ | Các bệnh khác: | _____ |

Nêu rõ sự chữa trị: _____

SỰ TIÊM CHỨNG và CHÍCH NGỪA MIỄN DỊCH

Ghi ngày của lần chích ngừa cuối cùng (trừ khi được chỉ rõ)

| | Lần 1 | Lần 2 | Lần 3 | Lần 4 | Lần 5 | Kết quả / Sự phản ứng |
|------------------|-----------------------------|-------|-------|-------------------------------|-------|-----------------------|
| DPT | _____ | _____ | _____ | _____ | _____ | _____ |
| Polio-Oral (OPV) | _____ | _____ | _____ | _____ | _____ | _____ |
| MMR | _____ | _____ | _____ | _____ | _____ | _____ |
| Viêm gan B | _____ | _____ | _____ | _____ | _____ | _____ |
| Bệnh cúm | _____ | _____ | _____ | _____ | _____ | _____ |
| Bệnh uốn ván | Kiểm tra TB/ Kết quả: _____ | | | Ngày kiểm tra lần cuối: _____ | | |
| Các bệnh khác | _____ | _____ | _____ | _____ | _____ | _____ |

CÁC DỊ ỨNG VỀ THUỐC:

Đã từng bị dị ứng về thuốc chưa? Không Có Nếu có, chỉ rõ loại thuốc: _____

Mô tả các triệu chứng đã trải qua: _____

Đã từng bị dị ứng về nhựa, mủ (cao su)? Không Có Nếu có, làm ơn mô tả: _____

Đã từng bị dị ứng về thức ăn hay các dị ứng khác? Không Có Nếu có, làm ơn mô tả: _____

Chúng tôi, cha mẹ/người đỡ đầu hợp pháp, (cho phép / không cho phép) bệnh viện Shriners Hospitals for Children, nhân (khoanh tròn một trong hai)

viện y tế, chích bất cứ loại thuốc chủng ngừa nào (bao gồm vắc-xin chủng bại liệt) mà họ thấy cần thiết.

Cha mẹ hay người đỡ đầu hợp pháp _____

Nhân chứng _____ Ngày _____

(chữ ký)

Shriners Hospitals _____

for Children **BỆNH TRUYỀN NHIỄM**

Bản 1019 Rev. 2/97 và BÁO CÁO NGỪA MIỄN DỊCH

If a child gets accepted for treatment at Shriners Hospitals, the parents/guardians of the child must sign a form stating that all medical information about their child is accurate. The parents/guardians must also agree to authorize Shriners Hospitals the use of transfusion of blood for the child if deemed necessary. Also, they must allow Shriners Hospitals to take photographs, televisions, or motion pictures of the child for illustrative purposes in lectures and medical publications.

| CONDITIONS OF ACCEPTANCE | |
|--|---|
| Name of Child: _____ | |
| If accepted, the parents/legal guardians agree: | |
| <ul style="list-style-type: none"> a) the undersigned certifies that the information supplied to Shriners Hospitals for Children is true and complete to the best of my/our knowledge. By signing below, I/we certify that I am/we are the natural or adoptive parents, or legal guardian of the child named above, and that I am/we are legally authorized to consent to medical care of the child. I/we agree to notify the hospital if there is any future change in this relationship. b) that I/we authorize such hospital care encompassing laboratory, diagnostic, and medical treatment including outpatient care as the Chief of Staff or his assistants or designees shall, in their judgment, deem necessary. c) that I/we may be asked to consent to the use of transfusion of blood and blood products for my child if deemed necessary. I/we have the right to withhold this consent. If I/we withhold consent, I/we agree that my child's physician in his or her sole discretion, having deemed the use of transfusion of blood and blood products necessary, may discharge my child from the hospital so that I/we can make arrangements for treatment at another hospital of my/our choice. | |
| Signed: _____ | father Date: _____ |
| Signed: _____ | mother Date: _____ |
| Signed: _____ | legal guardian Date: _____ |
| _____ relationship to child | |
| Witnessed By: _____ | Date: _____ |
| <i>Spanish version on other side</i> | |

**Shriners Hospitals
for children**
Form 1034 Rev. 10/98

ĐIỀU KIỆN CHO VIỆC CHẤP THUẬN

Tên của trẻ em: _____

Nếu được chấp nhận, Cha mẹ/người bảo trợ đồng ý:

- a) Người ký tên dưới đây xác nhận rằng các thông tin cung cấp cho Bệnh Viện Shriners Cho Trẻ Em là đầy đủ và đúng sự thật. Bằng việc ký dưới đây tôi/chúng tôi xác nhận rằng, tôi/ chúng tôi là phụ huynh hay người đỡ đầu của cháu bé nói trên, và tôi/ chúng tôi được quyền cung cấp thông tin về cháu bé cho trung tâm y tế. Tôi/ chúng tôi đồng ý thông báo cho bệnh viện nếu có bất cứ sự thay đổi về quang hệ của chúng tôi trong tương lai.
- b) Tôi/ chúng tôi chính thức đồng ý cho sự chẩn đoán, điều trị của bệnh viện bao gồm điều dưỡng tại nhà tuân theo quyết định của Bệnh Viện Trưởng, người dưới quyền của ông ta hay người có nhiệm vụ nếu cần thiết.
- c) Tôi/ chúng tôi có thể được yêu cầu đồng ý về sự truyền máu cho con của chúng tôi nếu cần thiết. Tôi/ chúng tôi có quyền rút lại sự thỏa thuận này. Nếu tôi/ chúng tôi rút lại quyết định, tôi/ chúng tôi chấp nhận sự truyền máu và loại máu cần truyền theo Bác Sĩ của con chúng tự do quyết định, và có thể phục quyền con của tôi từ bệnh viện, vì thế tôi/ chúng tôi có thể làm những sự dàn xếp cho sự điều trị tại một bệnh viện khác theo chọn lựa của tôi/ chúng tôi.

Ký tên: _____ Cha Ngày: _____

Ký tên: _____ Mẹ Ngày: _____

Ký tên: _____ Người Ngày: _____
bảo trợ
quang hệ với đứa bé

Người làm chứng: _____ Ngày: _____

Bệnh Viện Shriners

Cho Trẻ Em

Mẫu đơn 1036 SPI Diệt. 5/99

CONSENT TO MEDICAL PHOTOGRAPHY

In connection with the medical services which _____, my child or ward, is receiving at the _____ Hospital of the Shriners Hospitals for Children, I hereby consent that photographs, slides, television, or motion pictures may be taken of my child or ward or parts of his/her body by members of the staff and appropriate personnel of the hospital for the following uses and subject to the following conditions:

- (1) That medical photographs may be part of my child or ward's hospital record or used for illustrative purposes in lectures and medical publications, being published and republished in any manner which the hospital or medical staff shall deem proper;
- (2) That every effort will be made to prevent personal identification, if any portion of the patient's face is the subject or if regions of the patient's body ordinarily covered by clothing are to be subject of the photograph.

I expect no compensation or other remuneration. This consent as to any use of said photographs, slides, television, videotape or motion pictures shall act to expressly release from liability the photographer, the attending physician, the hospital and all its personnel, Shriners Hospitals for Children and affiliated corporations, Imperial Council, A.A.O.N.M.S., Shrine Temples, their officers and members.

Signature of Parent of Legal Guardian

Date

Signature of Patient, if applicable

Witness Signature

(signature of both parents should be obtained where possible and signature of patient should be requested if 15 year of age or older)

Spanish version on back

**Shriners Hospitals
for children**

Form 1035 Rev. 6/99

CONSENT TO
MEDICAL PHOTOGRAPHY

SỰ THỎA THUẬN VỀ HÌNH ẢNH TRONG Y HỌC

Trong mối quan hệ với các dịch vụ y tế mà _____, con tôi, hay đứa trẻ được tôi bảo trợ, đang được nhận điều trị ở bệnh viện _____ của hệ thống Bệnh viện Shriners cho Trẻ em, tôi đồng ý rằng những nhân viên có chức năng của bệnh viện có thể chụp ảnh, sử dụng phim dương bản, truyền hình, hay phim ảnh trên những bộ phận của cơ thể con tôi, hay đứa trẻ được tôi đỡ đầu, cho những mục đích và tuân theo các điều kiện sau:

- 1) Những tấm hình đó có thể là một phần trong hồ sơ bệnh án của con tôi, hay đứa trẻ được tôi đỡ đầu, hay được dùng cho mục đích minh họa trong những bài giảng, những công bố về y học, hay công bố và tái công bố trong bất cứ hình thức nào bệnh viện hoặc nhân viên bệnh viện cho rằng là phù hợp.
- 2) Mọi cố gắng sẽ được làm để ngăn ngừa sự nhận dạng cá nhân, nếu bất cứ phần nào trên khuôn mặt bệnh nhân là chủ đề của tấm ảnh, hoặc nếu những vùng trên cơ thể bệnh nhân thường được che đậy bởi quần áo là những đề tài của tấm ảnh.

Tôi không yêu cầu bồi thường và những sự đền đáp khác. Sự thỏa thuận này về bất cứ hình thức sử dụng đã nói ở trên về những hình ảnh, phim dương bản, truyền hình, băng video, hay phim ảnh nên thực hiện nhằm để khỏi ràng buộc trách nhiệm pháp lý của nhân viên chụp hình, bác sĩ chăm sóc bệnh, bệnh viện và tất cả nhân viên Bệnh viện Shriners, những cơ quan có liên quan, Imperial Council, A.A.O.N.M.S., Shrine Temples, ban điều hành và nhân viên của họ.

Chữ ký của Cha, Mẹ hay Người bảo trợ hợp pháp

Ngày

Chữ ký bệnh nhân (nếu có thể được)

Chữ ký người làm chứng

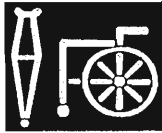
(cả cha và mẹ nên ký tên vào chỗ nào có thể được và bệnh nhân được yêu cầu ký tên nếu được 15 tuổi trở lên)

Shriners Hospitals

for children

Đơn 1035 Rev. 6/99

In order for the child's application to be processed, the parents also need to supply a list of relatives and friends who are allowed to contact or visit the child when the child is in America.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

To the Parents of an Applicant for Shriners Hospital

NAME: _____

CHILD: _____

CASE# _____

In order for us to properly process your child's application for the Shriners Hospital, and to complete our agreement to act on the child's behalf as SPONSOR/GUARDIAN, it is important that you furnish us with the NAME, ADDRESS AND TELEPHONE NUMBER of ALL your RELATIVES and/or FRIENDS in the U.S. whom we may have to call upon in case of an emergency.

Also, we need this information to properly identify those people who come forward while the child is here and who state that they are a "relative" or a "friend". ONLY those people whom YOU identify will be permitted to have contact with your child, other than the donors who help me to bring your child here. We do not like to have "surprise" "relatives" or "friends" drop in on these children to act as host family, or to go on a visit.

Please PRINT CLEARLY all the necessary information and forward it to this address as soon as possible, that we may proceed with submitting your application to the hospital.

Sincerely,

Joseph A. Bodanza
Joseph A. Bodanza, Director



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

Gửi phụ huynh của các cháu xin chữa bệnh tại Bệnh Viện Shriners

HỌ VÀ TÊN: _____
TRẺ EM: _____ SỐ _____

Để chúng tôi có thể tiến hành giải quyết đơn xin chữa trị tại Bệnh Viện Shriners của con bạn và cũng để làm đầy đủ sự thỏa thuận của chúng ta về việc bảo trợ cho con bạn, bạn cần phải cung cấp cho chúng tôi **HỌ TÊN, ĐỊA CHỈ, VÀ SỐ ĐIỆN THOẠI** của **TẤT CẢ THÂN NHÂN VÀ BẠN BÈ** của bạn ở Mỹ để chúng tôi có thể liên lạc trong trường hợp khẩn cấp.

Đồng thời chúng tôi cần các thông tin này để nhận dạng những người ghé thăm và bảo rằng họ là "thân nhân" hay "bạn bè" khi con bạn ở đây. **CHỈ** những người bạn nêu ra mới được phép tiếp xúc với con bạn, ngoại trừ những người quyên góp giúp tôi mang con bạn đến đây. Chúng tôi **không** muốn có "những thân nhân hay bạn bè đột xuất" ghé thăm con bạn với tư cách **chăm sóc** hay dẫn nó đi chơi.

Làm ơn **VIẾT RÕ RÀNG** tất cả các thông tin cần thiết và chuyển nó đến địa chỉ này càng sớm càng tốt để **chúng tôi** có thể gửi đơn xin chữa trị của con bạn đến bệnh viện.

Thân ái,

Người điều hành: Joseph A. Bødanza

When Joseph Bodanza receives applications from applicants, he will send a letter to notify parents that he has received the necessary medical information for the Shriners Hospitals. Here is the letter along with its translation to Vietnamese.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

171 JOHNSON ST. #212
LEOMINSTER, MA 01453

Tel: 978-534-8818
Fax: 978-534-8828

DATE _____

PARENTS _____

CHILD _____

This is to inform you that I have received your application and all other information for the SHRINERS HOSPITAL.

I shall process your application as soon as possible, and present it with my covering letter to the Chief of Staff of the hospital.

I shall let you know of any decision from the hospital as soon they notify me.

Please try to understand that the volume of letters and applications which come to my desk is very much, and it may take some time before I can get to them all. Meanwhile, I am doing all I can to at least let you know that I have received your application package. From time to time, you may want to contact me to see what has been done with your papers. Please be patient, but I do encourage you to keep asking about them.

Sincerely,

A handwritten signature in cursive script that reads "Joseph A. Bodanza".

Joseph A. Bodanza, for the Handicapped Children of Viet Nam



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

Ngày/Tháng/Năm _____

Họ Và Tên Cha, Mẹ _____

Họ Và Tên Bệnh Nhân _____

Tôi báo cho quý vị biết rằng tôi đã nhận được đơn xin điều trị và tất cả những tin tức cần thiết khác cho bệnh viện SHRINERS.

Tôi sẽ đệ trình đơn của quý vị, kèm theo một lá thư của tôi đến ông bệnh viện trưởng một cách sớm nhất.

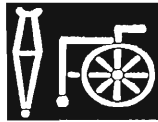
Tôi sẽ báo cho quý vị biết sự quyết định của bệnh viện ngay khi họ trả lời tôi.

Xin hiểu rằng, có rất nhiều đơn từ đến với tôi, và tôi cần thời gian để duyệt hết tất cả. Tôi báo tin cho quý vị biết rằng tôi nhận được tất cả giấy tờ cần thiết của quý vị. Bây giờ trở đi, quý vị có thể liên lạc với tôi để biết tình trạng giấy tờ của quý vị như thế nào. Xin kiên nhẫn chờ đợi, nhưng tôi cũng khuyến khích quý vị hãy tiếp tục hỏi tôi, liên lạc với tôi về giấy tờ của quý vị như thế nào.

Thân chào

Joseph A. Bodanza, for the Handicapped Children of Viet Nam

After Joseph Bodanza receives applications from handicapped children, he will send these applications to Shriners Hospitals and submit them to the Chief of Staff for review. Here is the letter along with its translation to Vietnamese.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

Date _____ Case # _____

D. M. DRVARIC, M.D. Chief of Staff
Springfield Shriners Hospital
516 Carew Street
Springfield, Ma. 01104

RE: NAME _____ D.O.B. _____

Dear Doctor Drvaric:

The parents of this young _____ heard of Shriners Hospital and the successful medical treatment of the now very famous PHUC THANH NGUYEN. They have put together the information of their child, and ask that I submit it to you for your consideration. I am more than pleased and honored to do this for them, especially for their _____ who's enclosed photos show such a medical problem. It is good that they are seeking medical help while their child is still very young, in spite of their destitute living conditions. They are very encouraged by my helping them with this process.

With the several cases I have submitted, my first step is to seek Shriners Hospital medical approval for evaluation, then coordinate the arrival schedule of each child and parent to coincide with the availability of space and surgical appointments. I am always in contact with the Appointment Staff who have given me suggestions to prioritize each child's arrival according to various criteria.

As with the others who are coming from the same area, I shall be their sponsor and guardian and tend to their transportation and other needs prior to and after their in-patient duration. As with the other parents, I am in contact with them by phone, fax and express mail. These parents wish they could thank you and your staff personally, and they pray that this may be the answer to their prayers for their precious little child.

Please let me know if you need any additional information about this _____. Meanwhile, let me express my own gratitude again (I'll never stop!) for all that you are doing for my little boy (PHUC) and the miraculous correction of his spine! Bless Shriners!

Forever Grateful,

Joseph A. Bodanza, for these grateful Parents and their Child.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help
31 Ashley Drive
Gardner, MA 01440
Tel: 978-630-1910
Fax: 978-630-1925

NGÀY _____ STT _____

D. M. DRVARIC, M.D. Chief of Staff
Springfield Shriners Hospital
516 Carew Street
Springfield, MA 01104

TÊN _____ NGÀY SINH _____

Kính gửi bác sĩ Drvaric:

Thân sinh của em nhỏ _____ đã nghe qua về bệnh viện Shriners và sự chữa trị thành công nổi tiếng cho trường hợp của em Nguyễn Thanh Phúc. Họ đã tập hợp các thông tin về con của họ và yêu cầu tôi chuyển những thông tin này cho ông để ông xem xét. Tôi rất sung sướng và vinh dự khi làm việc này cho họ, đặc biệt là cháu _____ mà hình ảnh được kèm theo đây. Họ đang tìm kiếm sự trợ giúp về y tế trong khi con họ còn nhỏ bất kể điều kiện sống khó khăn. Họ rất phấn khởi và được khích lệ khi tôi giúp họ làm điều này.

Với vài trường hợp mà tôi đã gửi, bước đầu tiên của tôi là chờ đợi sự chấp thuận của bệnh viện Shriners, sau đó phối hợp lịch trình đến của mỗi em với cha / mẹ sao cho trùng hợp với số ca và thời điểm phẫu thuật có thể. Tôi luôn luôn liên lạc với nhân viên làm hẹn và người này đã đề nghị tôi ưu tiên cho những em tới đây tùy theo nhiều tiêu chuẩn khác nhau.

Với những em đến từ cùng khu vực, tôi sẽ là người bảo lãnh và có trách nhiệm về vấn đề di chuyển và những thứ cần thiết khác trước khi và trong quá trình trị bệnh. Đối với cha mẹ những em này, tôi liên lạc với họ bằng điện thoại, fax, và thư tín. Các bậc phụ huynh này mong ước rằng họ có thể cảm ơn ông và nhân viên của ông và họ cầu nguyện rằng ông sẽ giúp đỡ cho những đứa con yêu quý của họ.

Làm ơn cho tôi biết nếu ông cần thêm thông tin về em _____. Đồng thời tôi vô cùng biết ơn cho những gì ông đã làm cho đứa con trai nhỏ bé của tôi (Phúc) và về sự chữa trị tuyệt vời cho cột sống của nó. Cầu nguyện cho Shriners.

Vô cùng cảm kích,

Joseph A. Bodanza

Once the application is accepted by Shriners Hospitals, Joseph Bodanza will inform the parents of the applicant that their child has been approved for medical evaluation. The child then has to wait until a date is set for his/her medical evaluation. After that he/she needs to apply for a passport to come to America.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

DATE _____
 NAME OF PARENT _____
 NAME OF CHILD _____
 APPLICATION # _____ CASE # _____

I am very happy to send you this letter from SHRINERS HOSPITAL in Springfield. It indicates that your application has been accepted and approved for medical evaluation. This is only an evaluation of your medical condition, not a guarantee that you will be accepted as an in-patient. This is a good first step for you. Now you must wait a little until the hospital sets a date for your evaluation. Then, you will have to apply for a passport to come here, and I will assist you with getting an airplane flight and a place to live before your appointment; then I shall have to take you to various health clinics to get all your immunization shots. All this takes much time, work and money; I do this for you and for Viet Nam! Now, please keep in close contact with me; please verify for me the BEST telephone number, fax number and YOUR EXACT ADDRESS, CLEARLY. I congratulate you on this BIG CHANCE of your life! YOUR DREAM HAS COME TRUE AT LAST! From now on, you life will never be the same, - it will be healthier, happier and hopefully longer! I will help you along the way; you are very precious to me, and may all your days in the future be happy, happy ones! Pray that I can do the same for other children who need urgent medical care. Also, please remember that your visit here is only for your medical treatment, and that you will return to Viet Nam once the hospital has released you from further medical attention at the Shriners Hospital. This is very important that you understand and agree to this arrangement. I want you to continue with your education and become a productive citizen in Viet Nam when you return. Good luck!

It is your responsibility to understand and speak enough English to communicate with me, the staff at the hospital, and to answer many questions about your health, food and directions for therapy that will be given to you at the hospital; you must be able to communicate with your temporary host family, keep up your studies here in school while waiting to go to the hospital, and be able to let us know what you need for clothing, the kind of food you eat, and every-day life situations. Bring your school record with you, in Vietnamese and in English. ONLY AFTER I AM SURE THAT YOU CAN UNDERSTAND AND SPEAK ENOUGH ENGLISH WILL I ARRANGE FOR YOU TO COME HERE. You must be willing to follow our directions to eat well so that you will be ready for any surgery required of you. The hospital will not attempt any surgery on underweight or extremely weak children. You MUST write a letter home to parents EVERY WEEK; every Monday all children will give me their letters to mail, WITHOUT FAIL. Your life here will be a good one, but with more structure so that you will learn to develop a good life-style. Medical therapy and continuing your schooling will be your main focus. When you return to Viet Nam, you will be a healthier and better person for your country.

Sincerely,

Joseph A. Bodanza, Your Sponsor / Guardian



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

NGÀY _____
TÊN CHA / MẸ _____
TÊN TRẺ EM _____
ĐƠN # _____ STT _____

Tôi rất vui mừng khi gửi cho cháu lá thư này từ bệnh viện Shriners ở Springfield. Đơn xin của cháu đã được chấp thuận để thẩm định tình trạng y tế. Đây chỉ là sự thẩm định về tình trạng sức khỏe và bệnh tật của cháu, nó không có nghĩa là cháu đã được chấp thuận để điều trị như một bệnh nhân. Đây là một sự khởi đầu tốt đẹp. Bây giờ cháu phải đợi một khoảng thời gian ngắn cho đến khi bệnh viện chọn ngày để thẩm định cháu. Sau đó cháu phải xin hộ chiếu để qua đây và tôi sẽ giúp cháu tìm một chuyến bay và một chỗ ở trước ngày cháu được thẩm định. Sau đó tôi sẽ đưa cháu đến các trạm y tế để chích ngừa miễn dịch. Tất cả những điều này cần thời gian, công sức và tiền bạc. Tôi làm điều này cho cháu và cho đất nước Việt Nam. Bây giờ cháu làm ơn liên lạc thường xuyên với tôi. Làm ơn cung cấp cho tôi số ĐIỆN THOẠI, số fax và ĐỊA CHỈ THẬT của cháu một cách rõ ràng.

Tôi chúc mừng cho cháu về sự ĐỔI ĐỜI của cháu. Giấc mơ của cháu ĐÃ THÀNH SỰ THẬT. Kể từ đây, cuộc đời của cháu sẽ không còn giống như trước. Cháu sẽ mạnh khỏe hơn, hạnh phúc hơn, và hy vọng rằng sẽ sống lâu hơn. Tôi sẽ giúp cháu vì tôi rất thương cháu. Hãy cầu nguyện cho tôi trong việc giúp đỡ cho những cháu khác với hoàn cảnh giống cháu. Cháu phải nhớ rằng cháu đến Mỹ chỉ để chữa trị bệnh tật, và cháu sẽ trở lại Việt Nam một khi bệnh của cháu đã được điều trị. Đây là điều rất quan trọng cháu phải hiểu và phải tuân theo. Tôi mong muốn cháu tiếp tục việc học và trở thành một công dân năng động khi cháu trở lại Việt Nam. Chúc may mắn.

Cháu có nhiệm vụ học Anh ngữ để cháu có thể hiểu và nói chuyện với tôi, với nhân viên bệnh viện, và trả lời các câu hỏi về sức khỏe, thức ăn, và phương hướng điều trị (sẽ được đưa cho cháu tại bệnh viện). Cháu phải có khả năng tiếp xúc với gia đình chủ nhà, theo kịp việc học tại trường trong khi chờ đợi điều trị ở bệnh viện, và phải có khả năng nói cho chúng tôi biết cháu cần áo quần gì, loại thức ăn nào cháu thích và những thứ khác trong đời sống hàng ngày. Hãy nhớ mang theo học bạ ở Việt Nam của cháu (bản tiếng Việt + bản dịch tiếng Anh). **CHỈ KHI NÀO TÔI CHẮC CHẮN RẰNG CHÁU CÓ THỂ NGHE VÀ NÓI ĐỦ VỐN LIẾNG TIẾNG ANH TÔI MỚI SẮP XẾP CHO CHÁU ĐẾN MỸ.** Cháu phải tuân theo chỉ dẫn của chúng tôi về ăn uống để mà cháu có thể sẵn sàng

cho bất cứ ca phẫu thuật nào. Bệnh viện sẽ không tiến hành bất cứ ca mổ nào cho những trẻ em suy dinh dưỡng hay quá ốm yếu. Cháu PHAI VIỆT THU về cho cha mẹ cháu MÔI TUẤN. Mỗi thứ hai tất cả các cháu sẽ đưa các lá thư đó cho tôi để tôi gửi, không được trễ nải. Đời sống của cháu ở đây sẽ tốt, và cháu sẽ phải học để hình thành một lối sống tốt. Sự chữa trị và việc học ở trường sẽ là trọng tâm của cháu. Khi cháu trở lại Việt Nam, cháu sẽ khỏe mạnh hơn và sẽ là một người có ích hơn cho đất nước của cháu.

Thân ái,

Joseph A. Bodanza

Once the application is accepted by Shriners Hospitals, Joseph Bodanza will inform the parents of the applicants about the decision of the Chief of Staff and request a copy of the child's passport so that he can arrange for a U.S. visa. Here is the form Joseph Bodanza uses to inform the parents along with its translation to Vietnamese.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help
31 Ashley Drive
Gardner, MA 01440
Tel: 978-630-1910
Fax: 978-630-1925

DATE _____
NAME OF CHILD _____ CASE# _____
NAME OF PARENTS _____
SHRINER APPLICATION NUMBER _____

We are ready to bring your child to America for medical treatment.

We have set a date in _____ for departure from Viet Nam.

We now need to know if your child has a valid passport, in order for us to arrange for a U.S. visa.

Please let me know at once if your child has a passport, or how soon can he/she obtain one.

If your child already has a passport, please FAX to me a copy of the passport if you have not already done so.

It is important for you to know that your child may be in America for some months, depending upon the need for medical treatment, and will then RETURN TO VIET NAM. ALL CHILDREN WHOM I SPONSOR WILL RETURN TO VIET NAM WHEN THEIR THERAPY IS COMPLETE. Your child will come here for MEDICAL TREATMENT, after which he/she will return home to the parents, in a healthier, stronger and happier condition than when they left home.

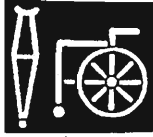
We wish all the children a very pleasant journey!

Please give me the BEST TELEPHONE AND FAX NUMBER TO CONTACT YOU.

SINCERELY,

A handwritten signature in cursive script that reads "Joseph A. Bodanza".

Joseph A. Bodanza, YOUR SPONSOR/GUARDIAN



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

Ngày/Tháng/Năm _____
Họ và Tên bệnh nhân _____ No _____
Họ và Tên cha mẹ _____
Đơn số _____

Chúng tôi đã sẵn sàng đưa con của quý vị sang Mỹ để chữa bệnh.

Ngày tháng rời Việt Nam của con quý vị chúng tôi đã chọn xong. Bây giờ chúng tôi cần biết con của quý vị đã có hộ chiếu xuất nhập cảnh hợp pháp chưa, để chúng tôi có thể sắp xếp con quý vị sẽ lấy được giấy thị thực nhập cảnh của Mỹ. Xin vui lòng thông báo cho chúng tôi biết, nếu con quý vị đã nhận được hộ chiếu, hay là khi nào mới nhận được. Nếu hộ chiếu đã sẵn sàng, xin vui lòng FAX đến cho chúng tôi một bản.

Đây là vấn đề rất quan trọng cho quý vị, để quý vị biết rằng, con của quý vị có thể ở Mỹ được bao lâu là tùy thuộc vào tình trạng bệnh của con quý vị, và khi nào thì trở lại Việt Nam. Tất cả những trẻ em mà chúng tôi bảo trợ sẽ phải trở lại Việt Nam khi sự điều trị đã hoàn tất. Con của quý vị sẽ đến đây để chữa bệnh và sau đó sẽ về với quý vị với một sức khỏe khả quan hơn, mạnh khỏe hơn và vui vẻ hơn so với lúc các cháu rời quê nhà. Chúc con của quý vị thượng lộ bình an. Xin vui lòng cho chúng tôi biết số điện thoại và số FAX để chúng tôi có thể liên lạc được với quý vị.

Thân chào

Joseph A. Bodanza, YOUR SPONSOR/GUARDIAN

Here are some of the basic questions relating to health care for Joseph Bodanza to ask patients. Patients also need to learn common phrases in everyday life so that they can express what they want, what they feel, etc.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

171 JOHNSON ST. #212
LEOMINSTER, MA 01453

Tel: 978-534-8818
Fax: 978-534-8828

PLEASE ANSWER THE FOLLOWING:

1. Have you ever had CHICKEN POX disease?
2. Can you walk alone with no help?
3. Do you need crutches to walk, or a wheelchair?
4. Did you ever have surgery?
5. Were you born after a full-term pregnancy?
6. Did you have a natural (vaginal) birth?
7. Any problems at birth or afterwards?
8. Are you allergic to any medicines?
9. Do you take any medicines now?
10. Do you go to school now?
11. If yes, What grade are you in?
12. If not in school now, what was your highest grade? When?
13. Do you have brothers and sister? How many?
14. Do you have any other medical problems?
15. Is anybody in your family ill? or have polio?
16. If you had polio, at what age were you?



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

171 JOHNSON ST. #212
LEOMINSTER, MA 01453

Tel: 978-534-8818
Fax: 978-534-8828

Làm ơn trả lời theo những câu hỏi sau:

1. Có bao giờ bị bệnh ĐẬU MÙA chưa?
2. Bạn có thể đi bộ được không nếu không có ai giúp?
3. Bạn có cần dùng nạng hay là xe lăn không?
4. Bạn có bao giờ bị giải phẫu chưa?
5. Bạn đã được sinh đủ tháng không?
6. Bạn có sinh khỏe?
7. Có bị khó khăn lúc sinh hay là sau đó không?
8. Bạn có bị dị ứng với bất cứ loại thuốc gì không?
9. Bạn đang dùng bất cứ loại thuốc gì trong lúc này không?
10. Bạn có đang đi học không?
11. Nếu có, đang học lớp mấy?
12. Nếu không, đã học đến lớp mấy rồi nghỉ? Lúc nào?
13. Bạn có anh chị em không? Bao nhiêu người?
14. Bạn có những bệnh tật gì khác không?
15. Có ai trong gia đình bị bệnh hay là sốt bại liệt?
16. Nếu bạn bị sốt bại liệt, vào lúc mấy tuổi?

IMPORTANT PHRASES TO LEARN
Những cụm từ quan trọng cần học

HOW DO YOU FEEL?
Cháu cảm thấy thế nào?

DO YOU FEEL SICK?
Cháu có cảm thấy đau (ốm) không?

DO YOU HAVE ANY PAIN?
Cháu có bị đau nhức chỗ nào không?

WHERE DOES IT HURT?
Bị đau ở đâu?

DOES IT HURT WHEN I DO THIS?
Cháu có đau khi tôi làm như vậy không?

RAISE YOUR HAND.
Giơ tay lên.

RAISE YOUR FOOT.
Giơ chân lên.

CAN YOU WALK?
Cháu đi bộ có được không?

WALK OVER THERE.
Đi đến đó.

ARE YOU THIRSTY?
Cháu có khát nước không?

WHAT DO YOU WANT TO DRINK?
Cháu muốn uống gì?

ARE YOU HUNGRY?
Cháu có đói bụng không?

HOW OLD ARE YOU?
Cháu bao nhiêu tuổi?

ARE YOU COLD?
Cháu có lạnh không?

ARE YOU HOT?
Cháu có nóng không?

WHAT DO YOU NEED?
Cháu cần gì?

WHAT DO YOU WANT?
Cháu muốn gì?

DO YOU WANT TO GO TO THE TOILET?
Cháu có muốn đi vào nhà vệ sinh không?

DO YOU NEED TO PEE?
Cháu có buồn tiểu không?

DO YOU NEED TO SIT ON THE TOILET?
Cháu có buồn đi cầu không?

TAKE A DEEP BREATH.
Hít thở thật sâu.

PUSH AGAINST MY HAND.
Đẩy vào tay tôi.

TRY AGAIN.
Thử lại lần nữa.

WAKE UP.
Thức dậy.

DO YOU HEAR ME?
Cháu có nghe tôi nói không?

1. What can we do for you?
Chúng tôi có thể làm gì cho cháu?
2. How old are you now?
Bây giờ cháu mấy tuổi?
3. Do you feel any pain? / Does it hurt?
Cháu có cảm thấy bị đau nhức không?
4. Does it hurt when I do this?
Cháu có bị đau khi tôi làm như vậy không?
5. When I touch you, do you feel anything?
Cháu cảm thấy gì khi tôi chạm vào cháu?
6. Have you ever had surgery before?
Trước đây cháu có khi nào bị mổ chưa?
7. How old were you when you had surgery?
Cháu bao nhiêu tuổi khi cháu bị mổ?
8. Does anybody else in your family have polio?
Trong gia đình cháu có người nào khác bị bại liệt không?
9. How old were you when you got polio?
Cháu bao nhiêu tuổi khi cháu bị bại liệt?
10. Are you wearing shorts underneath?
Cháu có mặc quần đùi không?
11. I want to see you walk / Can you walk for me?
Tôi muốn cháu đi bộ.
12. Can you walk over there?
Cháu có thể đi đến đằng kia không?
13. Turn around and walk back over here.
Quay lại và đi lại đây.

14. Look straight ahead.
Nhìn thẳng đằng trước.
15. Open up your hand.
Xoè tay ra.
16. Push your hand against mine.
Dùng tay chấu đẩy vào tay tôi.
17. Back up.
Lui lại.
18. Lie down.
Nằm xuống.
19. Lie down on your stomach.
Nằm xấp.
20. Take a deep breath.
Hít thở thật sâu.
21. Turn to the left.
Quay qua trái.
22. Turn to the right.
Quay qua phải.
23. Squeeze my finger.
Bóp chặt ngón tay tôi.
24. Don't move/ Stay still
Đừng cử động.
25. Take a deep breath and hold.
Hít thật sâu và nín thở.
26. Lift up your foot.
Giơ chân lên.

27. Lift up your big toe.
Giơ ngón chân cái lên.

28. Point to me where.
Chỉ cho tôi biết ở đâu.

29. What do you need?
Cháu cần gì?

30. How do you feel?
Cháu cảm thấy thế nào?

31. Are you sick?
Cháu bị ốm à?

32. Raise your arm / Lift your arm up
Giơ tay lên.

33. Can you walk?
Cháu có thể đi bộ không?

34. Are you thirsty?
Cháu có khát nước không?

35. What would you like to drink?
Cháu muốn uống gì?

36. Are you hungry?
Cháu có đói bụng không?

37. Are you cold?
Cháu có lạnh không?

38. Do you have to use the bathroom?
Cháu có cần tắm không?

39. Stand up.
Đứng dậy.

After patients have received medical treatment, they will return home. Since Shriners Hospitals can only serve a limited number of patients in a particular period of time, patients who have received necessary medical treatment need to leave America as soon as possible so that others can be served. The parents or guardians of these children will received a notice from Joseph Bodanza as in the following letter along with its translation.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help
31 Ashley Drive
Gardner, MA 01440
Tel: 978-630-1910
Fax: 978-630-1925

DEAR PARENTS OF _____

I am very pleased to let you know that your _____ has received the necessary medical treatment at Shriners Hospital for his/her illness. After The many hours of professional therapy, exercise and care, your child has finally completed the medical treatment as prescribed by the staff. It is not easy to correct in a few short weeks what a child has suffered over many years, but there has been tremendous progress. Your child is now healthier, stronger, has developed good eating habits, has learned much about personal hygiene, and in general seems very happy with the time spent here.

Now it is near time to return home. I want to let you know that in the next few weeks your child will return home with some of the other children who have also finished their therapy. I know you will be happy to see your child soon again, but you must look for a taller, healthier, stronger and fatter person than when he/she left home. All for the better.

As some children go home, others will come here to begin their medical therapy. It is important that children return home as soon as possible after medical discharge, so others can take advantage of Shriners Hospital. It is possible that some children may stay here for six months, one year, or even more, depending on how complex is their medical problem and necessary therapy.

I want to say that I am more than pleased to have helped your child, to see the dramatic wonderful change and development in his/her life, and to see such a healthier child! Now it is important that they return home in time for the next school year, and go on with their life in Viet Nam. Some children are scheduled for further review in one year, while others are completely discharged. At any rate, each child has the option for further therapy until age 21 at the Shriners Hospital; I shall be glad to arrange future airfare for those children who must return for a check-up. In the meantime, I wish all of you good health and new happiness at home when your child returns. It has been my honor to help you.

Joseph A. Bodanza

Gửi Cha Mẹ của _____

Tôi thật là sung sướng để báo tin cho bạn biết, con của bạn _____ đã được chấp nhận cho sự điều trị cần thiết tại Bệnh Viện Shriners về sự đau yếu của cháu. Sau nhiều tiếng đồng hồ của người chuyên nghiệp chữa bệnh, tập thể dục, và sự chăm sóc, con của bạn đã có hoàn thành cho sự y thuật điều trị với sự quyết định của Bệnh Viện Trưởng. Nó thì không dễ để chỉnh lại trong vài tuần lễ những gì đứa bé đã chịu đau đớn trong nhiều năm qua, nhưng ở đó đã và đang có sự thành công lớn cho sự điều trị. Hiện tại con của bạn khỏe hơn, mạnh hơn, ăn uống rất khỏe, đã học hỏi nhiều trong khoảng tự lo vệ sinh cho bản thân, và dường như rất vui với thời gian đã ở đây.

Hiện tại là thời gian gần trở lại quê nhà, tôi muốn cho bạn biết khoảng vài tuần nữa con của bạn sẽ trở lại quê nhà cùng với vài đứa trẻ khác đã được hoàn tất trong việc điều trị. Tôi biết bạn sẽ được vui sướng khi thấy con của mình trở lại sớm, nhưng khi đón cháu bạn phải nhớ tìm kiếm một đứa bé cao hơn, khỏe hơn, mạnh hơn, mập hơn khi cháu rời quê nhà. Tất cả cho sự tốt hơn.

Khi những đứa trẻ này trở lại nhà, những đứa trẻ khác sẽ đến đây để bắt đầu cho sự trị bệnh của chúng. Việc các cháu sớm trở lại quê nhà sau khi điều trị hoàn tất thì rất quan trọng và tiện lợi cho các cháu khác trong việc điều trị của Bệnh Viện Shriners. Vài đứa trẻ có thể ở đây khoảng 6 tháng, một năm hay lâu hơn phụ thuộc vào bệnh tật của các cháu và quá trình điều trị cho các cháu. Tôi muốn nói rằng chuyện này tôi thì vui lòng hơn để giúp đỡ con của bạn, để nhìn thấy sự biến đổi tốt đẹp và chứng trình cho cuộc sống của con bạn, và để nhìn một đứa trẻ khỏe hơn. Hiện tại là việc quan trọng cho các cháu để trở lại quê nhà cho kịp kỳ học năm tới và vững vàng đi lên cho cuộc sống của họ tại Việt Nam. Vài đứa trẻ đã được sắp xếp thời gian cho sự xem xét lại trong một năm trong khi các đứa trẻ khác thì đã được điều trị thành công. Tại bất cứ hạng nào đi chăng nữa, mỗi đứa trẻ có một cách điều trị cho đến 21 tuổi tại Bệnh Viện Shriners; Tôi sẽ vui vẻ lo lắng cho các cháu trong việc điều trị trong tương lai. Trong khi ấy, tôi chúc sức khỏe tất cả các bạn và các bạn có được những niềm vui mới tại quê nhà khi con của các bạn trở lại. Nó là lòng chân thành của tôi để giúp đỡ bạn.

The following notice explains Joseph Bodanza's approach and plan.

Along with it is its translation to Vietnamese.



CHILD MEDICAL CONNECTION

Match The Child To The Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel. 978-630-1910
Fax. 978-630-1925

I. N. S. —————

There are twenty-two SHRINERS HOSPITALS in America that provide quality orthopaedic and burn medical treatment to children under age 18 at NO CHARGE. All expenses in the hospital are paid for by private donations. For the past seventy-five years, these SHRINERS HOSPITALS have helped thousands of children; first for children who reside in the U.S.; children from foreign countries are accepted on the basis of available space. Over the years, SHRINERS HOSPITALS have accepted a great number of foreign children, inasmuch as polio in the U.S. is virtually non-existent since the SALK VACCINE has eliminated the dreaded disease here. However, polio is still a great problem in many areas of the world. So, many children from many foreign countries come to SHRINERS HOSPITALS when space is available, perhaps on a first-come-first-serve basis.

In January of 1996, during my second visit to Viet Nam, I was introduced to a young handicapped boy age 14 who suffered polio as a child, and was severely deformed. When I returned home, I assisted the boy's mother to submit an application for treatment at SHRINERS HOSPITAL; he was accepted, but he had no way to come here because of his poor, destitute family. I offered to provide him with round-trip transportation to the U.S. and be his Sponsor/Guardian while he undergoes his medical treatment. I personally returned him to his home in Viet Nam soon after his discharge from the hospital, as soon as he was strong enough to travel.

Because of this one case of treatment, the parents of many handicapped children have asked me to please be the Sponsor/Guardian of their children for treatment at the SHRINERS HOSPITAL.

NOW MY PLAN IS BASICALLY THE FOLLOWING:

- 1) To assist the parents of handicapped children, under age 18, to submit a correct application to the SHRINERS HOSPITAL with all the necessary documentation, and submit it to the CHIEF OF STAFF for review.
- 2) If a parent or SPONSOR/GUARDIAN is not available IN VIET NAM to accompany the child to the hospital and ASSUME all the EXPENSE and LIABILITIES of TRAVEL, HOME-STAY

and RETURN home to Viet Nam, and if I consider this case acceptable to me, then I shall become the SPONSOR/GUARDIAN of the child, or attempt to procure a SPONSOR/GUARDIAN here whom the parents and hospital will agree to.

- 3) Once the application is accepted by the SHRINERS HOSPITAL, I shall inform the parents of the decision of the CHIEF OF STAFF and the BOARD OF GOVERNORS, and advise the parents of the child to apply for a passport, and procure a U.S. visa in Ha Noi.
- 4) Once the date is set for MEDICAL EVALUATION at the Hospital, then I shall proceed to procure a ROUND-TRIP airfare for the child to come to the U.S. for the medical evaluation.
- 5) To provide the child with a host-family for the 4-6 weeks prior to admission to the hospital to allow time for immunization, medical/blood tests, X-Rays, etc.
- 6) To provide the child with TRANSPORTATION to and from the hospital on an out-patient basis as necessary,
- 7) To FOLLOW-UP continuously while the child is confined to the hospital, and to keep the parents informed regularly of the child's progress, problems, etc.
- 8) As SPONSOR/GUARDIAN, to provide the hospital with all the necessary signed documents of permission for surgery, etc.
- 9) Once the child is discharged from the hospital, to follow-up with out-patient visits as necessary, while the child recuperates at the host-family residence.
- 10) To apply for a U.S. visa extension if necessary upon the advice of the Doctor.
- 11) If possible, to allow the child to attend some type of formal education classes so that his/her education will not be interrupted while in the U.S. This is only short-term.
- 12) Upon the Doctor's orders, to return the child back home to Viet Nam with an adult escort.

These twelve items are ONLY THE MAIN POINTS, and by no means exclusive of other necessary items. The well-being of the child is of top priority from the time the child leaves and returns home to Viet Nam. Every child will return home as soon as possible upon the release and decision of the Doctor.

All expenses incurred will be paid by me, if the family of the child is not able to afford any or all of the expense of the above items. All expenses used in this process are either paid for by me personally, or by private donations; no funds are used from any GOVERNMENT, FEDERAL, STATE OR LOCAL MEANS-TESTED PUBLIC BENEFITS.

JOSEPH A. BODANZA, DIRECTOR
CHILD MEDICAL CONNECTION



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
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Có vào khoảng 22 Bệnh viện SHRINERS trên toàn nước Mỹ. Tất cả những bệnh viện này đều cung cấp chất lượng điều trị về kỹ thuật chỉnh hình và trị bóng cho trẻ em dưới 18 tuổi không có lệ phí. Mọi chi phí ở bệnh viện được chi trả do sự quyên góp từ lòng hảo tâm. Từ 75 năm qua, những bệnh viện này đã điều trị và cứu giúp cho khoảng hàng vạn trẻ em trên thế giới. Ưu tiên là những đứa trẻ cư trú tại Mỹ. Những trẻ em đến từ những nước khác được chấp thuận là tùy thuộc vào bệnh viện có còn chỗ trống hay không.

Nhiều năm qua, Bệnh viện SHRINERS đã chấp thuận một số lượng rất lớn trẻ em đến từ nước ngoài do bệnh bại liệt. Bệnh này không tồn tại ở Mỹ vì đã có VACCINE chủng ngừa để loại bỏ căn bệnh khủng khiếp này. Tuy nhiên bại liệt vẫn còn là một trở ngại rất lớn cho nhiều quốc gia trên thế giới. Bởi vậy đã có rất nhiều trẻ em từ nhiều nơi trên thế giới đến bệnh viện này để điều trị.

Tháng 1 năm 1996, trong chuyến viếng thăm VN lần thứ 2 tôi đã được giới thiệu 1 đứa trẻ bệnh tật vào độ tuổi 14. Cháu đã phải chịu bại liệt từ lúc còn thơ ấu. Thân hình cháu đã bị biến dạng. Khi tôi trở về nhà, tôi đã giúp mẹ của cháu đệ trình đơn xin điệu trị lên bệnh viện SHRINERS. Và sau đó cháu đã được chấp thuận, nhưng cháu không thể đi điệu trị bởi vì gia đình cháu quá nghèo. Tôi đã đứng ra bảo lãnh, và cung cấp mọi chi phí cho cháu sang bệnh viện để được điều trị. Tôi đã đưa cháu trở lại Việt Nam với gia đình sau khi cháu xuất viện trong tình trạng sức khỏe tốt hơn.

Bởi vì trường hợp này, có rất nhiều cha mẹ của những trẻ em bệnh tật khác đã hỏi tôi làm người bảo trợ cho con của họ được đi điệu trị ở Bệnh viện SHRINERS.

Những kế hoạch của tôi trên căn bản dựa theo:

1. Giúp đỡ cha mẹ của những trẻ em bệnh tật tuổi dưới 18 đệ trình đơn xin điều trị lên Bệnh viện SHRINERS, cùng với những giấy tờ liên quan cần thiết khác lên ông bệnh viện trưởng để xem xét.
2. Nếu cha mẹ hay người đỡ đầu không thể đi cùng với các cháu, giả sử mọi chi phí đi lại, nơi ăn chốn ở, và trở lại Việt Nam, nếu thích hợp tôi sẽ là người đỡ đầu và lo mọi chi phí cho các cháu, hoặc tôi có thể tìm giúp 1 người đỡ đầu khác ở đây dưới sự đồng ý của cha mẹ các cháu và bệnh viện.
3. Một khi đơn xin điều trị bệnh viện chấp nhận, tôi sẽ báo tin đến cho cha mẹ của các cháu biết sự quyết định của bệnh viện trưởng và ban giám đốc bệnh viện. Đồng thời tôi cũng sẽ hướng dẫn cha mẹ của các cháu cách thức làm đơn xin hộ chiếu cũng như những thủ tục cần thiết ở Hà Nội.
4. Một khi ngày hẹn cho việc thăm định tình trạng sức khỏe ở bệnh viện đã được chọn, tôi sẽ tiến hành công việc đưa các cháu sang Mỹ để điều trị.
5. Cung cấp cho các cháu 1 chỗ ở trong vòng 4 - 6 tuần trong thời gian đầu để tiêm ngừa, thử máu, chụp quang tuyến trước khi đi vào sự điều trị chính thức.
6. Cung cấp cho các cháu phương tiện cần thiết đi lại trong quá trình điều trị.
7. Liên tục theo dõi trong lúc các cháu đang điều trị trong bệnh viện, và thường xuyên báo tin cho cha mẹ các cháu biết sự biến chuyển về tình trạng bệnh tật của các cháu như thế nào.
8. Tư cách là một người đỡ đầu, tôi sẽ cung cấp tất cả những điều cần thiết cho bệnh viện như là ký tên vào giấy cho phép giải phẫu.
9. Một khi các cháu xuất viện, tôi sẽ tiếp tục theo dõi tình trạng sức khỏe, sinh hoạt của các cháu đang dưỡng bệnh tại nơi cư ngụ.

10. Tôi sẽ làm đơn xin gia hạn Visa, trong trường hợp cần thiết dựa theo lời khuyên của bác sĩ.
11. Nếu có thể, tôi sẽ cho phép các cháu vào học chính thức ở các trường địa phương để các cháu khỏi bị gián đoạn việc học hành trong khi điều trị ở Mỹ. Đây chỉ là thời gian ngắn.
12. Dựa theo sự phê chuẩn của bác sĩ, tôi sẽ gọi các cháu trở lại Việt Nam có sự đi kèm của người lớn.

Trên đây là 12 điều chính, và cũng không có nghĩa là loại trừ những điều cần thiết khác. Sức khỏe của các cháu là điều ưu tiên hàng đầu từ lúc các cháu đi và trở lại Việt Nam. Tất cả các cháu sẽ trở lại Việt Nam một cách sớm nhất dựa theo sự quyết định của Bác Sĩ.

Tôi sẽ chi trả mọi phí tổn nếu gia đình của các cháu không đủ khả năng chi trả những chi tiêu kể trên. Tất cả những chi phí dùng trong quá trình điều trị cho các cháu là do tiền riêng của tôi hoặc là sự quyên góp từ những tấm lòng hảo tâm khác; tôi không sử dụng tiền của chính phủ, của liên bang, tiểu bang, hay là những lợi tức của địa phương.

JOSEPH A. BODANZA, DIRECTOR
CHILD MEDICAL CONNECTION

On May 19, 1999 no more foreign applicants would be approved to come to the U.S. states for treatment since there was a large number of patients waiting for surgical dates and therapy. Here is the notice from Joseph Bodanza along with its translation to Vietnamese.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel: 978-630-1910
Fax: 978-630-1925

MEMO TO ALL FOREIGN APPLICANTS TO SHRINERS HOSPITAL
MAY 19, 1999

Due to the large number of applicants waiting for surgical dates and therapy, the Chief of Staff informed me that as of this date all evaluation dates of foreign applicants will be postponed indefinitely.

Therefore, as of this date NO MORE foreign applicants will be approved to come to the U.S. states until further notice. Child Medical Connection, Inc, will not approve any requests for a U.S. Visa until further notice. The heavy backlog of patients already waiting for surgery at the Springfield Shriners Hospital has caused a six-months wait for patients already approved.

The retirement last December of the former Chief of Staff, Dr. John M. Roberts, has reduced the number of doctors who must now assume the heavy load of surgery already scheduled. Until a new replacement is hired, the Hospital cannot accept any more foreign patients.

Therefore, all my applications are temporarily put on HOLD until further notice. Only the foreign patients who are already in the U.S. will be scheduled for therapy and surgery. All other approved applications and evaluation dates have been postponed. NO NEW applicants will be brought to the U.S. and NO NEW visas will be approved until this heavy backlog is cleared up.

At this time, those applicants who already have visas, but are NOT in the U.S. will have to stay in their foreign country. Just as soon as this heavy backlog is cleared, then the Chief of Staff will inform me of his decision to resume treating foreign applicants.

Please try to understand this situation, and bear with us until the present number of patients now waiting for surgery is cleared up, and until a new surgical staff member will be on duty.

Meanwhile, this is a good time for ALL foreign patients to do the following WITHOUT FAIL:

- 1) LEARN ENGLISH TO BE ABLE TO SPEAK HERE TO THE DOCTORS.
- 2) SEND ME A DETAILED, COMPLETE MEDICAL HISTORY OF THE CHILD.
- 3) SEND ME A COMPLETE IMMUNIZATION RECORD OF THE CHILD.

We are requesting MORE DETAILED medical information on each child to more accurately evaluate the needs of each child BEFORE they come here from a foreign country. The medical certificate must be very SPECIFIC in the description of the medical problems, and give more detailed information. "POLIO" alone is not enough; "MYESTHENIA" is also not enough; can the child walk? does the child need a wheelchair to move around? what CAN the child do? what CANNOT the child do? We need more specific details if an application is to be approved. Please cooperate in this matter.

Joseph A. Bodanza, Dir.



CHILD MEDICAL CONNECTION

Match the Child to the Needed Medical Help
31 Ashley Drive
Gardner, MA 01440
Tel: 978-630-1910
Fax: 978-630-1925

Thân gửi đến tất cả bệnh nhân nước ngoài đang xin điều trị tại Bệnh viện Shriners.

Ngày 19, Tháng 5, năm 1999.

Với số lượng lớn của những người chờ đợi cho ngày phẫu thuật, Bệnh Viện Trưởng đã cho tôi biết ngày giải phẫu của tất cả bệnh nhân đã bị dời lại kể từ đây.

Vì thế, kể từ ngày này sẽ không có bệnh nhân nước ngoài được vào Mỹ để chữa bệnh, cho đến khi có thông báo mới. Child Medical Connection Inc sẽ không nhận bất cứ yêu cầu nào cho U.S. Visa đến khi có thông báo mới. Số bệnh nhân đã được chấp nhận và đang chờ đợi cho việc phẫu thuật tại bệnh viện Springfield Shriners đã chiếm hết sáu tháng thời gian.

Vì sự về hưu của ông bệnh viện trưởng, John M. Roberts, số lượng của bác sĩ đã sắp xếp cho việc giải phẫu giảm xuống.

Khi chưa có Bệnh Viện Trưởng mới thay thế, bệnh viện sẽ không nhận bất cứ bệnh nhân nước ngoài nào.

Cho nên, tất cả những đơn xin của tôi sẽ tạm thời giữ lại cho đến khi có thông báo mới. Chỉ có những bệnh nhân nước ngoài mà đang định cư tại Mỹ, sẽ được sắp xếp cho ngày giải phẫu. Tất cả các đơn xin đã bị dời lại, sẽ không có đơn xin được chấp nhận cho đến khi sự khó khăn trên được giải quyết.

Hiện tại những người đã có Visa nhưng chưa đến Mỹ, sẽ ở tạm ở lại quê nhà khi vấn đề trên được giải quyết. Bệnh Viện Trưởng sẽ cho tôi biết quyết định của ông về sự điều trị cho bệnh nhân nước ngoài trở lại.

Làm ơn hiểu và thông cảm cho chúng tôi, cho đến khi bệnh viện giải quyết hết tất cả các bệnh nhân đang chờ đợi cho việc giải phẫu và đến khi có một người chịu trách nhiệm cho việc phẫu thuật.

Trong lúc này là thời gian tốt cho bệnh nhân nước ngoài để làm những việc dưới đây.

1. Học tiếng Anh để có thể nói chuyện với bác sĩ ở đây.
2. Gửi cho tôi đầy đủ các giấy tờ về bệnh tình của con em.
3. Gửi cho tôi đầy đủ giấy tờ tiêm ngừa của con em, chúng tôi đang thu thập tin tức bệnh tình của mỗi đứa trẻ.

Để chuẩn bị cho những điều cần thiết trước khi chúng đến đây từ nước ngoài.

Chúng tôi rất cần chi tiết bệnh tình của trẻ em như: trẻ em có thể đi đứng? Trẻ em cần xe lăn..? và chúng tôi cần chi tiết tương tận hơn nếu đơn xin được chấp nhận.

Xin vui lòng hợp tác trong việc này.

Joseph A. Bodanza, Dir

Joseph Bodanza spent his own money for the first case of Phuc Thanh Nguyen. The success in the free medical treatment for Phuc had widely known in Vietnam. More and more handicapped children have applied for treatment at Shriners Hospitals. Certainly Joseph Bodanza would not be able to take care of visas, airfares, and rent for these children without financial help. He has asked for donations from others to pay for these services.

While visiting schools in Vietnam three years ago, Joe Bodanza met **Phuc Thanh Nguyen**, a polio victim about to drop out of school because of abject poverty. Seeing the twisted body of this boy made Mr. Joe decide to get medical help here for Phuc. At his own expense, Mr. Joe sponsored Phuc to come here and get free help at **Shriners Hospital**. Word of this spread fast in Vietnam. Soon Joe sponsored four more kids, then seven more—until 19 kids came here. “**Joe’s Kids**” are waiting to come here; waiting for Mr. Joe to pay for visas and airfare. They need urgent medical help. The kids would like to walk, stand up straight, take away the pain from their young undernourished bodies

You can help!

**JOSEPH A. BODANZA
31 ASHLEY DRIVE
GARDNER, MA 01440
TEL: 978-630-1910**

Cách đây 3 năm, trong khi viếng thăm các trường học ở Việt Nam, ông Joe Bodanza đã gặp Nguyễn Thanh Phúc, một nạn nhân của bệnh bại liệt đang sắp sửa bỏ học vì nghèo khổ. Khi thấy thân thể bị uốn éo của cậu bé này, ông Joe đã quyết định tìm các cơ quan y tế ở Mỹ để giúp cho Phúc. Ông Joe đã tự mình bỏ tiền túi ra để bảo lãnh cho Phúc đến Mỹ điều trị miễn phí tại bệnh viện Shriners. Sự thành công trong trường hợp của Phúc được lan truyền nhanh chóng ở Việt Nam. Không lâu sau đó ông Joe đã bảo lãnh thêm 4 trẻ em nữa, rồi sau đó thêm 7 cháu nữa, cho đến khi 19 cháu nhỏ đến Mỹ.

"Những đứa con của ông Joe" đang chờ đợi để đến Mỹ, đang chờ đợi ông Joe lo dịch vụ visa và trả tiền vé máy bay. Các cháu cần được chữa trị khẩn cấp. Các cháu mong muốn mình có khả năng đi bộ, đứng thẳng người, và thoát khỏi sự đau đớn từ những cơ thể thiếu phát triển.

QUÝ VỊ CÓ THỂ GIÚP ĐỠ!

Joseph A. Bodanza
31 Ashley Drive
Gardner, MA 01440
Tel: 978 - 630 - 1910

Analysis and Conclusions

Vietnam nowadays has approximately 80 million people, thousands of whom are disabled children and young adults. In the past, Vietnam had suffered 30 years of war, making it one of the poorest countries in the world. Vietnam's technology and health care system are not up-to-date. As a consequence, thousands of kids and teenagers in Vietnam are living in miserable conditions now. They are polio victims and waiting for help.

Most of these victims are living in the rural areas. On the average, the income earned by each person in Vietnam is about \$20.00 per month. In the rural area, this rate is lower. That means people living in the countryside are in a very hard financial conditions. For those who are polio victims, having a chance to get treated in hospitals in Vietnam is almost impossible.

Joseph Bodanza founded Child Medical Connection to bring handicapped children from Vietnam to America for treatment. He found that Shriners Hospitals in Boston and Springfield offer free medical treatment for those who are polio victims or burned severely.

Most of the victims who got or are currently getting treatment at Shriner Hospitals had been stricken with polio in their early years, as for the case of Phuc Thanh Nguyen, Nguyen Hien Anh Thu, and Pham Thi Ngoc

Lan. The reason is, as Bodanza said, “There is not enough vaccine in Vietnam. It needs to be refrigerated, but they have too many power outages in the poorer cities...” (*“Healing Vietnamese Children”*, *Globe Correspondent*)

Another problem is cross-cultural conflict. The kids coming to America for treatment do not speak English. They do have difficulty to explain their health state, what they need, how they feel, etc.

Bringing these children to America is a problem. But that is not all. These children need to be transported to hospitals when they have an appointment, when they go to school, when they go shopping...Joseph Bodanza really needs volunteer help, including cooking for these children, driving them to where they must go, teaching them necessary English phrases in everyday life. Currently, Joseph Bodanza has several temporary volunteers who are willing to help him on weekends, but much more help is needed.

Global communication plays an important role in the growing of Child Medical Connection. According to Bodanza, currently the cost to provide for each child in a nine-month period in America is about \$4,500 to \$5,000. The cost includes airfare, rental of apartment, food, and transportation. Joseph Bodanza spent his own money for the first case of

Phuc Thanh Nguyen. But taking money out of his pocket certainly will not help much; that is, only a few children would have a chance to get treated. That's why he needs donations from others to keep his organization functioning. But how can people help him without knowing what he has been doing? This is where media comes into play.

Technology also helps in keeping Child Medical Connection functioning. Today with a lot of airlines serving, the transportation of patients from one country to another is not a problem any more. Handicapped children from Vietnam can fly to America for treatment in only 20 hours. The advantage in transportation makes polio victim's dreams of becoming healthier a real possibility.

There have been some problems since Joseph Bodanza brought handicapped children to America. Initially, he allowed each child to be accompanied by one of his/her parents with an agreement that the parent came to America for the purpose of taking care of the child only. And when the child is discharged from the hospital, the parent must go back to Vietnam with the child immediately. But, according to Bodanza, a few parents did not obey this agreement. These parents came here not for taking care of their children. Some of them came here and lived with their relatives or friends and did not go back to Vietnam when their children were discharged.

Joseph Bodanza was very upset about them and he decided that no more parents would be allowed to accompany their children. This might be unfair to other parents, but Bodanza had no choice.

Another problem is the support of Vietnamese community to his operation. A majority of Vietnamese in America appreciates what Bodanza has been doing for handicapped children in Vietnam, and they are willing to help him whenever they can. What they do is donate money, food, and clothes for the kids or do some volunteer help such as cooking or teaching the kids English. However, there are some people who have turned their back on to Bodanza's work. Some of them complained that Bodanza has brought Vietnamese communists to America since they saw some of the kids coming from Ben Tre, a province of Vietnam used to support Vietnamese communists in the Vietnam War. The others suspected Bodanza's motivation behind his charity operation.

Joseph Bodanza has been doing a great job for handicapped Vietnamese children. He brought over one hundred Vietnamese kids disabled by disease or accident into America for free treatment at Shriners Hospitals. However, there are some of the things that need to be considered; he cannot bring all the handicapped Vietnamese children into this country in order to get free treatment, nor can he handle Child Medical Connection Inc

to help Vietnamese kids for much longer because he's almost 70 years old. It's really difficult to imagine that some day Joseph is going to die, or worse yet for some reason he might not be able to handle Child Medical Connection Inc anymore. What then will happen to the kids have been living over here and the others in Vietnam? High technology has been developing so quickly in the world, is it possible to make a good solution by using high technology in order to help Joseph's purposes as well as all the handicapped children in Vietnam?

Let us discuss about how we can develop a method of treatment that is called telemedicine for Vietnam. It is established in Vietnam but monitored from the U.S via telemedicine technology. The basic concept of how telemedicine works is that the use of electronic information and communications technologies provide and support health care when distance separates the participants. There were many successful cases in the world performed through telemedicine technology, and those demonstrated the accuracy and helpfulness of telemedicine. Telemedicine arose originally to serve rural populations, or any people who are geographically dispersed – where the time and the cost of travel make access to the best medicine difficult. Now, it is increasingly being used in mainstream medicine, to allow doctors the world over to share expensive resources and valuable

experience. It's really disheartening to say that Vietnam is one of countries usually behind the others. Most leaders in Vietnam are old and very conservative. They don't have enough knowledge to catch up with new technology developed outside the country. We have already known that long ago the internet was created and developed in the world, but the government in Vietnam just joined into the World Wide Web in the last a couple of years. People can access the Internet, but must be under government control. Also, telecommunication is underdeveloped in Vietnam. A small country with around 70 million people, but not all of families have a telephone in the house. Therefore, it is not easy to develop telemedicine in Vietnam. The first important thing for telemedicine to work is that are Vietnam needs to build a good Internet system as well as telecommunication. The doctors need to be trained about telemedicine equipment, and must have very good communication with the other doctors in the world by using the same language, English. The government in Vietnam has to support money for buying telemedicine equipment, and establishing the telemedicine committees. The Universities and Colleges in Vietnam must be allowed to research about telemedicine and be linked to the Universities and Colleges in the world. Once these are satisfied, telemedicine can be established in Vietnam. People can stay home, log onto the Internet and directly talk to

their doctor. They can take an examination over the Internet by using video conferencing equipment...etc. Special cases that cannot be handled by the Vietnamese doctors can be advised from the doctors in the world through telemedicine. Because of Joseph's financial situation and because of Shriners limits on the amount of children to come from each country, not all handicapped Vietnamese children will be allowed to be here for treatment. By using telemedicine technology in Vietnam, it is possible for handicapped kids to be treated, and given their lives back in Vietnam. They don't need to go to America or somewhere else, just stay in Vietnam, and the doctors at the Shriners Hospitals can treat them through telemedicine technology. It is really good idea to do that, and telemedicine must be considered in Vietnam immediately.

On Dec 1998, the UPLIFT International launched the first telemedicine link with Vietnam and established a medical education initiative. UPLIFT International and its partner the University of Vermont, College of Medicine/Fletcher Allen Health Care demonstrated the capabilities of telemedicine, from observing open-heart surgery and directly viewing gastrointestinal endoscopies and ultrasound examinations, to carrying out real-time long distance physician consultations and patient examinations. (*UPLIFT International Launches First Telemedicine Link*

With Vietnam”, <http://www.upliftinternational.org/telemedPR.htm>) The demonstration linked University of Vermont and Fletcher Allen, its allied health care system, with Canton-Potsdam Hospital in northern New York and the other participating sites in Hanoi, Vietnam and Washington, D.C. Donors, media and other interested parties were invited to attend at demo sites in Burlington, Vermont, Washington, D.C and Hanoi, Vietnam. The first Global ISDN link into Vietnam was accomplished recently by MCI WorldCom, thus enabling the telemedicine initiative.

UPLFT International and its affiliated medical schools, University of Vermont, College of Fletcher Allen are developing cooperative long time medical education programs in Vietnam. The purpose of these programs is to modernize medical education in Vietnam, to expose American medical students and physicians to conditions not often encountered in the U.S. to enhance their education and training, to allow Vietnamese medical students and physicians to participate in more cutting edge training and technology, and to build long term relationships with health care professionals around the world. Unfortunately, all these programs were just established in North Vietnam only. It would be great for Vietnam if those programs are expanded to whole the country, so they are going to help telemedicine technology to

be working perfectly. (*“UPLIFT International Launches First Telemedicine Link With Vietnam”*, <http://www.upliftinternational.org/telemedPR.htm>)

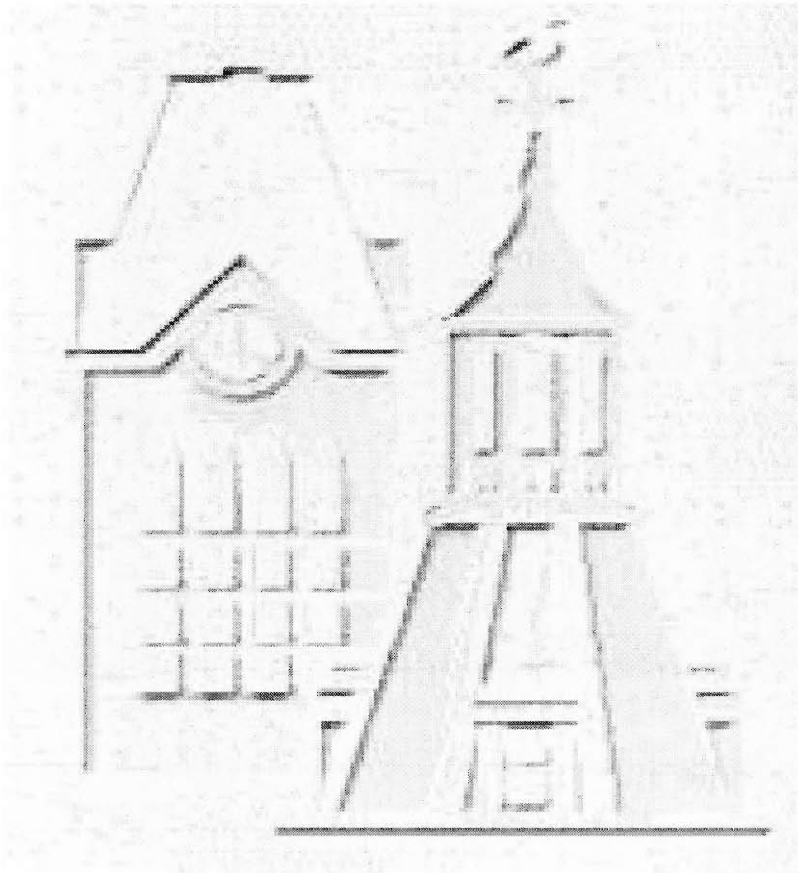
Another important thing that can help for handicapped Vietnamese children are that there are Vietnamese Communities in the world, outside of Vietnam There are about two and half millions Vietnamese people are living in many countries, but about one and half are living in the U.S. Most people left Vietnam because they didn't want to live in Communism. There were too many people who died on the road of escape. There were too many people had to be in the prisons for ten or fifteen years. They have never forgotten what communism had done to them and their family. They will never give up and forgive communism. They really care whether or not Joseph's purposes related to the communists. They really understand that handicapped Vietnamese children are not communists, but they come from the communist country, that makes them have to consider how much help they should give. They have enough ability and condition to take care for all the handicapped Vietnamese children who come here for treatment as Joseph has done, but for them communism has to be destroyed in Vietnam first.

Conclusion and Recommendations

Through out the project, the team realized that the Child Medical Connection (CMC) has some difficulties in taking care for the children like transportation, cooking, and language. Joseph Bodanza, the director of the CMC, is seventy-two years old. He may not take care of the children or handle the CMC for long time. If Mr. Joseph Bodanza passes away, who will continue to do Mr. Joseph Bodanza's work. That is the most difficulty for the CMC now.

Because of the difficulties of the CMC above, the team decided to do a presentation to call for help in the WPI Vietnamese Student Association and Vietnamese Student Association of New England. The presentation was at Founder Hall of WPI on February 27, 2001. The goal of the presentation was to popularize the CMC.

IQP – GLOBAL MEDICINE



- Introduction
 - Child Medical Connection Inc,
 - Joseph Bodanza
- Pictures
- Recommendations to:
 - WPI VSA
 - New England VSA

PRESENTATION

- Project Team
 - Chinh Do (vinchinh@wpi.edu)
 - Hai Trinh (trinh@wpi.edu)
 - Khoi Le (khoile@wpi.edu)
 - Trung Nguyen (nguyentr@wpi.edu)
- Advisor:
 - Zeugner, John F. (jzeugner@wpi.edu)

Handicapped Children in Vietnam

- Vietnam suffered 30 years of war
- Thousands of children are disabled
- Lack of vaccine
- Vietnam's technologies and health care system are out of date
- poverty

Child Medical Connection Inc,

- A Charitable Non-Profit Organization
- Bring Vietnamese handicapped children from Vietnam to America to get free treatment at Shriner Hospitals
- Director: Joseph A. Bodanza
- Located: 171 Johnson St. # 212
Leominster, MA 01453
- Tel: 978-534-8818
- Fax:978-534-8828

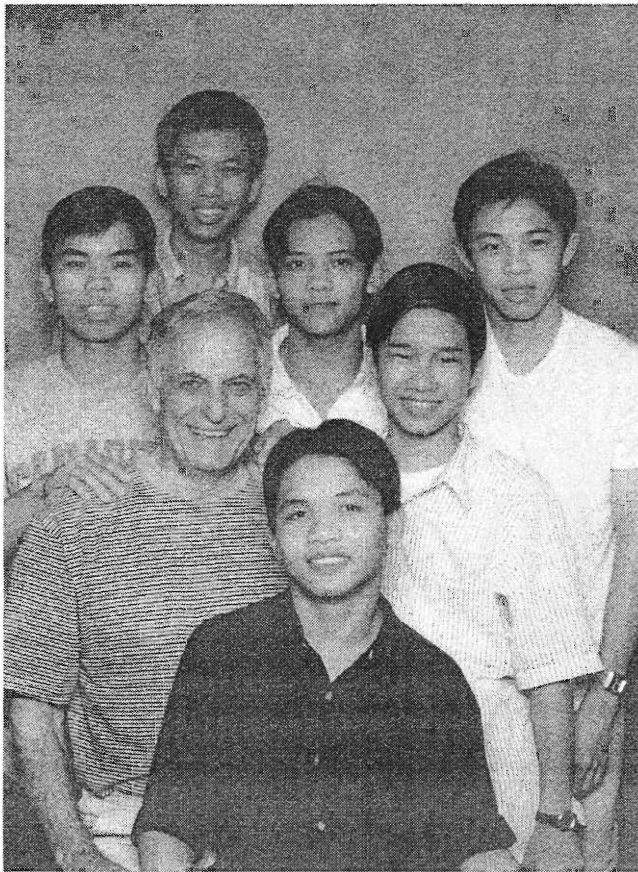
Joseph A. Bodanza

- Used to be an educator in Massachusetts
- Disabled when he was a child from polio
- Visiting Vietnam in 1995 with his son (a Vietnamese guy)

Finances of Child Medical Connection Inc,

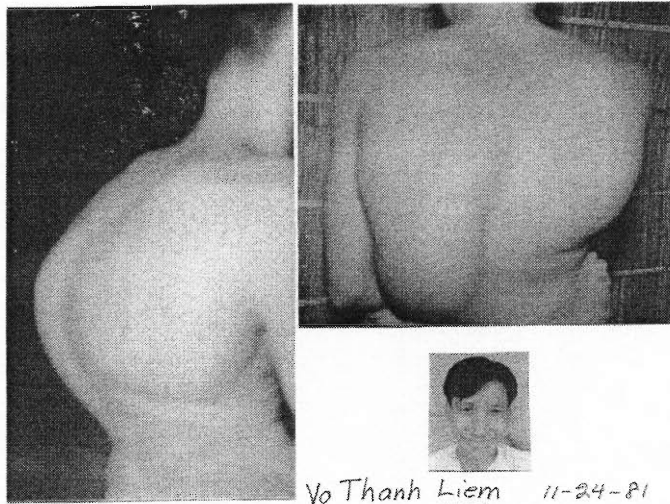
- No government support
- His own money
- Donations
 - His friends
 - Vietnamese Communities
 - American

Pictures

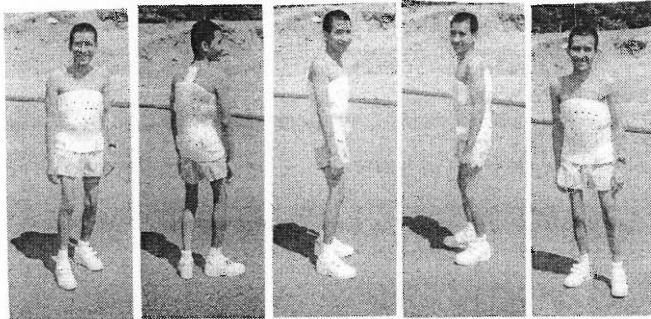


- Joseph A. Bodanza and six Vietnamese kids at his house
- They have been here since Feb 2000

Vo Thanh Liem

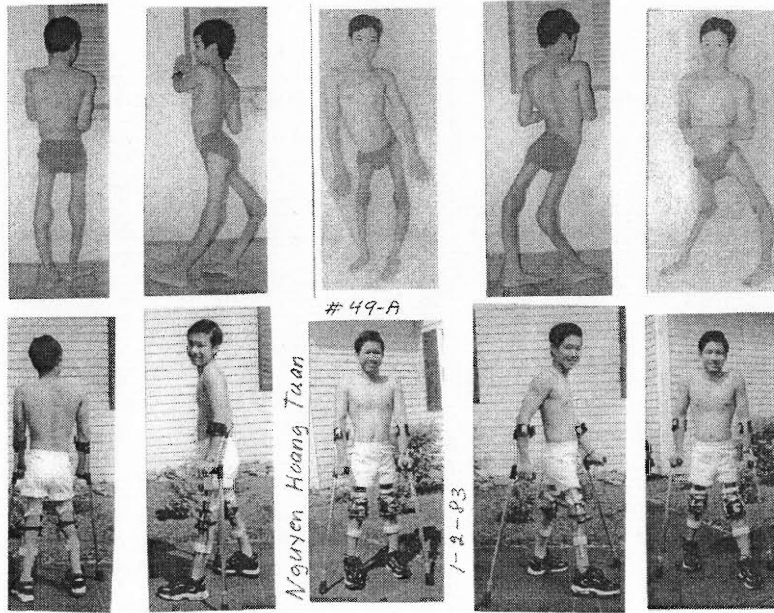


Vo Thanh Liem 11-24-81
#49



- He is eight-teen years old
- Was infected when he was seven years old
- His back before surgery
- Liem's picture after surgery at Shriner hospital (bottom)

Nguyen Hoang Tuan

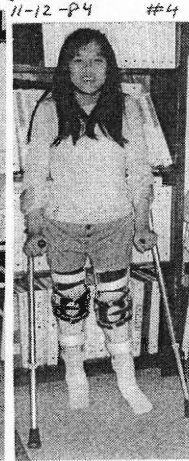
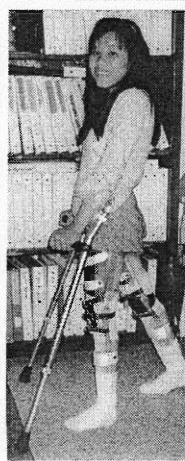


- Coming from Ben Tre, Vietnam
- Got polio at several years of age
- Wasn't be able to walk by himself
- Tuan's picture before and after surgery
- Able to walk now

Nguyen Thi Anh Thu

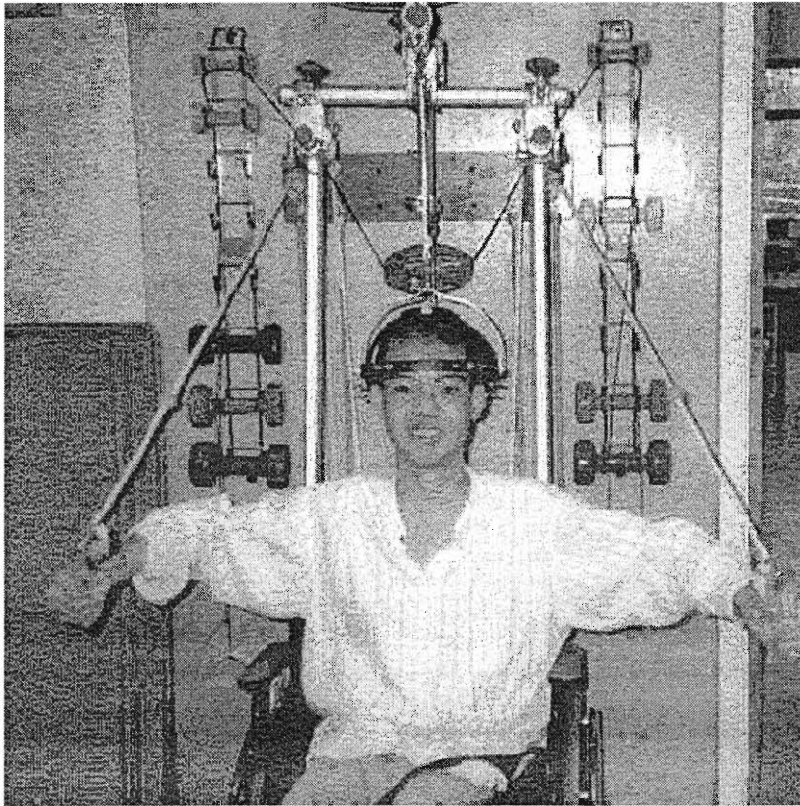


Nguyen H. A. Thu
11-12-P4 #4



- Three times surgery at Shriners hospital
- Polio at two years old
- Wasn't be able to walk before
- Now is able to walk by using the crutches

Dinh Truong Giang



- Coming from ThuDuc, Vietnam
- Fourteen years old
- Giang's picture after surgery
- He has to be on the wheel-chair like this for three months

What we did

- Translated documents from English to Vietnamese and vice versa
- Picked up handicapped kids from airport and hospitals.
- Interpreted
- Cooked (sometimes)
- Taught these kids common English phrases

Recommendations for WPI VSA

- Visit Joseph's house this Spring Break
 - All members have to be there
- Make some plans to help Joseph and Vietnamese kids
 1. Modify Child Medical Connection website
 2. Translating documents
 - Application forms from English to Vietnamese

Recommendations

- Letter from Vietnamese to English
- Letter from English to Vietnamese
- Visit Shriner Hospital
 - Help the kids for transportation
 - Interpret for the kids at hospital
- Cooking Vietnamese food for the kids
 - Can be done at Joseph's house (one or two times each week)

Recommendations

- Cook and bring to Joseph's house for them
- Buy something at Vietnamese restaurant
- Teaching English for the kids
- Talking sometime with them
- Donations
 - Your own money, food, clothes

Recommendations

- Donations (continue)
 - VSA activity as dance to raise funds for Joseph.
 - Let Vietnamese Community in Worcester know about Child Medical Connection
- Airport transportation
- WPI VSA president needs to talk to New England VSA about this charity

References

- 1) *Joseph Bodanza's approach and plan* (see Appendix A, brochure)
- 2) *Joseph Bodanza's approach and plan* (see Appendix A, brochure)
- 3) "Screening Clinics" (see Appendix A)
- 4) *Joseph Bodanza's approach and plan* (see Appendix A, brochure)
- 5) "Four Children of Vietnam in America Because of Joe Bodanza's Concern" (see Appendix A)
- 6) "Four Children of Vietnam in America Because of Joe Bodanza's Concern" (see Appendix A)
- 7) "What is Doctors Without Borders",
<http://www.doctorswithoutborders.org/intro.htm> (see Appendix C)
- 8) "What is Doctors Without Borders",
<http://www.doctorswithoutborders.org/intro.htm> (see Appendix C)
- 9) "Green Cross Family",
<http://www.gci.ch/GreenCrossFamily/gcfamilyhp.html> (see Appendix B)
- 10) "The Green Cross "Agent Orange"",
<http://www.gci.ch/GreenCrossPrograms/legacy/Vietnam/agentorange.html> (see Appendix B)
- 11) "The Green Cross "Agent Orange"",
<http://www.gci.ch/GreenCrossPrograms/legacy/Vietnam/agentorange.html> (see Appendix B)
- 12) "Center for Telemedicine/Telehealth",
<http://www.ttuhs.edu/telemedicine/history.htm> (see Appendix C)
- 13) "Center for Telemedicine/Telehealth",
<http://www.ttuhs.edu/telemedicine/> (see Appendix C)
- 14) "Healing Vietnamese Children", *Globe Correspondent* (see Appendix C)
- 15) "UPLIFT International Launches First Telemedicine Link With Vietnam", <http://www.upliftinternational.org/telemedPR.htm> (see Appendix C)
- 16) "UPLIFT International Launches First Telemedicine Link With Vietnam", <http://www.upliftinternational.org/telemedPR.htm> (see Appendix C)

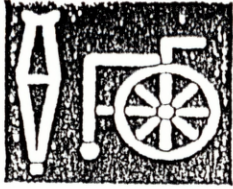
Appendix A

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IQP/MQP SCANNING PROJECT





CHILD MEDICAL CONNECTION

Match The Child To The Needed Medical Help

31 Ashley Drive
Gardner, MA 01440

Tel. 978-630-1910
Fax. 978-630-1925

There are twenty-two SHRINERS HOSPITALS in America that provide quality orthopaedic and burn medical treatment to children under age 18 at NO CHARGE. All expenses in the hospital are paid for by private donations. For the past seventy-five years, these SHRINERS HOSPITALS have helped thousands of children; first for children who reside in the U.S.; children from foreign countries are accepted on the basis of available space. Over the years, SHRINERS HOSPITALS have accepted a great number of foreign children, inasmuch as polio in the U.S. is virtually non-existent since the SALK VACCINE has eliminated the dreaded disease here. However, polio is still a great problem in many areas of the world. So, many children from many foreign countries come to SHRINERS HOSPITALS when space is available, perhaps on a first-come-first-serve basis.

In January of 1996, during my second visit to Viet Nam, I was introduced to a young handicapped boy age 14 who suffered polio as a child, and was severely deformed. When I returned home, I assisted the boy's mother to submit an application for treatment at SHRINERS HOSPITAL; he was accepted, but he had no way to come here because of his poor, destitute family. I offered to provide him with round-trip transportation to the U.S. and be his Sponsor/Guardian while he undergoes his medical treatment. I personally returned him to his home in Viet Nam soon after his discharge from the hospital, as soon as he was strong enough to travel.

Because of this one case of treatment, the parents of many handicapped children have asked me to please be the Sponsor/Guardian of their children for treatment at the SHRINERS HOSPITAL.

NOW MY PLAN IS BASICALLY THE FOLLOWING:

- 1) To assist the parents of handicapped children, under age 18, to submit a correct application to the SHRINERS HOSPITAL with all the necessary documentation, and submit it to the CHIEF OF STAFF for review.
- 2) If a parent or SPONSOR/GUARDIAN is not available IN VIET NAM to accompany the child to the hospital and ASSUME all the EXPENSE and LIABILITIES of TRAVEL, HOME-STAY

and RETURN home to Viet Nam, and if I consider this case acceptable to me, then I shall become the SPONSOR/GUARDIAN of the child, or attempt to procure a SPONSOR/GUARDIAN here whom the parents and hospital will agree to.

- 3) Once the application is accepted by the SHRINERS HOSPITAL, I shall inform the parents of the decision of the CHIEF OF STAFF and the BOARD OF GOVERNORS, and advise the parents of the child to apply for a passport, and procure a U.S. visa in Ha Noi.
- 4) Once the date is set for MEDICAL EVALUATION at the Hospital, then I shall proceed to procure a ROUND-TRIP airfare for the child to come to the U.S. for the medical evaluation.
- 5) To provide the child with a host-family for the 4-6 weeks prior to admission to the hospital to allow time for immunization, medical/blood tests, X-Rays, etc.
- 6) To provide the child with TRANSPORTATION to and from the hospital on an out-patient basis as necessary,
- 7) To FOLLOW-UP continuously while the child is confined to the hospital, and to keep the parents informed regularly of the child's progress, problems, etc.
- 8) As SPONSOR/GUARDIAN, to provide the hospital with all the necessary signed documents of permission for surgery, etc.
- 9) Once the child is discharged from the hospital, to follow-up with out-patient visits as necessary, while the child recuperates at the host-family residence.
- 10) To apply for a U.S. visa extension if necessary upon the advice of the Doctor.
- 11) If possible, to allow the child to attend some type of formal education classes so that his/her education will not be interrupted while in the U.S. This is only short-term.
- 12) Upon the Doctor's orders, to return the child back home to Viet Nam with an adult escort.

These twelve items are ONLY THE MAIN POINTS, and by no means exclusive of other necessary items. The well-being of the child is of top priority from the time the child leaves and returns home to Viet Nam. Every child will return home as soon as possible upon the release and decision of the Doctor.

All expenses incurred will be paid for me, if the family of the child is not able to afford any or all of the expense of the above items. All expenses used in this process are either paid for by me personally, or by private donations; no funds are used from any GOVERNMENT, FEDERAL, STATE OR LOCAL MEANS-TESTED PUBLIC BENEFITS.

JOSEPH A. BODANZA, DIRECTOR
CHILD MEDICAL CONNECTION

Appendix B

Green Cross Family



Give Humanity a Chance

Give the Earth a Future

Green Cross
National
Organizations
Green Cross
International Staff
Green Cross
International Board
The Honorable
Mikhail H. Gorbachev

Green Cross International was founded by **Mikhail Gorbachev** in 1993, building on the 1992 Earth Summit in Rio de Janeiro and Agenda 21. Green Cross is a non-governmental, non-profit organization. Our mission is to help create a sustainable future by cultivating harmonious relationships between humans and the environment. Green Cross concentrates its efforts on the following five programs whose common theme is to promote a significant change in human values leading to greater respect and care for Earth's community of life in all its diversity.

Society must be founded on a balance with nature. We want to be active and conduct projects and programs to ensure that from now on, every form of development safeguards and, if necessary, helps to replenish the resources of our environment.

Our programs stem from the initiatives of our national organizations as well as from Green Cross International in Geneva. We seek to combine global thinking and local action through the vehicle of international programs tailored to local needs. All our programs await your enthusiastic input and require your support and involvement.

Green Cross International has been granted **General Consultative Status** with the Economic and Social Council (ECOSOC) of the United Nations.

Green Cross is a **member of the Advisory Group on Environmental Emergencies** of the Joint UNEP/OCHA Environment Unit.

Green Cross International is recognized as being of public utility; Donors and GCI are **Tax Exempted**.

How is Green Cross Organized

The General Assembly, composed of the Presidency, Green Cross National Organizations' Presidents and the Executive Director is the supreme body of Green Cross International. It sets the general directions and priorities of the association.

Presidency:

Mikhail Gorbachev President

Alexander Likhotal Vice President

Roland Wiederkehr Vice President

Hubert Secretan Treasurer

Shoo Iwasaki Presidential Advisor

Executive Director: Bertrand Charrier

The Honorary Board gathers well known personalities who volunteer their time to serve as advisory body to help achieving Green Cross International objectives.

Navigate using this menu !

Last updated on 11/25/1999 05:21:25

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The GREEN CROSS

"AGENT ORANGE"

Campaign

GREEN CROSS starts its "AGENT ORANGE" campaign in favor of the Vietnamese children.

"Agent Orange" is a powerful defoliant that was largely used during the Vietnam War, in order to defoliate the forests that were hiding the Vietcong soldiers. This chemical product contained a poison dangerous for health and environment: the dioxin. Its disastrous effects appeared about 3 to 4 years after its use, causing malformations on about 75'000 people. And still nowadays, 25 years after the war, 3'600 children come to life each year with severe deformities, fissures in the throat, double rows of teeth, and other muscular atrophies. The growing infertility of the young women, as well as urological problems, are also attributed to Agent Orange. Effectively, important amounts of dioxin have been found into the grease and liver of the Vietnamese victims. This weedkiller harms human beings by seeping from water or soil into their food.

Social politic in favor of the handicapped almost non-existent in Vietnam.

The efforts of the Vietnamese government are focused towards the economical growth and the exportation industry, leaving aside the social politic in favor of the handicapped. Help is all the more needed as the handicapped children are considered as monsters in Vietnam and are therefore hidden by their ashamed families, and condemned to a vegetative life. Other are sent to beg in the streets, and are punished through maltreatment, starvation and even abandonment, if they do not bring back home enough money.

GREEN CROSS helps with the motto "To go signifies Life". Its first goal consists in providing 750 kids with orthopedic care. This project started in 1998. In Hanoi and Hai Phong, two centers have been built in order to welcome these children. These centers, as well as the equipment and the staff, are financed by the German Department of Technical Cooperation (GTZ). Green Cross is therefore able to dedicate the totality of the donations into a direct assistance in favor of the victims of Agent Orange.

The program involves the medical aspects of the diagnosis

GREEN CROSS INTERNATIONAL

GENERAL PRESENTATION

JUNE 1999

Give Humanity a Chance, Give the Earth a Future

International challenges

Sustainability is one of the main topics of this finishing century and its gist is ambiguous and difficult to define. Most people have difficulties to understand the meaning of the word and others react emotionally. When philosophers, scientists, businessmen, scholars, and individuals try to define this word, the polemic and discussion is never ended, proving if it was necessary, the complexity of this term. To explore sustainability at this junction in human history is to raise the fundamental questions of how humanity defines itself, and how each one of us tackles the challenges of the 21st century.

The Sustainability debate started with the Brundland Commission's definition: " Humanity has the ability to make development sustainable, to ensure that it meets the needs of the present without compromising the ability of future generations to meet their own needs ". The most serious independent analyses of the current development of humanity prove that the world's development does not tend towards sustainability. Recently, Mikhail Gorbachev President of Green Cross International said: " we are at an essential moment in human history, for the first time, we are widely aware that our day-to-day decisions have the power to destroy our own habitat, the Earth ". The growth in world property and the population expansion have carried a heavy burden on the environment and quality of life for billions of people. To achieve sustainability a balance must be found between society's major components: economy and technology, ecology and demography, and governance and equity. Year after year, the Economy is becoming predominant and its myth of indefinite growth is progressively replacing all other essential values which have slowly contributed to the elaboration of our civilization. The sustainability of development can only be reached if citizens and decision-makers take all the other above mentioned components fully into account.

The sustainable world will be a world of social and technological innovations, experimentation, high transparency, a totally interconnected community, in which agreements are reached through mediation, and with respect for civil rights. In this world NGOs, governments, concerned consumers and businesses would act as partners. Thanks to dialogue and mutual respect continuous environmental and social values will be incorporated into market mechanisms. Dream or reality? President Mikhail Gorbachev showed the world that when an idea or an intuition is right and emerges at the right time, the " Wall of difficulties like the Berlin Wall might fall ".

Green Cross an International Network

Mikhail Gorbachev chaired the destiny of Green Cross International since 1993, date of its birth. The mission of Green Cross International is to help create the conditions for a sustainable future by cultivating a more harmonious relationship between humans and the environment.

The founding principles of Green Cross International can be summarized by:

*_ A fundamental transformation of society's **Values** with respect to the environment.* Narrow approaches to problem solving ignore linkages between sectors or across local, national and global spheres. Firstly, changes in values and in the distribution of power are needed and secondly, new ways of analyzing and acting are required. Green Cross works worldwide to promote the emergence of these values.

*_ A spirit of **Dialogue** and mediation, both level-headed and constructive.* Green Cross plays the role of catalyst, and mobilizes the strength of its whole network for environmental conflict prevention and mediation. One of the aims of Green Cross International is to be a constructive force across multiple sectors, working with governments, private sector, religious groups, international organizations, NGOs and individuals.

_ A meshing of the economy, ecology and society. The integration of ecological and socio-economic principles should be promoted. The clear link between these elements should be integrated at all levels.

In 1999, Green Cross International is active in 21 countries including: Argentina, Bolivia, Burkina Faso, Côte d'Ivoire, Czech Republic, Estonia, France, Germany, Hungary, Italy, Japan, South Korea, Netherlands, Poland, Russia, Swaziland, Sweden, Switzerland, United Kingdom, United States, and Venezuela. The organizations in Germany and the USA have adopted the name "Global Green."

Eminent and well-known personalities have accepted to be members of the honorary Board as Ted Turner, Robert Redford, Jean-Michel Cousteau, Rita Levi Montalcini, Yoko Ono, Chinghiz Aitmatov, René Felber, Thor Heyerdahl, Rudolphus Lubbers, Hiromu Nonaka, Shimon Peres, Javier Perez de Cuéllar, Princess Basma Bint Talal, Karan Singh, Olzhas Suleimenov, Monkombu S. Swaminathan, Masayoshi Takemura.

The United Nations has awarded Green Cross International their highest accreditation status, i.e. "NGO in general consultative status with the Economic and Social Council of the United Nations".

The global budget of Green Cross family reaches worldwide \$ 5 million in 1998, and the budget of the Geneva headquarters is \$1.2 million.

Green Cross International Programs

Green Cross concentrates its efforts on 5 programs whose common theme is to promote a significant change in human values.

Earth Charter Initiative

The Earth Charter is going to be worked out as a general human manifesto based on a global consultation process involving 1000 organizations and individuals all over the world, the work of the Earth Charter Commission of representatives, from 5 continents, and the creative cooperation of specialists motivated by the idea of the survival of our planet.

In 1994, the President of Green Cross International, M. Gorbachev and the President of the Earth Council, M. Strong, on the initiative of the Dutch Prime Minister, R. Lubbers, and with the participation of UNESCO Director General, F. Major, signed an agreement to collaborate on the Earth Charter.

Since 1994, GCI has participated jointly with other organizations in the formulation of the Earth Charter text. In the framework of the consultation process, the organization participated in meetings which took place in the USA (Pocantico), the Netherlands (The Hague), Switzerland (Nyon) and Brazil (Rio+5 Conference). In the framework of the international forum Rio+5, the first benchmark of the Earth Charter was presented and discussed by the members of the Earth Charter Commission consisting of 23 representatives from all the continents.

National Earth Charter Committees have been created in more than 30 countries of the world (Australia, Russia, USA, Japan, etc.). In other countries the work over the Earth Charter is run by a worldwide net of organizations such as Green Cross International, as well as by different non-governmental national organizations.

A special Earth Charter Campaign has been organized on Internet, as well as an Earth Charter Discussion Forum, where one can easily share information, ideas and suggestions regarding the Earth Charter process and the Benchmark Draft.

The Earth Charter draft's elaboration and the formulation of its preamble and main principles were accomplished by an international group of specialists, the Earth Charter Drafting Committee. This group carries out the tremendous task of collecting comments and amendments on the Earth Charter draft from participants in the consultation process from all over the world and integrates all the material received into a unified Earth Charter draft.

Green Cross National Organizations worked on the Earth Charter from 1996 to 1997 in a series of meetings. As a result, the Earth Charter Philosophy was elaborated. From 1997 until the end of 1998, Green Cross National Organizations continued their involvement on two levels: the first one deals with the improvement of the text of the Earth Charter and the second aims at spreading ideas and developing possible organizational structures. All of these ideas were discussed during several meetings of the Green Cross National Organizations.

At the beginning of October 1998, the Green Cross National Organizations were requested to describe their Earth Charter activity and give comments and recommendations for Benchmark N· II, as well as proposals for future activities. The majority of National Organizations participated in this intense consultation process and their remarks and suggestions were discussed in depth by the Earth Charter drafting committee.

There is still a long way to go before the Earth Charter will be discussed and adopted by the General Assembly of the United Nations and it is the willingness of people that will make the difference.

Environmental Legacy of Wars

Green Cross continues its efforts to implement its programs dedicated to the Environmental Legacy of Wars. Green Cross works to mitigate the social, environmental, and economic consequences of man-made damage attributable to wars.

Green Cross:

— Help people and communities afflicted by chemical and nuclear environmental contamination. We promote clean up and conversion of military bases.

— Seek the environmentally responsible destruction of chemical weapons stockpiles, and we contribute to the determination of clean-up priorities for nuclear contamination.

— Endeavor to convince competing sectors of society and institutions to work together in a democratic fashion to elaborate sustainable solutions

In Switzerland, Russia, United States, Estonia, and Sweden, Green Cross is recognized as full partner by all our interlocutors, federal and local governments, military authorities, and general public. The experience accumulated by the participants of this program in scientific expertise, and in mediation process is shared with other countries of Green Cross network, Hungary, Czech Republic, Netherlands, Gulf and Middle East countries.

In 1998, the scope of this program was broadened by two projects. The first one was the launching of the campaign to raise funds in order to assist Vietnamese children born with crippled arms and legs, probable consequences of Agent Orange contamination in the food chain, and the second one was the environmental assessment of Kuwait, seven year after the Gulf War. In 1999, the environmental impacts of the Yugoslavian War are also part of this program.

Legacy of Cold War

The nuclear and chemical remnants of the Cold War, of conflicts and catastrophes like Chernobyl are a huge threat not only for the health of the people concerned, but also for security and peace. Both Russia and the U.S. now face the challenge of destroying sixteen major stockpiles (nine in the U.S., seven in Russia) of mostly nerve and mustard agents over the coming decade a task which is technically difficult, very expensive, and politically charged in the stockpile regions.

A central part of the Legacy of Cold War program is the related issue of base closure, pollution control and remediation, land and habitat conservation, and sustainable redevelopment of land and facilities. Green Cross has several programs of raising worldwide awareness, and mediating between the population concerned and the civil and military authorities and thus creating the political will necessary to clean up. Green Cross organizes every year several public hearings on chemical weapons destruction in Russia and also in United States (Connecticut, Washington DC, San Francisco, Indianapolis, San Diego).

Green Cross also provides direct help to the people living in the affected areas. One of the main focus areas is supply help for children. Thousands of children suffer from radiation or chemical contamination. In contaminated areas, there is ten times more diabetes than in clean areas, and the rate of thyroid cancer rises by 35% every year. Children with a weak immune system need at least one month per year in a clean area to recover. Since 1995, Green Cross offers therapy and healing - camps every year for up to 1,000 children in Russia and Byelorussia.

Legacy of Vietnam War


Twenty-five years after the end of war in Vietnam, still 3,500 children are being born mentally and physically crippled every year. The reason is probably the use of Agent Orange in the Vietnam War. This dangerous chemical agent can be found in the food chain, even today, and it could create defaults in the parents' genes. Green Cross has set up a program to help children born with crippled arms, hands, legs or feet. Orthopedic device can help children live an almost normal life, crippled feet can be "normalized" if the installment is being done in early years, and children will be able to walk by themselves after two years of help.

Legacy of Gulf War

Seven years after the Gulf War, it was time to reassess the environment situation of Kuwait, its patterns of recovery and examine long-term effects that remain.

The environmental assessment produced by Green Cross includes two parts. The first is a study led by a group of scientists/environmental experts and the second is a 26 minutes film-documentary.

The environmental damage resulting from the invasion and the subsequent war has affected all ecosystems, as well as human health.



The oil contamination of the terrestrial ecosystems reached levels on an unprecedented scale in the history of the planet. The impacts on the environment will take decades to partially disappear and their full effects may never be realized.

Experts of Green Cross discovered that one fresh groundwater aquifer representing 40% of the fresh water reserves of Kuwait are contaminated, and the remaining strategic freshwater reserves provide Kuwait with less than a two-month supply for the entire population!

The presence and fear of mines is a major issue of concern. The long-term health impacts remain an essential public health issue that requires the implementation of rehabilitation programs.

Legacy of Yugoslav War

Both the population and natural environment in the Balkans are threatened by the destruction of oil refineries, petrochemical plants, chemical and fertilizer factories, and other major industries resulting of NATO air campaign throughout Yugoslavia. On April 24th, 1999 President Gorbachev was among the first to break the silence, saying that if the bombings continued the environmental consequences of the conflict could threaten the entire region. The destruction of Pancevo petrochemical plant, attacks against targets in the municipality of Grocka in close vicinity of the Vinca nuclear reactor, as well as in the municipality of Baric, where a large complex for the production of chloride is located, demonstrate that an irreversible environmental catastrophe happened. There is confirmation that depleted uranium weapons, blamed for spiraling numbers of cancer and birth's defects in Iraq, were used by NATO forces. Pollution crossed the Yugoslavian borders, and affects other countries in the European region. The significant emission of sulfur and nitrogen oxides, caused acid rains thus affecting agriculture and forestry in Romania.

In the short- and medium-term, heavy pollution of surface waters is a serious danger. Contamination of rivers would have negative consequences on the quality of drinking water, and badly damage fresh water ecosystems. Transboundary pollution of the river Danube is confirmed.

Experts are also concerned with possible long-term regional impacts of environmental pollution caused by the hostilities in Yugoslavia. One of most dangerous consequences is pollution of underground waters. The region is rich with underground water resources. These waters, lying at different depths, may easily spread oil, oil products, fuel, and chemical pollution to other countries in the region.

Green Cross International is a full member of the UNEP Balkans Task Force and will participate in environmental assessment missions to Yugoslavia. These missions organized by the international community, will set priorities and define needs for urgent actions, and promote the need for environmentally responsible policies in the reconstruction effort of the region.

Legacy of Wars Program development

The environment has always been one of the "victims" of war throughout the history of mankind. The nuclear bombing of Hiroshima and Nagasaki led to the deaths of hundreds of thousands people and left hundreds of square kilometers of contaminated land. More recently, Agent Orange, one of the most efficient defoliants, was widely used during the Vietnam War. Today, Yugoslavia and riparian countries are threatened by the destruction of hazardous material installations such as oil refineries, petrochemical and chemical plants, fertilizer factories resulting of intensive bombing. Countries of the Central European Region are concerned about short and long term environmental threats. The international community must exercise its solidarity when one sovereign country has to face such huge environmental disasters. President Mikhail Gorbachev made an appeal for a special Fund dedicated to finance interventions in case of emergency. Such an Emergency Fund should be financed by nations, companies, and foundations. This will ensure that environmental concerns will receive the immediate attention they need.

Water conflicts prevention and desertification

Green Cross launched its Water and Desertification Program in early 1997 with a focus on preventing conflicts in water-stressed regions. The program is composed of many projects and includes activities like synthesis research, workshops, information dissemination, and planting trees.

Middle East Water Supply

Having recognized the need and confirmed the interest of its leaders and members, Green Cross decided to focus more attention on the Middle East. Under the leadership of Mikhail Gorbachev, Green Cross decided to serve as a catalyst to a solution of the water crisis in the Middle East. The essence of the effort is to enlist the support of all sectors of society NGOs, academic experts, private sector corporations, bankers, government bureaucrats and leaders and to get them involved in evaluating the root causes of the problem and contributing to its solution.

President Mikhail Gorbachev provided the rationale and philosophy for the role of Green Cross in the preface to the report of the workshop held in Paris on 18 March 1998. He noted that "The word conflict does not automatically need to be associated with water, not even in the Middle East.

Co-operation to solve water problems is possible. Indeed, joint action on water has the potential to lead to even greater

co-operation in the wider political arena, as resolution of water problems may help key Middle Eastern actors slowly build the trust needed to settle the other issues that divide them. All would agree that mutually beneficial, "win-win" solutions are preferable to conflict or stalemate. Conversely, arrangements that are not perceived to fairly allocate one of life's most important necessities can only perpetuate conflict."

Following several seminars on issue of water and conflicts in Geneva and Los Angeles, Green Cross organized a one day workshop titled "Averting a Water Crisis in the Middle East: Make Water a Medium of Co-operation Rather Than Conflict" (together with the International Hydrological Program of UNESCO in Paris on 18th March 1998).

Attended by fifty people from a broad cross-section of countries and disciplines. One of the objectives was to build networks of individuals and institutions, disseminate information, and identify and design possible directions for water conflict resolution activities in the region.

Two important conclusions were reached:

- _ There is a need to manage water resources in an integrated, basin wide fashion.
- _ The progress on implementing technical options could help build trust and hence lead to progress on other important issues in the Middle East.

Thus, Green Cross developed a network of like-minded partners in the Middle East and around the world with demonstrated interest and strengths related to the overall program mission. Green Cross and its partners, The Center for Middle East Peace & Economic Cooperation, Peres Center for Peace, International Arid Lands Consortium, Jordan Ministry of Water and irrigation and international sponsors will organize in 1999 a major Water Forum in Amman focusing on the Jordan Valley.

International Commitments

Green Cross International, which has become a preferential NGO partner of the World Commission on Water for the 21st Century, which is in charge of elaborating the World Water Council's Long Term Vision on Water, Life and the Environment in the 21st Century. Green Cross International leads a panel in charge of dealing with the essential question of " International Waters and National Sovereignty". The need to anticipate conflicts over shared water resources and to find international, legal and political mechanisms to assist resolving them is becoming urgent. Eminent persons of international standing and political experiences known for their involvement within intergovernmental issues and with potential or real conflicts will propose long-term solutions for a fair and sustainable sharing of International Waters. Are members of the panel, President Hon. Mikhail Gorbachev, Hon. Ingvar Carlsson, Sir Ketumile Masire and Hon. Fidel Ramos. The former heads of State and Government that are members of the Global Leaders' Forum initiated by Mikhail Gorbachev and Shimon Peres will be also consulted. The panel will present and discuss its findings in plenary session during Stockholm Water Week on August 10, 1999.

In 1998, catastrophic floods occurred in different part of the world and Green Cross was active in mitigating the impacts of flooding in Argentina and Poland. International experts were selected thanks to the Green Cross UK Environmental Response Network databases. The success of the expert's activities on the field proved the efficiency of this new tool. Green Cross uses its value-added capacity to co-ordinate and support applied research, disseminate information, support education, and build multisectoral-crosscutting partnerships to help reduce conflicts in the different parts of the world.

Fight against desertification

The fight against desertification is becoming one of the main priorities for many developing countries. Desertification must be considered a universal and acute concern, requiring urgent international action. Desertification affects more than 900 million people in more than 110 countries all over the world, as well a total surface area of more than 3.600 million hectares. The strong link between desertification and poverty is obvious.

In 1999, during the Conference of Parties of the Convention to Combat Desertification in Dakar, Mr. Diallo, Secretary General of the Convention and member of Green Cross International Honorary Board stated: "Though considerable work has already been accomplished in terms of ratification and implementation of the Convention, there is still a lot to do, and the next steps should consist in making the Convention effective and operational". The final recommendation made by representatives of the Parties stressed the need to establish a link between the three major conventions originating from the Rio Conference, that is, the Convention to Combat Desertification, the Convention on Biodiversity and the Convention on Climate Change. These Conventions should be seen as complementary.

Green Cross decides to be active in fighting desertification especially in Africa where the situation is so acute. GC Burkina Faso, with the full support of Burkina Faso government and financial contribution of GC Japan, leads with energy and determination the International Tree Planting project. This example of concrete action should be encouraged in other countries.

The dissemination of these experiences can provide compelling evidence and motivation for international groups and national officials to collaborate in addressing desertification, biodiversity loss, and climate change.

Energy and Resource efficiency

Green Cross promotes new consumption patterns to reduce the consumption of energy, to stem climate change and to conserve natural resources

Global Green USA implements The Resource Efficiency and Sustainable Communities for the Urban Environment Program, with the objective to stem climate change and fight suburban sprawl by forwarding renewable energy and creating healthier homes and neighborhoods.

Working in partnership with affordable housing developers, GG USA is lowering the energy bills of families in need while protecting the environment. The national partnerships, including Habitat for Humanity, allow Green Cross to further our goals in Washington, including an initiative that could save up to \$1 billion in energy costs for housing.

GG USA has been writing guidelines for affordable housing developers which demonstrate green building principles while making recommendations for design construction, maintenance and operations. The guidelines highlight the green themes, techniques and benefits of fourteen case studies from across the United States.

In partnership with the Los Angeles Environmental Affairs Department, GG USA is developing sustainable building practices in Los Angeles for the rehabilitation of multi and single family housing.

Led by local business people, GG USA is spearheading a Southern Californian campaign to get businesses and residences to choose green power. This media and grassroots campaign is helping consumers realize they can protect the environment through their utility bill.

Environmental Education and Communication

The Green Cross International Environmental Education and Communication program is based on the international conferences, the Earth Charter Youth Contest and specific national projects like Danuse Kvasnickova's environmental education in school system in Czech Republic or the environmental diary in Japan.

International Environmental Conferences

Green Cross Russia organizes international conferences on Environmental Education. In 1998, the IV conference was focused on public environmental education. Each adult needs the minimum knowledge, skills and relationships which promote the formation of simple habits "do not make harm ". The previous conferences discussed pre-school, school and university environmental education. Many teachers, educators and representatives of NGOs from Czech Republic, Sweden, Switzerland, Belarus, Ukraine and Kazakhstan took part.

The subject of the V conference held in Moscow on June 2-4, 1999 is the "Role of non-governmental organizations in environmental education".

International Earth Charter Youth Contest

The Earth Charter Youth Contest is one of the most important international projects of Green Cross. During the 1997-1998 school year, 5,000 schools from eleven countries participated, directly involving 300,000 students and indirectly close to one million students. The topic of that environmental drawing competition was "Water for All, Water is Life."

The topic of the second annual Earth Charter Youth Contest is "Energy Efficiency and Renewable Energies." During this 1998-1999 school year, the Youth Contest is designed to raise public awareness and educate students and their parents about global climate change and the solutions made possible through the widespread practice of energy efficiency and the adoption of renewable energy technologies. The contest is expected to reach an estimated 500,000 students from 10,000 schools around the world. Schools in fifteen countries have already agreed to participate, including Italy, Germany, Sweden, Russia, Czech Republic, Hungary, Poland, United States, Argentina, Venezuela, Japan, Korea Republic, Burkina Faso, Côte d'Ivoire, and Swaziland.

By choosing "Energy Efficiency and Renewable Energies" as this year's topic, Green Cross International hopes students

Green Cross Film production

In 1998, Green Cross International co-produced with the Kuwait Foundation for the Advancement of Sciences a 26-minute movie "Kuwait, War and Environment". This documentary was presented in Paris during the International Environment Film Festival and to the United Nations official representatives in Geneva. This film "Kuwait: War and Environment", which presents the environmental legacy of the Gulf War, is the first film of a series of 6 films that Green Cross International is planning to produce on the general theme of Environmental Legacy of Wars, one of the main program of actions of Green Cross International. (Countries concerned: Bosnia, Nicaragua, Russia, USA, Vietnam)

Green Cross International is preparing a series of 10 films on "Green Economy and Green Jobs". If nature needs protection, people need work and income. Political and economic leaders still continue to think they must choose between economic growth and environmental protection. But this conflict is wrong. For, contrary to conventional wisdom, rather than cause economic growth and jobs to be lost, economic growth and jobs can be created, by environmental policies into action. In fact, in the persistent conflict between economic growth and environmental protection, job's creation is the key, if not sole, reconciliation agent. Solutions exist, some simple, some complex, and there are heroes and heroines busy all over the world putting solutions into practice against the odds, changing lives and societies for the better at local, national, regional and international scale. Through these stories, this series will present a fresh view of the forces that will shape the lives of people in the next decade as environmental protection increasingly meets macro-economic pressure, including globalization. An interactive Internet website will provide additional and ongoing information for educational purposes to complement the films. Further to this film series, a conference bringing together experts and the media is planned for the year 2000, the topic of which will be "Jobs and the Environment".

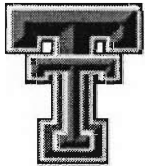
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Last updated on 11/01/99 04:59:58

Appendix C



Center for Telemedicine/Telehealth

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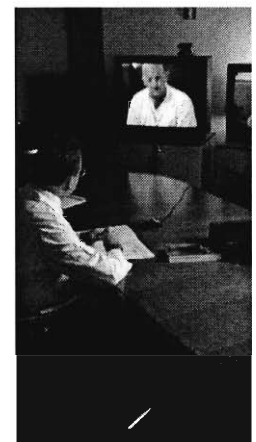
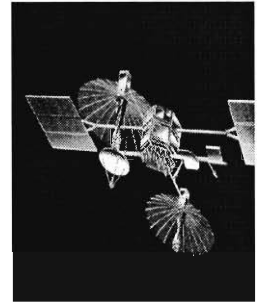
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Telemedicine began at Texas Tech University Health Sciences Center in 1989 as a grant-funded research project, originally designed to connect the four campuses of the Health Sciences Center located in Lubbock, Amarillo, Odessa, and El Paso. With the use of distance communications for education and teleconferencing, it was logical that links could also be made from the main Lubbock campus to distant rural sites for the purpose of live medical consultations.

The first teleconsultation was conducted in 1990 between a physician from Alpine, Texas, and a consultant in Lubbock. This initial consultation changed the possibilities of medicine in West Texas because patients in remote areas now had access to specialty consultations that previously would have required traveling great distances. During the first week that teleconsultations were conducted, the opportunities and advantages that telemedicine could offer were illustrated when a baby girl's life was saved due to a teleconsultation between her general practitioner in the rural Big Bend area of Texas and a neonatologist in Lubbock.

Between the years of 1990 and 1993, TTUHSC engineers invented the "TeleDoc." The TeleDoc is a single portable integrated package that provides the opportunity for live interactive video consultations. Mounted on four wheels, the TeleDoc can be safely and easily transported between locations. A unique feature of the TeleDoc is that it provides medical staff with user-friendly equipment that does not require technical staff to operate. The TeleDoc remains the workhorse of the Texas Tech telemedicine system.

Throughout the 1990s, telemedicine has flourished. Since the initial consultation in 1990, more than 4,000 consultations have been conducted at Texas Tech University Health Sciences Center. These consultations have been both to patients in the Texas Department of Criminal Justice as well as to patients in rural areas and have been in such specialties as orthopedics, general surgery, internal medicine, urology, gastroenterology, neurology, psychology, pediatrics and psychiatry.





The telemedicine program at Texas Tech University Health Sciences Center has been recognized nationally through several distinctions and honors. The program was ranked in the top ten programs of its kind by *Telemedicine and Telehealth Network Magazine* in December 1996 and December 1997 and was included in the "Top 12 List" of telemedicine programs by *Telemedicine Today Magazine* in June 1998. Texas Tech University Health Sciences Center's telemedicine program was also a featured telemedicine system in *Government Video Magazine* in April 1998. The Texas Tech telemedicine program was named to the Telemedicine Hall of Fame in *Telehealth Magazine* in August 1999, one of only four programs to receive this honor. In addition, faculty and staff members of Texas Tech University Health Sciences Center are frequently asked to make presentations, nationally and internationally, regarding the telemedicine program and its success.



Center for Telemedicine/Telehealth

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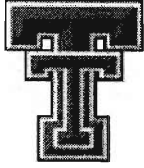
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Texas Tech University Health Sciences Center is currently aiding in the development of other telemedicine networks. Recently, an independent telemedicine network was put on line that allowed Hendrick Medical Center in Abilene, Texas to connect to four outlying clinics in nearby communities.

Another anticipated future growth area for telemedicine at TTUHSC is in nursing homes and geriatric facilities. Texas Tech will soon initiate a hands-on training program for medical students to deal directly with the treatment of this country's aging population. With this new program will come a new telemedicine pilot project. It is believed that the use of telemedicine in nursing homes will reduce the need to transport the elderly for off-site medical care. This will reduce the risks that come with each transport, the costs of ambulances, and lost payments to the nursing facilities.





Center for Telemedicine/Telehealth

[History](#)

Texas Tech University in Lubbock, Texas is recognized as one of the leaders in Telemedicine. First noted as a developing pioneer in applying live interactive video to the practice of medicine, Texas Tech University Health Sciences Center (TTUHSC) remains on the cutting edge.

[Correctional Telemedicine](#)

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While many health care professionals believe telemedicine will someday change the delivery of medicine, today it remains in its infancy stages. Texas Tech University Health Sciences Center is actively involved in the daily practice of telemedicine with numerous clinics, as well as ongoing telemedicine research, development and training projects. Many people do not have a full understanding of telemedicine and are challenged by the technology associated with it. The concept of telemedicine is actually very simple.

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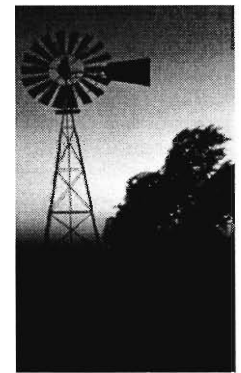
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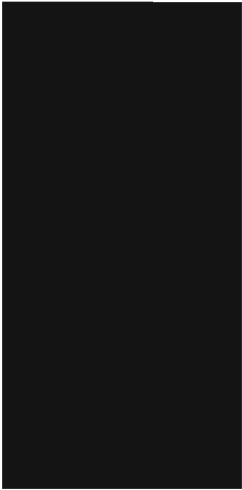
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Telemedicine is the practice of medicine over distance with the use of telecommunications equipment. Early telemedicine may have been as simple as a doctor telephoning another doctor for advice and consultation. Today, telemedicine can bring a specialist located hundreds of miles away into the actual examination room via a live interactive system.

Telemedicine electronically transports the highest levels of medical care into the most remote areas. Persons who live hours from advanced medical care, or even from basic medical services, can directly access high quality medical expertise without leaving their community. Telemedicine has also been used extensively by Texas Tech University Health Sciences Center (TTUHSC) in delivering medical care to prisons.

Texas Tech can work with counties, communities, health departments, hospitals, correctional facilities, residential care centers, nursing homes and other health care providers to join the TTUHSC telemedicine network or establish their own independent system.







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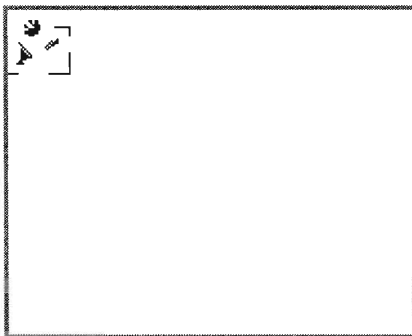
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Directorate of Telemedicine

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News from.....

Contact: Southard Davis For Immediate Release

(202) 944-1955 December 4, 1998

UPLIFT International Launches First Telemedicine Link With Vietnam

Establishes Medical Education Initiative

Private Sector Effort with the University of Vermont, The George Washington University Medical Center and MCI WorldCom Demonstrates Real-Time Distance Medical Education

Burlington, VT, Washington, D.C. and Hanoi, Vietnam – This morning doctors and students in Vietnam experienced the future of medicine with live interaction with American doctors consulting over ISDN lines in the first video telemedicine demonstration in Vietnam.

UPLIFT International and its partner the University of Vermont (UVM) College of Medicine/Fletcher Allen Health Care demonstrated the capabilities of telemedicine, from observing open heart surgery and directly viewing gastrointestinal endoscopy and ultrasound examinations, to carrying out real-time long distance physician consultations and patient examinations.

The demonstration linked UVM and Fletcher Allen, its allied health care system, with Canton-Potsdam Hospital in northern New York and the other participating sites in Hanoi, Vietnam and Washington, D.C. Donors, media and other interested parties were invited to attend at demo sites in Burlington, Vermont, Washington, D.C., and Hanoi, Vietnam. The first Global ISDN link into Vietnam was accomplished recently by MCI WorldCom, thus enabling the telemedicine initiative.

"We're extremely pleased with this demonstration of our telemedicine program," said Mark Schlansky, a Boeing executive who co-founded and is chairman of UPLIFT International. "We want to use telemedicine as a tool for medical education and cooperation between the U.S. and Vietnamese medical communities. We believe you must invest in people first and make long-term commitments. Telemedicine is a major component of UPLIFT's long-term commitment to medical education and health care in Vietnam."

Schlansky and Michael Ricci, M.D., clinical director of the UVM/Fletcher Allen Telemedicine Program, in Vietnam, hosted the one-hour telemedicine demo. This demonstration is the beginning of a long-term Telemedicine Program that will link three hospitals in Hanoi and Hanoi Medical

<http://www.upliftinternational.org/telemedPR.htm>

1/26/2001

College with the UVM College of Medicine/Fletcher Allen Health Care and The George Washington University Medical Center (GWUMC). Additional medical schools and institutions in the U.S. and Vietnam will be added as the program evolves. The Telemedicine Program is supported by Vietnam's Ministry of Health and the Ministry of Post and Telecommunications.

"This effort is a logical extension of our telemedicine program," said John Evans, Ph.D., executive dean of UVM College of Medicine and Fletcher Allen Health Care. "We designed our system to serve, teach and learn from people of our region by linking physicians and patients across some of the nation's most rural and rugged territory. Now we see an opportunity to serve, teach and learn from the people of Vietnam by extending our expertise across the globe." The UVM/Fletcher Allen approach to telemedicine has earned the system recognition as one of the nation's top ten telemedicine programs by Telemedicine and Telehealth Networks Magazine two years in a row. Vermont was among the first states to explore methods of providing health care at a distance, building its first telemedicine system in 1968.

UPLIFT International and its affiliated medical schools, UVM/Fletcher Allen and the GWUMC/School of Medicine, are developing cooperative long-term medical education programs in Vietnam. "As an academic health center, we are privileged to work with our Vietnamese colleagues to address the important health care issues, including those associated with infectious diseases, and to help improve the overall quality of health of the citizens of Vietnam," said Dr. Michael Seneff, Clinical Coordinator for International Medicine and Director of the Intensive Care Unit at GWUMC.

The purpose of the medical education program is to modernize medical education in Vietnam, to expose American medical students and physicians to conditions not often encountered in the U.S. to enhance their education and training, to allow Vietnamese medical students and physicians to participate in more cutting-edge training and technology, and to build long-term relationships with health care professionals around the world. On this trip, George Washington University School of Medicine and the University of Vermont College of Medicine will also travel to Hue, Vietnam with UPLIFT International to begin a long-term medical education program with Hue Medical College.

Eventually, the medical education program will expand to include exchanges of students and doctors from both countries. Another component of the program will be the development of an infectious diseases program that includes Tuberculosis. Telemedicine will be a critical component of this program.

MCI WorldCom has joined the effort by providing ISDN connectivity for the demonstration. MCI WorldCom's Global ISDN Service leads the market with switched bandwidth on demand to over 65 countries around the world in Europe, the Pacific, the Americas, Africa and the Middle East. It combines MCI WorldCom's advanced network capabilities and international connections for applications such as videoconferencing, distance learning, batch data transfer, remote printing, multimedia and LAN/WAN connectivity. MCI WorldCom is a global telecommunications company with revenue of more than \$30 billion and established operations in more than 65 countries encompassing the Americas, Europe and the Asia-Pacific regions.

This is the second major initiative UPLIFT International has undertaken in Asian during the last three months. On September 11, 1998 UPLIFT International accomplished its goal of aiding the people of Indonesia during the current economic and health care crisis, when a Federal Express DC-10 filled with 30 tons of medicines and medical supplies landed in Jakarta. The wholesale value of this shipment was \$1.74 million. These medicines and supplies were donated to four public hospitals in regions throughout Indonesia to be used, without charge, for needy patients. Additional

airlifts to Indonesia are planned for 1999.

###

For further information or to make a contribution, companies can contact UPLIFT International by phone at (703) 451-1002, by fax at (703) 451-1349 or by e-mail to jgitterman@idsonline.com. Tax-deductible contributions can be cash or in-kind.

Appendix C



What is Doctors Without Borders/Médecins Sans Frontières?

Doctors Without Borders, also known as Médecins Sans Frontières (MSF), is the world's largest independent international medical relief agency aiding victims of armed conflict, epidemics, and natural and man-made disasters, and others who lack health care due to geographic remoteness or ethnic marginalization.

The organization operates independently of all governments, institutions, political, economic, or religious influences. It depends on volunteer health professionals in fulfilling its mission.

Largely supported by private donors, the organization is able to maintain great flexibility and total independence in its choice of operations.

Doctors Without Borders was established in 1971 by a group of physicians determined to offer emergency assistance wherever wars and man-made disasters occur. Its guiding principles are laid down in a [charter](#) to which all members of the organization subscribe.

In accordance with universal medical ethics and the right to humanitarian assistance, Doctors Without Borders observes strict impartiality and demands full and unhindered freedom in performing its functions.

Doctors Without Borders has a wide range of expertise and proven techniques and strategies of intervention. The organization is able to effectively pool the logistics and human resources necessary to provide rapid and efficient aid.

When medical assistance is not enough to save lives, Doctors Without Borders will speak out against human rights abuses and violations of humanitarian law that its teams witness in the course of providing medical relief.

Doctors Without Borders is an [international](#) organization, with offices in 18 countries. It sends more than 2,000 [volunteers](#), of more than 45 nationalities, to some [80 countries](#) annually.

More information:

- [Missions Worldwide](#)
- [Responding to Emergencies](#)



The Charter

- Doctors Without Borders/Médecins Sans Frontières (MSF) offers assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict, without discrimination and irrespective of race, religion, creed or political affiliation.
- Doctors Without Borders observes strict neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and demands full and unhindered freedom in the exercise of its functions.
- Doctors Without Borders' volunteers undertake to respect their professional code of ethics and to maintain complete independence from all political, economic and religious powers.
- As volunteers, members are aware of the risks and dangers of the missions they undertake, and have no right to compensation for themselves or their beneficiaries other than that which Doctors Without Borders is able to afford them.

| Navigate The Doctors Without Borders Web Pages | | |
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| <u>General Information</u> | <u>Help Wanted</u> | <u>Publications</u> |
| <u>Directory of Diseases</u> | <u>Great Resources on Non-Profits</u> | <u>E-Mail</u> |

Last updated: October 31, 1999

when the water was rising. They only left when it was impossible to stay.

The people who died drowned. CONRED, the coordinating emergency work, has started removing bodies. There are human bodies and cows that died in this area. The second problem is that organophosphates, chemicals used in farming, went into the rivers-50,000 tons. So people can't drink the water. The wells were contaminated. Therefore, Doctors Without Borders is transporting the water from safer places and is involved in efforts to rebuild the water systems.

Doctors Without Borders is sending more personnel and materials. We now have an Emergency Team with 45 persons in Guatemala. Our team is working in 3 areas: Isabel Departamento, Izabal Dept., and Guatemala City. This is a very large area, and we're not only in the capitals but in the isolated areas. On Sunday we received 18 tons of medicines and supplies and our teams are out distributing it right now.

Now we have a lot of cholera in Izabal and some in the Guatemala City capital. The number of cases is increasing quite fast. Cholera has been in Guatemala since 1991, but this year the number of cases has increased fast. Long before the hurricane hit, Doctors Without Borders was already actively working to treat those infected and stem further outbreaks. In the last week there were 67 cases in Guatemala City, 53 cases in Totocapan, and 53 cases in Izabal.

The teams' priorities in the aftermath of Hurricane Mitch are: 1. Guarantee water for people, and it needs to be chlorinated. 2. To help us help the health centers & give medical consultation in isolated areas. 3. To reduce the risk of cholera and treat cases of cholera. 4. To reduce risk of other problems like malaria, dengue, and others.

Something that has really impressed me is the solidarity from the community-the farmers, the administrators of farms. They have lost everything and have no possibility to rebuild their houses or replace their things.

For me the main problem is not today. The main problem will be in 2 or 3 months. Right now they're receiving quite a lot of help and food. There's a lot of solidarity. But in 1 month, no one will remember Guatemala. The people will return to their farms, but all the plantations will be destroyed. I'm afraid for nutritional problems in 2 months. Another area is in mental health; Post-traumatic stress will be a big problem.

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HURRICANE MITCH:

NUTRITION, CLEAN WATER, DISEASE-PREVENTION ARE FOCUS OF RELIEF EFFORT

November 9, 1998

Doctors Without Borders/Médecins Sans Frontières (MSF) continues to assist victims of Hurricane Mitch in **Nicaragua, Honduras, Guatemala, and El Salvador**. Doctors Without Borders' overall objective in Central America is to prevent epidemics, provide medical care to the injured and emergency shelter to the homeless, rehabilitate damaged clinics, hospitals, water and sanitation structures, and prevent malnutrition among the victims of Hurricane Mitch.

Doctors Without Borders is striving to prevent:

- Spread of epidemics due to destruction of health structures and limited access to medical care
- Outbreaks of water-borne diseases-mainly cholera, diarrhea, and skin infections, due to lack of drinkable water, contamination of wells, and carcasses floating in water supply
- Respiratory and skin infections due to poor hygiene conditions, lack of proper shelter, and overcrowded emergency shelters.
- Malnutrition, particularly in children, due to lack of adequate food supply.

Activities by Country

In **Honduras**, Doctors Without Borders is distributing drugs, medical supplies, and clean water to health centers and shelters in **San Pedro Sula, Puerto Cortés, Omoa, La Ceiba, Iruya, Tocoa, and Tegucigalpa**. A cargo arrived from Costa Rica with medicines, medical supplies and equipment, emergency shelter, and water and sanitation supplies, including: water chlorination kits, 2,000- and 15,000-liter water tanks, communications equipment, and a Zodiac boat. Another cargo plane will arrive within the next few days, with cholera treatment material to care for 10,000 people for 3 months (in case of an epidemic).

In **Nicaragua**, relief efforts are being concentrated on the hard-hit regions of **Chinandega** (Chichigalpa, Posotelga, and Somotillo), **Esteli** (San Juan de Limay, and Condega), **Ocotal** (Ocotal City, Quilali, Panali, La Vigía, and El Coco), **Jinotega** (Jinotega city, Wiwili, Cua, and Bocay), **Managua** (San Francisco Libre), and **Nueva Segovia**. Doctors Without Borders is distributing drugs, medical supplies, and clean drinking water. In addition, we are providing emergency shelter materials, including plastic sheeting, as well as water chlorination and pumping equipment to displaced people. Three tons of Doctors Without

Borders' emergency medical supplies—one of the first relief cargoes to reach the country following the hurricane—arrived in Managua on Saturday, October 31, and were distributed. An additional cargo plane arrived Monday, November 2, with 2.2 tons of medicines, medical supplies and equipment, emergency shelter, and 4 tons of water and sanitation supplies. More supplies are to arrive this week.

In **Guatemala**, Doctors Without Borders is the only international non-governmental organization taking part in CONRED, the National Commission for the Reduction of Disasters. Doctors Without Borders teams are distributing medicines, medical equipment, emergency shelter, and water and sanitation supplies. Supplies include: water pumps, electric generators, 2,000-, 15,000-, and 20,000-liter water tanks, and water chlorination material, and plastic sheeting. Doctors Without Borders is operating mainly in **Chinoc Izabal, Rio Dulce, and Alta Verapaz**.

In **El Salvador**, Doctors Without Borders is currently conducting an exploratory mission to evaluate needs and send in an emergency relief team and cargo in the next few days.

Donations to the Hurricane Mitch Relief Effort can be made to:

Doctors Without Borders
6 East 39th Street, 8th Floor
New York, NY 10016
toll free: 1-888-392-0392
or visit our secure online donation page.

Also see, our previous report on the Hurricane Mitch Relief Effort, as well as reports from our volunteers in Central America.

MEDIA NOTE: To set up interviews with our personnel on the ground in Central America or for more detailed information, contact Kris Torgeson, 212-655-3764, or Barbara Kancelbaum, 212-655-3763.


Doctors Without Borders is the world's largest independent emergency medical relief organization. Each year, over 2,500 doctors, nurses, other medical professionals, and logistical experts - from 45 nations - volunteer to work in more than 80 countries around the world. They assist victims of war, civil strife, epidemics and natural disasters, without discrimination and irrespective of race, religion, creed or political affiliation.

Read testimonies from our relief workers in Central America.

For additional coverage, see News Updates and Press Releases

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Last updated: November 9, 1998 by Alyssa Herman



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PNN PHILANTHROPY NEWS NETWORK ONLINE

October 1, 1998

Foundations

Doctors Without Borders receives \$1 million Hilton humanitarian prize

Doctors Without Borders, a volunteer medical group that helps disaster victims, refugees and others around the world, has been awarded the \$1 million Conrad N. Hilton Humanitarian Prize, the San Francisco Chronicle reports.

Doctors Without Borders is the U.S. branch of Medecins Sans Frontieres, an international organization founded by French doctors working in hospitals, refugee camps and nutrition centers.

The group has more than 2,000 doctors, nurses and other volunteer staff working in 80 countries. Current trouble spots include Serbia, Sudan, Bangladesh and Afghanistan.

The Hilton prize was established in 1994 to recognize and reward exemplary humanitarian programs around the world. Former U.N. Deputy High Commissioner for Refugees William R. Smyser is executive director of the prize program. The award is sponsored by the Los Angeles-based Conrad N. Hilton Foundation, established in 1944 by the founder of the Hilton hotel chain.

Full text of the article is currently found at:
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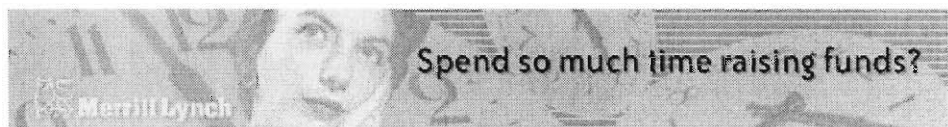
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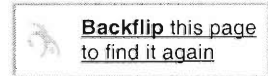
Doctors Without Borders gets \$1 million prize

Wednesday, September 30, 1998

[Breaking News Sections](#)

(09-30) 01:08 EDT NEW YORK (AP) -- Doctors Without Borders, a volunteer organization that treats victims of war, famine and other disasters around the world, was awarded the \$1 million Conrad N. Hilton Humanitarian Prize.

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"My heart is not at the Waldorf," Dr. John McGill, president of the organization's U.S. branch, said Tuesday in accepting the prize at the Waldorf Astoria Hotel. "My heart is in Kosovo, with people freezing in the forests, and with 15,000 malnourished children in southern Sudan."



Medecins Sans Frontieres, the international name of the organization founded by French doctors, has more than 2,000 medical professionals volunteering in 80 countries. They work in hospitals, refugee camps and nutrition centers.

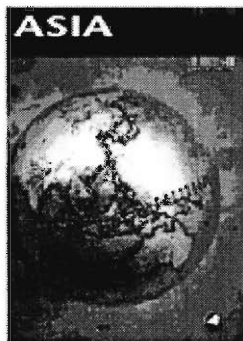
The award was bestowed by the Conrad N. Hilton Foundation, a Los Angeles-based charity established by the hotel entrepreneur in 1944.

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1999 ASIA

webplaced: October 20, 1999
Source: [MSF 1998-1999 Activity Report](#)

VIETNAM

- National staff : 93
- International staff : 15

AIDS/HIV PATIENTS SUFFER SOCIAL REJECTION

Since the beginning of the HIV epidemic in Vietnam in 1992, 12.500 cases have been diagnosed in the country. Under Vietnamese law, it is mandatory that all cases be officially reported. Such is the taboo associated with AIDS, that people diagnosed as being HIV positive are often refused access to health care and are rejected by their families and society at large.

In the coastal city of Nha-Trang in south-eastern Vietnam, MSF carries out an assistance programme which aims at preventing the spread of HIV/AIDS and STDs as well as improving patient care for those who have contracted these illnesses. The team runs this pilot project out of a reproductive health care clinic. MSF has been working in Can Tho province since March 1997.

The programme focuses on improving patient care, and women's health care in particular, in three health care centres and a referral hospital. Access to health care remains a problem for both financial and cultural reasons, for some groups in Vietnamese society. MSF's project in Can Tho targets the HIV positive and those suffering from sexually transmitted diseases (STDs).

In the southern province of Cau-Mau, MSF runs a project to improve sanitary and environmental conditions. This pilot project was initiated with a view to preventing a new outbreak of dengue fever, the acute viral disease transmitted by mosquitoes, characterised by headache, fever, pains in the joints and skin rash. The project covers four communes inhabited by 75,000 people in the Cai Nuoc district.

In order to implement vector control, MSF team provides water and sanitation assistance throughout the communes. MSF is training health care staff to better diagnose water-borne diseases. MSF is carrying out an evaluation on the health care situation in Cau-Mau with a view to launching a long-term project in a province only just beginning to recover from Typhoon Linda (November 1997).

MSF provides humanitarian assistance to the victims of floods which destroyed much of the infrastructure in the central province of Quang Nam at the end of 1998. An MSF team assists the

Doctors Without Borders USA, Inc.

Project or Organization: Doctors Without Borders USA, Inc.

Purpose Description:

Medecins Sans Frontieres (Doctors without Borders) is the world's largest emergency medical aid organization, whose humanitarian missions provide relief to victims of disaster, conflict and hardship throughout the world.

Activities Description:

Founded in France in 1971, MSF works with local officials and United Nations relief agencies to provide humanitarian relief in the areas of surgery, medical programs, water distribution and medical distribution programs via support to local health facilities and hospitals. The purpose of MSF USA is to raise funds for international relief projects conducted by MSF and to recruit American medical professionals. Programs include: Disaster and Emergency Relief and Material Aid; Medicine and Public Health; and Migration and Refugee Services. Each year 700 medical relief teams depart on 700 mission around the world.

URL Address: <http://www.intac.com/PubService/rwanda/fund/dwb.html>

Sponsoring Org: Doctors Without Borders USA, Inc.

Funding Level:

Duration or Date Available:

Technologies Used:

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Point of Contact:

Organization: Doctors Without Borders USA, Inc.

Position:

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State: New York

Postal Code: 10112

Country: United States

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Contact: Joelle Tanguy, Executive Director

Category: International Relief Organization

Founded: 1971

General Description/Programs: Doctors Without Borders USA (DWB) is the U.S. affiliate of an international organization known around the world by its French name, Medecins Sans Frontieres. DWB volunteers offer assistance--primarily medical--to victims of armed conflict or natural disasters, and to residents of refugee camps. DWB observes strict neutrality and demands absolute freedom in performing its mission. The kinds of assistance DWB provides include: medical care, from surgery to vaccinations to nutrition and health education; logistical assistance in setting up shelter, communications, water processing and sanitation, power supplies, and transportation; and medical and food supplies.

Thousands of volunteers serve annually, in about 60 countries around the world. In 1993 and 1994 MSF sent volunteers to Tajikstan to respond to civil unrest there and the resultant refugee flows. MSF has also been active in Russia providing preventive health services to the homeless, offering hygiene services, tuberculosis examinations, inoculations against diphtheria, etc. The organization has been active in advocating for the rights of the homeless. In November 1993, the association protested against the Moscow government's actions to close the medical and social aid facilities at some Moscow railway stations.

DWB volunteers include general practitioners, surgeons, anesthesiologists, pediatricians, obstetricians, nurses, and tropical medicine and public health specialists. The average length of service is 6 months for most physicians, but sometimes shorter for surgeons and anesthesiologists. The Volunteer Recruitment Department is based in the Paris office. Address: Medecins Sans Frontieres, 8, rue Saint Sabin, 75544 Paris Cedex 11.

Affiliated Organization, International: The International secretariat is located in Brussels. Address: 209, Boulevard Leopold II, 1080 Brussels, BELGIUM. Tel: (32-2) 426-55-52. Fax: (32-2) 426-75-35. Telex: (046) 20226 MSF.

For more information about this organization, contact them using the information given above.

This organizational description was taken from CCSI's publication:

***"Civil Society - USA:
A Guide for Citizens of the NIS to Select Organizations in the US" 1996.***

The print edition of "Civil Society - USA" is available for \$12 from CCSI plus postage and handling. More information is available from CCSI's [publication page](#).

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