

Caring for Caregivers: Supporting pediatric oncology nursing in Baghdad

Researchers confirm what we already know from our personal and professional experience: people living in societies like Iraq, ruptured by war and ongoing instability face greater levels of emotional distress and yet we are the very ones in need of productive, healthy citizens to help rebuild our institutions and our country. ~ Dr. Salma Al-Hadad, Dr. Mazin Al-Jadiry,



Dr. Mazin takes a selfie to cheer a sad patient. Baghdad 2015

I am raising money to kick-start a Nurse Training Project for a pediatric oncology unit in a hospital in Baghdad.

WHAT, you might ask, pediatric oncology in Baghdad: they have car bombs **AND** childhood cancer in Iraq? It's hard to believe what the media can ignore, which is most of life-on-the-ground in Iraq; day-to-day existence goes on, even with the instability and violence.

Yes, I am raising money for a project in Baghdad. The money is for a retreat, a meeting that will bring a medical team from their hospital in Baghdad to neighboring Amman Jordan for four days, where they can collect their thoughts and think together about the myriad problems that concern them; where they can talk in-depth and for an extended period about the important issues at their hospital without the pressures of their personal lives and the pressing needs of the children and families in their care; where they are free from the dangers that continue to haunt Baghdad, where they can walk about and enjoy both the city of Amman and the countryside of Jordan.

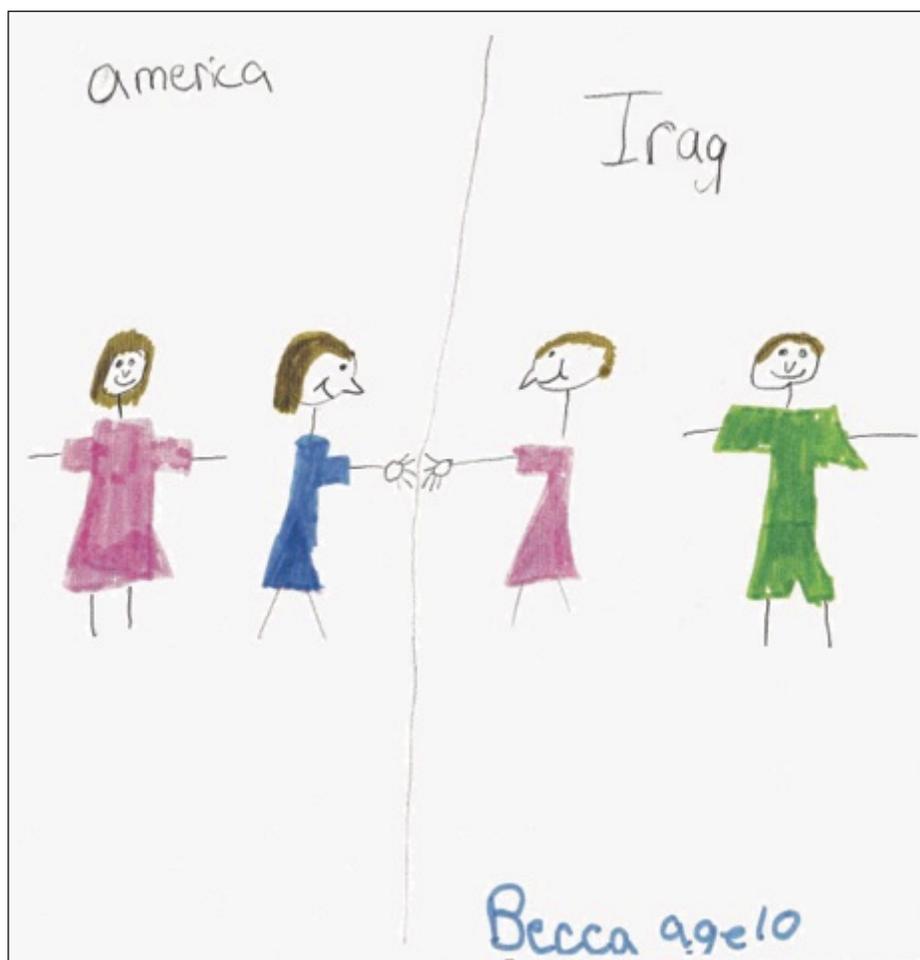
The money raised will give these four doctors and four nurses an opportunity to do what many of us do as an expected and ordinary part of our jobs, something we in the West and Global North take for granted as a necessity for continued success in our profession and in our workplaces, something we do without much thought. Something we are able to accomplish by the good fortune of our circumstances: meeting with colleagues away from our work place to

contemplate our work, to take stock of what we do and of what we have done, a meeting to outline goals and map plans for the future.

There is no time, no opportunity for this in the ongoing chaos of Baghdad, and no money in the budget.

About me and the Iraqi Children's Art Exchange

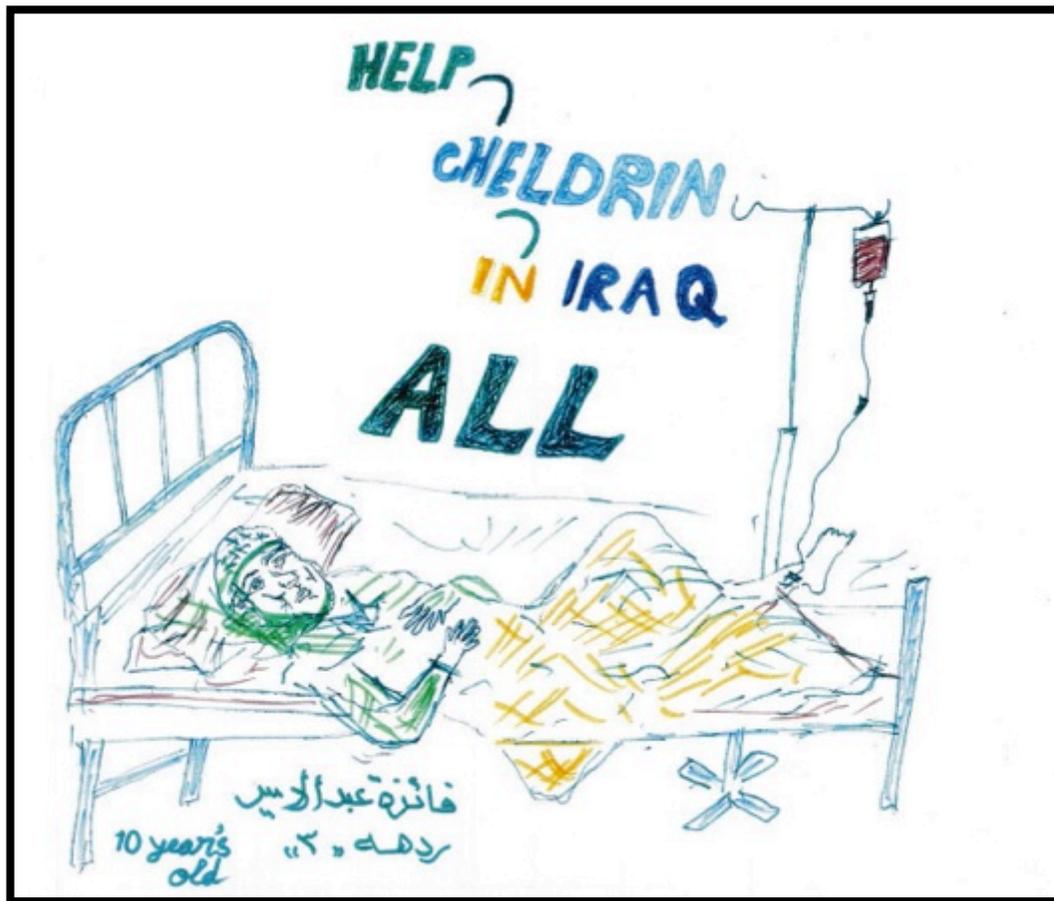
I am a long-time educator and advocate for children. I was working as a preschool/kindergarten teacher in January 2001 when I joined a humanitarian mission to Baghdad.



From the US to Iraq, 2001

I took 300 drawings from children in my community—messages of hope and good will like the one above—along with art supplies so Iraqi children could respond with art of their own—as you

see in the drawing below. It was on this trip that I met Dr. Salma Al-Hadad and Dr. Mazin Al-Jadiry. They welcomed me and my project onto their unit at Children's Welfare Teaching Hospital (CWTH) in Baghdad, saying, the children need this and so do we. This is how The Iraqi Children's Art Exchange (ICAE) began. We use children's art and documenting photographs to bring attention to the increasing cancer rates in Iraq and to connect children and youth in the US to those in Iraq, across barriers of language, culture and politics.



A drawing of Faisa Amir, age 8 years old (2001) in her Baghdad hospital bed, done by her brother for the Iraqi Children's Art Exchange .Faisa suffered from ALL with bone marrow relapse, and died on January 25, 2001.

Together, Dr. Salma, Dr. Mazin and I coordinate the project *Baghdad Resolve: An International Collaboration to Improve Cancer Care in Iraq*.



Dr. Mazin, Miriam Thamer, age 8 (2014) and Dr. Salma, CWTH Baghdad



Dr. Salma and Claudia, Baghdad 2013

Childhood Cancer and the challenges of caring for pediatric oncology patients in an exhaustive setting: Baghdad

A cancer diagnosis is a terrible thing to face, frightening for the child and heart-breaking for the family.



Miran Jameel aged 4 years (2001) with his mother. Miran suffered from non-hodgkins lymphoma, relapsed and died on January 24.

Some 160,000 children around the world are diagnosed with cancer every year, more than half of them will die. The majority of deaths will occur in countries like Iraq, low and middle-income countries, where the survival rate is sometimes as low as 20% compared with high-income countries where the survival rate can be more than 80%.

Imagine if you were living in Baghdad, where the population as a whole has been living with the life-threatening "diseases" of violence, chaos and instability; where the overall health of the population--which WHO defines as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"-- has suffered and your child was diagnosed with cancer. The good news, if there is any in such a situation, is that Children's Welfare Teaching Hospital in Medical City Baghdad has a pediatric oncology unit, one of the largest cancer facilities in the Middle East based on the number of children it serves. The bad news is the facility is underfunded and not adequately staffed. Security is an issue, and there is a constant shortage of drugs and supplies, and up-to-date medical equipment. Many doctors and other professionals have left Iraq. Overall, it's not easy to find and to keep enough well trained doctors and nurses and oncology is a particularly difficult specialty. Oncology nurses face a particularly challenging situation, most are not adequately trained for their work in what Dr. Mazin calls an "exhaustive" setting, putting in many hours on the job, with more patients in serious or critical condition than their peers on other units.

What experts say about the role of nurses in Improving Cancer Care in Low and Middle- Income Countries such as Iraq

Experts say that 80% of patient care is provided by nurses; and they agree that if we want to improve patient care and outcomes, especially in low and middle-income countries, we have to focus on nursing. Education and training to meet basic standards is critical as is an adequate staffing ratio.

Researchers suggest care and outcomes can be improved by recognizing the role of nurses as primary care-takers and by developing strategies to create and support a more integrated, team approach to patient care.

In our case this means connecting doctors more closely and in better working collaboration with nurses. Doctors and nurses are the entire team in Baghdad. There are no social workers or child-life therapists for psychosocial interventions on the unit at CWTH.

Developing an innovative approach for Nurse Training in Baghdad

There have been efforts to train nurses outside of Iraq, with mixed results. Based on the emerging research and our own mixed experiences, we initiated a radical new approach in an effort to maximize the possibility for a successful oncology training in the US, bringing a team of two nurses AND two doctors to Boston for a nursing conference and a week of shared training experiences in September 2015. This we reasoned, would not only bring new information and improve everyone's skills, it would help break down traditional doctor/nurse barriers and create a more collegial and effective medical team on the unit when they returned to Baghdad.



Baghdad medical team arrives in Istanbul en route to Boston, September 2015



Meeting with Nurse Director Kathy Houlahan, Dana-Farber Cancer Institute and below, The team outside the John F. Enders building, Boston, September 2015





The international team, including two nurses from Cairo Egypt, Kathy Houlahan and ICAE director Claudia Lefko pose on steps in Boston, Sept. 2015

The success of the September visit helped us begin to define a way forward in our unique and challenging circumstances. We want to build on this success.

Seeing what can be accomplished when we are all in one place for an extended period, we are planning a four-day retreat/meeting in Amman Jordan. Our goal is to work together - doctors, nurses and internationals--to assess our situation and to develop a realistic, sustainable plan for training and supporting pediatric oncology nurses in Baghdad so they can become more fully engaged as partners in the care of patients. This, by all measures will improve patient care and outcomes on the unit in Baghdad.

A plan, developed by the Baghdad team in collaboration with an international team in Amman, will enable us to go in search of grants and institutional support for a Nurse Training Project.

But first...we need the plan. And for the plan...we need a meeting!

PLEASE SUPPORT OUR EFFORTS and make a contribution to our campaign on behalf of Oncology Nurses at Children's Welfare Teaching Hospital in Medical City Baghdad.