



"EJMOUR EJADWŌJ JIMOR EDDO" NEWSLETTER

REPUBLIC OF THE MARSHALL ISLANDS
Ministry of Health and Environment

JULY 2003

Communities United for Action

The Community Planning Leadership Summit or CPLS for HIV Prevention is sponsored annually by the Centers for Disease Control, also known as CDC and other collaborated partners/co-sponsors. This year's "Communities United for Action" 2003 CPLS was held in the big apple - New York City and consisted of approximately 1600 participants. Various health officials and community planning group members from all over the world, including the Marshall Islands, attended the summit.

The RMI's Community Planning Group (CPG) for HIV/AIDS prevention was initially established in 1998 and currently composes of 11 members and observers from different entities of the community, including the Ministry of Health. As CPG observers, Oling deBrum, the Director for Ebeye's Primary Health Care, and I represented the Marshall Islands to the CPLS in March 2003.

The 4-day summit commenced with the introduction/orientation of the CDC's Revised Guidance for HIV Community Planning. There were 13 concurrent sessions that were broken up by region. Neighboring representatives from the Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, American Samoa, Palau and Guam joined Oling and I at the Pacific Islands plenary session. The session provided us with CDC's overview of its revised Guidance. Comprehensive discussions on different prevention interventions and programs, challenges that CPG's in the Pacific face and possible solutions. A recommendation was addressed to establish a relevant guidance for the Pacific, putting into consideration our traditions, customs, geography, economy and ways of living. In the meantime, the guidance, which is still in its final revision stage, should



Mailyynn Konelious
Public Health Administrator

be ready for distribution in the near future.

Leadership and skills development of CPG members involved in HIV prevention community planning was addressed. Integrated discussions on recruitment, selection and retention of CPG members, related capacity building assistance resources towards community planning, and accessible networking opportunities with other pacific islands, capacity building organizations, capacity building assisting institutes, youth and women affairs. Recommendations included frequent leadership and skills training, regular CPG meetings; reasonable incentives such as cash, food and retreats were discussed.

Empowering and nurturing youth leadership in the community planning process should be an ongoing activity within any CPG. Since the HIV epidemic is increasingly high in our youths today, hosting regular youth retreats, seminars,

workshops and dramas on HIV/AIDS and prevention interventions should be applied. Youth advocating youth can assist youths to make informed and responsible decisions about their reproductive and sexual health. A success case of the Los Angeles County HIV Prevention Planning Committee and its Youth Leadership Subcommittee was an excellent example presented. As a result, it was highly recommended to utilize the local youth for its influential voice and impact in the youth community.

In addition, Faith Community Leaders can mobilize the community's representation in the community planning process. They can influentially educate their church communities on moral values, monogamous relationships/marriages, facts on the HIV/AIDS epidemic, eradicate stigmatization and discrimination, and promote hope, faith and love especially towards people living with HIV or AIDS.

Lastly, Oling and I had the opportunity to attend a workshop on Fiscal Management, which was moderated by CDC's Procurement and Grants Office. Upon completion, we were exposed sufficiently to the fiscal policies and requirements. This was the first encounter and has definitely enhanced current understanding and responsibilities within CDC's cooperative agreement for the Marshall Islands.

The 2003 CPLS was remarkably rewarding and am recommending the mobilization of the Republic of the Marshall Islands Community Planning Group to commence its initial meeting (STATS) and utilize the youth organizations in its planning process and finally recommend 2 or 3 more CPG members to participate in future CPLS. The community-planning process is a required element in the Cooperative Agreement with the Centers for Disease Control and therefore should be reinforced accordingly.

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Healthy Living in the Pacific Islands Project

3rd Annual Meeting

July 14-18, 2003

Outrigger Marshall Islands Resort,
Majuro

The project is funded by the Agricultural Development in the American Pacific (ADAP) with Principal Investigator Dr. Rachel Novotny from University of Hawaii at Manoa and this project began in 2001 with one Co-Investigator designated from each of the American Pacific Islands.

Goal of the Project: To reduce disparities in the prevalence of chronic diseases among Pacific Island peoples by addressing the multiplicity of influential factors, and respecting cultural values, through program projects using



Am. Samoa - Chuuk - CNMI - Guam - Hawai'i - Palau - RMI

community-based, holistic, collaborative and sustainable approaches. The project focuses on the following three objectives:

- 1) Increase the production and consumption of locally produced foods.
- 2) Increase knowledge about health and nutrition.
- 3) To increase physical activity.

Marshall Islands was able to utilize funds from this project to conduct Food Processing Workshops and SPARK Physical Education training for school teachers.

Participants were able to visit several places on Majuro and extend their deepest appreciation.



Visit to Pacific Pure Water.



Visit to RMI/ROC Demonstration Farm in Laura.



Visit to CMI Arrak homegardening project.



Visit to CMI Arrak marine research project.

Health is a shared responsibility

As Guest Speaker at the Healthy Living in the Pacific Islands Reception Dinner, she was able to explain the many challenges faced by the Ministry of Health towards improving the health of an individual, a

community and a nation. Everyone must do their part, "Health is a Shared Responsibility." She was also able to share the many successful efforts of the Ministry and the community as a whole. Her presentation was greatly appreciated by the participants who came from different Pacific Islands who realized similar challenges and struggles and the dedication to continue to strengthen our programs. The HLPI team would like to extend their appreciation to Secretary Langidrik for her time with the group.



Justina R. Langidrik
Secretary,
Ministry of Health

Ejmour ej Adwoj Jimor Eddo

Einwot juon eo im ear Guest Speaker ilo juon iien kejota an ro ilo workshop eo ikkijen Health Living in the Pacific, ear maron komelele im kwalok kin elon men ko rebbin im Ministry eo an Health ej jelmai im wewein an kokomanmanlok ejmour an kajojo armej, juon jukjuk in bed im juon lal. Secretary ear kwalok bwe kajojo armej rej aikuj in kommane ijo konaer, "Ejmour ej Adwoj Jimor Eddo", ear ba. Ear bareinwot maron kwalok elon tobrak ko an

Ministry eo an Health im Jukjuk in Bed eo jimor. Ilo kar konono eo an secretary ear komman bwe ro im rar bed ilo iien im rar itok jen elon jikin ko ilo Pacific in rar lukkun monono ilo aer kile ke ejja eddo, im aban kein wot rej bar iion ilo aelon ko aer im aer jerabl wewein ko nan kokajoerlok program kein. HLPI team eo rej konan lelok aer kile im kamolol nan Secretary Langidrik ilo an kar maron bed ippen group in.

Ministry's Training for its Security Guards

On May 19-23, 2003, a Training for the Ministry's Security Guards on how to improve the rules and regulations of that Department took place at the Ministry by Captain Terry Ablos Paul from the National Police Department, and Captain Lander Matujela from the Fire Department.

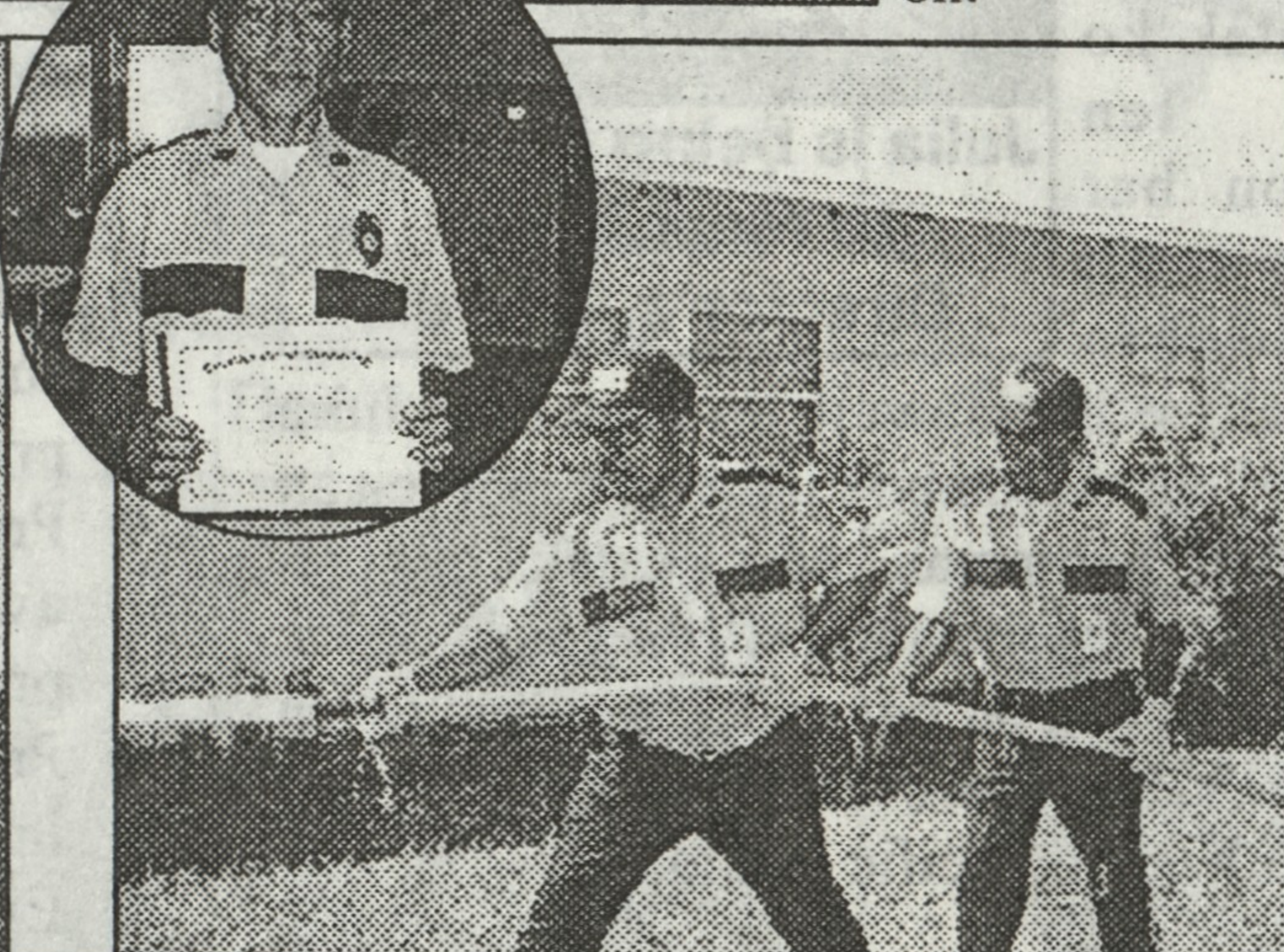
On May 28, 2003, Mr. Matujela spoke on the different kinds of fires and how to stop them. After the lecture, Captain Matujela demonstrated a Fire Drill for two reasons: (1) The ways to stop the fires fast, (2) How to move patients fast from the hospital when there is an unexpected fire in the building to where they can stay safely.

On May 30, 2003, the Closing Ceremony

took place and Secretary of Health gave out certificates of awards to those Security Guards who were able to attend the training. This was witnessed by Sandy Alfred, Hospital Administrator, Edmonds Langrine, Police Major, Captain Terry Paul and Captain Lander Matujela and other people.

According to the Security Guards Supervisor Mr. Boke Lang, after this training the Ministry's Security Guards will be able to arrest, give out citations for those people who are not following the parking zone rules of the Ministry. He also said that they have the power now to take people who broke the rules to the TMI Court and can give out information to the National Police Force

when there are accidents, suicides, homicides, and other problems which were for the doctors only to give reports on.



Juon iien Training nan Security ro ilo Majuro Hospital

Ilo May 19-23 ran ko, ear komman juon training nan security ro ilo Majuro Hospital eo ikkijen lolorjake bwe rules im regulations ko an department in an security ren jermal. Ejja ilo iien ekkatak in wot, ear maron itok captain, Terry (Ablos) Paul jen National Police Department eo.

Mr. Paul ear wonmanlok wot im lelok katak ak training ko nan kajojo security ro ilo hospital eo. Ear borainwot kobalok Mr. Lander Matujela jen Fire Department eo.

Ilo May 28, 2003 eo, Mr. Matujela ear konono ikkijen kijeek.

Kaminene kein rar komman ilolan classroom eo im elikin rar kommane juon Fire Drill ikkijen ruo wewein ko; 1. Mokaj im jela kijeek rot eo im kune, im 2. Ewi wewein kilen komakit ri-nanimej ro ilo juon iien eo ejidimikij im bwe ren maron in tobar nabojen hospital building eo ijoko im remman im safe nan aer maron bed ilo iien rot in.

Ilo May 30, 2003 eo, Secretary eo an

Health ear wonmanlok wot im lelok certificate ak pepa in nebar ko kajojo security ro im rar bed ilo kaminene eo. Ilo iien lelok certificate in ear kobalok Administrator Sandy Alfred, Police Major Edmond Langrine, Captain Terry Paul im Captain Lander Matujela im ro jet.

Ekkar nan Supervisor eo an department eo an security ro, Mr. Boke Lang, ear kwalok ke jonan eo im security officers rein an MHSD kio, remaron in arrest, lelok citation ticket nan ro rej kakkure aer kejerbal parking zone ko na Ministry in an Health. Ear bar ba bwe ewor borainwot maron ko ippeir nan kinaklok juon eo ewor ruon bwe en ekajet ilo court ko an RMI im remaron bar lelok melele ko nan National Police Force eo ilo iien ko im ej wor Accidents, Suicide, Homicide, ak jabdrewot kain jorren ko im renaj kar tellokin wot doctors ro kwaloki ak reporti nan National Police eo ak security ro remaron bar report in lok. Mr Boke Lang ear ba.

Trade Fair on Kwajalein

On April 25-30, 2003, Suciana K. Mark (health educator) was able to attend the Trade Fair on Kwajalein Atoll to promote Marshallese products/produce. As part of the Trade Fair Activities, she was requested to demonstrate the process of by which jam is made from grated coconut milk and brown sugar and the production of coconut juice from coconut meat, juice and milk. The demonstration was done on Kwajalein on Monday and Tuesday. A planned demonstration was to have taken place on Ebeye, but due to bad weather it was cancelled.



Ilo April 25-30, 2003 eo, Suciana K. Mark (health educator) ear maron bok konan ilo Trade Fair eo ilo Kwajalein Atoll nan promote kein ekkan ak mona in majol ko.

Ejja mottan makitkit ko an Trade Fair in, kar maron kajitok ippen Suciana nan kwalok kilen komman jam jen wainin eo emoj rankeiki koba ippen dren in ni im brown sugar im borainwot kilen komman coconut juice jen mede, juice im milik. Makitkit kein rar komman ilo Kwajalein ilo raan in Monday im Tuesday eo. Ear bar wot lemnak ko nan komman ejja makitkit kein wot ilo aelon in Ebeye ak kin wot an kar nana lan innem ear jab maron komman makitkit kein.

CDC Diabetes Translation Conference

Jilu rijerbal in Ejmour, Julia Alfred (Coordinator an Nutrition im Diabetes Prevention), Janet Nemra (Diabetes Health Educator), im Johannes Seremai (Coordinator, Chronic Disease, Ebeye), rar maron bed ilo conference eo an naninmej in Tonal im CDC ej kommane ilo aolep iio im ilo iio in ear komman ilo Boston, Massachusette, Amerika kan. Aolep iio CDC ej kakobaik program ko jen local state im federal im aelon ko an US Pacific Islands im private sector ko nan aer bukot mejlan kadiklok eddo ko ikkijen naninmej in Tonal. Ilo conference in jibadbad im kottobar ko rej einwot:

1. Ekkatak elon buntan ko im tobrak ko ikkijen science, komman kakien, pukot jelalokjen, kelaajrak koppan juon program, kilen an program jerbal im kilen etale tobrak in program kein nan bobrae im komadmod naninmej in tonal.
2. Kolaplok melele ibben aolep ro rej kabjor jerbal ko ikkijen naninmej in tonal kin program ko elap tobrak jeni ilo an dik woneen:
3. Kwalok jet wewein ko nan kolaplok melele ibben armej kin naninmej in tonal im utamwe ko an tonal.
4. Komman bwe armej ro ilo conference in ren maron kolaplok kapeel ko ibbeir, bok melele jen doon im jerbal ibben dron.

Aolep iio ilo kwelok kein, elaplok kile Pacific Islands ko im elap an Coordinator ro an Naninmej in Tonal jerbal ibben dron.



Einwot an R M I Coordinator eo jerbal i b b e n coordinator eo an Hawaii nan ukot kein ekkatak ko bwe ren maron bar jiban armej in Majol ro

rej jokwe ilo Hawaii im Amerka. Julia Alfred ear maron bok juon an nebar jen an kar maron komman kein ekkatak ko im rej bedbed wot ion Mani. Ro rej bok eddon conference in rar bar maron kajjitok ibben Julia Alfred bwe en Chairperson nan kwelok eo an Pacific Island.

Julia is being escorted to receive the Director's Award.

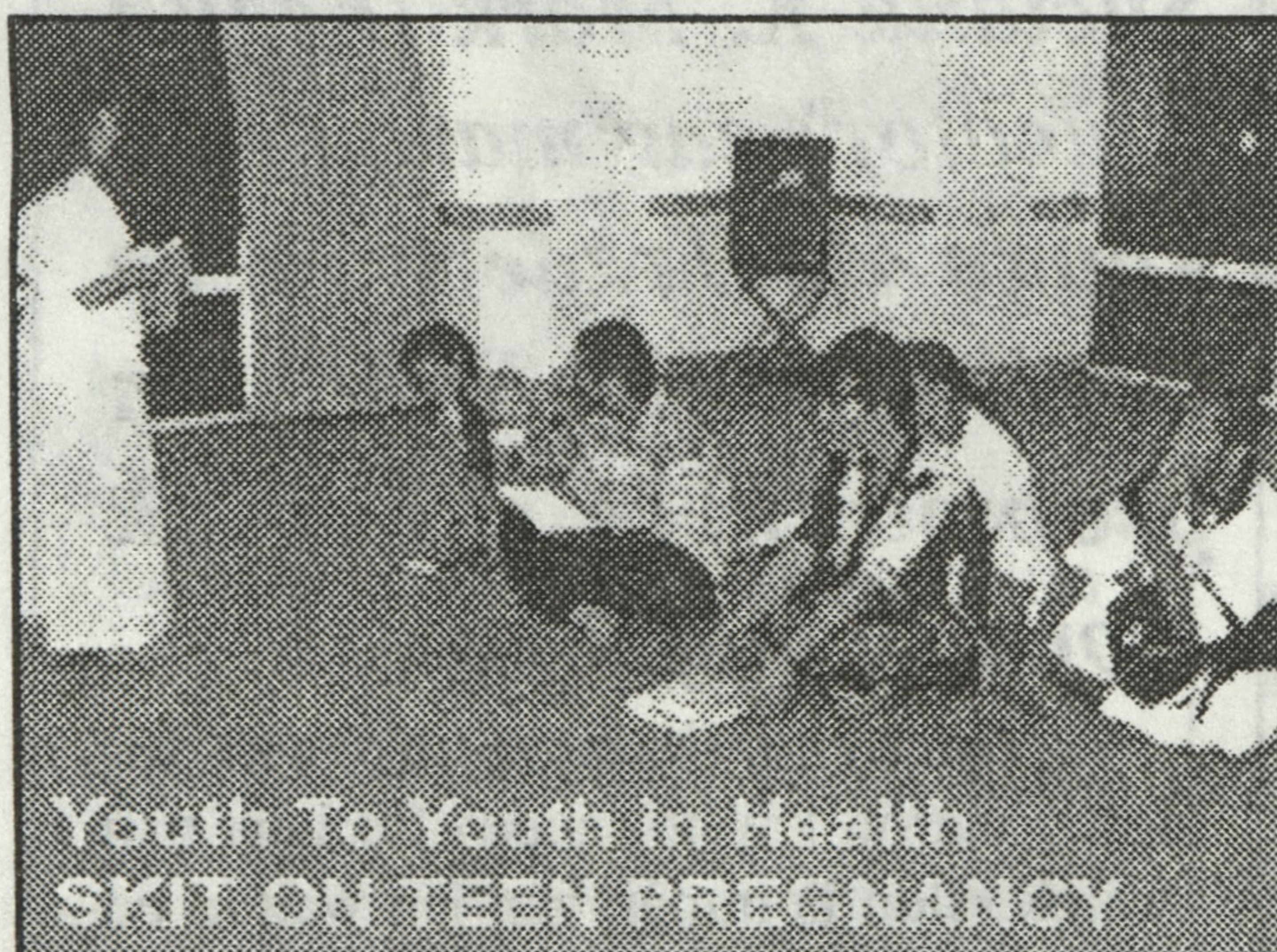
Three staff members from MOH, Julia M. Alfred, Nutrition & Diabetes Prevention Program Coordinator, Janet Nemra, Diabetes Health Educator and Johannes Seremai, Coordinator Ebeye Chronic Disease Program, were able to attend the Annual Center for Disease Control (CDC) Diabetes Translation Conference held in April 2003 in Boston, Massachusetts, USA.

Every year the CDC DDT conference brings together a wide constituency of local, state, federal and territorial governmental agencies and private-sector diabetes partners over 1000 participants from all over the US and Pacific, Center for Disease Control DDT's main constituents are the state-based diabetes prevention and control program (DPCP) representatives and their partners and many others in the field of reducing the burden of diabetes. At this conference, the focus was on the following goals and objectives:

- ◆ Explore science, policy, education, program planning, implementation, and evaluation to enhance public health approaches and strategies to prevent and control diabetes.
- ◆ Increase knowledge and awareness of successful, cost-effective, public and private diabetes programs.
- ◆ Present innovative strategies to increase awareness of diabetes and how to prevent its complications.
- ◆ Provide opportunities for skill-building, information-sharing, and networking.

Every year more and more attention is given to the Pacific Basin and stronger networking and collaboration among DPCPs throughout the US and Pacific is happening. RMI DPCP is currently collaborating with the Hawaii DPCP in the translation of the Pacific take charge of your diabetes booklet and will greatly help the Marshallese community in Hawaii. Marshallese materials are provided to diabetes programs in the USA to cater to the Marshallese populations living in these states. At this conference, the CDC National Diabetes Education Program (NDEP) recognized RMI DPCP Coordinator, Julia Alfred, for a creative campaign idea (a poster) that is culturally sensitive. Julia Alfred was also nominated chairperson for the Pacific Basin DPCP meeting and was able to include a brief presentation on the WHO NCD STEPS Survey recently conducted by RMI. RMI hopes to strengthen collaboration with other DPCP's in the states to help Marshallese population residing abroad.

Youth To Youth: ikkure ikkijen Teen Pregnancy



Youth To Youth in Health SKIT ON TEEN PREGNANCY

Youth to Youth in Health perform a SKIT on Teen Pregnancy at the Healthy Living in the Pacific Islands (HLPI) Meeting, July 15, 2003. The HLPI team would like to express their utmost appreciation for this group of young peer educators for sharing talents and skills. A job well done.



YTYIH ENTERTAINMENT

JNJIE rar maron kwalok juon aer ikkure ikkijen Teen Pregnancy ilo kwelok eo an Healthy Living in the Pacific Islands Project im ro uaan HLPI rekonan bok iien in im kamolol Jodikdik nan Jodikdik ilo Ejmour kin aer kar maron kobalok ilo kwelok in im kwalok kapeel im jela ko aer. Juon jerbal eo emman.



Dr. Kyaw Tut
Director, Dental Services

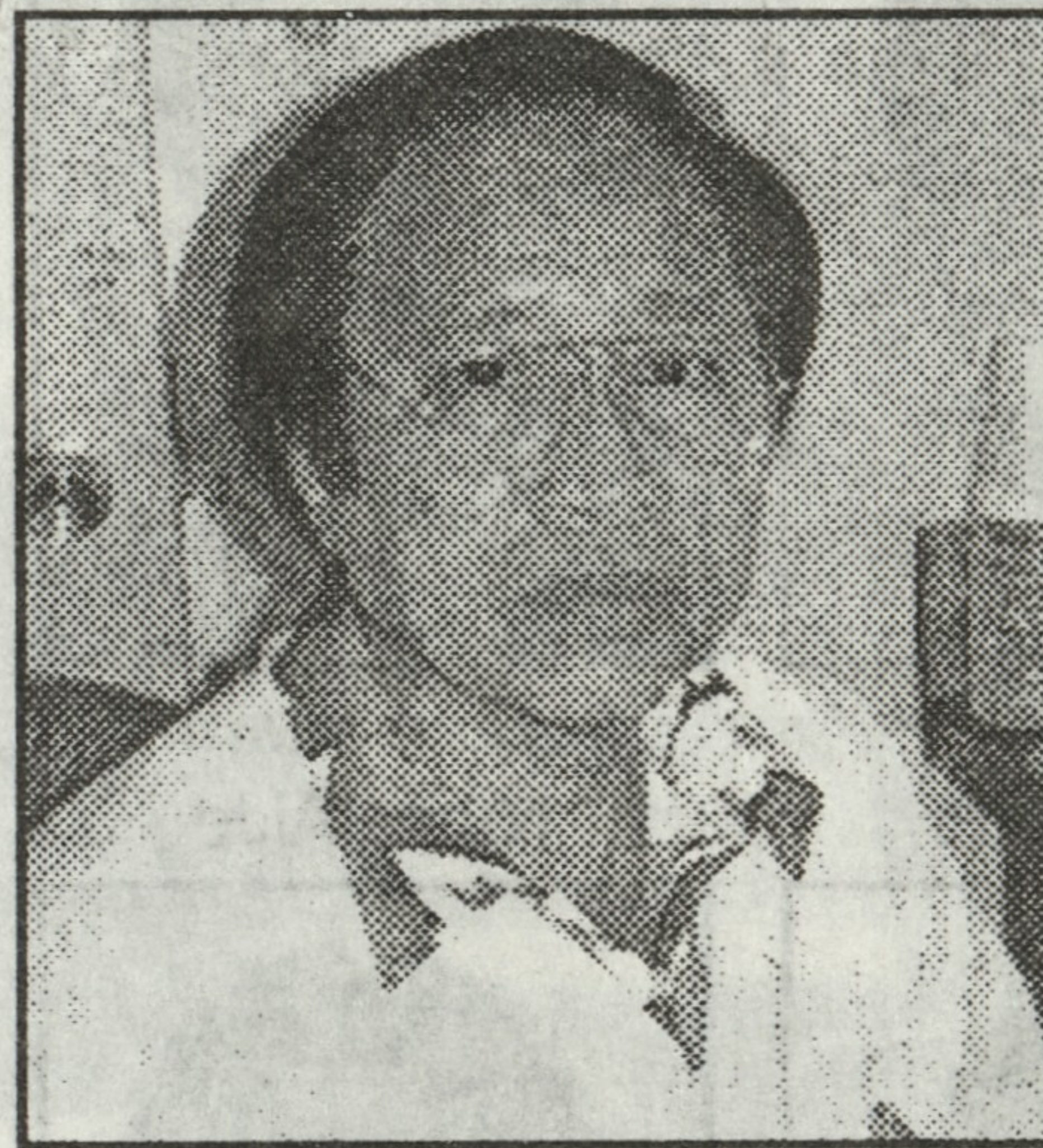
MAJURO HOSPITAL Dental Staff



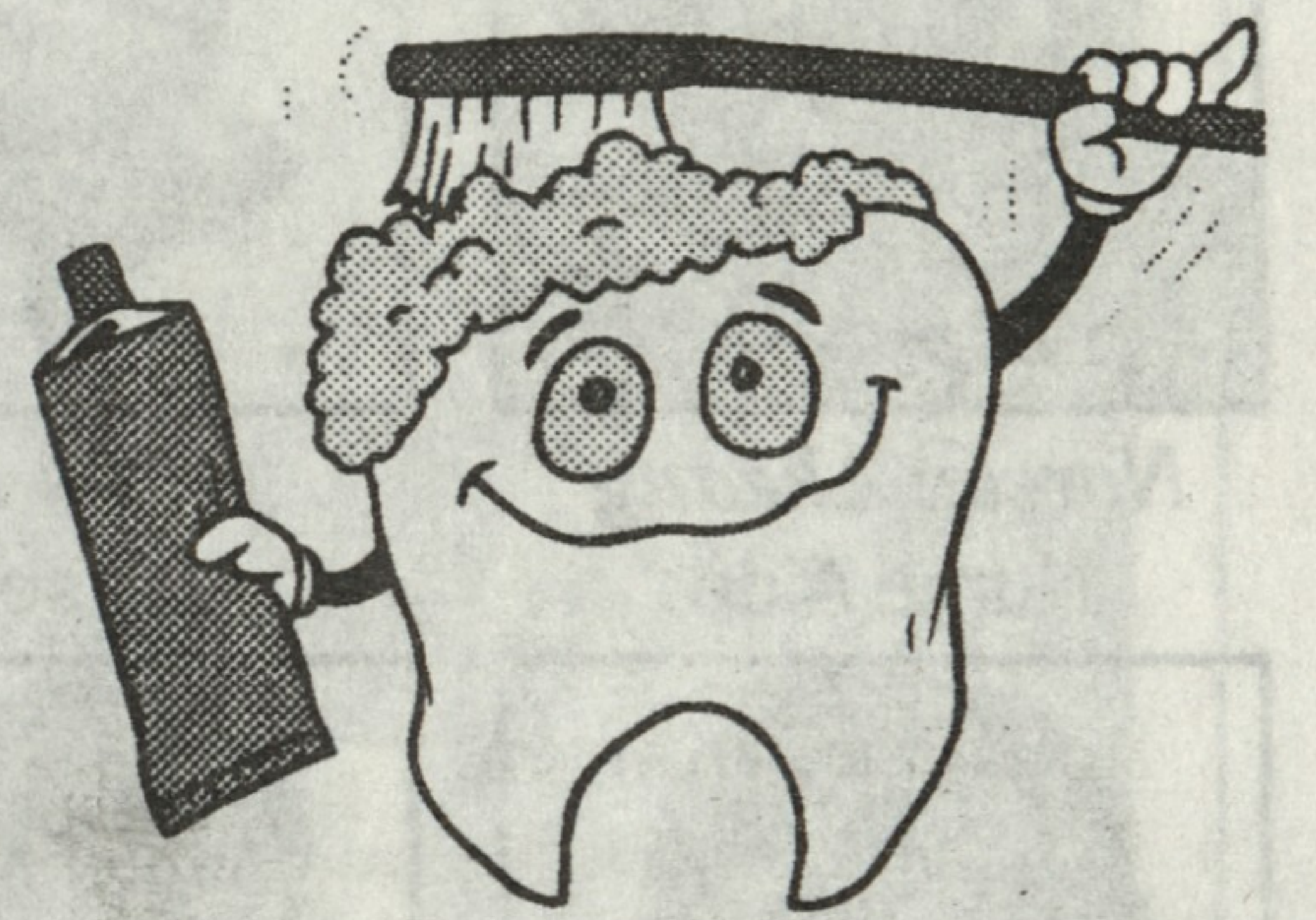
Dr. Ohmar Tut
Dentist



Dr. Tess Christopol
Dentist



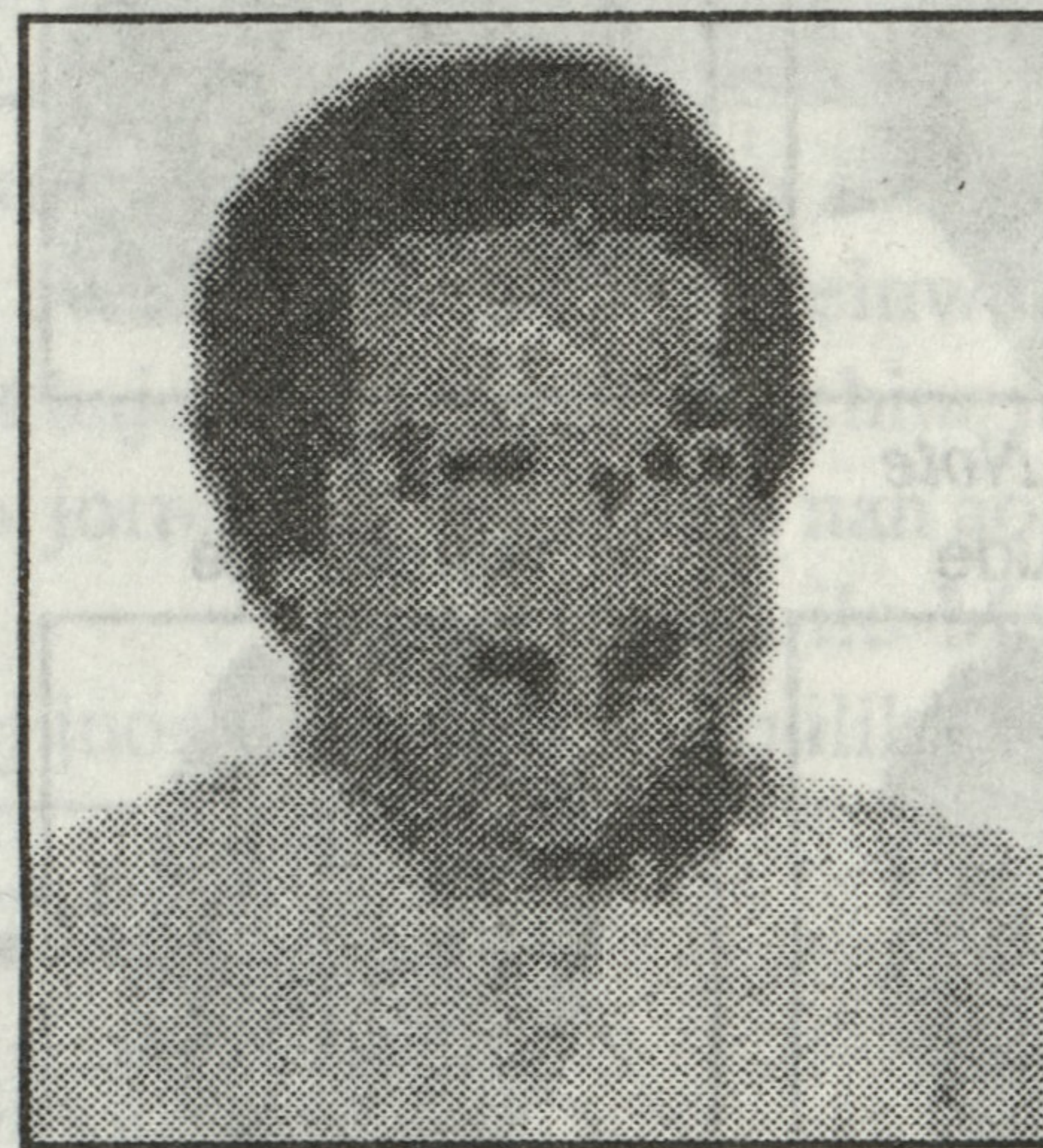
Ting Aung
Dental Technologist



Flora Nathan
Dental Nurse



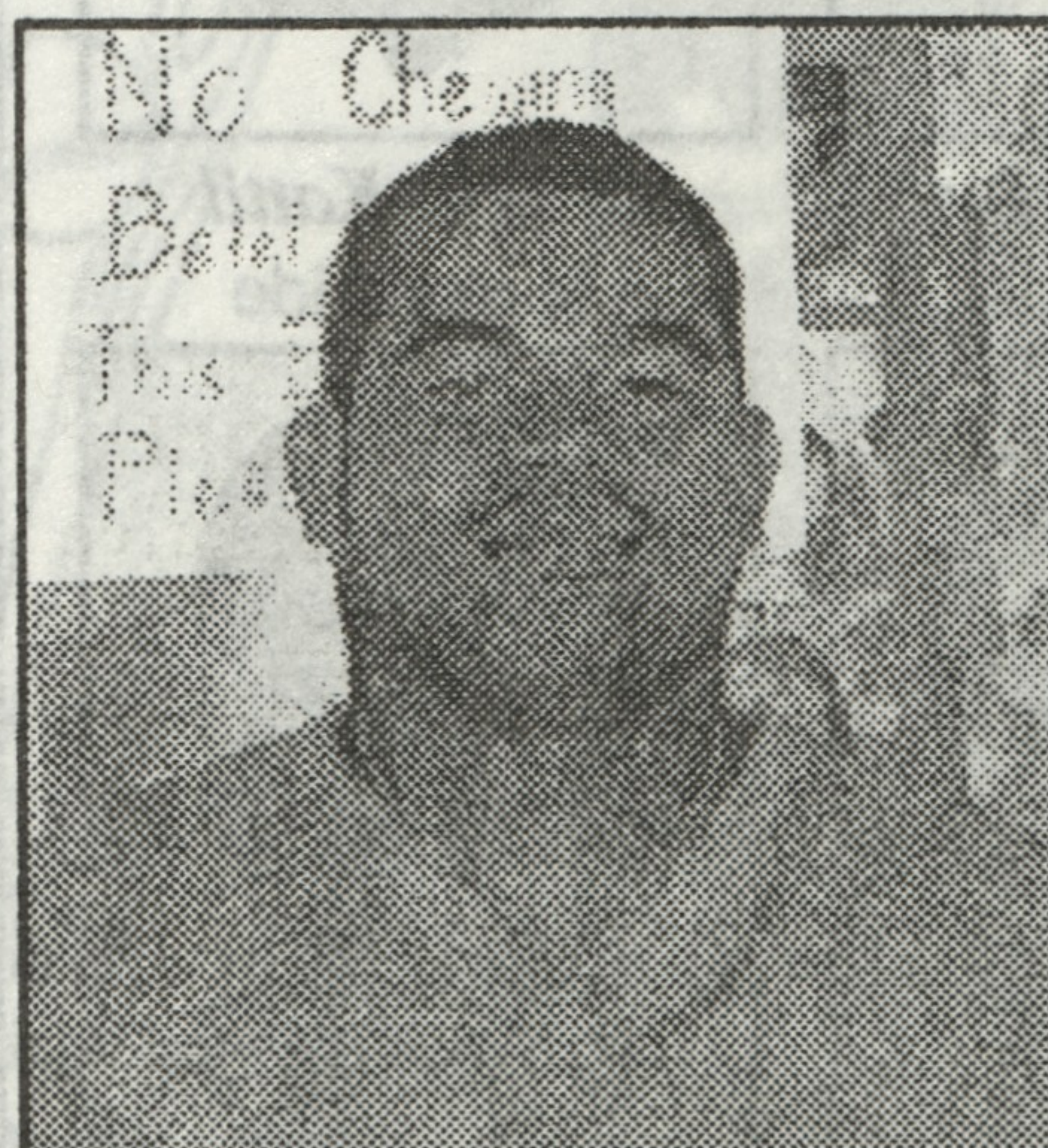
Lommon Tibnol
Dental Assistant



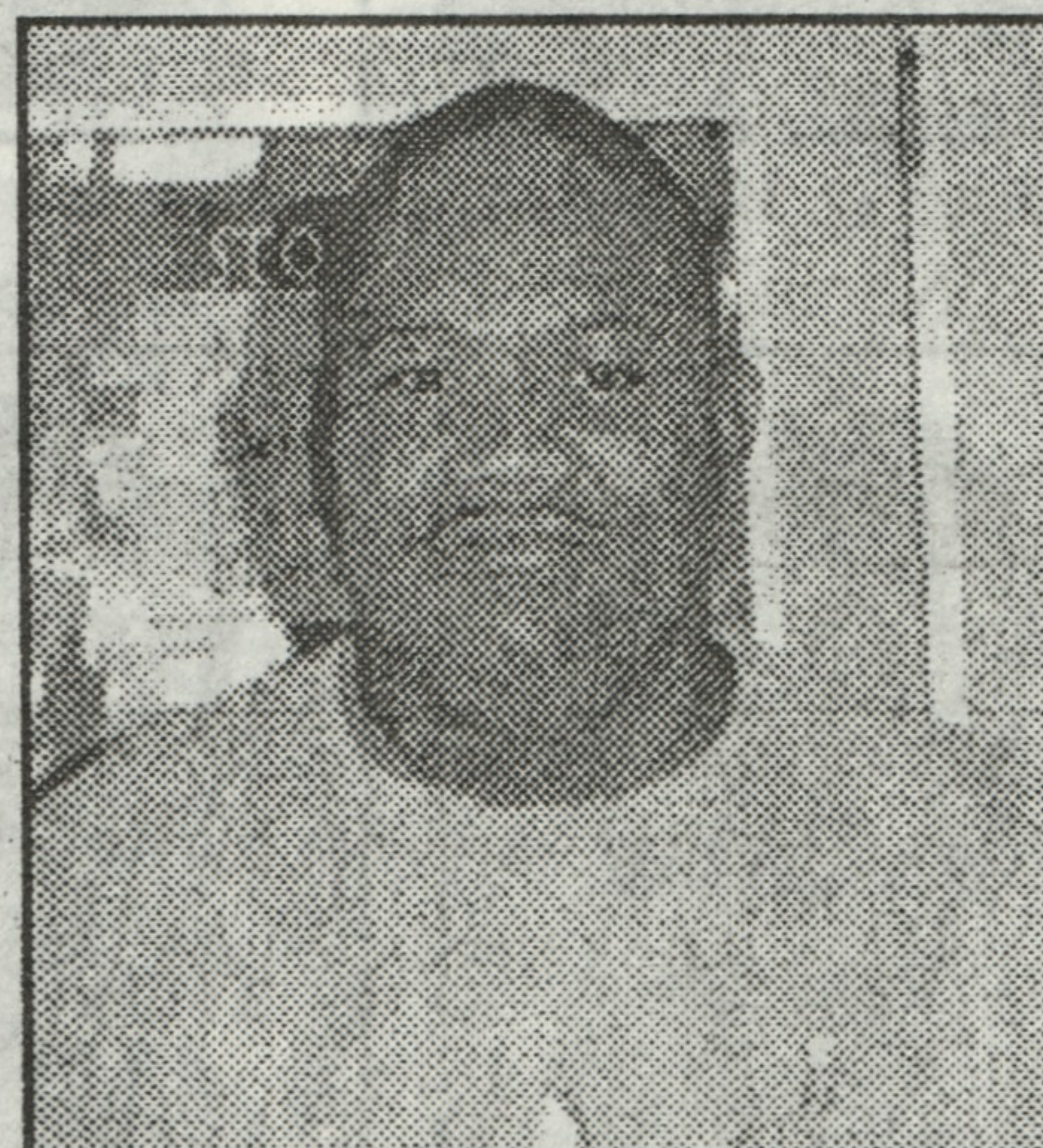
Meshai Laiden
Dental Nurse



Kim K. Laiden
Dental Assistant



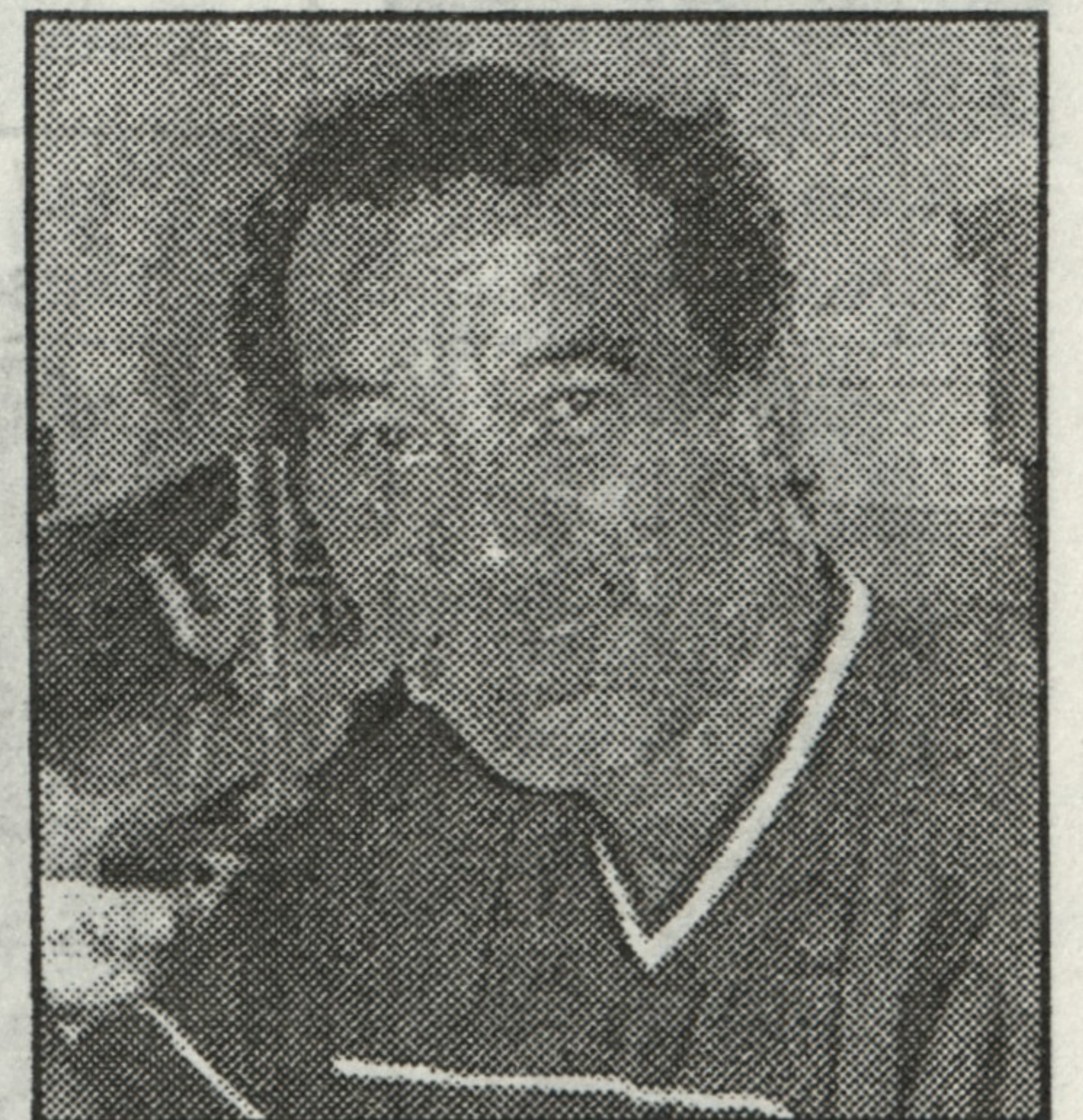
Ramson Masha
Dental Assistant



Elmi Nashion
Dental Assistant



Cynthia Billwood
Dental Assistant



Wase Boas
Dental Technician

WELCOME

Ministry of Health

NEW STAFF



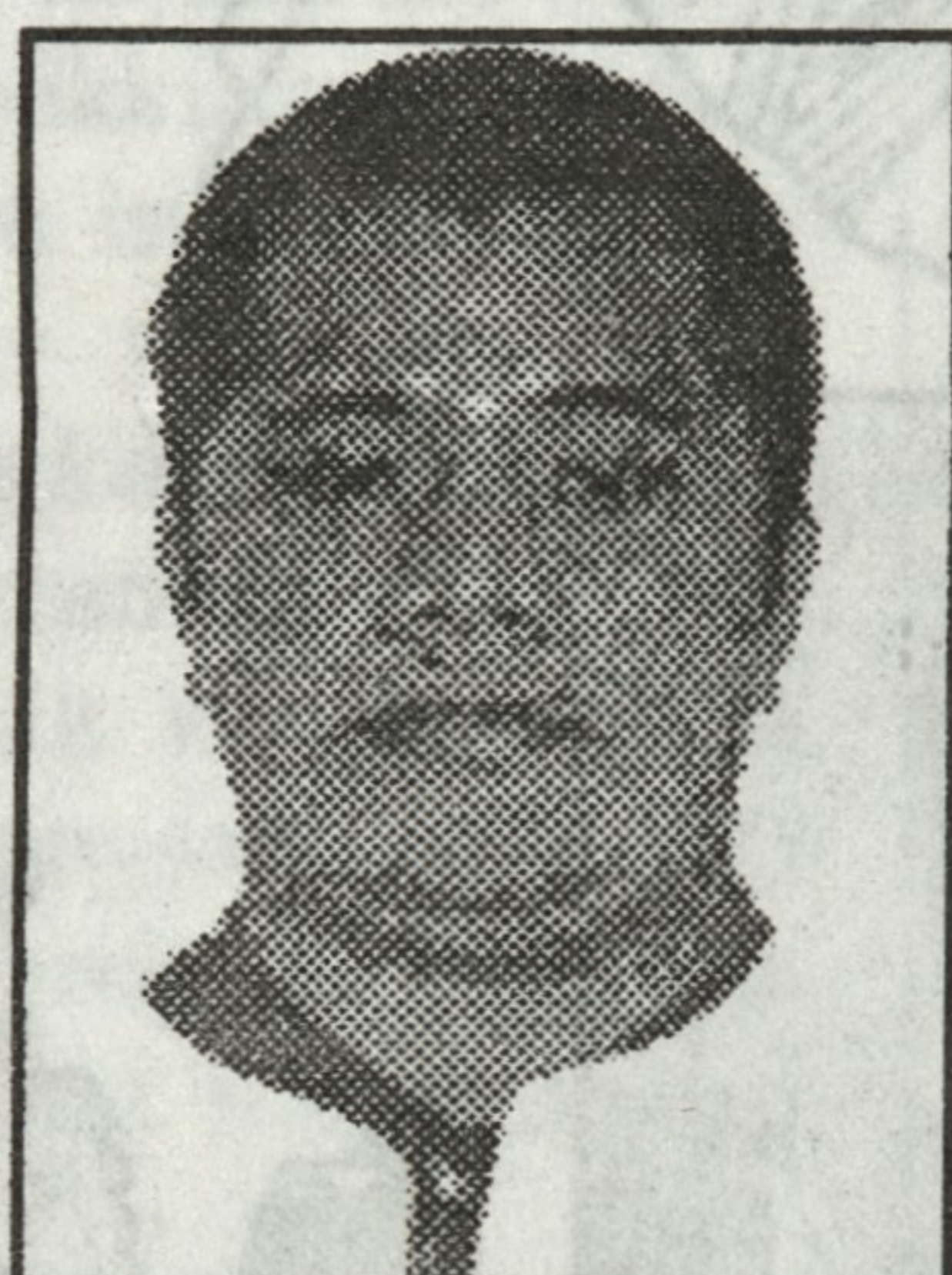
Carl H. Domnick
Accountant



Daisy Pedro
Medical Referral Program



Noreen Akeang
Nurse Aide



James Elmer
Nurse Aide



Loreen Samuel
Nurse Aide



Herbert Albert
Nurse Aide



Came Kiotak
Nurse Aide



Glorine Lakmej
Nurse Aide



Betrina Akilang
Nurse Aide



Maryann Note
Nurse Aide



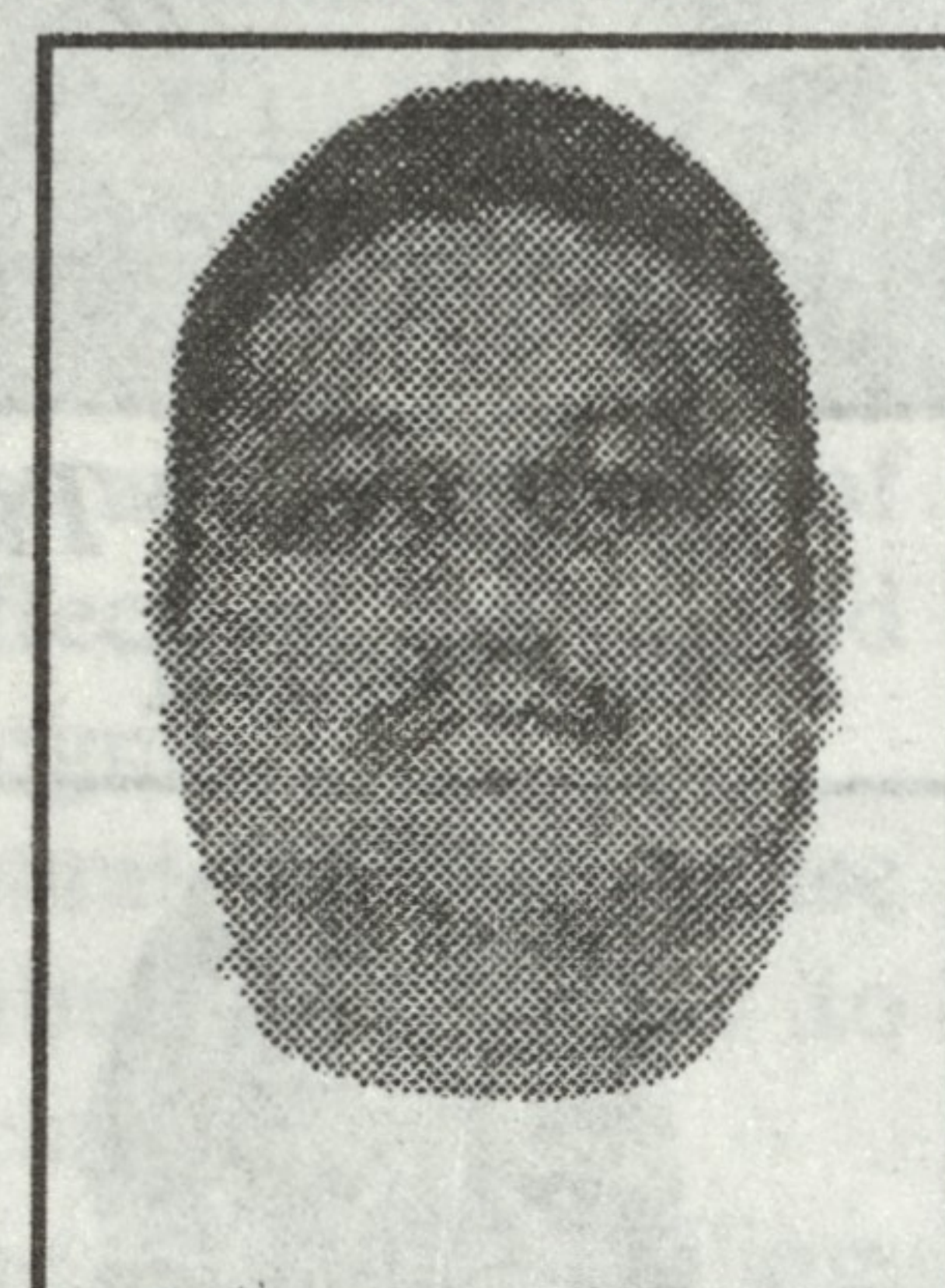
Lola Peter
Nurse Aide



Lina Bohany
Nurse Aide



Yolani Silk
Nurse Aide



Vincent Moses Jr.
Nurse Aide



Rolani Mejbon
Nurse Aide



Paul Victor
Nurse Aide



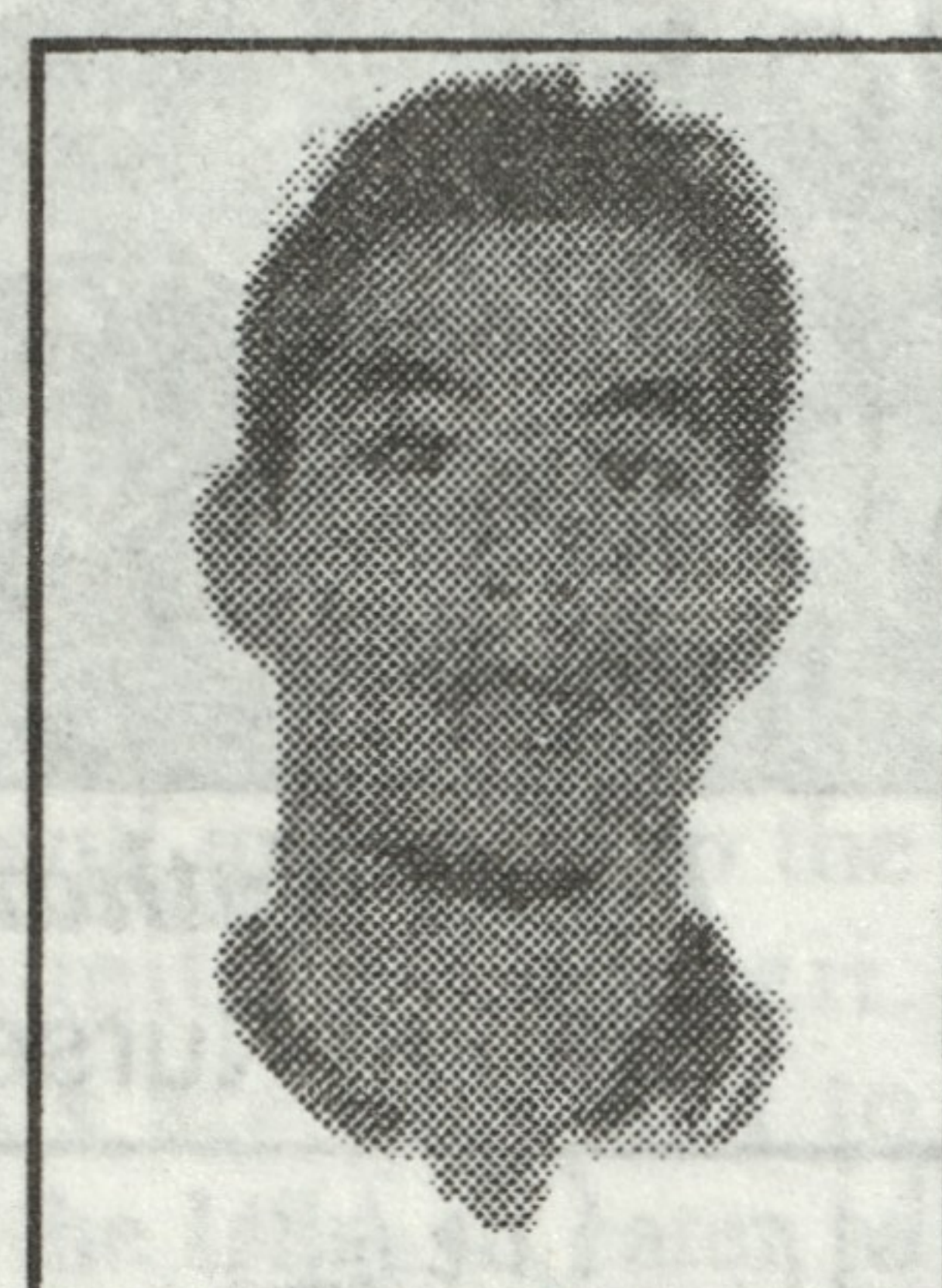
Sally Paul
Nurse Aide



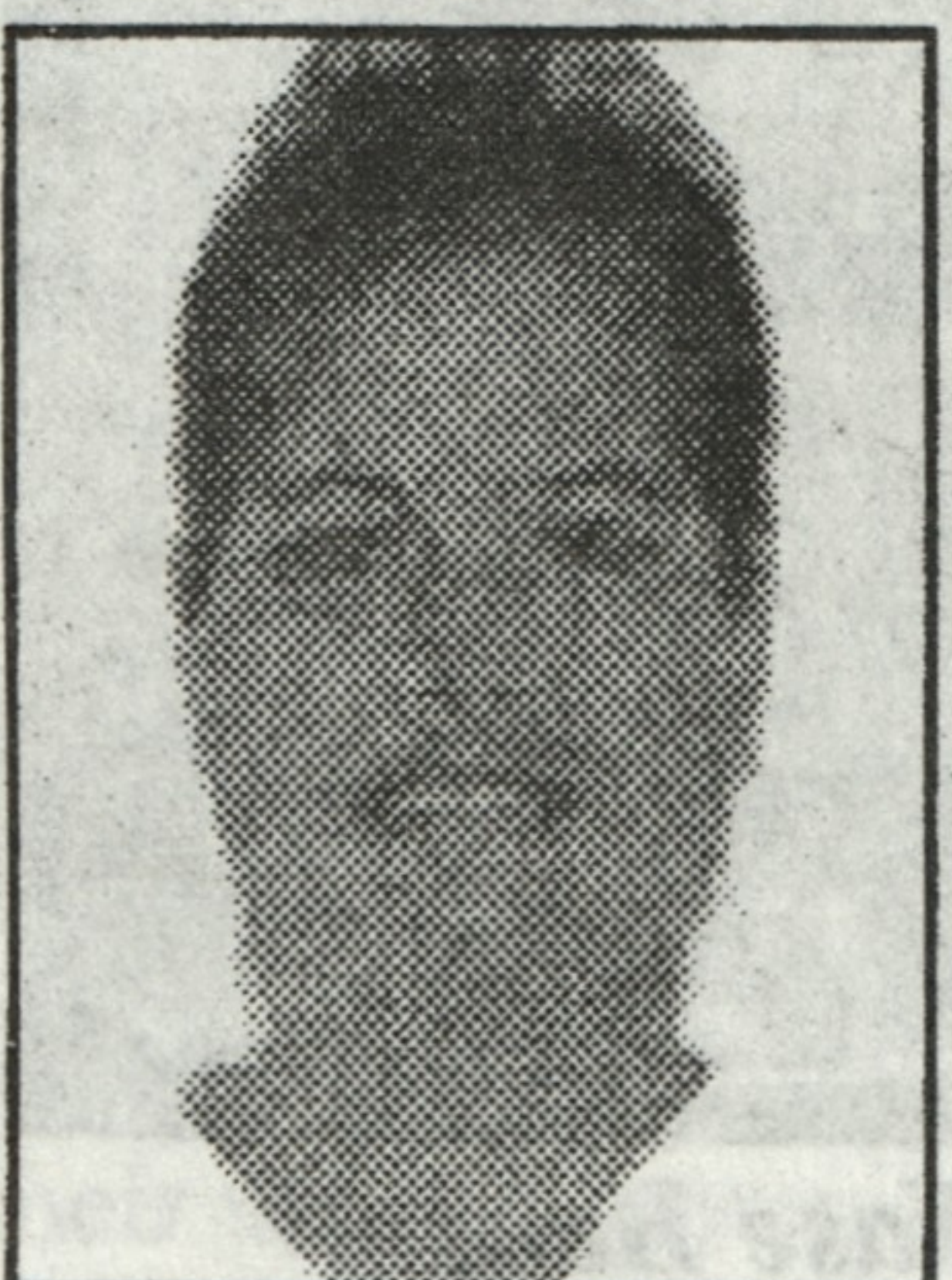
Rina L. Menanso
Nurse Aide



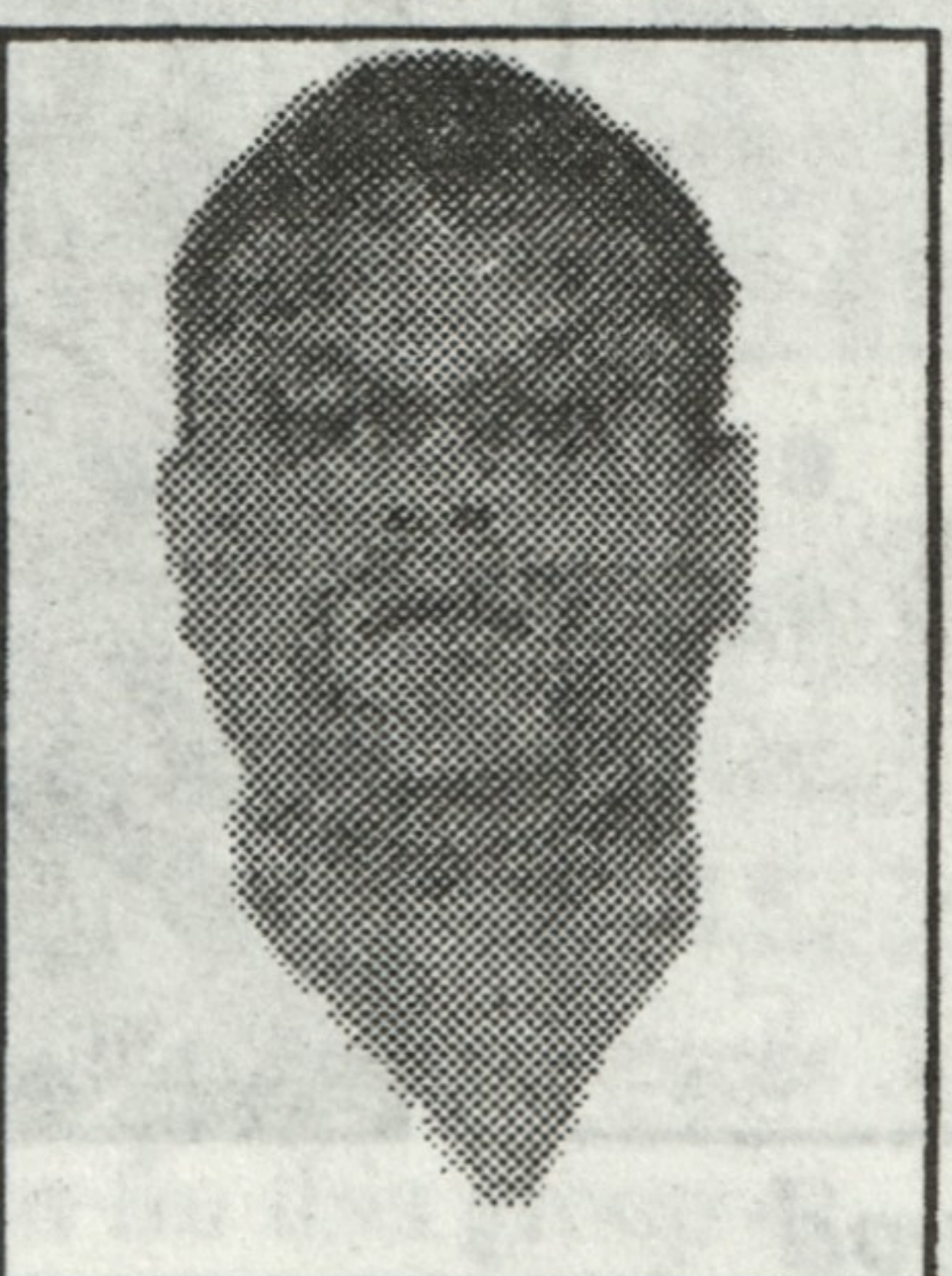
Susana Rufus
Nurse Aide



Miashi Kattil
Nurse Aide



Neilep Jabuwe
Nurse Aide



John John
Nurse Aide



Lorina Jonathan
Nurse Aide



Irwin B. Kalles
Nurse Aide



Edward Konelej
Nurse Aide



Darlynn Almen
Nurse Aide

New Equipment for Majuro Hospital

The University of Washington has donated equipment that is now be used at the Majuro Hospital to diagnose ear infections and hearing problems. The machine (equipment) was presented to Secretary Justina R. Langidrik.

The equipment will significantly improve diagnosis by allowing doctors

*Juon Kein
jermal(kakkolkol)
in Lojilni ilo
Hospital eo*

University eo an Washington ear letok juon equipment ak kein kakkolkol eo im kiio ej jermal ilo Hospital eo ad ilo Majuro nan lale im kakilen jorren ko im rej walok nan lojilni. Kein jermal in kar maron lelok nan Secretary Justina R. Langidrik.

Kein kakkolkol in enaj kokkomanmanlok jermal in etale ko ilo an naj komman bwe en pidodolok an takto ro maron kakilen jorren ko rej walok nan lojilni. Elane ear jab kein jermal ak kakkol in, innem takto ro renaj kar kommane wot jermal in lelok uno ko nan bobrae an kinej eo monane. Ak

to specifically identify types of ear infections. Without this diagnostic equipment, doctors have to prescribe "broad spectrum" drugs in the hope that will take care of the infection. With the equipment, doctors can easily identify a particular drug required for

a specific type of ear problem.

Ear problems are one of the major complaints of young children, particularly babies in their first year, this should improve services to a large number of Majuro Hospital patients as well as patients from the outer islands.



kin wot an emman kein jermal ak kakkolkol in, ekkoman bwe en lukkun pidodo an takto ro kalet kajojo uno ko im rejjejet nan kajojo jorren ko rej walok nan lojilni.

Jorren in lojilni ko ej juon ian apan

ko im ekka an ajri jiddik ro boke, bareinwot nan ajri ro im ej juon aer iio, machine in enaj kokkomanmanlok jermal ko nan aolep rinaninmej ro ilo hospital eo ilo Majuro borainwot ro jen aelon ko ilikin.

Kommol Tata Minister Jacklick

MoH Women's Softball Team, 2003



Pictured: Julia, Jome, Lina, Maryann, Coach Jordan, Lina, Marylee, Cathy, Fumiko, Yellowrose, Julitha, Anna, Mailyln & Anaruth



Kim konaan lelok kammolol eo elap tata nan Minister Jacklick kin 100% support ko an bwe team kein ruo an Ejmour (Kora im Emmaan) en wor aer uniform im maron jutak ilo etan Ministry of Health.

Not Pictured:
Janet, Jackie, Dr. Perman, Dora, Lola, Silomeci, Damiana, Sally & Neilep



1st Prize Winner2nd Prize Winner3rd Prize Winner

NATIONAL HEALTH MONTH CONTEST ACTIVITIES APRIL 2003

Ilo allon eo an Ejmour (April 2003), ear wor contest ko rar etal nan school ko kajojo ilo Majuro in. contest kein rar komman ekkar nan unin tel eo an allon in im naetan "Pelaak ko Rerre, Ajri Ro Rejjimourur Ilju."

Ear wor ruo kain contest ko einwot, 1) Poster Contest im 2) Essay Contest. Poster Contest eo ear etal nan aolep elementary school ko im Essay Contest ear komman nan high school ko.

Delap Public Elementary

School ear maron bok tib eo ilo Poster Contest eo. Aolep nemba ko jilu (1,2&3) kar etal nan jilu ian ri jikuul ro jen DES. Ali Helkena (1st grade) ear bok #1, Tarzan Jim (5th grade) ear bok #2, im Junior Lailju (5th grade) ear bok #3.

Rongrong Christian High School ear bok tib eo ikkijen Essay Contest eo. Aolep ro rar win rar jen Rongrong High School. Nomba 1 ear etal nan Naanlyn Jeik, nomba rua ear etal nan John River im nomba jilu eo ear etal nan

Karen Hensene.

Ministry eo an Health ej lewaj juon naan in Kejeraman nan aolep ro rar bok konair ilo contest kein elaptata nan rein rar bok win ko. Ministry in ej bareinwot lewaj an naan in kamolol nan principal ro an school ko rar bok konair im aolep ro rar letok contributions ko aer. Elane en kar jab jiban ko ami kajojo, innem National Health Month 2003 eban kar emman im tobrak im aibojoj einwot in. Anij Ibbedwoj aolep.



Be Wise -

IMMUNISE

Rape Prevention and Education Program Grant Meeting

On May 30th, 2003, The Coordinator for Health Education and Promotions, Marita Edwin and Health Educator, Suciana K. Mark were able to attend the RPE Grantee Meeting which was held in Honolulu Hawaii on the 2nd -5th of June 2003. Participants were from the American Samoa, Republic of Palau, Federated State of Micronesia, and Common Wealth of the Northern Mariana Islands (CNMI) and as well as from the Republic of the Marshall Islands. The meeting was sponsored by the Centers for Disease Control (CDC), Department of Rape Prevention and Education. The Consultants were Margaret Brome, Renee Wright and Julie Bender.

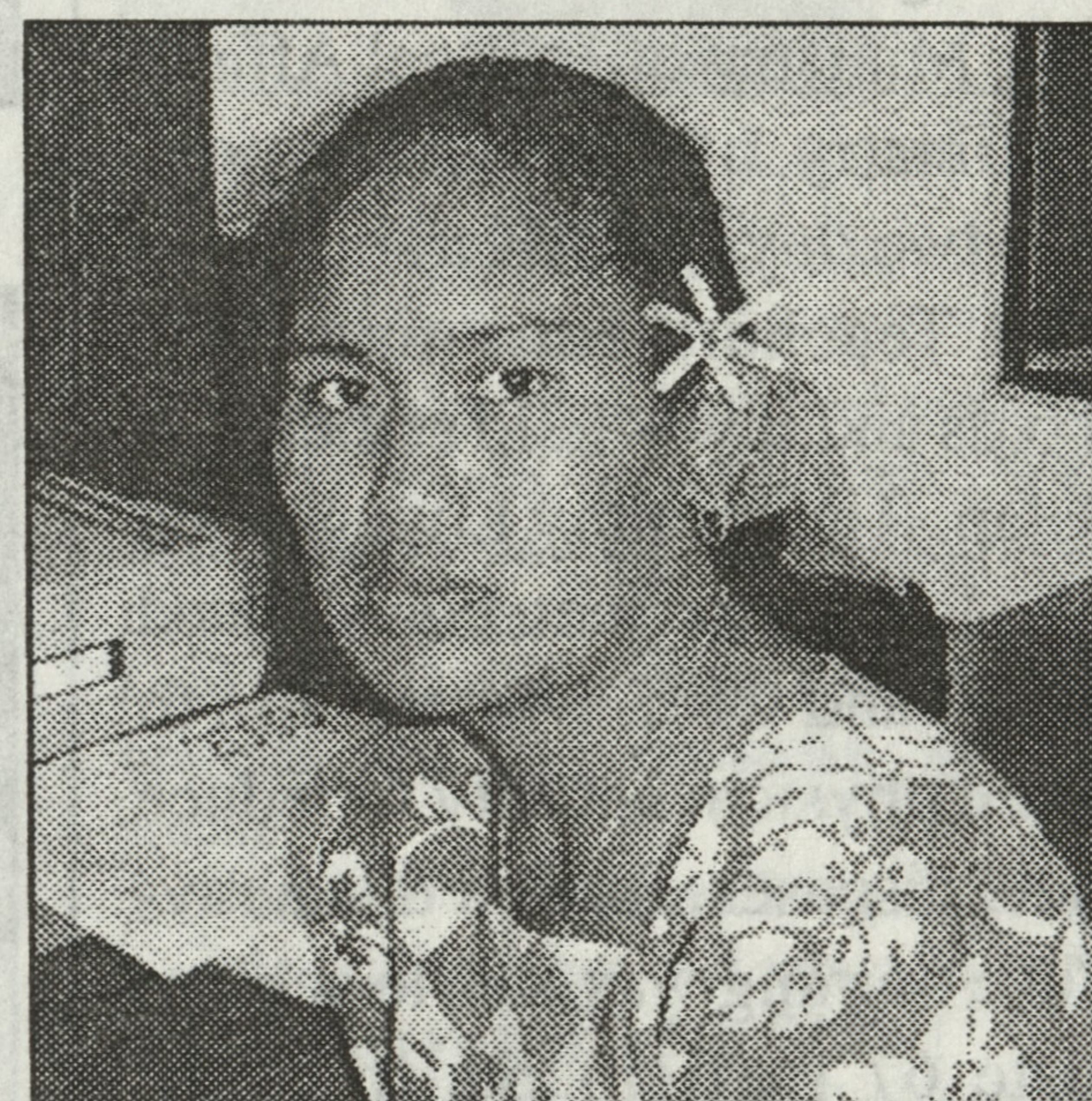
The Purpose of the meeting was to meet with all the Pacific Island Territories regarding their RPE Programs. The CDCRPE program wanted to find out from each territories their strategic plan or mission, organizational structure, staffing, partnership and coordinated activities, primary population/communities served, prevention activities conducted, project funding level and staff time, date/evidence used to guide program

planning and implementation, goals and objectives for project, project evaluation methods, accomplishments and challenges, future directions-short and long term goals, and other violence against women activities (include both sexual assault and domestic violence).

The Centers for Disease Control (CDC) and Prevention/National Center for Injury Prevention and Control (NCIPC) wanted to learn more about each violence prevention training and technical assistance needs as well as the barriers and challenges to implementing violence prevention activities. They gave an assessment for each territories to address their specific areas of sexual violence, intimate partner violence, youth violence, child maltreatment, and suicide as well as comprehensive violence prevention efforts. The consultants updated the grant budget for the RPE programs for the Cycle I and Cycle II Budget. This was a very good meeting. All participants learned from each other as well as the consultants. Even though this meeting was only three days long, everyone was very happy to meet and learn about their other RPE partners.

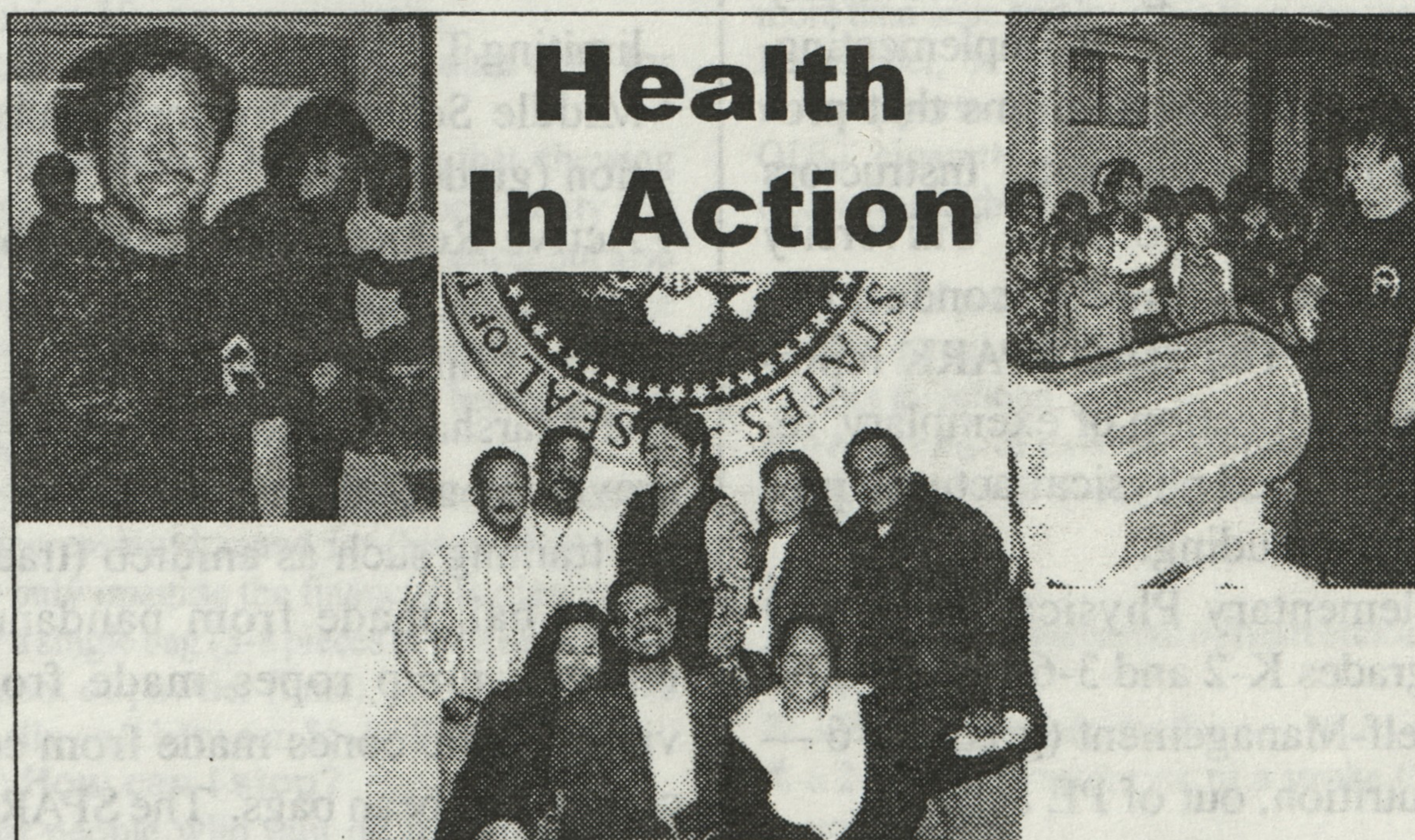


Marita Edwin
Health Education, Coordinator



Suciana K. Mark
Health Educator

We all shared our difficulties when talking about Rape Prevention and Education programs because of the traditional cultures. We also have the same culture barriers which make it very hard to accomplish each RPE programs.





June 25 & 26, 2003 ECC, Majuro, Marshall Islands

The Ministry of Health (MOH), the College of the Marshall Islands (CMI), Ministry of Internal Affairs and Ministry of Education sponsored a two day SPARK training for School Teachers educating 5-14 year olds and it was held at the Gym in Delap. The Healthy Living in the Pacific Islands project, coordinated by MOH and CMI, with the aim to increase physical activity to reduce chronic diseases, funded this activity. The training was able to accommodate 67 participants from the Head Start program, Middle schools (6-8 grades), CARE After School Programs and Public Elementary School Teachers. A trainer, Dr. Kristy Hilton, assigned by the SPARK program was brought in to facilitate the training.

SPARK is a non-profit organization of San Diego State University dedicated to creating, implementing, and evaluating programs that promote lifelong wellness. Instructors from San Diego State University have been recruited to conduct this training. The name SPARK represents a collection of exemplary, research-based physical activity programs including:

- Elementary Physical Education (grades K-2 and 3-6)
- Self-Management (grades 4-6 — nutrition, out of PE activity,



HEALTH PROMOTION STAFF WITH DR. KRISTY HILTON



- limiting TV/Video games)
 - Middle School Physical Education (grades 6-8)
 - Active Recreation (after school programs, ages 5-14)
 - Early Childhood (ages 3-5)
- The Marshall Islands was able to provide home-made toys for use at the training such as anidreb (traditional ball made from pandanus leaves), jump ropes made from vines, traffic cones made from coconuts, and bean bags. The SPARK

training offered many fun and easy activities to keep children playing without realizing they're exercising their body "We wanted to use toys and equipment made locally to avoid excuses that we cannot play games because we have no toys or sports equipment" says Julia. For more information, you may contact Julia Alfred at nutmohe@ntamar.net or call 625-3388/8365. Or contact SPARK director Paul Rosengard at E-mail: prosengard@sparkpe.org

Ask Doctor Marie Lanwi

Why is smoking bad?

Editor: People keep on telling us that smoking is bad for us. I enjoy smoking. Is it really true that smoking is bad for us?

Cigarette smoking is an addiction disorder and the cause of many serious health problems. Among the thousands of chemicals in the cigarette smoke are three known substances, which are dangerous to the person smoking and to those who breathe in the secondhand smoke. The three are tar, nicotine, and carbon monoxide (a poisonous gas). Tar condenses into a sticky substance in the lungs; nicotine is the addictive component of tobacco smoke; and carbon monoxide decreases the oxygen carried by the red blood cells throughout the body. Tobacco use usually begins as a social behavior and results in significant physical consequences in the body.

Some of the possible health problems that result from cigarette smoking include; cancer of the lungs, esophagus, pancreas, bladder, mouth, larynx, or cervix; heart and cardiovascular disease such as heart attacks, sudden death, hypertension, stroke, and obstructive pulmonary disease (COPD); and others including; prominent skin wrinkling, problems with infertility, pregnancy complications, threats to the health of the newborn, early menopause and possible osteoporosis. And finally, secondhand smoking is harmful to anyone around the smoker and is one of the main causes of residential fire deaths.

Editor: Can smoking kill us?

Smokers are more likely to die early. Cigarette smoking is the main cause of lung cancer, which is usually fatal. A smoker's risk for coronary heart disease, the leading cause of death in the U.S., is 3x that of a nonsmoker. The more and longer you smoke, the greater the risk. Just as a smoker's arteries to the heart become narrowed and blocked, so can a smoker's carotid arteries to the brain. Cutting off blood supply to part of the brain causes a stroke. Strokes are often fatal. Strokes that are nonfatal usually leave people unable to care for themselves. Smoking can narrow other arteries, cutting off the supply of oxygen and nutrients to body tissues. This often happens in the leg and causes pain when walking. Nonhealing ulcers and gangrene can occur. This sometimes leads to surgery to

remove the foot. Smoking also increases your blood pressure. High blood pressure (hypertension) can damage your kidneys and cause fluid to collect in your tissues (edema). High blood pressure further increases your risk of heart failure, heart attacks, and stroke...and most of the time these conditions are fatal.

Ed: I only smoke 3-4 cigarettes per day? Does that do any damage?

Any amount of cigarette smoking is enough to cause damage. The more one smokes, the greater the health risks. There is no safe level of exposure; someone who smokes occasionally (1 to 4 cigarettes daily) is still at greater risk for health problems than nonsmokers. An average smoker smokes 15 to 20 cigarettes a day.

Ed: Does my smoking effect other people?

Nonsmoking children and any other nonsmoking individual who live in homes with smokers are exposed to cigarette smoke. This is called "passive smoking." The smoke comes from two sources; secondhand smoke and sidestream smoke. Secondhand smoke is the smoke exhaled by the smoker. Sidestream smoke is the smoke that rises off the end of a burning cigarette. Most of the smoke in a room is the sidestream smoke. Sidestream smoke contains 2 or 3 times more harmful chemicals than secondhand smoke because it does not pass through the cigarette filter. At its worst, a person in a very smoky room for one hour with several smokers inhales as many bad chemicals as he would by actually smoking 10 or more cigarettes.

Ed: Is chewing betel nut also bad for me?

Some studies have shown that chewing betel nut causes cancer in the oral cavity and larynx. Not only does it cause cancer but also it is not appealing because the juice from the betel nut causes the teeth to stain. Furthermore, people who chew betel nut often have bad breaths.

The cost of betel nut is rising because there is an increasing demand for this product. One can only imagine the financial burden just to buy a single bag (5-8 pieces of betel-nut, small amount of powder (lime), few leaves)...this usually cost between \$5-10.00!

Ed: How can I stop?

Most people who quit do it on their own;



Dr. Marie Lanwi
Medical Officer (General)

others are helped by a variety of methods. No one way works for everyone. What is important is having the willpower and determination to quit smoking and remain smoke-free for life. There are several steps, however, to assist someone who is willing to smoke.

1. Analyze your smoking habits by determining when and why you smoke.
2. Make up your mind to QUIT!!
3. Choose the day and QUIT on that day.
4. Use any kind of substitute (gum, hard candy).
5. Give up those activities temporarily that you associate with smoking.
6. Reward yourself for not smoking (i.e. – buy something special for you).
7. During the first few weeks, eat plenty of low-calorie snacks, and drink lots of water.

Don't be discouraged if you fail to quit smoking the first time around. Just try again immediately! Many people have had to try more than once and by more than one method. Remember, be patient, take your time, and most importantly – have the willpower to QUIT cigarette smoking! Your body will thank you in the end!!

Children of parents who smoke have:

- ☛ 50% increased risk of lower respiratory tract infections
- ☛ Worsening of existing asthma
- ☛ Increased risk of ear infections

Smoking causes:

- ☛ A 3-5 times greater risk of heart attack than a non-smoker
- ☛ 30% of all cancer deaths
- ☛ a 2-3 times greater risk of a stroke than a non-smoker

Etke ejjab emman kobatat?

Kajjitok: Armej ekka aer kennanik io ke kobatat jikka ejjab emman nan kij. Ij itoklimo ilo kobatat. Ta lukkun mol ke kobatat jikka ejjab emman nan kij?

Uaak: Kobatat jikka ej komman addiction disorder im komman elon kain naninmej ko nan mour ko ad. Ilublijin taujin in chemical ko im rej bed iloon jikka eo, ewor jilu iaer im ellukun lap aer kauatata nan juon armej eo ej kobatat im borainwot armej ro jet (secondhand smoke) im rej emenonoik baat in jikka ko. Men ko jilu rej tar, nicotine, im carbon monoxide (uno eo ekajoortata ilo juon jikka). Tar ko idepdep ippen dron ilo aer erom juon substance eo eddepdep im rej bed ilo er ko erir; Nicotine eo ej komman bwe jen anur ak konan wot bok jikka; im carbon monoxide ej komman bwe en driklok oxygen eo im red blood cells ko rej leto-letak iloon enbwinid. Kojerbal tobacco ekka an ijino einwot juon wewein limo im elkin ej oktat im erom juon entanlaplap nan enbwin eo. Jet ian naninmej ko ekka aer walok jen ad kojerbal jikka ko rej einwot; cancer ilo er, esophagus (pipe eo jen kabin buru nan tudek eo), bladder, lonid, larynx ak cervix; naninmej ko rejelet menono eo einwot heart attacks, jidimkij in mij, aibulat, men enbwinid (stroke) im jorren in ekke ko ilo er eo; im ko jet einwot; jorren in kil, jorren ko im rejelet jikin ninnin eo, aban ko ilo iien kemour ak keotak, komman bwe en juon kora en bojrak jen an bok mijen allon, im borainwot komman bwe en mokaj an kob ak iib diin juon armej. Im eliktata, armej ro rej emmenonoik baat (secondhand smoke) in jikka ko elap an kauatata nan kepaaklok rikobata ro im eborainwot juon wewein eo im ekka an komman bwe en wor bwil ilo imoko imod.

Kajjitok: Kobatat jikka emaron ke kakkure mour ko ad?

Uaak: Kobatat jikka ej kein kajuon jorren ko nan ajmour ilo Amerka en. Ri kobatat ro ekka aer bok naninmej in kirro ilo aer ritlok elaplok jen ro im rejjab kobatat. Ri kobatat ro ekka aer mokaj aer mij ak jako. Kobatat jikka ej wewein eo im ej komman bwe en wor cancer in Er, eo im ejjelok wewein ko nan bobrae ak kemouri. Jorren eo ej walok nan juon rikobatat ej komman bwe en wor eke ko ilo menono eo ren jorren im ej komman bwe en lonlok oran mij ilo U.S tarrin in jilu alen jen ro im rejjab kobatat. Ilo an ikkutkut im lap lok am kojerbal jikka, im ej komman bwe en lonlok an laplok jorren ko. Eke in botoktok ko ippen juon rikobatat rej aidiklok im bon im komman bwe en apan an itoitak botoktok nan komelij eo. Ilo an diklok jonan botoktok eo ej ilok nan mottan ko ilo komelij eo innem ej komman bwe en wor naninmej in stroke. Nanimej in stroke ekka an ejjelok wewein komadmode ak kemouri. Naninmej in stroke emaron komman bwe juon armej en jab monono kin mour eo an make. Kobatat ej komman bwe en aidiklok eke in botoktok ko jet im komman

bwe en diklok jonan oxygen im on ko rej ilok nan mottan ko jet ilo enbwinid. Ekka an walok ilo need im komman bwe en metak ilo iien eo jet etetal ak emakitkit. Ulger kim ebboj in kinej ko rejjab maron mo rej walok. Jet iien ekka aer komman bwe juon rikobatat en jebjeb ne. Kobatat ej borainwot kolaplok jonan blood pressure eo am. Aibulat ej komman bwe en wor jorren ko nan kidney ko im komman bwe en wor dren ko im rej koba ippen dron ilo tissue ko im koman ebbojboj ko. Aibulat ej kolablok jorren ko nan jorren in menono, metak ob, im stroke... im enanin aolep iien naninmej kein rejjab maron komadmodi ak kemouri.

Kajjitok: Ekka ao kobatat 3-4 alen ilo juon ran. Ej ke bar komman jorren ko?

Uaak: Jekdoon jete alen am kobatat jikka, jidik jikka ej komman jorren. Ilo an juon rikobatat lap an kojerbale innem ej koman bwe en laplok jorren ko nan ejmour eo an make. Ejjelok dretan ak jonan kwoj aikuj boke; jadbewot eo ej kobatat ekka (3-4 alen) ej bed wot ilo dretan eo ke ej komman bwe en laplok jorren ko nan ejmour eo an jen ro rejjab kobatat. Juon rikobatat ekka an kobatat 15 - 20 jikka ilo juon ran.

Kajjitok: Ilo ao kobatat ej ke bar jelet ro jet?

Uaak: Ajri ro rejjab kobatat im kajojo ro jet im rejjab kobatat im rej jokwe ilo moko ewor rikobatat ie rej borainwot laanwotwot nan jikka. Rej naetan wewein in ej Passive smoking ak juon eo im emenonoik baat in jikka eo jen juon rikobatat. Ewor ruo wewein ko im komaron boke jen juon rikobatat: secondhand smoke im sidestream smoke. Secondhand smoke ej ilo am emenonoik baat in jikka eo jen juon rikobatat im sidestream smoke ilo an juon armej emenonoik baat in jikka eo jen boran ak tumanin juon jikka eo ej bwil. Juon rikobatat ej kobatat iloan juon room im komman bwe eo ejjab rikobatat en emenonoiki ej sidestream smoke. Ro rejjab kobatat im rej emenonoik baat ko (sidestream smoke) ej komman bwe en 2-3 alen laplok an kauatata jen ro rej secondhand smoke kinke ejjab etal ilowan filter in jikka eo. Einwot an lukkun kauatata, juon armej ej bed ilo juon room eo eobrak kin baat in jikka iumin juon awa ippen jet rikobatat ro ej emenonoik elon chemical ko renana im kauatata einwot ne ear kobatat 10 ak elonlok jikka ko.

Kajjitok: Kojerbal betel nut ej ke bar kauatata nan na?

Uaak: Jet ekkatak ko rej kwalok ke kojerbal betel nut ej komman elon jorren ko nan lonid ak pipe in komman ainikien juon armej (larynx). Ejjab komman wot cancer ak ej borainwot komman bwe kwon jab aibojoj kinke dren eo jen betel nut eo ej komman bwe en wor etton ko nan ni ko niid. Armej ro rej kojerbal betel nut ekka aer nana bwiin lonier ak teinad. Wonen betel nut ej laplok wot ilo an lonlok ro rej kojerbale. Juon armej make emaron kolmenlokijen ippen make

kin oran jeen joloke ilo an wiaik juon bag (5-8 widin betelnut ko) jidik pouta ak lime im jet wid in bolok ko... kin jonan jeen ikotan \$5.00 im \$10.00!



Dr. Marie Lanwi
Medical Officer (General)

Kajjitok:

Ekijkan ao maron bojrak?

Uaak: Elon armej rej jolok ak bojrak jen kobatat ippeir make. Jet rej bok jiban ko ilo aer loor jet wewein jiban ko nan ir. Ejjelok wewein eo ejimwe tata emaron jermal nan kajojo. Men eo eaoroktata in bwe ilo am kojerbal maron eo am make im kabin ilo kwe make bwe kwoj bojrak jen am kojerbal jikka im bedwot ilo am jab kobatat ilo aolepen ran in mour ko am. Ewor jet buntan ko, ijoke, nan kadel kajojo ro im rej konan bwijrak jen kobatat.

1. Kollajrak iminene ko am ilo iien am bok jikka im kollajrak naat im etke kwoj kojerbal jikka.
2. Lukkun kabin ilo lemnak eo am ke kwoj bojrak jen jikka
3. Kelet ran eo im kwon bojrak jen jikka ejja ran eo wot
4. Kojerbal jet wewein ko nan jiban einwot; (bwil ko, im tonal ko einwot lolle im ko jet)
5. Kadiklok ak emmantata jolok am iaio ippen ro rej kobatat
6. Nebar eok make ilo am jab kojerbal jikka (i.e. - wiaik jet men ko im rellun aorok ippam make.)
7. Iloan wiik ko imanin am jino jolok jikka, en emakikij am mona snack ko im edik calorie ko, im en lukkun lap am idaak aeboj.

Lale kwar inebeda ilo iien eo kwoj jab maron ella jen am kar kajjeon bojrak jen jikka. Bar kajjeon iien eo emokajtata! Elon armej emoj aer kajjeon elonlok jen juon alen im kojerbal elonlok wewein jiban in kapiloklok ko. Kememej, kwon kijenmej wot, bok am iien, im eaoroktata - kwoj aikuj bwe kwon likit aolepen maron im konan eo am nan lukkun jolok jikka!. Enbwinim enaj kamolol eok elkin am anjo!!

Ajri ro im ro jineed im jemeir rej kobatat rej:

- ☛ 50% laplok an wor lower respiratory tract infections
- ☛ Komman bwe en dolel lok naninmej in worlok eo
- ☛ Kolaplok jorren ko nan jorren in lojilini

Kobatat ej komman:

- ☛ 3-5 alen an laplok jorren ko nan bok naninmej in metak ob jen juon eo ejjab kobatat.
- ☛ 30% in aolep ro rej mij kin cancer
- ☛ 2-3 laplok jorren ko nan bok naninmej in stroke jen ro rejjab kobatat.

Jouj im jeje tok ak fax tok kin kajitok ko am:

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We welcome articles, letters and comments to our newsletter.

HEALTH EDUCATION UNIT

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