Conference focuses on urban concerns

Health professionals converge on Northeastern to share questions, answers

THE VOICE STAFF

Several hundred health professionals from more than a dozen countries shared ideas last week during the three-day International Conference on Urban Health, held at Northeastern. They discussed a wide range of health implications to the increasing urbanization of the world’s population, as well as paths toward potential solutions.

The first plenary session included a discussion by Fariyal Fikree, regional health programs director for the Population Council in Cairo, Egypt, on the cross-national pressures on urban health.

Fikree suggested that there is a lack of “systematic investigation of the health status and needs of burgeoning urban populations” in Egypt, Kenya, Bangladesh and Pakistan.

She showed slides of slum areas in Cairo, where streets are so narrow that neighbors “literally touch hands across buildings.” That results in complications for infectious diseases of infants and children, she said.

However, health problems are not limited by class; in fact, there is no difference in prenatal care among slum and non-slum dwellers in Cairo, and the unmet need is actually higher in rural areas. “It demonstrates that you need to disaggregate data for urban poor and nonpoor,” she said.

On other international topics, Izzeldin Abuelaish discussed the intersection of care and the Israeli-Palestine political conflict. Abuelaish, a former member of Northeastern’s scientific board, is a gynecologist at the Soro­ka University Medical Center in Gaza.

He made news three years ago after treating a critically ill Palestinian woman.

“The hospital is the place where humanity can be discovered, where people are treated without racism and as equals,” Abuelaish remarked.

On national issues, discussion of “The Impact of Disinvestment, Devolution and New Demands on the Urban Public Health Infrastructure” was led by Dr. Nicholas Freudenberg, director of the urban public health program at Hunter College in New York.

For those who depend on urban public health institutions for subsidized care, Freudenberg said, the well-being of the programs depends almost entirely on the financial stabil...
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ity of the cities that support them.

The 1975 financial collapse of New York City was seminal, resulting in pared down services that had a tremendous impact on the city’s AIDS and homicide rates. Consequently, cuts to social services, freezes on drug-treatment expansion and diminishment of beds were among the setbacks contributing to escalated AIDS cases.

At the same time, cuts to police and other public-safety jobs occurred as the homicide rate climbed.

“Unfortunately, New York City is facing another serious, fiscal situation and the possibility of cuts in services,” Freudenberg said. “I expect this to happen no matter who is elected president in two weeks.”

Closer to home, Boston Mayor Thomas Menino praised the Institute on Urban Health Research, which sponsored the conference, and its impact on the city.

“Dr. (Hortensia) Amaro is one of the heroes of Boston,” Menino said. Amaro, the institute’s director, has provided programs on Latino health issues for women in the Mattapan neighborhood.

“As a mayor, I understand that a healthy city is a great city,” Menino said.

The conference was co-sponsored by the provost’s office and Bouvé College of Health Sciences, along with the International Society for Urban Health at the New York Academy of Medicine.

Next year’s conference will be held in Australia.