



WHEC Update

Briefings of worldwide activity of Women's Health and Education Center (WHEC)

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Making A Difference

Justice is a principle of rendering what is due to others. It is most complex of the ethical principles to be considered, because it deals not only with the physician's obligation to render to a patient what is owed, but also with the physician's role in allocation of limited medical resources in the community. And the principle of justice applies at many levels.

We all entered medicine with the idea that hard work and dedication would provide us with the necessary knowledge and skill that would enable us to provide best-practice care for our patients. Only we could do what we did, and we were happy to make the necessary sacrifices in the name of patient care. Hard work, dedication and the drive for perfection were the spirit of the day. Exhaustion was a sign of a job well done. So, what has changed? The world of medicine has become more complex. Personal, economic, governmental and societal pressures have forced the one-time cottage industry to suffer from the pains of running medicine as a business. With more external bureaucracy, restricting rules and regulations, limits on autonomy and control, and a growing list of third party, patient and family demands, healthcare providers are finding it more frustrating to do what they need to do, and are getting paid less for doing it. All these factors have contributed to increasing levels of dissatisfaction, frustration, anger, stress and burnout. In some cases, these factors have progressed into bouts of depression, substance abuse, and/or suicidal ideation. Besides the toll it takes on personal life and career satisfaction, increasing levels of stress, burnout and fatigue are known to adversely affect performance efficiency, resulting in behaviors that negatively impact work relationships and patient care. So, what is the best way to address the problem?

Being sued for medical professional liability is a common experience for the physicians in the USA, especially obstetricians and gynecologists. Even the best, most skilled physicians are and can be sued. A medical professional liability case presents a crisis for the obstetricians and gynecologists and his or her family. Learn to recognize the symptoms of stress, develop coping strategies, and seek the help you need. As an obstetrician and gynecologist, you must be prepared for the probability that you will be sued. The stress resulting from a medical liability case can have a negative effect on your personal and professional life, and your ability to defend yourself against the charge. When physicians are unwell, the performance of healthcare systems can be sub-optimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care. There are the work stresses faced by physicians, the barriers to attending to wellness, and the consequences of unwell physicians to the individual and to healthcare systems.

Science and law must co-exist. It will be of great benefit to the society and everyone in general, if this relationship is of mutual benefit to learn from each other and share the experiences and learning lessons. The Women's Health and Education Center (WHEC) with its partners in health, are developing this curriculum which will enable and encourage medical schools and healthcare providers to include patient safety in their courses. The *Learning Lessons Series on Medical Liability* is funded by WHEC Initiative for Global Health. Medical negligence exists almost in all the countries, but in most of the countries it is on such a small scale that at present there is no impact on the cost, quality, and availability of healthcare. In USA it has reached at the dangerous levels.

Please share your thoughts, experiences and ideas on WomensHealthSection.com | **WHEC Global Health Line.**

Developing Better Medico-Legal Understanding

Rita Luthra, MD

Your Questions, Our Reply

What is Washington Consensus? Who are the major actors in global health governance?

Washington Consensus and Health: This is the set of 10 policies that the U.S. Government and the International Financial Institutions based in the U.S. capital believed were necessary elements of “first stage policy reform” that all countries should adopt to increase economic growth. At its heart is an emphasis on the importance of macroeconomic stability and integration into the international economy – in other words a neo-liberal view of globalization. The framework included:

1. Fiscal discipline: strict criteria for limiting budget deficits;
2. Public expenditure priorities: moving them away from subsidies and administration towards previously neglected fields with high economic returns;
3. Tax reform: broadening the tax base and cutting marginal tax-rates;
4. Financial liberalization: interest-rates should ideally be market-determined;
5. Exchange rates: should be managed to induce rapid growth in non-traditional exports;
6. Trade liberalization;
7. Increasing foreign direct investment (FDI): by reducing barriers;
8. Privatization: state enterprises should be privatized;
9. Deregulation: abolition of regulations that impede the entry of new firms or restrict competition (except in the areas of safety, environment and finance);
10. Secure intellectual property rights (IPR): without excessive costs and available to informal sector, reduced role for the state.

These ideas proved very controversial, both inside and outside the Bretton Woods Institutions. However, they were implemented through conditionally under International Monetary Fund (IMF) and World Bank guidance. They are now being replaced by a Post-Washington Consensus.

The greatest challenge for the World Health Organization (WHO) and its Partners would be the neoliberal economic policies promoted by it, which held that the “correct” economic policies that were promoted by the IMF, World Bank, and the United States were the best path for economic development. These policies encouraged reduced government intervention in the economy, trade, and investment, as well as privatization.

The World Bank would begin to have an increased influence on global health beginning in the 1980s. The World Bank, unlike the WHO, was a funding organization that could offer financial assistance to states to influence policy change. The bank encouraged greater reliance on privatization and the reduction of public involvement in health services to improve national health care systems. Its financial resources gave it an advantage over the WHO, and by 1990 the bank’s loans for health surpassed the WHO’s total budget.

While the state is the most prominent and powerful actor in global health governance, other actors have emerged with a greater role as the world has become more globalized. The WHO continues to play a leading role in global health, but has recently seen its role challenged by other international governmental organizations (IGOs) and non-governmental organizations (NGOs) in promoting the role of health in economic development.

Multinational corporations (MNCs) have been important actors in the governance process. While their influence has increased because of globalization, they have also struggled with some of the market failures associated with health, such as inequalities regarding access to medicines and health services. NGOs have been strengthened following enhancements in communications technology and the general decline in state regulation. While they have experienced some successes in promoting health policy change, they do face constraints on their influence, since they are largely challenging the neoliberal ideology which has become the norm of both states and IGOs in global economic policy in the most recent wave of globalization.

Although all actors benefit from healthy populations, as with any such endeavor, achieving cooperation, to reach a common goal can be problematic with many diverse actors. This problem of cooperation and coordination in achieving “health for all” in global health governance will be explored in various publications of WHEC in near future.

Share your thoughts and ideas on **WHEC Global Health Line**, and join our efforts.

United Nations at a Glance

Permanent Mission of Ecuador to the United Nations

Ecuador became UN Member State on 21st December 1945



Ecuador is located at the Equator line in western South America, bordering the Pacific Ocean to the West, Colombia to the North and Peru to the South. Ecuador also includes the Galápagos Islands in the Pacific, about 1,000 kilometers (620 miles) west of the mainland. Its capital is Quito; area: 283,561 sq. kilometers; and official language is Spanish.

What is now Ecuador being home to a variety of Amerindian groups that were gradually incorporated into the Inca Empire during the 15th century. The territory was colonized by Spain during the 16th century, achieving independence in 1820 as part of Gran Colombia, from which it emerged as its own sovereign state in 1830. The legacy of both empires is reflected in Ecuador’s ethnically diverse population, with most of its 15.2 million people being mestizos, followed by large minorities of European, Amerindian, and African descendants.

Ecuador has a developing economy that is highly dependent on commodities, namely petroleum and agricultural products. The country is classified as a medium-income country. Ecuador is a democratic presidential republic. The new constitution of 2008 is the first in the world to recognize legally enforceable Rights of Nature, or ecosystem rights. Ecuador is also known for its rich ecology, hosting many endemic plants and animals, such as those of the Galápagos Islands. It is one of 17 megadiverse countries in the world.



Ecuador’s principal foreign policy objectives have traditionally included defense of its territory from external aggression and support for the objectives of the United Nations and the Organization of American States (OAS).

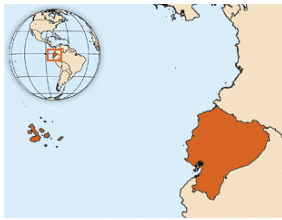
Ecuador’s membership in the OPEC (Organization of the Petroleum Exporting Countries) in the 1970s and 1980s allowed Ecuadorian leaders to exercise somewhat greater foreign policy autonomy. In Antarctica, Ecuador has maintained a peaceful research station for scientific study as a member nation of the Antarctica Treaty.

Ecuador is a member of the United Nations and most of its specialized agencies, and a member of many regional groups, including the Rio Group, the Latin American Economic System, the Latin American Energy Organization, the Latin American Integration Association, the Bolivarian Alliance for the Peoples of Our America, the Andean Community of Nations, the Union of South American Nations (UNASUR), and The Bank of the South (Spanish: Banco del Sur or BancoSur).

Details: <https://www.un.int/ecuador/>

Collaboration with World Health Organization (WHO)

WHO | Ecuador



Health Situation

In 2016, the national vaccination coverage with pentavalent vaccine was 83%, increasing 5 points compared with 2015 (78%) and reversing the observed trend of decline, since 2013. Despite this increase in global coverage, 51% of municipalities reported coverage of pentavalent vaccine below 80%. In 2016, were reported 30 cases of leprosy, 47 cases of Chagas disease, 1,218 cases of cutaneous leishmaniasis and no case of plague. In 2016, 1,050 cases were reported of malaria: 370 *P. falciparum* and 680 vivax that represent an increase of 153% compared with 2015. Greater number of cases are in places where illegal mining, social conflicts and border areas exit.

The Challenge in TB is to increase the case capture through the improvement of the diagnostic capacity and systematic detection of multidrug-resistant TB. The detection infectious disease currently of 65% with respect to the estimate by WHO (5,200 reported cases of 8,600 estimates. 80% of the cases concentrated on 12 of the 24 provinces). The treatment stock is sufficient for the number of cases detected.

The main challenge in HIV consists in changing the algorithm for diagnosis, consonant with the standard of the region, for closing the case-finding gap. An estimated prevalence of 29,000 cases and an incidence of 3,500 cases were found in 2016. The treatment stock is sufficient and stock-outs have not been observed.

In 2016, there were reported 2,939 cases of Zika, 237 pregnant women were diagnosed with Zika, 110 children born from women with Zika without evidence of congenital malformations. 14,150 cases of dengue, 4 deaths and 1,860 cases of chikungunya, no serious complications were reported. Reduction in maternal and infant mortality, although the 2015 target in maternal mortality has not yet been reached. Reducing neonatal mortality remains a challenge.

High mortality due to non-communicable diseases (NCDs) such as diabetes and high prevalence of childhood obesity (29.9% in children aged 5-11 years). Stunting in children under 5 years persists, despite a reduction of 8% points (from 33.5% to 25.3%) between 2004 and 2012.

Cooperation For Health

Ongoing joint activities and coordination with the UN System: PAHO has included issues related to health determinants, maternal and child health, universal health coverage, health inequalities and NCDs within the UNDAF 2015-2018. The UN System signed the 2015-2018 UNDAF, on 16 June 2014. A joint agenda of the agencies of UN is developed to promote the SDGs at the highest political and technical level.

A conceptual note was approved by the Global Fund to work the HIV issue in the next 3 years, starting in January 2017. The CCS, formulated in 2010, ended in 2014. The formulation of the CCS has been postponed for 2016, due to political changes and presence of adverse events of the volcano Cotopaxi, located in the capital, presence of the phenomenon of El Niño, and the earthquake which occurred on 16 April 2016 in the Ecuadorian Coast Region.

Details: <http://www.who.int/countries/ecu/en/>

Bulletin Board

About WHEC Practice Bulletins

In 2006, Women's Health and Education Center (WHEC) began developing scientifically based practice guidelines / Practice Bulletins. The guidelines are derived from the best available evidence of clinical efficacy and consideration of costs, with recommendations explicitly linked to the evidence. These evidence-based practice guidelines are intended to be a means of improving the quality of healthcare, decreasing its cost, and diminishing professional liability. They are proscriptive in nature and, therefore, directive in approach.

Our physician's board identifies, evaluate, and synthesize evidence from the medical literature to produce practice guidelines. It is provided to serve as a readily available introduction to and overview of the topic. <http://www.WomensHealthSection.com> is designed as a resource for healthcare providers and general-public to offer a better understanding of reproductive health and cultural understanding. The articles in e-learning publication and e-Health Platform, provide an overview of current clinical management guidelines in Women's Health, focusing on the components integral to providing optimum care.

The articles are designed for all members of the interdisciplinary team: physicians, physician's-assistants, nurse practitioners, midwives, nurses, social workers, therapists and other members seeking to enhance their knowledge of women's health and appropriate care and management.

WHEC Global Health Line is a vision for the Globalized World. The use of information science and telecommunications to support the practice of medicine when distance separates the caregiver from the patient is the way forward to make medical care more affordable and more accessible in every country. Our goal is to promote excellence in the clinical practice of obstetrics and gynecology and closely related fields.

The emphasis on evidence-based medicine has taken on new and greater importance as the environment of clinical medicine grows more diverse, with increased access to more information by both physicians and patients and the changing allocation of resources. Practice guidelines are a formal synthesis of evidence, developed according to a rigorous research and review process.

Each section is devoted to a particular-series. These series are developed by committees of experts and reviewed by leaders in the specialty and the editorial board of the WHEC. The contribution of the many groups and individuals who participate in the process is gratefully acknowledged. As the practice of medicine evolves, so too do WHEC Practice Bulletins.

Our Initiative educates health care professionals about conditions that are exclusive to women, more prevalent in women, or are diagnosed or treated differently in women versus men. This publication presents unbiased, comprehensive, concise, and clinically relevant review articles and practical sections. The articles are peer reviewed to maintain the highest quality and to verify clinical relevance, medical accuracy, and clarity of presentation. The most insightful and thought-provoking articles are now available in a single portal.

All WHEC Practice Bulletins are reviewed 18 to 24 months after publication and are revised, reaffirmed, or withdrawn.

Welcome to the Working Group of WHEC!



Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics*

Vertical and horizontal inequality in Ecuador

The lack of sustainability

We analyze vertical and horizontal inequality in Ecuador from a long-run perspective, as well as during and after the commodities boom. Using various data source, we show that Ecuador has made significant progress in reducing inequality, particularly since 2000. However, inequality has started to increase again starting in 2015. We provide preliminary evidence that the trend reversal is consistent with Ecuador's dependency on oil revenues. Once the commodities boom ended, government policies aimed at reducing inequality turned out to be unsustainable and inequality started to rise again.

Ecuador is and has been an unequal country. In 2000, the official income-based Gini coefficient reached 0.565. Since then, however, and in line with the general trend observed in Latin America, vertical inequality in Ecuador has fallen significantly. The reduction in inequality – both vertical (i.e. at the individual level – VI) and horizontal (i.e. between groups – HI) – has been particularly strong since 2007. This coincides with the leftist government of President Rafael Correa and the associated switch in policies, including an increase in social spending, public employment, and cash transfers. Yet, this period also coincides with the peak of the commodities boom, which meant large windfalls for the Ecuadorian government.

The progress made regarding poverty and inequality during the last 15 years is undeniable, as all the evidence presented here confirms. Moreover, education, consumption, and income gaps between advantaged and disadvantaged groups have all improved during this period. It is also undeniable, however, that there are early signs of a reversal, with poverty and inequality increasing.

The full effect of the economic slowdown, however, has been limited so far in large part thanks to the rise in internal and external public debt. But this cannot be sustained indefinitely and the likelihood of a long-lived recession between 2016 and 2020 will lead to further increases in poverty and inequality. Thus, the available evidence along with the economic prospects for the near future supports the argument that the reduction in inequality was indeed unsustainable. It seems that the pattern of inequality presented above for the 1970s and the 1980s is likely to repeat itself.

In the end, it clearly makes more sense to have slow but sustainable progress than spectacular results that are reversed soon after (Collier, 2007). This sort of progress requires a strong democratic sense to promote political equality and to alter the elites' incentives.

Publisher: UNU-WIDER; Authors: Iván Gachet, Diego Grijalva, Paúl Ponce, Damián Rodríguez;
Sponsors: The United Nations University World Institute for Development Economics Research provides economic analysis and policy advice with the aim of promoting sustainable and equitable development. The Institute began operations in 1985 in Helsinki, Finland, as the first research and training center of the United Nations University. Today it is a unique blend of think tank, research institute, and UN agency—providing a range of services from policy advice to governments as well as freely available original research. The Institute is funded through income from an endowment fund with additional contributions to its work programme from Denmark, Finland, Sweden, and the United Kingdom.

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (Continued)

Giving Girls a Second Chance at Education



A fast-track learning program in India, which compresses several years of primary school curriculum into nine months, is now being scaled up to help 3 million girls attend school.

A fast-track learning program in India is being scaled up to help 3 million young girls across developing countries stay in school. Udaan, a residential school for students aged 11-14, helps girls study instead of work or marry.

Like many adolescent girls growing up in rural India who never start or finish primary school, Laxmi envisaged a future of domestic work and early marriage. But instead, she was given a second chance at education through a fast-track learning course run by nonprofit organization CARE.

CARE's Udaan program (Udaan means "to soar" in Hindi) compresses several years of primary school curriculum into nine months of accelerated learning. Launched in India in 1999, the Udaan residential school offers girls aged 11-14 the chance to quickly complete their education. The program is highly interactive, featuring learning by doing, educational games and group projects to keep the students engaged.



In addition to teaching language, math and environmental science, Udaan teachers help girls learn to question discriminatory practices and beliefs within their villages. Teachers also integrate activities such as morning assembly, where girls gather before class to recite poems, sing songs and perform skits.

In their free time, girls play sports and learn to ride bicycles. (The latter is a skill that's especially important, since the distance to schools is a major hindrance to girls' education in rural India.)

At the United State of Women Summit in June, CARE announced a \$15 million rollout of the Udaan Second Chances program as part of the U.S. Government's Let Girls Learn initiative. Launched by President Barack Obama and First Lady Michelle Obama in March 2015, the initiative is aimed at the estimated 62 million girls globally – half of them adolescents – who are not in school.

Over the next five years, the Udaan program will expand to reach 3 million girls across Afghanistan, Bangladesh, Malawi, Mali, Nepal, Pakistan and Somalia. The program is supported by the U.S. government, ministries of education in individual countries, corporations, foundations and local partner organizations.

CARE argues that when girls are educated, all of society benefits. "Girls who attend school tend to delay marriage and pregnancy, are less vulnerable to disease, and are more likely to increase their own earning power for life," said Joyce Adolwa, CARE's director of girls' empowerment, at the United State of Women Summit.

Details: http://www.ungei.org/news/index_6180.html

To be continued.....

Two-Articles of Highest Impact, October 2017

1. Patient Safety; <http://www.womenshealthsection.com/content/heal/heal023.php3>
WHEC Publications. Special thanks to the Working Group for compiling and helpful suggestions. Funding provided by WHEC Initiative for Global Health.
2. Medical Liability: Coping with Litigation Stress;
<http://www.womenshealthsection.com/content/heal/heal021.php3>
WHEC Publications. Special thanks to the Working Group for compiling the series on Medical Liability. Funding provided by WHEC Initiative for Global Health.

From Editor's Desk

A Perception Change Project

What is in the name?

Naming of America, a little background



In 1507, the German cartographer Martin Waldseemüller produced a world map on which he named the lands of the Western Hemisphere “America” in honor of the Italian explorer and cartographer Amerigo Vespucci (Latin: *Americus Vesputius*). The first documentary evidence of the phrase “United States of America” is from a letter dated 2 January 1776, written by Stephen Moylan, Esq., George Washington’s aide-de-camp and Muster-Master General of the Continental Army. Addressed to Lt. Col. Joseph Reed, Moylan expressed his wish to carry the “full and ample powers of the United States of America” to Spain to assist in the revolutionary war effort.

The first known publication of the phrase “United States of America” was in an anonymous essay in The Virginia Gazette newspaper in Williamsburg, Virginia, on 6 April 1776. The second draft of the Articles of Confederation, prepared by John Dickinson and completed by 17 June 1776, at the latest, declared “The name of this Confederation shall be the “United States of America”. In June 1776, Thomas Jefferson wrote the phrase “UNITED STATES OF AMERICA” in all capitalized letters in the headline of his “original Rough draft” of the Declaration of Independence. This draft of the document did not surface until 21 June 1776, and it is unclear whether it was written before or after Dickinson used the term in his June 17 draft of the Articles of Confederation.



In the final **Fourth of July** version of the Declaration, the title was changed to read, “The unanimous Declaration of the thirteen United States of America”. The preamble of the Constitution states “...establish this Constitution for the United States of America.”

The short term “United States” is also standard. Other common forms are the “U.S.”, the “USA”, and “America.” In addition, an abbreviation (e.g. USA) is sometimes used.

The phrase “United States” was originally plural, a description of a collection of independent states – e.g. “the United States are” – including the Thirteenth Amendment to the United States Constitution, ratified in 1865. The singular form, e.g. “the United States is” – became popular after the end of the American Civil War. The singular form is now standard; the plural form is retained in the idiom “these United States.” The difference is more significant than usage; it is a difference between a collection of states and a unit.

A citizen of the United States is an “American.” “United States”, “American” and “U.S.” refer to the country adjectivally (“American values”, “U.S. forces”). In English, the word “American” rarely refers to topics of subjects not connected with the United States.

Language

Languages of the United States; Language Spoken at Home in the United States of America

English (American English) is the de facto national language. Although there is no official language at the federal level, some laws – such as U.S. naturalization requirements – standardize English. In 2010, about 230 million, or 80% of the population aged five years and older, spoke only English at home. Spanish, spoken by 12% of the population at home, is the second most common language and the most widely taught second language. Some Americans advocate making English the country’s official language, as it is in 32 states.

Both Hawaiian and English are official languages in Hawaii, by state law. Alaska recognizes 20 Native languages as well as English. While neither has an official language, New Mexico has laws providing for the use of both English and Spanish, as Louisiana does for English and French.

Other states, such as California, mandate the publication of Spanish versions of certain government documents including court forms. Many jurisdictions with large numbers of non-English speakers produce government materials, especially voting information, in the most commonly spoken languages in those jurisdictions. 18% of all Americans claim to speak at least one language in addition to English.

What is new loyalty?

Loyalty, in my opinion, is a realization that America was born of revolt; flourished in dissent; became great through experimentation. It is above all – a conformity and traditionalism.

Sometimes, people in authority think that criticism or questioning their policies is dangerous. Sometimes, people with the difference of opinion are taken as traitors or subversive or rebellious. An American historian and teacher, Henry Steele Commager eloquently stated, about the US Constitution “The Bill of Rights was not written to protect governments from trouble. It was written precisely to give the people the constitutional means to cause trouble for governments they no longer trust.”

I am proud to be an American citizen and I am also proud to be from India (the country, I will love till the end of the time). We do not inherit the land from our ancestors, we only borrow it from our children and future generations. Knowing others is wisdom.

Let us all live-in peace!

Improving Mediation: UN Role

The number of major civil wars almost tripled in the decade to 2015. Between 2011 and 2015, there was a six-fold increase in fatalities in conflict. In the document, the Secretary-General writes that the inability to prevent crises is the most serious shortcoming of the international community. In his first address to the Security Council, on 10 January 2017, he singled out mediation as an important tool in this regard, informing the Council of his intention to launch an initiative to enhance United Nations mediation capacity.

“The pressing need for mediation and other efforts to end the conflicts of today is as urgent as the requirement that we direct greater attention, efforts and resources to preventing the conflicts of tomorrow,” he says.

The report provides a snapshot of how the United Nations supports peace talks around the world in addition to walking the reader through the different phases of negotiations and the challenges that often accompany them. For example, reviewing UN support for mediation process and strategy, the report points out that “getting the mediation process right can be as important as the substance of the talks.”



The inability to prevent crises is the most serious shortcoming of the international community: Secretary-General. The agenda, sequencing of issues, composition of delegations and degree of inclusion are frequent subjects of dispute which would need to be confronted before parties engage in focusing on the substance of their grievances. In absence of the will among the conflict parties to move forward, mediation teams may need to engage in “talks about talks” and shuttle diplomacy to prepare the ground.

“Mediation support actors” can also assist in providing space for reflection and comparative experience on process design, according to the report. For example, the Department of Political Affairs assisted the Office of the Special Envoy for Syria in brainstorming in between rounds of talks in Geneva, including on their structure and design. It has supported similar exercises on behalf of Secretary-General’s Special Envoy to Facilitate Dialogue in El Salvador and his Personal Representative on the border controversy between Guyana and the Bolivarian Republic of Venezuela.

Getting the mediation process right can be as important as the substance of the talks. Strengthening the capacities of mediators, conflict parties and societies at large to engage in medication processes enhances the chances of their success. Building institutional capacities through training and research, documenting practices and developing guidance will improve the organizational practices and developing guidance will improve the organizational preparedness of the United Nations and its partners and with it the chances for more effective mediation.

Details: <http://undocs.org/A/72/115>



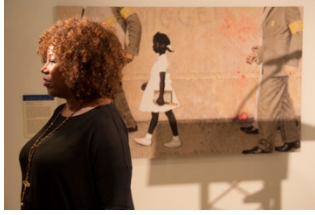
Art collection / exhibition at UN



Norman Rockwell @ UN

Detail from Norman Rockwell Mosaic "The Golden Rule"

The mosaic entitled "The Golden Rule" by American artist Norman Rockwell, was presented to the United Nations as a gift by First Lady Nancy Reagan on behalf of the United States and is installed on the third floor of the conference building. The Mosaic depicts people of different nationalities standing together with the words "Do unto others as you would have them do unto you" inscribed on it.



Norman Rockwell Exhibit Opens at Headquarters

A profile of Ruby Bridges, civil rights activist, during the exhibit opening of "We the Peoples: Norman Rockwell's United Nations", presented by the Norman Rockwell Museum in partnership with the United Nations Foundation and the UN Department of Public Information. Behind Ms. Bridges is the original 1964 painting for which she posed when she was a child.

Original Signed Copy of Emancipation Proclamation at UNHQ for Slavery Exhibit



Original copies of the Emancipation Proclamation, signed by President Abraham Lincoln and Secretary of State William Seward, and of the 13th Amendment to the United States Constitution, was on display at United Nations Headquarters during the week of 18-25 March, as part of the exhibition "Forever Free: Celebrating Emancipation".

The exhibit was presented in connection with the observance of the International Day of Remembrance of the Victims of Slavery and the Transatlantic Slave Trade.

Lawrence Benenson (center), art collector and member of the Board of Trustees of the Museum of Modern Art in New York City, delivered to UN Headquarters the original copies of the Proclamation and the Amendment, which are part of his collection.

Words of Wisdom

The three hardest tasks in the world are neither physical feats nor intellectual achievements, but moral acts: to return love for hate; to include the excluded; and to say, "I was wrong."

- Sydney J. Harris; (14 September 1917 – 8 December 1986) syndicated essayist and drama critic

*Monthly newsletter of WHEC designed to keep you informed on
The latest UN and NGO activities*



<http://www.WomensHealthSection.com>