

Eliminate (speech by Dr. John Button 2015) At the 2015 Aspac Convention in The Philippines, International President 2014/15

Dr. John Button gave the following talk on Eliminate. I publish it below to highlight that Eliminate is not only ridding the world of maternal neonatal tetanus but has important consequential positives for the family units, and in particular for the role and treatment of girls.

No baby is born to die. No baby should be allowed to die when we have the power to save them. And yet, this is precisely what happens when a newborn baby dies of tetanus somewhere in the world every 11 minutes of every day. Tetanus is a cruel and swift killer. Infected newborns have prolonged and extremely painful seizures until they die. They die alone and in the dark far from a mother's loving eyes, caring words and comforting touch. And nobody should die alone. No woman should die because she has given life. And yet, every 25 minutes of every day, this merciless killer robs another young family of its mother. The reality in the developing world is that these young children become orphans. And our world has too many orphans.

Despite all of this, despite the awful truth of maternal neonatal tetanus, our Kiwanis – UNICEF partnership is prevailing. How do I know? Let's look at the numbers. Since our partnership began 4 years ago, we have eliminated maternal – neonatal tetanus from 15 countries. That is more than twice the rate as when UNICEF acted alone. But 24 countries remain. *(Update 2020 - over 9 years of our partnership MNT has been eliminated from 27 countries and there are now 12 countries that remain at risk from MNT)* How do I know we are prevailing? I saw it. In September 2012, my wife, Debbie, and I and four other Kiwanians travelled with UNICEF to Guinea in West Africa on an ELIMINATE site visit. One of our UNICEF hosts called Guinea the worst country that she has ever been in. The average daily income is \$1.00. Thirty per cent of girls between the ages of 12 and 19 have already had their first babies. Only 50 % of all births are attended by someone who has the slightest idea of what to do. In urban centres that number becomes 100% while in rural Guinea it is often 0. Forty per cent of children do not live long enough to attend elementary school. For these and many other reasons, Guinea is a desperate nation. And yet, even in Guinea, our ELIMINATE project is working. We travelled to the town of Mali in the north of the country on a major road that seemed held together by potholes, a long and bumpy 12 – hour ride during which we covered 400 miles, where they were conducting a 4 – day immunization blitz. Mali is at “the end of the road”. On our first night in Mali, we spoke with 12 young mothers, who knew all about MNT – its causes, its outcomes and its prevention. They asked us for 3 things: school supplies for their children, tetanus vaccination and, interestingly, iodized salt. Their knowledge was impressive but I couldn't help but wonder – “These ladies who live at the end of the road have a good grasp of the realities of tetanus but what about those who live beyond the end of the road, those who live where there are no roads?” I was about to find out. The next morning in the Mali town square, there was a grand kick-off

final speaker was the Governor who spoke at length to his people about maternal-neonatal tetanus and then finished by proclaiming “Vive le Kiwanis International!” As he sat down, a line of young women seeking immunization was forming at one side of the square. And then we travelled to the small village of Fougou an hour’s journey from Mali. Fougou is “beyond the end of the road”. It was mid-day. It was quiet. There was nothing happening. Not even the village’s dogs were moving. We waited inside a reception hall beside the health center atop a small hill. And we waited. And we waited. I was beginning to have my doubts. And then Debbie, who was standing in the open doorway, suddenly exclaimed, “John, they’re coming!” Racing to the door, I saw dozens of people arriving and climbing the hill with the young women separating off to go to the health center while the others collected in the reception hall. As the line began to form at the clinic, a motorcycle roared up delivering tetanus vaccine on ice. My heart soared and my tears flowed. What a Kiwanis moment! That afternoon, over 200 young women received their third and final tetanus shots. They had appeared as if out of nowhere. They had not come by car or by truck or by motorcycle. They had come on foot from miles around. And as they left they were clutching their immunization records. After the clinic, our group was feted by the villagers with a feast and gifts. My question had been answered. Over that 4 – day period, in remote northern Guinea, one of the worst countries in the world, in the heart of deepest darkest Africa, 5000 women-at-risk received their tetanus vaccinations. Our ELIMINATE project is working, even “beyond the end of the road”. We all know that the elimination of maternal – neonatal tetanus is the expected consequence of our Eliminate Campaign. Around the globe, together with UNICEF, we have tetanus on the run. As I’ve already said we have eliminated tetanus from 15 countries and we expect more good news any day. But what you may not know are some of the **unexpected consequences of our campaign**. By and large, unexpected consequences are not pretty. But in the case of our Eliminate Project, it is a different story. The success of the Eliminate Project is having a huge and positive impact on the lives of children and the communities in which they live far beyond the prevention and elimination of tetanus. Whole communities are being opened up to new health care initiatives because they see that their babies are no longer dying because of 3 injections of tetanus vaccine, the education of health care workers in safe birthing practices and the assertion of women of their right to access safe health care. Resistance to other health care initiatives is evaporating. Integrated immunization programmes for measles, mumps, rubella, hepatitis B, childhood diarrhea and pneumonia (both leading killers) are being eagerly accepted and expanded. As the death rate from cervical cancer is rising alarmingly, immunization programmes for human papilloma virus are also being implemented. And so too, are educational programmes on midwifery, hygiene, sanitation and child care to name but a few. The immunization workers at the tetanus clinics all wore bibs over their uniforms. And on each bib was written for all to see: IMMUNIZATION: A CHILD’S RIGHT, A PARENT’S RESPONSIBILITY.

As well, we are starting to see something much more subtle and I believe something more profound going on. The first 28 days following the birth of a child are known as the neonatal period. Everyday, 70 new mothers die during this time. We know that 89% of third world children whose mothers survive this neonatal period, reach the age of 10 compared to only 24 % of third world children whose mothers die during these critical 28 days.

Interestingly and most tellingly, the presence or absence of a father makes no difference in the child's survival rate. I will leave it to you to draw the obvious conclusions. The loss of a mother has a devastating effect on a family, especially a third world family. The effect on young girls is particularly disastrous. In most instances the mother, as well as being everything else, has been the breadwinner so the family's income is reduced, if not lost altogether. Educational opportunities dry up. The school dropout rate soars. And the end result of all of this is early marriage out of necessity. Every day 39,000 girls are forced into early marriage. That adds up to over 4 million girls per year. Around the world, there are currently 700 million women trying to survive forced marriages. One third of these marriages occurred before the girl was 15. In the African nation of Chad, 7 out of 10 girls are married before they are 15. In fact, in Chad, a girl is much more likely to die in childbirth than she is to attend secondary school. Child marriage is a human rights violation. And so by saving mothers' lives we are advancing Archbishop Tutu's "Girls Not Wives" campaign. An unexpected but happy consequence. Studies show that immunization leads to improved academic performance. Why? We don't know. But what we do know is that improved academic performance gives young girls and boys a greater chance of breaking the cycle of poverty, malnutrition, dependence and child marriage. Interestingly, an increased education leads to a decrease in the fertility rate, which is not such a bad thing in an impoverished third world struggling with population control. Again an unexpected consequence of immunizing women at risk. Educated girls are empowered girls. And empowered girls can and will say no. All hopefully ending the tragic cycle of poverty, loss of educational opportunity, joblessness, child marriage and HIV/AIDS so regularly afflicting young women in the third world. Recently, in a UNICEF journal, I read the story the story of a 15-year old girl living in Subsaharan Africa who was "betrothed" by her family to a 75 year old man. She attended school. She was educated. She said, " No!" She rallied her classmates to her cause. They said, "No!" Together, they marched on the village elders hut and said, "No!" And they prevailed. There was no marriage. Empowerment. That 15-year old girl was empowered because she was in school. She was in school because she lived long enough to attend and because her mother could afford to send her. She was there and the money was there because her mother survived the neonatal period because she had been immunized and had access to safe obstetrical care. And so what we Kiwanians started 4 years ago has taken on a whole new significance in the lives of children, families and their communities. The elimination of maternal – neonatal tetanus will be our finest accomplishment.

But we will have achieved so much more. As they are now, whole new third world communities will be opening up to health care and health education initiatives that will improve the lives of children for generations. They will be raised in healthy and nurturing communities where they will be able to pursue opportunities to grow, develop, go to school, dream and succeed. They will be raised in communities where young girls are empowered to learn and have hopeful futures and empowered to say no to forced child marriage and the miseries that come with it, empowered to demand access to safe health care and empowered to assert their rights over their bodies. We are transforming societies. By choosing to serve the poorest of the poor, we Kiwanians are sending a loud message: a message that says: these children and women matter. They have the right to access safe health care and enjoy the benefits that come with it. Women deserve to give birth to healthy babies and not die because of it. Their babies should not die because they were born and they deserve the opportunity to live full and productive lives. Maternal – neonatal tetanus must end now! And it will end. Support for the Eliminate Project does not have to come at a cost to the terrific service initiatives that this district is undertaking. They will always be there. And I know that this District will continue to rise to the challenges that they present. By ridding the world of maternal – neonatal tetanus, we will make history. But we will also be making a more subtle and perhaps far more profound difference. We will be delivering hope. Children will live long enough to be educated. Girls will be empowered to demand their rightful place. We will be changing the way whole societies will function not just for now but for generations to come. Let's just do it and be proud to have been part of it.