DOWNLOAD PDF CHILDREN ARE DYING

Chapter 1 : 'Our children are dying': Christie vows to fight addiction

"Children are dying." Lull nodded. "That's a succinct summary of humankind, I'd say. Who needs tomes and volumes of history? Children are dying.

Reaman, MD, and O. Sahler, MD Almost 60, Americans younger than age 19, about half of them infants, die each year. The leading causes of infant mortality are congenital anomalies, prematurity, sudden infant death syndrome, and respiratory distress syndrome. Cancer is the most common fatal illness before adulthood. Newborns are cared for in the neonatal intensive care unit. A youngster with cancer is treated by an oncologist, often at a tertiary care center. Although you may not take a major part in medical treatment, you still have important roles to play. Your responsibility is to provide support. The impending death of a child affects every member of the family. Parents, siblings, and the dying child may be confused by an array of emotions, including sadness, anger, and guilt. Children especially may have difficulty expressing their feelings. Until about age 3. Very young children are unable to distinguish death from a temporary separation. A toddler may think that an older brother who has died will return soon, as he does at the end of a school day. Age 3 to 6. Preschoolers have not yet developed logical thought processes and may not realize that being alive and being dead are mutually exclusive. Children of this age recognize that death is irreversible and that everyone must die. As they approach adolescence, they can envision their own deaths. They may feel sad that they will never see people they care about or participate in activities they enjoy. Because concrete experience is the basis for their thinking, siblings in this age group may want to participate in activities with a dying child and attend the funeral and burial. Age 12 and older. They recognize that death affects other people, and they will mourn the separation by death from those they love. Dying teenagers often become upset at their dependence on caregivers and family at a time when independence and peers are of paramount importance. They often also fear symptoms of pain and suffering more than actual death, and they need ongoing reassurance that their comfort will be attended to. Involving the child in treatment decisions The medical community today advocates full disclosure to patients about their medical condition and their participation in medical decision making. This principle applies to children as well as to adults. Yet this is sometimes difficult to put into practice when a child has a terminal illness. Discussion of treatment and prognosis is difficult in part because young children may not understand the permanence and irreversibility of death. In addition, some ethnic groups avoid mentioning death, especially to children see " Cultural differences in dealing with death ". Parents from cultures that do not have taboos against speaking about death may nonetheless feel they are protecting their child by not explaining that the illness is fatal. While respecting their cultural background, parents are encouraged to tell the child about the illness and its likely outcome. When they keep it secret, their behavior may speak louder than their words. Children often guess the truth. Many children try to protect their parents by pretending that they do not know they are dying, and the shrouds of secrecy individually wrapped around both parents and child keep them from sharing at a time when closeness is what they all want most. Once they realize they are dying, older children and teenagers may develop strong feelings about their treatment. The initial desire to do everything possible to conquer an illness may evolve, after repeated unpleasant and unsuccessful treatments, to a desire to withhold further procedures. The medical team needs to evaluate whether the child is simply balking at uncomfortable treatment that might be helpful. Pain management Pain is one of the biggest fears of dying patients, and children are no exception. Yet children often experience considerable pain in their final months of life. Children whose parents reported lack of physician involvement were especially likely to suffer from pain in the last month of life. Children may not be able to evaluate the extent of their pain and the degree of relief from medication. Concern about overdosing and fear of addiction, which should not be considerations with dying patients, often lead to underdosing. Families may be reluctant to lose precious time with the child because of a drug-induced decrease in consciousness. Hearing a story or listening to favorite music may temporarily distract a sick child from pain. When these complementary methods are used, the dosage of narcotics can often be reduced, and the adverse effects and dulled sensorium resulting from the medication are attenuated. Maintaining normalcy in the family

Children, including dying youngsters, want to enjoy life. Quality of life for a dying child means being able to engage in normal childhood activities. As long as the child is physically able, the remaining time can be spent as it was before death loomed on the horizon, perhaps with modifications to create pleasant memories for the surviving family members. Going to school contributes to the normalcy of life. If the child is too weak to attend on a regular basis, half-day attendance or computer hookups between home and classroom will allow the dying child to feel connected to peers. A bedridden child may appreciate visits from friends. When a family can feel proud of the love and care they showered on a dying child and the special wishes they were able to fulfill, their pain is mitigated and regrets are minimized. Sibling rivalry may intensify, and conflicting emotions may confuse the healthy youngsters in the family. These children crave the caring of a trusted adult, but their parents may be unavailable, especially if the ill child is in a distant tertiary-care facility. Children who have not yet bonded with a new baby who is dying may have difficulty understanding why their parents are spending so much time away and why they are worrying over an invisible member of the family. A pediatrician can provide valuable assistance for the siblings. Find a reason to see them, such as a well-child checkup or a vaccination. Many children are unable to express their feelings aloud in words. Encourage reticent youngsters to find other means to air their concerns, such as by drawing or keeping a journal see " Coping creatively ". Children may be able to open up and share their pain in a support group for youngsters whose brother or sister has a terminal illness or has died. These groups and individual support are provided by hospices, to which families can be referred by their primary care physician or pediatrician. Even though the siblings may be tired of the medicalization of family life, they can benefit by becoming involved in the medical process. Taking them to see the sick child in the hospital removes some of the mystery of the place where their parents and brother or sister keep going. When the child is home, siblings can participate in the care, for example, by bringing drinks to the bedside or reading stories to the child. These simple acts will become positive memories that the survivor may come to cherish in later years. Guilt frequently pervades households in which a child is dying. The healthy siblings feel guilty for being jealous of the attention showered on the ill child. The parents feel guilty for not giving equal time to all their children. These feelings can be eased when parents enforce normal household rules for the dying child as well as the other youngsters. A child who is too weak to perform usual household tasks can be given manageable assignments; instead of doing dishes, she can brush the dog. A child overloaded with gifts from well-wishers can be encouraged to share some of the presents with brothers and sisters. Discipline should be handed out evenly; being ill is not an excuse for acting inappropriately. Distraught mothers and fathers may appreciate guidance from a physician on these parental tasks they ordinarily perform instinctively. Home hospice When death is inevitable, the family faces a difficult decision: Most children prefer to be at home rather than in the hospital. Parents also can avail themselves of home hospice services. Parents who have cared for a dying child with the help of hospice almost always state that they are glad they chose this alternative. Some families decide against hospice care. It may be a financial decision, because not all insurance policies cover home care or hospice services. In other cases, the parents do not consider themselves capable of caring for the child at home. Or a family may be willing to care for the child but want death to occur in the hospital. Parents may feel guilty for not being with the child in his or her greatest moment of need. Be aware that some hospices do not work with pediatric patients. Others not only care for children but make the services available before the terminal phase of illness so that hospice workers can establish rapport with the family. Before recommending hospice care, find out what services are available locally. After the child dies The death of a child is the most difficult loss that parents will ever face. They never "get over it," but they can adjust to the loss. The first two years after the death are the most difficult. They may need someone who is not embarrassed to talk about the dead child and the changes in their lives. If possible, reach out to the siblings separately from the parents. Youngsters have many milestones to face on the path to adulthood, and they are anxious to move forward in their lives even as they mourn a dead brother or sister. Parents may not be ready to move ahead as rapidly. When you have an opportunity to speak with the siblings alone, ask how they and the family are doing. They may confide that they feel mourning rituals, such as visiting the cemetery, are continuing too long. On the other hand, they may be perplexed by their sadness at an age of life that is supposed to be happy. Books for children when a friend

dies, " October Children will feel relieved that the sadness and loss, as well as the guilt and jealousy, they may have experienced are perfectly normal. They can also benefit from learning about healing strategies that other children have found to be effective. Parents who have lost an infant immediately after birth may have an especially difficult time coping with the death.

Chapter 2 : â€˜Diarrhoea: Why children are still dying and what can be doneâ€™ | Health | UNICEF

"Children Are Dying" Special report: Because of nationwide shortages, Washington hospitals are rationing, hoarding, and bartering critical nutrients premature babies and other patients need to survive.

A woman named Marisa Harris, who was working to dedicate her life to helping troubled youth, who attended my former university in Maryland, who had only just begun to live, died at 22 years old after a 12 year old boy hurled his body from an overpass and landed on her car. The many ironies of this horrifying ordealâ€”the heartbreak, the confusionâ€”collected and knocked the breath from my body. I somehow managed to ask the question, why would a year-old want to kill themselves? When the question crawled from me, in all its spit and dis-ingenuity, I fell limp with understanding. But the weight of the reality that other children wanted to kill themselves too, that they knew this language, that this was a part of their lived, childhood experiences, shattered me. I thought, no one deserves to feel the things that I have felt. I cup my hand to my mouth and feel the quiet cold of shame. It has lined the interior of my life for as long as I can remember. This is what happens to Black people far too frequently. We hand our depression, our sadness and our trauma to our children, our cousins, our loversâ€”unresolved and unspoken. So often it is all we have. For me, suicide is not always a serious thought. Even as I write this I want to stop. I feel too exposed. I feel like people are judging me anytime I tell them that I experience this symptom of depression. I feel them pull away. I pull away too. For the last 15 years, I have believed that I was introduced to depression and suicide when I was 12 years old, and Kirby, a 12 year old boy whom I loved greatly, hanged himself in the basement of his home. Kirby was tall, lean, brown and sharp. He was the type of golden boy that white men played in the movies. Kirby was the most popular boy that I knew at Calverton middle school, and somehow his kindness extended to me. He was my protector from the torment I faced for being too gay, too femme, growing up in Baltimore City. No one dared back talk him, and if I was alright with him, I was alright with everyone. In his mind, in his heart or in his spirit, something was eroding him too. I have no idea what was hurting Kirbyâ€”what was eating away at his spirit. He was a masterful hider of things or I was oblivious to his cries. Maybe our whole friendship was an attempt to be saved. Maybe he saw the darkness on me too. I imagined when she walked toward the back she heard the still of death, the disquiet, before she saw anything. I envisioned that when she saw him there, lightly swaying, empty and languid, she let out a scream. A scream that far too many Black mothers can attest to. A scream that pierces and peels. One that attempts to rattle the world into a similar state of terror. I imagined that Kirby used an orange extension cord. Sometimes, I imagined he used a leather Black belt, fraying on the ends. These things that I imagined, these realities that I fashioned and obsessed over in his wake, pulled me deeper and deeper into my own sadness. I romanticized that pain. I lamented that loss. Baltimore, When Kirby killed himself, he introduced me to a new language: It was more than the act, it was the fact that there was a word for it. People who felt trapped in their lives, who felt alone in the world, who believed that their misery was unending, they could leave this planet on their own terms. There was a power in learning this. I saw a crisp beauty along the edges. Suicide became my secret. My great aunt handed me a journal that I kept as a 10 year old boy. I do not remember keeping this journal. I do not remember carrying it from house to house as we moved. But when I touched it, when I saw the writing, I knew that it was mine. To my surprise and discomfort, I read how I was already experiencing deep depression and a desire to leave this world. An excerpt from my childhood journal from July The book told the tale of a young boy, isolated for being gay, tossed into instability and transience, and exhausted of feeling alone. I wrote about hatred, isolation, family and longing. This was a revision of my own history, one I was not prepared for. However, for Black children, the rates of suicide increased significantly, while falling sharply in white children. The study also found that suicide by hanging roughly tripled among Black boys, yet remained the same for white boys. Rosalie Avila , a 13 year old Latina girl from California, hanged herself after she too was bullied in her school. She scribbled goodbye notes to her parents because she believed that she understood what her death would do to them, what a loss like that would cost. When I read through these stories I felt an ancient heartbreakâ€”a recognizable disquiet. These cases received a small amount of news coverage and then faded from the

headlines, as our stories tend to do, with no calls for overhauls or systemic changes. I felt like somehow I had failed these kids. Harlem, We need to start talking about depression, suicide, and children. We need to demystify suicide in the Black community. Jesus simply will not save us, prayer is truly not enough. We need to understand that these are the interior stories of far more of our children than we have the courage to imagine. We need to reevaluate the way we yell at our younger siblings when they irritate us, searching for attention and affection. We need to reconsider the ways we beat our children when trying to save and protect them from the world. We need to pay attention to the signs and the intricacies of what the children in our lives are going through, prioritizing it in a way that is nothing short of intentional. We need to educate ourselves on how to love each other better and more inclusively. Parents with differing beliefs than their children, differing identities and expectations, need to step back and seek help on how to love and encourage their children in the proper ways. Needing a little help is not a weakness. Therapy is not a dirty word. We need to hold each other accountable in ways that empower and illustrate to our young people that the world can be cruel, that fighting through these traumas can be grueling, especially for Black people, but you can surmount these things. More importantly, you are not alone in your struggles to topple them. I simply do not have them. Sometimes, having the world killing us, or us killing us, feels like the cost of being Black. Sometimes I want to hurl my body too.

Chapter 3 : UNICEF - Immunization - Why are children dying?

As Venezuela Collapses, Children Are Dying of Hunger For five months, The New York Times tracked 21 public hospitals in Venezuela. Doctors are seeing record numbers of children with severe.

January 10, New Jersey Gov. Christie vowed Tuesday to devote his final year in office to battling drug addiction, skirting other challenges confronting New Jersey as he delivered an unusual and impassioned State of the State address focused almost exclusively on the issue. Telling personal stories of people affected by addiction - a state employee whose son died from a heroin overdose two days after she celebrated his sobriety at a Statehouse vigil; the son of a state Supreme Court justice, now in recovery and opening a treatment center - Christie said he hoped to make New Jersey an example for the nation on drug recovery. Christie begins his last year with the lowest approval ratings of his seven-year tenure, following a failed presidential bid and the conviction of two former allies in the George Washington Bridge lane-closure scandal. Pollsters say the public has soured on a governor perceived to be focused on national ambitions. Christie opened his speech Tuesday by saying his service to New Jersey had been "my central responsibility every day of my life for the last 15 years," including his time as U. And "every day of my governorship," he said, he has been committed to combating addiction. In his speech, Christie asked legislative leaders to pass a bill within 30 days that would "mandate that no citizen with health insurance can be denied coverage for the first six months of inpatient or outpatient drug-rehabilitation treatment" - a proposal that could remove barriers to treatment, but also increase insurance costs, according to an analyst. And if it can happen to someone in that family, it can happen to any one of us. Democratic lawmakers said they expected Christie to talk about more state issues in his budget address next month. He also called for expanding access to treatment, including by changing state rules to allow and year-olds to be treated as children in the drug-treatment system. And he pledged a new public relations campaign, promoting a state website and hotline to direct people to resources, and instituting a school curriculum on opioids that would start with kindergartners. Our neighbors are dying. Our coworkers are dying. Our children are dying. Every day," Christie said. He noted that cost-of-living - the top issue for many New Jerseyans - was little addressed. Those cuts were part of the deal to increase the gas tax. The governor also briefly addressed the chronically underfunded state pension system, promoting record contributions made during his tenure, but also acknowledging that "we have not been able to pay every penny we had hoped to" after promising in to ramp up payments. Joel Cantor, founding director of the Center for State Health Policy at Rutgers University, said it would be "extremely unusual for a state to require insurance companies to cover any benefit that could potentially be not medically necessary. The New Jersey Association of Health Plans, a nonprofit representing leading commercial and Medicaid health care plans in the state, said in a statement that "we agree with Gov. Christie that more can be done to curb the tragic growth in opioid addiction.

Chapter 4 : When Children are Dying

Why are children dying? More than 30 million children are unimmunized either because vaccines are unavailable, because health services are poorly provided or inaccessible, or because families are uninformed or misinformed about when and why to bring their children for immunization.

Why are children dying? More than 30 million children are unimmunized either because vaccines are unavailable, because health services are poorly provided or inaccessible, or because families are uninformed or misinformed about when and why to bring their children for immunization. These children die because they are poor, they do not have access to routine immunization or health services, their diets lack sufficient vitamin A and other essential micronutrients, and they live in circumstances that allow pathogens disease-causing organisms to thrive. The possibility that children will become seriously ill or die depends largely on whether their immune systems can fight off infections. Malnutrition, combined with unsanitary or crowded conditions, makes them extremely vulnerable. Measles, for instance, rarely kills in industrial countries but can cause up to 40 per cent mortality among infected children in dire and overcrowded situations which may occur following earthquakes, floods or when populations are displaced by conflict. Bacteria causes tetanus, diphtheria, pertussis and tuberculosis. Viruses cause polio and measles. A single-celled parasite causes malaria. Measles weakens the immune system and renders children very susceptible to fatal complications from diarrhoea, pneumonia and malnutrition. Those that survive may suffer blindness, deafness or brain damage. Tetanus can infect newborns if the umbilical cord is cut with unsterile instruments or the incision treated with contaminated dressings. In acute respiratory infections such as diphtheria or pertussis, bacteria can attack the lungs or bronchial tubes, causing chronic coughs, pneumonia and breathing difficulties. They are malnourished; they suffer from a variety of illnesses. If they have a bout of measles, the fatality rates will be high. Polio, a viral infection of the nervous system, can cause crippling paralysis within hours. Significant progress has been made towards eradicating the disease, but it remains a serious threat to children in areas where the wild poliovirus still circulates. Haemophilus influenzae type b Hib , prevalent mainly in developing countries, is estimated to cause approximately 3 million cases of serious disease and kills about , children every year. Most children die from pneumonia and a minority from meningitis. Despite gradual uptake of the Hib vaccine in developing countries, in , only one in five children worldwide were immunized against Hib during the first year of life. Rotavirus, a pervasive wheel-shaped virus, is a leading cause of severe diarrhoea in infants and young children, particularly in the developing world. Currently, there is no vaccine approved for the disease, which kills , children under five each year. Yellow fever, a viral disease that occurs primarily in tropical and subtropical areas of Africa and South America, kills 30, each year. The virus is transmitted most often through the bite of the female Aedes aegypti mosquito. Once controlled fairly well by widespread vaccination and mosquito control, the disease is making a comeback and outbreaks are becoming more frequent. The parasitic disease malaria is responsible for a staggering number of deaths - over one million a year - the majority children under five. A child dies every 30 seconds from malaria, many in just days after infection. Pregnant women infected with malaria can give birth to underweight babies who are then vulnerable to other diseases. Today, 90 per cent of malaria cases occur in sub-Saharan Africa. Malaria, so named by the Romans because they believed it arose from bad mala air aire floating up from nearby swamps, is in fact caused by a single-celled parasite, Plasmodium, which is transmitted by the bite of the Anopheles mosquito. Though there is no vaccine for malaria, it can be controlled with mosquito nets and insect repellant, and is often treatable with antimalarial drugs.

Chapter 5 : As Venezuela collapses, its children are dying of hunger | The Seattle Times

When Children are Dying. By Laurie Lewis; Martin Brecher, MD, Gregory H. Reaman, MD, and O. J. Sahler, MD. Almost 60, Americans younger than age 19, about half of.

The continuation of this suffering and loss of life contravenes the natural human instinct to help in times of disaster. Imagine the horror of the world if a major earthquake were to occur and people stood by and watched without assisting the survivors! Yet every day, the equivalent of a major earthquake killing over 30, young children occurs to a disturbingly muted response. They die quietly in some of the poorest villages on earth, far removed from the scrutiny and the conscience of the world. Being meek and weak in life makes these dying multitudes even more invisible in death. It might be reasonable to expect that death and tragedy on this scale should be prime time headlines news. Yet, these issues only surface when there are global meetings or concerts such as the various G8 summits, the Make Poverty History campaign in , etc. It feels as though even when there is some media attention, the ones who suffer are not the ones that compel the mainstream to report, but instead it is the movement of the celebrities and leaders of the wealthy countries that makes this issue newsworthy. Even rarer in the mainstream media is any thought that wealthy countries may be part of the problem too. The effects of international policies such as structural adjustments , the current form of globalization , and the on these processes is rarely looked at. Instead, promises and pledges from the wealthy, powerful countries, and the corruption of the poorer ones â€" who receive apparently abundant goodwill â€" make the headlines; the repeated broken promises, the low quality and quantity of aid , and conditions with unfair strings attached do not. Accountability of the recipient countries is often mentioned when these issues touch the mainstream. The risk is that citizens of these countries get a false sense of hope creating the misleading impression that appropriate action is taken in their names. It may be harsh to say the mainstream media is one of the many causes of poverty, as such, but the point here is that their influence is enormous. Silence, as well as noise, can both have an effect. This is definitely a tragic story that needs reporting, but why, for the BBC and other British media outlets that pride themselves in outstanding international media coverage, is the plight of millions of children not daily headlines? And does it have to be just bad news? Despite the tragedy, there is some measure of progress, which, perhaps with further public attention, could spur on more efforts in these areas and highlight important related issues. However, news of tragedies in Iraq are also depressing, but nevertheless do received regular headline coverage. Also there is worry that the lack of sensationalism attached to reporting the same news story each day will result in lower television viewing ratings and this may have various consequencesâ€"especially where advertising is concerned. Finally there is the question of whether people want to hear about such depressing news stories. After all the media feels it is delivering what its viewers would like. However, it is difficult for people to know what they do or do not want to see, if they are never given the options of the alternatives. If the magnitude of this suffering is hardly reported in a sustained manner, how can viewers judge whether they wish to watch it or not? About Child Deaths Of the 7. Breaking that down further, Why is child mortality important to understand? The under-five mortality rate, often known by its acronym U5MR or simply as the child mortality rate â€¦ has several advantages as a barometer of child well-being in general and child health in particular. Second, the U5MR is known to be the result of a wide variety of inputs: Third, the U5MR is less susceptible to the fallacy of the average than, for example, per capita gross national income GNI per capita. This is because the natural scale does not allow the children of the rich to be 1, times as likely to survive, even if the human-made scale does permit them to have 1, times as much income. Progress has certainly been made as each year the number of children under 5 dying is slowly coming down. For example, good progress was made by a few nations with large populations, but many countries made no progress or insufficient progress p. They noted at the time, The risks to child rights from the current economic crisis and other external challenges must not be underestimated. Furthermore, The full impact of the crisis on child rights will not be evident for some time, and will only become apparent as new international estimates of global poverty, child development and nutrition emerge. The term Children in this context means infants under the age of 5. The tragedy is therefore

even worse if older children, adults, and the elderly are to be considered. The approximate number of deaths in those 10 years is calculated by averaging the deaths per year for known figures in that range and multiplying by the 11 years that cover , which gives a total of 92 million deaths. Given the population is increasing, the percent of deaths being reduced over those 11 years seems small 0. In a way, this feels like a very small reduction given that many of the illnesses and conditions that children suffer are easily preventable, technically. Taking a longer term view, since when child mortality numbers were first being recorded the annual number of child deaths has more than halved, from around 20 million in to just 7. The rate of reduction varies by region, with poorer regions having higher child mortality rates, though all regions are seeing a reduction as the years go by: In addition, given the population in was 3 billion whereas was about 6. That is, although population has increased a lot , the number of child deaths has reduced even more. Explanation for six-fold saving 20 million divided by 3 billion is 0. They have a statistical database , which at the time of writing uses as the latest available data. Child deaths at different intervals Year.

Chapter 6 : 'Our children are dying, every day'

Deaths more than doubled from to - and rising numbers of young children visited emergency rooms for suicidal thoughts and attempts.

Chapter 7 : Black children are dying: we need to talk about suicide and depression | AFROPUNK

Top Five Ways Children Are Dying Accidentally June 4, With preventable deaths at an all-time high, NSC calls on parents to use National Safety Month to assess the greatest threats to young children's safety.

Chapter 8 : Today, around 21, children died around the world â€" Global Issues

For more, visit TIME Health. Suicide in children, though rare, is the 10th leading cause of death for elementary school-aged kids in the U.S. According to a study in a forthcoming issue of the.

Chapter 9 : Quote by Steven Erikson: â€œChildren are dying." Lull nodded. "That's a sucâ€•

Some 92 million children dying between and The silent killers are poverty, hunger, easily preventable diseases and illnesses, and other related causes. Despite the scale of this daily/ongoing catastrophe, it rarely manages to achieve, much less sustain, prime-time, headline coverage.