



Pedi Press



A Quarterly Publication of the Department of Pediatrics
Baylor College of Medicine

Vol. 9, Issue 3, Part I

Summer 2020





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PART I

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Cover shows the Houston City Hall lighted in honor of Cancer Awareness Month

Dr. Gordon Schutze, Interim Editor-in-Chief
Dr. B. Lee Ligon, Managing Editor/Graphics Design
Julie O'Brien Anderson, Copy and Content Editor
Next Deadline
December 5, 2020

FEATURE STORY

Peaceful Protest in TMC Raises Awareness of Racism



“Being a black woman who is a physician and scientist means living in dual realities. It means sometimes wondering if I can not only make a difference in the health of an individual patient but reflecting on how much needs to happen to make a difference in the health of all black people. It means struggling to find the words to explain to a colleague why their recommendations, which may seem doable, are not feasible for a black patient living in a food desert or one who does not have consistent transportation. It means choosing when to bite my tongue and when to speak up regarding the constant barrage of racially insensitive encounters we face on a sometimes daily basis. It means advocating for patients who look like me.”

- Dr. Rayne Rouce, Assistant Professor
Baylor College of Medicine
Department of Pediatrics

Physicians in the Department of Pediatrics joined others on June 1, 2020, for a peaceful protest organized by Malcolm Moses and Ayesa Khan with the Association for Minority Biomedical Research (AMBR), who moved the audience with their speeches. They were joined by **Dr. Rayne Rouce**, Assistant Professor, who gave a stirring message about her own experiences.



The protest was held while George Floyd, who grew up in Houston and died on May 25 beneath the knee of a police officer in Minneapolis, Minnesota, was being laid to rest in a private service in Pearland. The death sparked numerous protests and calls for action. In the Houston Medical Center, physicians, scientists, and other employees gathered to pay respects and stand against systemic racism and oppression. Khan noted that the protest was the first time that space within the Texas Medical Center has been designated specifically to address racism, especially issues related to healthcare disparities, biases held by medical providers, and experiences of minority medical students. He called it “an important first step.”

Mark Wallace, President and CEO of TCH commented that in his 30 years leading TCH, he had never seen a similar event in the TMC, and that he “could not have been more proud of all of the students, researchers, and medical professionals, some who are just starting out in their careers, organizing this protest on behalf of all of us in the Texas Medical Center. And, although it saddens me that we are not where we need to be today, I’m grateful that we’re finally at an inflection point where so many people around the world have been moved to rise up and bring about change.”

The speeches given in the Commons were followed by a walking vigil, with participants walking around the TMC wearing masks and carrying signs of support. The protest was a peaceful and respectful demonstration to offer support and raise awareness.



FEATURE STORY

JGF Grand Rounds Lecture Addresses Racism as “Pathogen”



On July 10, 2020, Dr. Adiaha I. A. Spinks-Franklin delivered the Grand Rounds Lecture for the 14th Annual Dr. Jan Goddard-Finegold (JGF) Lecture in Developmental Pediatrics. A renowned speaker and advocate, Dr. Franklin earned her undergraduate degree at The University of Texas-Austin, her M.D. at Meharry Medical

College, and her MPH at Harvard School of Public Health. She did her pediatric residency at Children’s Hospital of Michigan/Wayne State University and a fellowship in developmental behavior at Children’s Hospital Boston.

In 2005, she joined Baylor College of Medicine, where she is an Associate Professor in Developmental Pediatrics and has been recognized with the TCH Super Star Physician Award (2011), as well as the Arc of the Gulf Coast Presidential Award for Advocacy (2012). She has served as the SDBP Advocacy Committee Co-Chair (2009-2015), on the SDBP Board of Directors (2016-2019), and on the AAP SODBP Executive Committee (2019-present). An international expert on the subject of race relations, she has been invited to speak at numerous meetings and associations. She is also the Founder and Director of R.A.C.E. C.A.R.D. (Race and Children Education Collaborative of Anti-Racist DBPs).

The title of her address for the JGF lecture was “**Racism: A Societal Pathogen.**”

With her permission, we are sharing the salient points of that address herein*.

[*ed note: due to space constraints, the extensive list of references documenting the information is not included but was part of the presentation and can be obtained from Dr. Spinks-Franklin]

Identifying a “Pathogen”

- is an infectious microorganism that causes damage or disease in a living organism
- requires a *host*
- has a mode of *transmission*
- has a mechanism of *replication*
- causes *disease*
- elicits a *response* in its host

How Pathogens Cause Infections

- a new *host* is exposed to infectious particles shed by an infected individual
- the number, route, and mode of *transmission*, as well as the pathogen’s stability outside the host, determines its infectivity
- it must establish a focus of infection in order to *replicate*
- it must successfully establish a site of infection in the host for *disease* to occur
- the host’s *immune system’s response* can block or fail to block the pathogen at any of the above phase of infection

Identifying “Racism”

- is a system of racial oppression based on the idea that white people are superior/non-white people are inferior
- is a social construct established in the late 1600s after Bacon’s Rebellion
- is based on social construct of race and a hierarchy of racial privilege
- has three levels: institutional, interpersonal, internalized
- has different forms: colorblind and cultural

In her analogy, Dr. Franklin explained that for racism to survive, it must have the requirements of a pathogen to cause disease: *host*, mode of *transmission*, mechanism of *replication*, means of causing a *disease*, and *response* elicited by the host. Likewise, in order to be destroyed, racism needs a treatment. With regard to racism, a *host* can be

- governments
- institutions
- organizations
- groups
- families
- individuals

Institutions may serve as hosts based on policies, practices, procedures, traditions, strategic planning, research funding, and hiring practices (e.g., recruitment, retention, and promotions). *Interpersonal* racism is the means by which racism is transmitted. *Internalized* racism involves belief in the superiority of whites and the inferiority of non-whites, subconscious beliefs about people of various backgrounds, and, in this context, implicit racial biases of healthcare providers (including communication, treatment recommendations, and pain management).

Transmission takes various forms:

- vertical (e.g., parent to child, teacher to student; mentor to trainee)
- horizontal (e.g., peer to peer, co-worker to co-worker)
- intergenerational (passed down from one generation to the next)

Dr. Franklin recited instances in the past of how *replication* of racism has occurred in medicine, specifically the studies conducted by Dr. J. Marion Simms, the Tuskegee study of untreated syphilis, and the case of Henrietta Lacks. In addition, replication has occurred by

- racist views, theories, and ideas repeated in medical education
- preclinical medical school curricula that inaccurately presents race as biological
- conflation of SES with race by researchers and as a proxy for race.

Continuing the analogy, Dr. Franklin explained that racism has a means of actually causing disease by contributing to disparities in housing, education, health care, employment, discipline in schools, premature births and infant mortality, and mental health outcomes. Further, racism elicits a response in the host, such as:

- poor mental outcomes
- poor educational outcomes
- increased risk of internalized symptoms
- increased levels of anxiety
- lower self-esteem

Clearly, racism needs a treatment, and all levels are included: *institutional* racism through policies and practices, *interpersonal* racism by checking biases and changing one's practices, *internalized* racism by becoming aware of attitudes and how they affect interactions, and "colorblind" by realizing that racism is real and takes lives.

Three Levels of Racism
"Impact of actions is more important than the *intention*."

Institutional

- codified in customs, laws, policies, and practices that discriminate against specific groups
- can be normative, sometimes legalized, often manifests as inherited disadvantage
- can be through policies of omission and commission
- involves differential access to goods, services, and opportunities of society

Interpersonal (Personally-Mediated)

- a prejudice/discrimination (intentional or unintentional) experienced between members of a dominant racial group and members of a stigmatized racial minority
- implicit bias that includes lack of respect, suspicion, devaluation, scapegoating, dehumanizing
- microaggressions that are subtle and may be unintended

Internalized

- acceptance of limitations to one's full humanity
- embrace of "whiteness" as preferred appearance
- self-devaluation by slurs, rejection of ancestral culture, fratricide, stereotypes
- resignation, helplessness, and hopelessness

TRANSITIONS PEDIATRIC TO ADULT CARE



12th Annual Health Care Transition Research Consortium Symposium (Virtual) October 28, 2020 8:00 am – 4:00 pm

The 12th Annual Health Care Transition Research Consortium Symposium features research presentations in the emerging field of healthcare transition (HCT). A variety of research topics of interest to researchers, clinicians, policymakers, parents, youth, and emerging adults are presented.

Topics include testing of HCT models of care and programs, the HCT needs and experiences of adolescents, emerging adults and families, and provider topics pertaining to pretransition and posttransition services and training.

Poster sessions on HCT research will enable direct dialogue with researchers, and plenary sessions will address interdisciplinary perspectives pertaining to HCT education and curriculum development and the creation, maintenance, and evaluation of HCT programs.

For more information: <https://cpd.education.bcm.edu/Research2020#group-tabs-node-course-default1>

21st Annual Chronic Illness and Disability Conference: Transition from Pediatric to Adult-Based Care (Virtual) October 29 – 30, 2020



Co-provided by:

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Medicine


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Robbins
Foundation

The 21st Annual Chronic Illness and Disability Conference

is for physicians in internal medicine, family practice, pediatrics, psychiatry, and physiatry; other healthcare providers, including psychologists, social workers, nurses, dietitians, case managers, counselors, and primary care providers; and youth and young adults who have a chronic illness or disability and their parents or guardians. It will include lectures, breakout sessions, and question & answer sessions.

This conference helps to address the gap in knowledge facing more than 50 percent of families nationwide with children who need special health care but have not received the services necessary to make appropriate transitions to adult health care, work, and independence. Our society has become increasingly aware of the need, and physicians are required to update their knowledge of the changing strategies for integrating emerging adult-based care into practice.

The conference will also provide a discussion of legal issues involved in healthcare transition, as well as time to meet and talk with faculty in small groups, to exchange ideas among participants, and to share knowledge and information.

LEARNING OBJECTIVES

At the conclusion of the conference, participants should be able to:

- Identify strategies for setting up and evaluating a transition program as well as describe models of care for transitioning youth with a variety of chronic illnesses and disabilities
- Identifying strategies for helping caregivers cope with the stress of caring for and then planning for the transition to adult-based care for their AYASHCN.
- List the interdisciplinary aspects of care, such as formal planning related to HCT for families of AYASHCN, performed by many members of the provider team, especially nurses.
- Explain the legal issues associated with transition from pediatric to adult-based care.



DEPARTMENT NEWS SECTIONS & CENTERS

New Combined Center Formed



On September 1, 2020, **Dr. Gordon E. Schutze**, Interim Chairman, and **Dr. Jim Versalovic**, Interim Physician-in-Chief, TCH, announced that the Meyer Center for Developmental Pediatrics and the Autism Center were being combined to form the Meyer Center for Developmental Pediatrics and Autism. The decision was made in consideration that autism is a developmental disability, that having two separate centers for one specific developmental issue often posed confusion for families and referring physicians, and that the centers operate in the same location. The decision was approved by the Medical Executive Committee. Drs. Schutze and Versalovic thanked **Dr. Robert Voigt** (left) and **Dr. Karin Price** (right, top) for their leadership of the two separate centers and, along with **Dr. Kirti Saxena** (right, bottom), for “their continued work to make behavioral health services available for all children and adolescents.”





Spina Bifida Team at the Meyer Center for Developmental Pediatrics

The Meyer Center's Spina Bifida Program Reaches a National Milestone

By Dr. Jonathan Castillo

The Meyer Center for Developmental Pediatrics' Spina Bifida Program recently met the national Spina Bifida Association's (SBA) standards to become an official *Clinical Care Partner*.

This recognition places the TCH program among the inaugural group of clinics from across the country that met 10 standards identified as best practices to care for people with Spina Bifida. The achievement was announced at the annual National Spina Bifida Patient Registry (NSBPR) principal investigators meeting, which is organized and funded by the Centers for Disease Control and Prevention (CDC).

The Texas Children's Spina Bifida Program is joined by clinics with a similar mission at Boston Children's Hospital, Children's Hospital of Philadelphia, and Children's Hospital Los Angeles, among other large medical centers.

The clinical standards include the ability to provide comprehensive treatment through a multidisciplinary model, a commitment to provide state-of-the-art prenatal care, and the promotion of Quality Improvement activities, among other core benchmarks.

Along with comprehensive culturally competent care through a multidisciplinary model, the TCH program provides innovative care through quality improvement efforts and clinical research. Dr. Timothy Brei (Developmental Pediatrics, Seattle Children's Hospital) Medical Director of the SBA stated, "this work reflects commitment to the care of people with Spina Bifida, as well as the continuous improvement of that care."

Dr. Jonathan Castillo, Asst. Professor in Pediatrics and Director of the Program at TCH, explained, "Through the National Spina Bifida Patient Registry, BCM investigators have begun to recognize existing disparities within growing minority populations affected by spina bifida. In the US, 25% of children live in immigrant families. At the same time, Latinos are the fastest-growing demographic group. Even so, there is a lack of culturally competent clinical care and research focus on this community. Now by joining the SBA as a recognized *Clinical Care Partner* we hope to share what we are learning regarding serving this vulnerable population through this national network."

Thus at BCM – an NSBPR site since 2014 – from cutting-edge prenatal to young-adulthood focused care, the services are coordinated and integrated across the lifespan. In this spirit, BCM faculty also provide leadership in an American Academy of Pediatrics (AAP) learning collaborative. Funded through a cooperative agreement (Grant # NU38OT000282) between the AAP and the Centers for Disease Control and Prevention's National Center on Birth Defects and Developmental Disabilities, the "Transition from Pediatric to Adult-Centered Care for Youth Living with Spina Bifida Quality Improvement Project" is the first of its kind.

Since we are one of the major referral centers for spina bifida care in the region, our team provides the entire spectrum of care to families for a myriad of health issues related to this neurodevelopmental condition. Now, with our participation in the National Spina Bifida Patient Registry (NSBPR) and our collaboration with the Centers for Disease Control and Prevention as a foundation, this new partnership with the SBA will allow us to further our work in developing and promoting the use of *National Guidelines* for evidence-based patient care."

--Dr. Jonathan Castillo,
Clinical Director, Spina Bifida Program



Two recent publications illustrate the TCH Spina Bifida Program's current investigation activities and growing contributions in the field. They are: "Language and Latino Immigrants Living with Spina Bifida: Social Determinants of Health - The Missing Dimension in Quality of Life Research" and "Immigration and Transition: Changing Demographics Forecast the Emerging Trends in Spina Bifida Care." Nationally, as demographics shift, the need for evidence-based care becomes increasingly vital.

In short, partnerships through these national networks allow this TCH program to share with others throughout the nation best practices in care and ultimately strive to create a healthier future for individuals with spina bifida throughout our global community by leading in patient care, education, and research.





Beer Distributor Sells Sanitizer to Raise Funds for IBD Program

The Pediatric Inflammatory Bowel Disease Program at TCH, received a \$28,000 donation from the Saint Arnold Brewing Company. Gulf Coast Distillers began selling hand sanitizer from the Beer Garden and Restaurant, which made it possible to raise \$28,000 for the IBD program at TCH to help fund research, treatment, and activities for patients.

The program, under the direction of **Dr. Richard Kellermayer**, Assoc. Professor, is the first of its kind in Houston and the Southwest, offering a comprehensive, multidisciplinary approach to the diagnosis and treatment of IBD, including Crohn disease and ulcerative colitis. The program uses state-of-the-art procedures, including exome sequencing, and a wide array of endoscopic investigations. It is also a pediatric center for fecal microbiota transplantation in the treatment of recurrent *Clostridium difficile* infection. Dietitians assist with nutritional therapies for IBD, which includes exclusive enteral nutrition and the specific carbohydrate diet.

The program is involved in national and international organizations focusing on pediatric IBD care, such as the NASPGHAN IBD Committee, the Pediatric Resource Organization for Kids with Inflammatory Intestinal Diseases, the Improve Care Now collaboration, the Crohn's & Colitis Foundation, and the Pediatric IBD Foundation. It also supports Camp Survived It All (SIA), a camp held each summer in Burton, Texas. It was established to give patients the opportunity to meet other children with GI diseases, as well as to discuss medical issues with other children who have similar medical concerns. Often, their other friends cannot relate to what they experience. At Camp SIA, patients forget their self-consciousness and interact with each other like typical children their age. Activities include canoeing, kayaking, swimming, fishing, horseback riding, rope climbing, and zip lining. Parents are free of medical concerns because the camp maintains a full medical staff with at least one nurse in every cabin and a physician available 24 hours.



New Labor and Maternity Ward Opens in Malawi

In June 2020, a nine-bay labor and delivery ward at Area 25 Health Center was opened in Lilongwe, Malawi, by the Global Women's Health Program, a collaboration of TCH, BCM Children's Foundation-Malawi, and the Ministry of Health of Malawi. The public-private partnership develops transformative programs to benefit thousands of women and children, who are disproportionately affected by lack of access to healthcare services.

To overcome the extremely poor infant mortality rates (675 deaths per 100,000 live births, compared with 14 for women in the United States), the Global Women's Health program has worked to expand the quality and quantity of services offered at Area 25 Health Center. A maternal waiting room, a four-room operating theater, and now the new maternity ward have been built. Each room in the new labor facility has a swinging door that leads to the nurses' station; one has a private bath and shower, and the other eight share four private baths and showers.

Previously, women delivered their babies in a six-bed labor and delivery ward that had beds lined along one side with only a curtain for privacy and no room for family members to be present. In the new ward, rooms are large enough to allow one family member to be present during delivery. The waiting room allows women who might have gone into labor at a distance from medical care to wait during the last days of pregnancy, thereby ensuring a safer delivery. The operating theater provides the means to care for more complex patients.

September is Month of Numerous Cancer-Related Events



Pajama Party Held for Cancer Awareness Month

This year, to honor Childhood Cancer Awareness Month in September, the hematology/oncology faculty and TCH medical staff partnered with Amazon.com on the AmazonGoesGold campaign. They decided to celebrate and honor their patients, who fight cancer in the pajamas, by joining them in solidarity by wearing pajamas themselves. In preparation for Pajama Day, the patients and staff decorated their own robes and pillowcases. A special Pajama Party was held to entertain the patients, and Houston City Hall was lit in honor of Cancer Awareness Month (see front cover).

Virtual Celebrations Held to Raise Awareness of Sickle Cell Disease

The Hematology Center participated in virtual celebrations and community awareness activities during National Sickle Cell Disease and Immune Thrombocytopenia (ITP) Awareness Month. Staff honored patients and their families who have been touched by sickle cell disease and ITP, two types of blood disorders that the center treats annually. This year's activities were celebrated in a virtual and socially distant way to keep everyone safe during COVID-19.

"We look forward each year in September to raising public awareness about sickle cell disease and ITP," said **Dr. Jenny Despotovic**, Asst. Professor and Director of TCH's Hematology Center. "We are grateful to our patients and to our team, who continue to help us advance research towards developing novel treatment approaches to improve the long-term outcomes for patients with these rare types of blood disorders."



The 7WT nursing unit partnered with the Sickle Cell Disease Association of America (SCDAA) for a Twitter party. This year's theme was "Sickle Cell Matters". The staff on the unit decorated the family lounge with a balloon wall for photos and gifted their Sickle Cell Disease patients with a token of love. The patients, nursing and physician staff were all invited to join in on the fun.

Sport Purple Encouraged to Feature Platelets Day



The last Friday of September has been designated Platelets Day, and staff were encouraged to wear purple to celebrate patients with ITP and to raise awareness of the need for platelets. **Dr. Jenny Despotovic**, Asst. Professor, in a short video

shared online, explains that ITP stands for immune thrombocytopenia. It is an immune-mediated disorder in which the platelets are low due to the immune system becoming dysregulated or confused and attacking the body's own platelets. The color purple, she explains, was chosen because that's what the platelets look like.

**Pump It Up For Platelets!
all month long!**



September is...
ITP Awareness Month



In honor of Histiocytosis Awareness Month, **Drs. Kenneth McClain**, Professor, **Carl Allen**, Assoc. Professor, and **Olive Eckstein**, Asst. Professor, provide a comprehensive look at histiocytic diseases and discuss populations affected, disease symptoms, treatment options, improving outcomes, research opportunities, and more. The video explaining the condition can be accessed online at the Section's Facebook page:

<https://www.facebook.com/txccc/videos/1218956301795026>



Agreement Reached for Licensing a COVID-19 Vaccine

By Molly Chiu

Baylor College of Medicine and Biological E. Limited (BE) have announced a licensing agreement for the development of a safe, effective, and affordable COVID-19 vaccine.

BE, an India-based company, has licensed the recombinant protein COVID-19 vaccine candidate developed at BCM. The company engaged in license negotiations with the BCM

manufacturing process and undertake further development of the vaccine candidate.

“BE is pleased to be a part of the global scientific effort aimed at exploring ways to respond to the COVID-19 pandemic. The partnership with Baylor would help accelerate the development of an affordable vaccine, especially for India and other low- and middle-

“For the past two decades, our vaccine center has been advancing global health vaccines to prevent neglected and emerging diseases. We are therefore well suited to embark on this important collaboration with BE and look forward to facilitating the technology transfer for the COVID-19 vaccine to India and for the world.”

– Dr. Maria Elena Bottazza, Associate Dean of the National School of Tropical Medicine and Co-Director of TCH’s Center for Vaccine Development.

--Dr. Maria Bottazzi



Ventures team, part of BCM, after initial discussions on BCM’s technology and how it could possibly inform a vaccine to address the current global pandemic.

BE will leverage its past experience for the further development and commercialization of the vaccine candidate, which currently is produced using a proven yeast-based expression technology. The current focus is on transfer of the technology for BE to initiate scale-up of the

-income nations,” said Mahima Datla, managing director of BE.

“We look forward to leveraging our capabilities for the development and manufacturing of this much needed vaccine. If the vaccine development is successful, we expect to make several hundred million doses of the vaccine available annually,” said Narender Dev Mantena, director of BioE Holdings Inc., who heads BE’s novel vaccine initiative.

Grant Provides Opportunity to Study Effects of COVID-19

“The infrastructure we built to detect infectious pathogens through our hospital networks was critical when SARS-CoV-2 emerged. We were able to easily expand our surveillance for acute febrile illness and add COVID-19 to the list of the more than 50 diseases we are currently tracking. In real-time, we can detect new cases and help our Ministry of Health partners monitor and respond to the threat in this highly vulnerable region.”

-- Dr. Kristy Murray



Dr. Kristy Murray and her team have received a grant of just under \$1 million from the U.S. Centers for Disease Control to study the spread and effects of COVID-19 in Belize and El Salvador. Prior to the coronavirus pandemic, Murray and her collaborators were already working with the two countries’ ministries of health and with local hospitals and clinics to understand, detect, and respond to infectious disease threats in this high-risk region. The new grant will allow them to expand this work amid the pandemic. Co-investigators from the Department of Pediatrics includes **Drs. Flor Munoz, Sarah Gunter, and Shannon Ronca.**



BIPAI Receives Computer Donations

Baylor College of Medicine Children’s Foundation – Eswatini (Baylor-Eswatini) received 24 new computers donated from the foundations of FNB and MTN Eswatini. Vice Chairperson, Dr. Irma Allen, and Executive Director, Dr. Bhekumusa Lukhele, accepted the donations on behalf of Baylor-Eswatini. The donated computers will directly improve the care and treatment of patients, reduce patient waiting times, increase accuracy of documentation, and facilitate rapid retrieval of information to improve patient quality care. They will benefit more than 5,300 patients, who make approximately 40,000 visits to the Baylor-Eswatini facilities annually.

BIPAI Holds Virtual AIDS Conference 2020

The BIPAI Network, with support from Texas Children’s Hospital, had its largest participation and presence at the biannual **International AIDS Conference** in July. This year’s conference was held virtually, and many colleagues across the BIPAI network delivered oral and poster presentations and participated in conference workshops and sessions. There were many important takeaways from the conference that have positively impacted patient care and health worker training at the BIPAI-affiliated foundations.

Dr. Liane Campbell, Asst. Professor and a Texas Children’s Global Health Corps physician in Tanzania, reflects on the conference, “Finding a platform to share advocacy efforts and scientific advances highlighted the resiliency of the global community who has worked tirelessly to fight the HIV/AIDS pandemic. The conference brought an incredible amount of content to participant’s screens across the globe and brought all of us together, despite being geographically distant in this challenging time.” The [BIPAI YouTube channel](#) has been updated with new resources prepared for the conference.





Submission Deadline for CUGH Virtual Conference

October 23, 2020

See below: March 12-14, 2021

NIH Virtual Seminar on Program Funding & Grants Administration

October 27 - 30, 2020

Submission Deadline for Workshop Abstract and Platform Abstract

Annual Department of Pediatrics Education Retreat

November 1, 2020

5:00 pm

See below: December 4

BIPAI 22nd Annual Network Meeting

November 10 - 13, 2020

Virtual Format

“Forging Ahead: Maintaining Excellence through Teamwork and Innovation”

<https://nihvirtualseminar2020.vfairs.com/en/>

Registration Deadline for Annual Department of Pediatrics Education Retreat

November 30, 2020

Performing Systematic Reviews the Cochrane Way

December 2, 2020

9 am - 12 pm

Virtual Workshop by Zoom

Contact: Mohan Pammi Mohanv@bcm.edu 832-824-3206

Annual Department of Pediatrics Education Retreat

December 4, 2020

Virtual Format

CUGH Virtual Conference 2020:

“Addressing Critical Gaps in Global Health and Development”

March 12 - 14, 2021

The CUGH 2021 Conference will take place virtually on March 12-14, 2021. CUGH invites all persons wishing to report original research, innovative projects or novel programs related to global health to submit abstracts to be considered for presentation. All abstract presentations will be made in ePoster formats. [Read more](#) about the abstract submission guidelines. **The abstract submission deadline is October 23, 2020 11:59 pm ET.** Scholarships are available for individuals from LMICs and young investigators. Texas Children's Hospital and Baylor College of Medicine are sponsoring this year's conference and will have two plenary panels.



Faculty, Fellows, Residents & Staff

&

Research Features

are in

Part II