


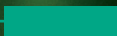
share

B. Braun corporate social responsibility magazine


Issue 2010



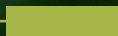
Living a full life every day
Palliative care and pain therapy: medicine still has a role to play, even when there is no chance of recovery.



Health as a mission
Medical Mission in Mexico: healthcare for the indigenous population on the Yucatán peninsula.



The Soccer Kings
Football as a form of therapy: how sport turns outsiders into winners in Hungary.



Hope for Guanabara Bay
The tropical paradise is close to ecological collapse, but the turnaround has now begun.



KNOWLEDGE

4 COVER

Living a full life every day

6 Death has disappeared from everyday life, but people still have to die

Palliative care: society and medicine face a challenge when there is no longer any chance of recovery

9 Quality of life is the top priority

Interview with pediatric nurse Heike Witte on the family, children and death

12 Pain therapy – ignored for too long

A network is improving quality of life for the terminally ill

14 Ready for real emergencies

Surgery training courses in the UK and Mexico give patients and physicians more confidence



COMMUNITY

16 A new life for Ayichi

A chain of hope leading to Belgium enables a Congolese girl to lead a normal life

18 Health as a mission

Father Hubert and his volunteers have set themselves the task of improving healthcare on the Yucatán peninsula

21 Hand in Hand

The photo exhibition "De Main en Main" transforms hospitals into art galleries and supports "Little Princes"

ON THIS ISSUE

Dear Readers,

Operating a business sustainably also involves thinking about future generations. We here at B. Braun refer to our commitment as a Corporate Citizen, in the context of which we have been assuming responsibility for decades for our employees, for the social atmosphere at our more than fifty locations around the globe and for the needy, regardless of where in the world they live. But to us, sustainable operation also means addressing and discussing issues of societal importance.

share magazine in 2010 is dedicated to the topic of palliative care. Promoting quality of life and providing professional support for the terminally ill, the dying and their families is increasingly emerging as a fourth pillar in international healthcare systems, to complement the classic pillars of prevention, cure and rehabilitation. It comes as no surprise that doctors and nursing staff need to work closely together as well as undergo special training. After all, this sensitive field involves not just treating physical and emotional suffering, but also addressing philosophical, ethical and



PERSPECTIVES



ENVIRONMENT

- 22 **Digital Creativity**
New media in Austria boost disadvantaged children's self-confidence and independence
- 24 **The Soccer Kings**
Hungarian children from disadvantaged families are transformed into winners on the football pitch
- 27 **Fitness and endorphins**
Interview with sport therapist Dr. Martin Steinau
- 28 **A Family with 60 children**
Career prospects and loving attention for orphans in Vietnam
- 31 **News**

- 32 **Plastic production in the Biosphere Reserve**
Example of sustainable B. Braun architecture: industrial buildings blend into the countryside in Switzerland
- 33 **Hope for Guanabara Bay**
B. Braun Brazil campaigns for a sensitive ecosystem in a tropical paradise

personal issues. Healthcare companies also share a responsibility for these special concerns. Their task is to develop and supply products and services suitable for special life situations, to support the chronically ill and help them benefit from advances in medicine. Dialogue with all affected parties is essential to achieving this.

We are proud that this understanding is an integral part of our corporate culture, transcending the borders of countries and subsidiaries without having to be decreed by headquarters. In this issue of share, we

examine the diverse forms of this commitment and other activities with a common element: a focus on the needs of coming generations.

I hope you enjoy reading this issue.

Prof. Dr. h. c. Ludwig Georg Braun

International

Living a full life every day

How palliative care helps people make the most of the time that remains

Medicine is the study of the prevention, diagnosis and treatment of diseases and injuries. But what if medicine has failed? What if a severe nervous disorder cannot be stopped, a chronic infection gains the upper hand, or a malignant tumor just keeps on growing inexorably? Even when there is no longer any chance of recovery, medicine and professional care still have a role to play, albeit with a different objective: curative treatment is replaced by palliative care. The word comes from the Latin word *pallium* – a long coat. The aim is to give the patient a feeling of warmth, protection and security. The term palliative care means relieving pain, controlling symptoms, maintaining a person's quality of life. And a lot more: human attention, care, companionship, help. It's that simple, yet so difficult. For the end cannot be averted, and the question remains: how are people to deal with this situation and with each other?

Just a few years ago the World Health Organization agreed on its definition of palliative care and published standards for dealing with the terminally ill. The foundation for this had been laid by people like Cicely Saunders in the UK and the Swiss-American psychiatrist Elisabeth Kübler-Ross, who spent many years of their lives looking after the dying. They initiated a lasting process of change. However, a critical analysis shows that much remains to be done. ■



International

Death has disappeared from everyday life,
but people still have to die



The Nupe people of Nigeria explain how death came into the world by telling the legend of the tortoise, the person and the stones: people and animals are mortal because they have children. A truth from nature – the cycle of life that begins with birth is completed in death. Whatever death may mean for the individual, death and dying are an integral part of human life. In virtually all cultures it is a moral imperative that we accompany and care for the terminally ill and the dying. Modern industrial society has had to re-learn this element of humanity. The hospice movement and palliative care have created new ways of achieving this.

The German health service is regarded as one of the best in the world. But "Germany is more like a developing country when it comes to outpatient palliative care and appropriate pain management." This is the assessment of Dr. Carola Otterstedt, who is familiar with inpatient and outpatient hospices in many countries from her work for a Dutch charity.

At an advanced stage of illness, whenever treatment no longer holds out any hope of success, it becomes the primary task of physicians and nurses to ease the patients' pain and discomfort, to improve their quality of life. According to the definition of the World Health Organization (WHO), palliative care must take a holistic view of a person and his/her physical, mental, social and spiritual needs. In Dr. Otterstedt's experience this approach, and how this situation is dealt with, is not a question of culture: "Grief over loss and pain are the same everywhere," for example when a severe case of cancer limits your own life or that of a loved one. Most people in the world, regardless of their tradition or religion, prefer to die in their familiar surroundings. In such a situation they need people to care for them. However, when a cancer patient in Germany leaves hospital or a nursing home because he wants to spend the last phase of his life at home, "he can't always find a physician who can do home visits and give him the medical care he needs. There are not

enough family doctors in Germany who are trained in palliative medicine, and their lack of confidence may make them reluctant to make differentiated use of drugs. It's not necessary for anyone to endure pain. It significantly restricts the patient's quality of life."

Dr. Espérance Bulayumi, training officer of the Afro-Asian Institute in Vienna, puts it more drastically: "Modern orthodox medicine is a boon for the quality of life. It has averted a lot of illness-related suffering and significantly increased life expectancy," says the Congolese-Austrian philosopher, who has made an intense study of the ethical issues of terminal care. "However, this form of medicine is a curse for people who are dying. It has mechanized the process." He goes on to assert that it is sometimes impossible to say when and how a person actually dies amongst all the equipment and tubes that artificially maintain vital functions. "You have to relieve pain, yes. But you must also let nature do its work!" demands Bulayumi. On the other hand, he says, people who are severely disabled, seriously ill or dying are isolated in urban society: "They no longer take part in normal life; they suffer social death." He had not experienced this kind of loneliness previously in Africa. "Not everyone falls ill, but everybody has to die. You have to accept that. Social death, however, is preventable, which is why that is the real disaster." →



Philippines: In our country, most healthcare professionals still have difficulty discussing death with the patient and or the family. In most cases, family members ask the doctor not to disclose the prognosis to the patient, because they are afraid he might not be able to take the bad news. Families sometimes underestimate the patient's capacity to process the news. But even without being told, patients have a way of knowing that they may die of their serious condition. Dying is always a family issue in the Philippines. Talking about dying is generally taboo in our culture, but families who have an open mind to discuss and prepare for death find it easier to cope with their grief and bereavement.

Dr. Agnes Bausa-Claudio, co-author of the book "Hospice and Palliative Care in Southeast Asia"

USA: The United States is such a diverse country with so many different ethical and religious backgrounds that the subject of dying is dealt with in many ways. The family and close friends may take on the role of loving care giver, and they are often the decision-maker for the dying person. They make sure that the wishes of the person who is dying are respected and try to give them a sense of security.

Jonathan Braido, Manager Marketing Communications, B. Braun Medical Inc., USA

Medicine and death. Physicians often find themselves in a dilemma in the face of death: "We can't do anything more for you." This phrase, spoken at the patient's bedside, meant that from a medical point of view there was no chance of recovery. Furthermore, it was only the relatives who heard this. "The only thing the patient noticed was that everyone withdrew from him; even the nurse didn't come to his bedside as often. Yet the sentence quoted above isn't even true," suggests Dr. Gerald Neitzke, Chairman of the Clinical Ethics Committee at the Medical University of Hanover. "We physicians can do a lot for the patients, even when there is no longer any hope of recovery. We can relieve their symptoms." Moreover, attentive, professional nursing staff are enormously important for the patient's well-being.

Neitzke believes that many physicians are still subconsciously influenced by the advice given by Hippocrates: that if a patient's death is inevitable, the physician should turn away, because he must have nothing to do with death. Hippocrates lived at a time when there were two camps among healers: some doctors intentionally caused their patient's death, but Hippocrates and his followers dissociated themselves from this practice and have shaped medical practice for over 2,000 years with their ethic that one must "preserve life". This was not a problem until the advent of the 20th century modern industrial society. And, of all things, it was the greatest successes of medicine that contributed to this situation. What has happened?

Average life expectancy in Germany has doubled within a century – from about 45 to over 80. In 1900, an average of one in five children died in the first year of their lives. Since then, vaccinations and antibiotics have conquered most of the diseases that used to kill people prematurely. Because most people in industrialized countries today reach a very old age, death has become a relatively rare phenomenon. At the same time, diseases are no longer regarded as an inevitable fate: even very old people have a good chance of recovering after a stroke, for example, and people can often live for years even after being diagnosed with cancer: "Anyone who is taken ill in this country goes to hospital with a good chance of recovery," says Dr. Alexander Schachtrupp, Head of



the Department of Medical Sciences at B. Braun Melsungen AG. "People are used to perfection from their daily lives, and somehow many seem to be convinced of their own immortality." He knows what patients expect from his time as a cancer

surgeon at Aachen University Hospital: "The doctor will take my illness away." But there are times when the enormous possibilities of modern medicine become a balancing act – for example if side effects are likely to counteract a treatment's potential benefits. "Chemotherapy or radiation therapy can often extend the lives even of patients with a severe form of cancer by several weeks. But at what price?" asks Schachtrupp. Family members expect all treatment options to be exhausted, he says. Some physicians, too, want to extend life for as long as possible. Today, artificial respiration and tube feeding can keep a person alive for months or even years, even if its brain never regains consciousness. Something that helps a person get over a life-threatening physical crisis – as a temporary intervention while there is still a chance of recovery – then becomes a permanent condition.

Dying with dignity – what does it mean?

Because this dilemma has been the subject of public debate in Europe for several years, more and more people are now thinking about how they actually want to die. In a "living will", people can specify in detail what kind of treatment they wish to receive – and what they don't want to happen – if they find themselves in such a situation. In the UK, USA and Canada, such living wills have long since been legally binding.

"A living will is a great help to physicians in situations where a critical decision has to be taken," says hospital ethicist Neitzke. However, a person who is living a normal life can't consider every possible situation in advance. "In this context it's important that a person discusses such matters in the family, so that they know what views that person has on life and death," said Neitzke. He believes it is necessary to overcome the speechlessness of doctors and relatives in the face of death: "It would already be a big step forward if hospital physicians and nurses gave dying patients a perfectly normal →

Quality of life is the top priority



Ms. Witte, your nursing service has been caring for dying children at home for 20 years. Something that was still an exception in 1989 is now available in many cities and regions. Is this a sign that death is returning to family life?

Yes, although many affected families and general practitioners are initially surprised to hear that people can – and are even allowed to – die at home. The idea of children dying in the family is still unthinkable for many people. I believe this has something to do with their difficulty in accepting the impending death of a child as inevitable.

What should be the decisive factor in deciding whether to care for a dying child at home?

The quality of life of the children and their families is the top priority and should be decisive in the choice of the environment in which they die. The child should be allowed to die where he or she feels happiest and most secure. This is a very individual decision which should ideally be taken jointly by all family members.

Palliative care cannot be provided without the support of physicians. How important is the interaction between you and general practitioners?

Good cooperation between the physicians and the people looking after the children is an important basis for providing children with

proper care in their families. Physicians encourage both caregivers and families by looking for solutions together with them.

The provision of intensive nursing care leads not only to a relationship of trust but also to emotional ties between the family and the nursing staff. How do you and your colleagues deal with a child's death emotionally?

We are encouraged by the experience that our support enables families to endure the situation. Another important aspect is the feeling of giving the child the best possible quality of life. We tell ourselves that although we can't change the family's fate, we can give them support and help them bear the situation. Of course, it is essential that colleagues keep talking with each other and take part in supervision sessions.

If you had three wishes for further improving the provision of outpatient palliative care for children – what would they be?

First, I would wish for trusting, open collaboration with the most important people, e.g. pediatricians, psychosocial professionals, hospice staff, caregivers and the families. The second wish would be to have enough time for the necessary tasks apart from nursing itself. These include being able to accept and cope with what you experience. This is the only way to safeguard the health of all those involved in palliative work. And third, the care services need financial security to be able to provide this crucial support. ■



Heike Witte

is managing director of an outpatient pediatric nursing service called *Krank und Klein – bleib daheim GmbH* ("sick and small – stay at home") based in Sulingen, Lower Saxony. The pediatric nurse heads a 60-member nursing team providing palliative care to 35 children. In addition to looking after the dying, the service also offers home care to severely ill and disabled children.

Malaysia: Many of us in this world are so busy with everyday life that truly living life to its fullest is a rather difficult affair. Death is but an extension of life itself. A Hindu focuses on the mantra, strives to be in the highest state of consciousness, concentrating on the top of the head and holding on to lofty thoughts as he succumbs. Hindus want to die at home. Family and friends strive to be with the person both physically and spiritually, showering love on him, constantly praying, giving him their undivided attention with words of comfort and making the person as comfortable as possible during the last moments of life.

K. Devi, B. Braun Medical Supplies Sdn. Bhd., Malaysia

amount of human attention – as they do with any other patient. But the famous phrase 'It'll be alright' doesn't help here." In his experience, the needs of patients often change in the face of approaching death or a very limited remaining lifespan; the disease fades into the background and other needs come to the fore. Because nurses often have a much closer personal relationship with their patients than physicians, their emotional attention, sensitivity and competence is especially important here.

"At the end of a person's life there is far more at stake than physical ailments," adds Espérance Bulayumi. "There is the whole person with his/her emotional and social needs." For a terminally ill mother, for example, the fact that she must leave her young children behind causes great social pain: "It's a great relief to her if she knows that someone will lovingly take care of her children." Bulayumi believes there are always disputes about the care of elderly sick people when consideration has to be given to looking after children: "This is not a question of being in Africa or Europe, it's a phenomenon of the urban, globalized world."

Making life more worth living. Much of what the WHO calls for in the field of palliative care has already been implemented by the modern hospice movement. When the nurse, social worker and physician Dr. Cicely Saunders developed this holistic care concept in the mid-20th

century, she primarily had the suffering of cancer patients in mind. She advocated a more compassionate way of dealing with the dying, above all to spend more time with them, to talk to them and, not least, to offer a scientifically based pain therapy. Today, her St. Christopher's Hospice, founded in 1967 in Sydenham, near London, is seen as the source of a globally active network. Forms of palliative care have also increasingly become established in Germany since the 1980s in the wake of the AIDS epidemic, which was also causing many deaths among younger people. It no longer seemed a viable option to simply move these people to hospital for the final phase of their lives; the first step had been taken toward overcoming the isolation of dying.

"Whenever the medical prognosis shows that we can no longer cure a patient, we must raise the issue earlier than we used to," believes Gerald Neitzke. Time is then of the essence, because many people want to spend the last phase of their lives at home. "If we wait too long, it may be too late to fulfill this wish, too late to organize moving the patient." But even if the patient's condition allows this course of action, families sometimes balk at the prospect. "Sometimes they are afraid of having to witness the physical decline of a loved one at first hand," says Alexander Schachtrupp. "Many simply feel they can't face it." Because most families are small, the burden of caring for someone 24 hours a day is usually

spread over very few shoulders. Out-patient palliative care and hospice services are therefore essential, he says.

Professional help needed. Seriously ill patients can often be cared for in the family with professional assistance. However, it is important to plan the move from the hospital, nursing home or hospice to the patient's home carefully. What medical equipment will the patient need? What devices are even suitable for private use? Where can the family members get assistance with nursing, and how can it all be financed? What additional assistance is available, e.g. for personal terminal care? Employees of B. Braun offer to help patients, families and outpatient services, providing organizational support and personal engagement for this transition. "In this context we like to work with experienced nursing services. Although the nursing staff often know what aids are best suited to each patient, they have no direct access to the sources of supply," Schachtrupp explains. B. Braun is a good partner as a manufacturer and service provider, he continues. Schachtrupp also regards training in this field as an important concern: "Many physicians and nurses are working on the subject, developing concepts and ideas on palliative care based on their daily work. But nobody can be sure that their ideas are the most sensible measures in each case." This is where B. Braun comes in. The company not only provides support with the content and organization of existing training initiatives; B. Braun's Aesculap Academy, the German Society for Palliative Medicine, and the Göttingen University Hospital have jointly set up an annual "Forum on Palliative Medicine" to discuss the latest findings in the field with experts. As Schachtrupp says, palliative care still has quite a low profile among the public. "But that's not the issue. There is a huge need to catch up with here, and those affected urgently need all the assistance they can get." ■

You matter because you are you,
and you matter to the end of your life.
We will do all we can not only to
help you die peacefully,
but also to live until you die.

Cicely Saunders



Death and dying in different cultures and religions

Humans are perhaps the only creatures on earth that have to consciously come to terms with their own mortality. They have been doing so for many millennia. Burial rituals can be traced back to the Paleolithic period, and archaeologists interpret these as clues to what people thought happened to them when they were dying and after death. Not only the biggest pyramids in the world have survived from the time of the pharaohs in ancient Egypt, but also numerous writings describing detailed rituals on how to prepare for one's own death and how to prepare the deceased for the afterworld. But even in regions where there are no graves at all, this does not mean that death and dying have no relevance to people's everyday lives, as shown by Hinduism, which is still widespread in India today. Wherever possible, families take dying Hindus to the sacred River Ganges. Ending one's life there is believed to improve the deceased's chances of a good rebirth.

Dying old and "full of days" after a long and fulfilled life is regarded in many cultures as the ideal. Yet death is also an economic issue: people die younger in poor countries and live longer in rich countries.

International

Pain therapy – ignored for too long

All over the world there is a lack of knowledge, experience and functioning structures for alleviating the pain suffered by the seriously ill to enable them to continue taking an active part in life. To improve this situation, networks need to be set up that can ensure specialized outpatient palliative care everywhere.

"When I first discuss palliative pain therapy with a patient, I simply ask: 'How are you?' This might sound banal, but I often learn more from the answers to this question than from an accurately filled-in pain questionnaire," says Prof. Rainer Sabatowski of Dresden University Hospital. The director of the university's Pain Center regards quality of life as the key element of pain therapy. Relieving the patient of pain is therefore only one element of palliative care. Symptom control is also extremely important. This primarily examines the side effects of the administered drugs and the direct consequences of extremely serious illnesses such as cancer or the later stages of AIDS. "Pain therapy doesn't stop at pain," Prof. Sabatowski explains. Patients are more aware of pain if they are suffering from insomnia or anxiety, for example. Furthermore, the administration of strong opioids can lead to serious constipation, tiredness or lack of concentration. This goes against palliative care's aspiration to enable patients to continue taking part in everyday life. "We not only want to make the patients pain-free, but also to maintain their ability to communicate," stresses Dr. Gerhard Müller-Schwefe, President of the German Pain Association. When facing death, many people have important arrangements to make, and they want to keep in close contact with their loved ones.



Australia: Dying is usually a personal and private journey, mostly shared in the family or with close friends. They provide moral support, spiritual support and often nursing care for someone who is dying. They often spend time visiting and remembering times spent together in the past. As Australia is a nation made up of people from most cultures and religions from around the world, there is a wide range of beliefs. For the most part it is usual for there to be a gathering of family and friends to say goodbye to the person who has died and to remember and celebrate their life.

Kathy Elliott, Group Marketing Manager, B. Braun Australia

But the majority of physicians not working in specialized institutions have little or no experience in prescribing painkillers. For this reason they often refuse to prescribe highly effective opioids. This also applies to Germany, one of the leading countries in the world in outpatient healthcare. Scientists at Dresden University Hospital found proof of this unsatisfactory situation when evaluating the accounting data of health insurance companies. In the last three months of their lives, barely half of all tumor patients were given a painkiller that also fell under the Narcotics Act. "This is a clear indication of a supply shortfall," Prof. Sabatowski believes. According to experts, about 90 percent of this group of patients suffer severe pain at the end of their lives.

Malaysia: We have four major religions in Malaysia: Christianity, Taoism, Islam and Hinduism, and they all have their own rituals. All four major religions have something in common: a belief in life after death. Dying is treated as a family issue; it is also an integral part of everyday life. Generally, sufferers are taken care of either by family members or by healthcare personnel in hospitals or homes until they die.

Michael Tan, B. Braun Medical Supplies Sdn. Bhd., Malaysia

Networks against suffering. Yet training general practitioners to use painkillers competently is not enough in itself to make sure that the dying are given proper care. The decisive basic principle in outpatient palliative medicine is multimodal care. In addition to pain therapy, this primarily includes specialized care and psychosocial support. "The days of the 'lone warrior' are over," stresses pain therapist Dr. Müller-Schwefe. Specialists who are familiar with diagnosing and treating the specific

symptoms of the terminally ill – such as acute breakthrough pain or respiratory distress – must be available 24 hours a day for patients requiring palliative care. "When a regular emergency physician is called to such patients, he often sends them to hospital," explains Prof. Sabatowski, Director of the Dresden University Pain Center. He says an experienced physician in palliative care would be more cautious; he would sit down next to the patient's bed, talk to him and first wait to whether the symptoms can be overcome without having

recourse to hospital care. This can only work, however, if the physician can take enough time and knows the patient – or at least has quick access to the necessary documentation.

This approach is not a utopian one; it is characteristic of models of outpatient palliative care that have already been tried and tested. It can only function within a network involving specialists in medicine, nursing and psychosocial support. The decisive point is that patients must be able to call on this service at any time of the day or night – and not only in emergencies.

Challenge: lack of experts. A further stumbling block in establishing comprehensive outpatient palliative care is the startling lack of experts. The World Health Organization WHO estimates that 80 percent of the world's population have no access to a pain specialist. And the picture is not much better even in the highly developed industrialized countries. Although in the USA optimal care is available for 64 percent of the

population, the lack of qualifications among physicians means that 23 percent of people are subject to high risks in the prescription of painkillers. "There is no doubt that the lack of training is the most serious shortcoming," confirms Dr. Müller-Schwefe. The German Pain Association, which he heads, estimates that Germany ideally requires 3,000 pain therapists. There are currently only 600.

The majority of physicians and nurses who specialize in palliative care work in hospitals and other inpatient facilities. One reason is

that these facilities are well-equipped with devices which are not usually available in outpatient care. However, there are numerous initiatives aimed at passing on know-how. "In principle, even highly specialized pain therapy is possible in an outpatient situation. But extensive training is needed to pass on the great store of knowledge and experience that has been accumulated in palliative medicine," says Dr. Alexander Schachtrupp, Head of the Department of Medical Sciences at B. Braun Melsungen AG. He says that for several years the company has been making a contribution to training in the fields of medicine and nursing.

In Germany these include courses on palliative care and pain therapy which have been recognized or certified by specialized associations. A special portal for physicians and nursing staff has also been set up in Germany at www.palliativecare.bbraun.de.

Curricula do not cover pain therapy. In order to make outpatient palliative care available for all patients, pain therapists unanimously call for a reorientation of teaching and research. "A chair in palliative medicine must be set up at every medical faculty," demands Prof. Sabatowski, for example. Yet it is not only a question of increasing the number of specialists. "Physicians need more background knowledge to enable them to identify a pain patient and, if necessary, to get help." At present, however, it is still a matter of chance whether trainee physicians acquire a basic knowledge of palliative care and pain therapy – irrespective of which country in the world they train in. ■



Britain . Mexico

Appendix, knee joint, spine – about 230 million operations are performed worldwide every year. Each demands maximum precision and skill from the surgical team. Especially in an emergency, it is their medical skill, knowledge and experience that decides whether an operation will be a success. B. Braun helps to give surgeons the best possible preparation for the operating theater. Here are two examples from Britain and Mexico.



Ready for real emergencies



The patient is lying on the operating table after a road traffic accident. Urgent action is needed. Everything is ready – scalpel, swab and sutures. The surgeon and his team must act quickly and intelligently. From now on, every action is crucial.

What looks like an emergency is actually part of a simulation in the new state-of-the-art Surgical Skills Lab at the Royal College of Surgeons of England. One of the oldest surgical institutions in the world, the College sees its mission today primarily in offering surgeons and healthcare professionals top-class, hands-on training and education. The new facilities consist of the Surgical Skills Lab and a digital simulation centre, where surgical operations and techniques can be practiced both on models and on donor tissue – along with the simulated cases ranging from typical accident injuries to sudden complications during surgery. Experts can provide feedback during the operation, right there in the operating theater. The interaction between the team and the tutors is analyzed in a subsequent debriefing session. B.Braun supplies a range of equipment for the new lab: "We are proud of our close and successful cooperation with the Royal College of Surgeons of England," says Brian Chapman, General Manager of B.Braun

Aesculap Academia, Sheffield. "The top-quality equipment in the Surgical Skills Lab makes it possible for multidisciplinary teams to train on many different scenarios at any time."

Passing on knowledge. Almost 9,000 kilometers away, the Aesculap Academy of B.Braun Mexico offers physicians and nurses training courses to update them on the latest surgical techniques. This enables them to make the right decisions later during real-life operations, when time is often short. "We want to improve the country's healthcare services in the field of surgery," comments Veronica Ramos, Director of the Aesculap Academy in Mexico. "That's why we offer physicians, nurses and other medical professionals further training, in alliance with local hospitals, universities and medical societies." Lecturers and workshop trainers give the participants theoretical seminars and teach them practical techniques in many specialties – hip, knee, spine, neuro, minimal invasion and others – using anatomical models and cadavers. The focus is always on one objective: "We want to give the surgical teams optimal preparation by sharing our knowledge. This improves the quality of healthcare, maximizing the benefit to the patients," Ramos sums up. ■

Operations worldwide

Source: WHO

Number of operations performed per year worldwide:

234.2 million

Number of patients who suffer **complications** during surgery per year worldwide:

about 7 million

Number of complications that could have been avoided: (approx. 50 percent)

about 3.5 million

Operations ... in the so-called **developed countries** that are fatal:

0.4 to 0.8 percent

in the so-called **developing countries** that are fatal:

5 to 10 percent

Belgium

In March of last year, a new life began for a three-year-old Congolese girl called Ayïchi – thanks to a chain of hope and helpful people.

A new life

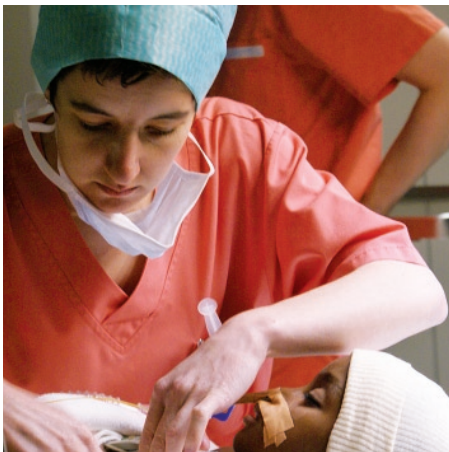
Ayïchi is out playing with her friends. You hardly notice her amongst all the other children. Perhaps the little girl moves a little more cautiously than the others. It looks like a very commonplace scene right in the middle of Bukavu, eastern Democratic Republic of Congo – but in fact it's anything but ordinary. Rather, it's proof of the way in which helping hands can connect across the continents. Because little Ayïchi's "new" life today is inextricably linked with people who simply did their best to help – without asking lots of questions. A Belgian neurologist, a charity, and a normal family all joined up to form a "chain of help" – together with a young neurosurgeon, a generous hospital director, and a committed department head at B. Braun.

While Dr. Pascal Vrielynck was traveling on a relief mission lasting several weeks in the DR Congo, he was introduced to a

little girl with very rare symptoms. The Belgian neurologist diagnosed the rare "bobble head doll syndrome". Only about 30 cases of this disease have been documented worldwide. The most striking symptom is constant nodding by the people affected – caused by a cyst in the brain. The condition also slows down mental and motor development and leads to a mental disability if left untreated.

Dr. Vrielynck was aware that brain surgery would give the girl a chance to lead a normal life, so he contacted the charity Chain of Hope, who have organized vital medical care for many children in developing countries. "We first dealt with of all the administrative work," recalls Catherine van den Hove, who works for Chain of Hope in Belgium. "We had to organize a visa and Ayïchi's flight to Belgium, find a suitable host family and a hospital prepared to provide free medical care." This was then guaranteed by the Director of the Centre Hospitalier de Jolimont-Lobbes in the Belgian town of La Louvière, where the neurosurgeon Herbert Rooijackers offered to perform the operation – also without charging a fee. Ayïchi traveled to Belgium on March 3, 2009.

Professional teamwork. Rooijackers realized that endoscopic surgery was the ideal way to treat the cyst in order to keep the consequences of the operation at a minimum. "That was why I contacted



for Ayïchi



B. Braun and asked them to provide us with the necessary instruments free of charge," Rooijackers explains.

When the surgeon's request arrived at B. Braun Belgium, Jean Luc Libert, Head of the Endoscopy/Neurosurgery Department, didn't hesitate. "We simply had to do the right thing and organize everything necessary to help the child," Libert recalls.

Thanks to this smooth collaboration, Ayïchi was operated on three weeks after her arrival. Libert not only organized the necessary endoscopes, but also personally assisted the young surgeon Rooijackers during the operation, so that he could benefit from Libert's ten years of experience with this modern form of brain surgery.

Ayïchi spent the next few weeks with her Belgian host family. The symptoms of her disease already started receding a few days later. Once the initial check-ups showed that the operation had been successful, Ayïchi was able to return home, where her parents were overjoyed to hold her in their arms again on April 15, 2009. Today, Dr. Vrielynck is still in contact with Ayïchi's Congolese physician, who reports regularly on the girl's progress. Jean Luc Libert, too, will not forget the girl for a long time: "The greatest reward was when we met Ayïchi at one of the subsequent check-ups and she sang us a French children's song." ■

Mexico

Health as a mission



A turquoise sea, coral-sand beaches and the ruins of the Maya civilization can't hide the fact that the Yucatán Peninsula is one of the poorest regions of Mexico. Not even the most basic medical care is available to the largely indigenous population. Father Hubert and his volunteers have set themselves the task of changing this deplorable state of affairs, and gone on a 'medical mission' – B. Broun supported them with donations in kind and with organizational support.



The dusty bus comes to halt in front of Dzúlá village church. The passengers quickly disembark, relieved to have solid ground under their feet after about an hour's journey over dirt tracks. Dr. Gábor Egervári carries his seven-month-old son on his arm as he walks onto the church forecourt – followed by countless curious glances. More than a hundred Maya people – men, women and children – have gathered. They stand here, waiting: some are in pain, others are tormented by itchy skin eczemas, others again are worried because their children are suffering from coughs, colds or fever; some are simply fascinated because doctors are so rarely seen in the villages of Yucatán. "These rural areas of Mexico in particular don't have a functioning health system. There are very few doctors' practices or hospitals, and even these are out of most people's reach, not only because of the distances involved, but also for financial reasons," explains Dr. Egervári. It's the Maya who suffer most, since they don't receive even basic healthcare. "That's why I didn't have to think for long when Father Hubert asked me to join him on the Medical Mission," recalls the 30-year-old junior doctor from Münster, Germany, who specializes in internal medicine. Father Hubert, a priest in the Order of the Legionaries of Christ, had already helped organize four previous Medical Missions – and Dr. Egervári had

supported him in Ghana in 2007 and in Mexico in 2008 and 2009. "It's great that my wife and son Raphael have come along this year," the physician adds.

While Raphael is taken by his mother for a buggy ride through the village and gradually dozes off for his morning nap, the 30-member Medical Mission team has turned the church into a makeshift hospital. In addition to Dr. Egervári, German gynecologists, pediatricians, general practitioners, psychologists and dentists unpack their medical equipment. Some of this was financed by donations of money, some made available by B. Braun. Students, a pediatric nurse, and the mostly local translators partition off the "treatment cubicles" with large, white sheets. Opticians arrange donated spectacles according to their diopter values. Once the electricity supply has been hooked up, a retired engineer from Ireland – also one of the volunteer helpers – attends to the pharmacy. Father Hubert helps him sort out the drugs. "We were able to find volunteers for the Medical Mission quite quickly. It's gratifying to see how many people want to get involved – and are even prepared to fund their engagement themselves," stresses Father Hubert. "After all, Dr. Egervári and the others are not only sacrificing their holidays and working here for ten, twelve hours a day, they are also paying all their own travel expenses and →



accommodation themselves." Yet the success of the initiative is not only dependent on the volunteers. The Medical Mission team also needs medicines and medical products in order to be able to treat the people. "We are also dependent on cash and in-kind donations. That's why we are grateful when companies like B. Braun provide us with syringes, disinfectants, bandages and instruments," underlines the 37-year-old priest. "Not to forget the commitment of the staff at B. Braun Mexico, who help us with the Mexican bureaucracy, take phone calls for us, and keep our backs free in this way."

Treatment and education. After large, hand-written cardboard signs saying "Neurologia" or "Dentista" have been

hung up to designate the makeshift examination cubicles, physicians start treating their patients. A minibus is parked in front of the church door; this is a mobile examination unit with an ultrasound scanner, where many expectant mothers are given their first chance to listen to their unborn child's heartbeat.

"Pediatria" is written at the entrance to Dr. Gábor Egervári's cubicle. Mothers wait for the physician to examine their daughters and sons. He looks at reddened throats and into little ears, examines pustules on the children's skin. The 30-year-old treats nearly 90 children on this day. "But quite often I can tell the parents that their child is in perfect health," explains Dr. Egervári. "Many of them simply take the opportunity to

present all their children – including the healthy ones – because there's a doctor in town at last." After the examination he explains to the mothers how important a healthy diet is; obesity is an increasingly serious problem in Mexico. The diets of the indigenous population in particular is often one-sided, containing too much fried and fatty food. Fruit and vegetables are rarely served, he says.

Body and soul. "Most patients are in pain of some kind," explains Father Hubert. "But that's hardly surprising, since many Maya people do hard, physical work – if they have a job at all. And this brings us to another problem that should not be underestimated: more and more Maya are suffering from psychological illnesses because of the hopelessness of their situation." The high level of unemployment and lack of future prospects have left their mark on these people. Alcoholism is widespread among the men, and older people in particular suffer from depression. "That's why I'm glad that we have two psychologists with us. This enables us to alleviate not only the physical pain, but also the mental pain a little."

A total of over 3,500 patients were treated by the Medical Mission Team in these two weeks in February and March 2009. "But it's not this figure that impresses me most about our health campaign; what really touches me is that the majority of the people here have retained a natural joy and optimism in spite of their physical suffering, poverty and unemployment," Father Hubert sums up. He and Dr. Egervári have agreed that there should also be another Medical Mission in Mexico in 2010. Planning began shortly after the priest landed in Germany. Father Hubert: "We hope we can persuade more businesses to support our next mission with financial and in-kind donations." B. Braun has already given him such an assurance. ■

Agents of health

The Medical Mission is not limited to two weeks of mobile health work. While Father Hubert is already planning the next mission, his fellow priest, Father Higinio Izquierdo is building up a network of health agents on the Yucatán Peninsula. Locals are being given basic medical training in first aid, midwifery, hygiene and nutrition. Father Izquierdo is supported in this by students from the Universidad de Mexico. The aim is to ensure at least a basic medical service all year round.

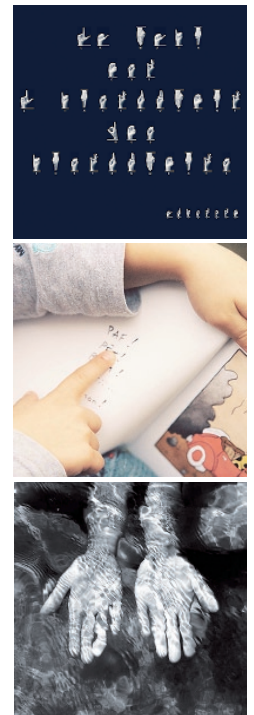




"The pictures are a very good lesson of life itself. The mixture of pictures is a sunbeam that lights up and warms our lives."
Guestbook entry

Hand in Hand

The traveling exhibition "De Main en Main" sponsored by the B. Braun France Foundation has been transforming hospitals into art galleries and supporting "Little Princes".



1st row (l. to r.): Jean-François Rauzier, Marie-Catherine Spinassou, Eric Marais, David Coulon; 2nd row: Catherine Lacuve, Juliette Moreau, France-Claire C.; 3rd row: Galith Sultan, Corinne Schreder & Bruno Dubreuil, Gwenaël Bollinger, Jean-Marc Gourdon

"This is the first time since the beginning of my chemotherapy three years ago that I have smiled and had a great time here," wrote a patient at the Institut Paoli-Calmettes cancer center, Marseille, in the guest book of the exhibition "De Main en Main" – "Hand in Hand". Similar impressions have been written on the previous and following pages. Thousands of patients, visitors, physicians and nurses have been moved by the photographs shot by young French artists and exhibited between January 26, 2009, and January 4, 2010. The works, which show different interpretations of the "hands" theme, were on show in twenty hospitals and clinics in France. The pictures temporarily transformed the medical institutions into art galleries – bringing a welcome change to hospital routine. Yet the art did not function as an end in itself; it made the unfamiliar surroundings more pleasant for the patients, supported the recovery process and had a positive effect on the therapy. This was – and is – the aim of the B. Braun France Foundation, initiator of the "Hand in Hand" traveling exhibition. The Foundation was formed in 2008 to support social education and research projects in the health sector – always with the aim of improving the quality of life of the patients. Art in clinics and hospitals is one way of achieving this.

Votes for little princes. In cooperation with the French Agency Art en Direct, the Foundation asked artists to submit photo-

graphs on the theme of "hands", and twelve pictures were selected by B. Braun for the exhibition. The sensuous motif of hands is particularly important in the medical world; after all, they portray an essential element of human communication. People work together "hand-in-hand" in healthcare in particular – treating and nursing the sick and infirm. "The photographs show this magical universe where hands offer an astonishing spectrum of emotions. They reveal a lot of things about human beings. We couldn't imagine a better way of launching our Foundation than with this exhibition, which touches the heart of human beings," says Christof Hennigfeld, President of the Foundation.

In addition to brightening up the hospital routine, the exhibition served another useful purpose, too: the visitors were invited to vote for their favorite photos, and B. Braun donated one euro to the charity Petits Princes (Little Princes) for each vote. 10,000 euros were collected in this way. The money will be used in future to fulfill the dreams of seriously ill children together with their families.

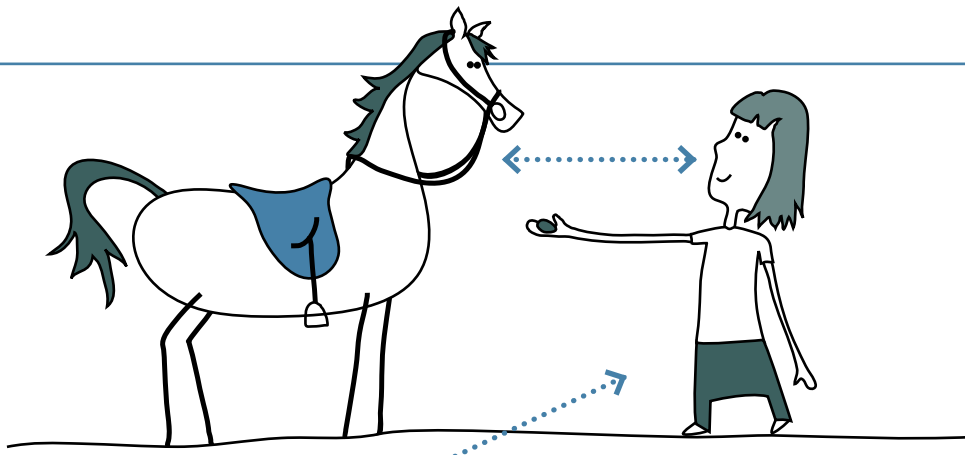
Although the photographs were only on show for a limited period in the hospitals and clinics, another part of the exhibitions will remain there. In every ward an artist photographed the hands of patients, staff and visitors and compiled unique collages out of these pictures, which will remain on show in the hospitals concerned in future. ■

Austria

Digital Creativity



Videos, blogs and podcasts are part of everyday life in our digital world. A project supported by B. Braun in Lower Austria shows that they can also be put to good use in remedial educational work and help build bridges to the "normal" world.



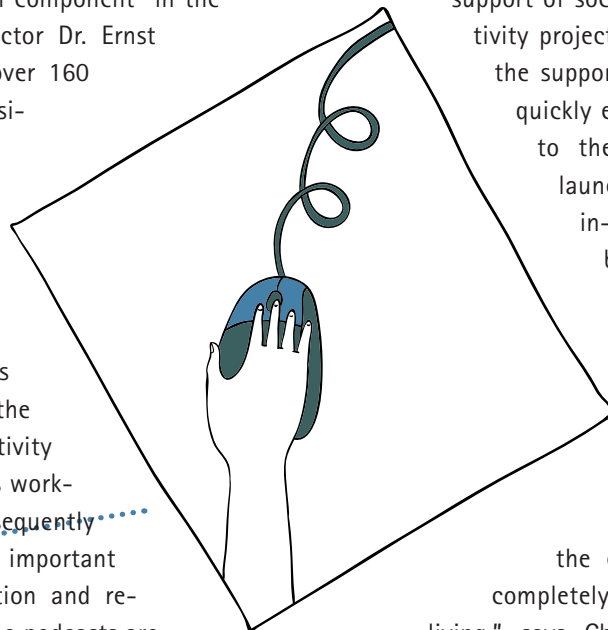
Johanna laughs. The 13-year-old girl hadn't noticed that the black pony had come trotting along behind her. The film segment that flickers across the screen clearly shows this. Another button is pressed and it becomes clear that the pony hadn't simply taken a special fancy to the blonde girl: "Look, now he's running after Daniel," Johanna cries. The boy had just pushed his hand deep into his jacket pocket. "The pony thinks he's got a treat for him." It's not certain whether this really was the case. In any case, the episode is part of a video about a recent group weekend. The children and adolescents are processing the film on an Apple laptop at the Hinterbruhl Special Education Center (HPZ). It is part (and a result) of the "Digital Creativity" project which has been running at the HPZ since 2006, which aims to introduce the children to the new media. This use of digital technology is a "useful component" in the work of the HPZ, says its Director Dr. Ernst Tatzner. The Center looks after over 160 children with severe mental, physical and social disabilities with the aim of enabling them to lead as independent a life as possible. Watching Johanna, Daniel and the other group members working on the laptop, Tatzner says this is a "perfect example" of the levels on which the Digital Creativity project works: "Activities such as working together on the film and subsequently showing it to others form an important platform for social communication and reflection." After all, blogs and video podcasts are "participatory by nature," he says. Not only do the children see themselves in the films and texts and thus re-experience what has happened, they can also influence the next projects by making comments – or take part in the production themselves.

Johanna has taken this step. Having been a more or less coincidental extra in the episode with the pony, she uses the camera herself in the meantime: not only to make films, but also to show others how it works. For Dr. Ernst Tatzner, this is a success and confirmation that the Digital Creativity idea is working.

"A self-teaching, peer-to-peer system has developed in which the social workers and children help each other as they learn to use the digital media." A second aim is also achieved: "We are at least partly narrowing the 'divide' between those who move confidently in the digital world and those who have no access to it." Because, Tatzner emphasizes, for such children, many of whom come from a difficult social background, it would be an additional disadvantage if they were not to gain access to the world of the Internet.

New laptops. It was no coincidence that the HPZ started supplying all the residential groups with computers and an Internet access at an early stage, enabling the children to take their first steps into the World Wide Web with the support of social workers. In a way, the Digital Creativity project triggered the second stage, thanks to the support of B. Braun Austria. The contact was quickly established via Andrea Tanner, Assistant to the Board of Management. The initial launch of the project was made possible by in-kind donations and payments of money by the staff and the company – raised by direct donations and auctions of old office equipment. The money was spent on three laptops, a digital camera, a camcorder and a printer. "From the outset, the social workers noticed significant communication successes among the children. The project thus opened up completely new opportunities for self-determined living," says Christian Braun, Managing Director of B. Braun Austria. "That's why it was important to us to promote this commitment in the long term." B. Braun Austria is thus also helping to finance qualified trainers, who started by teaching the social workers how to use the equipment.

This development work has clearly paid off. In the meantime not only the adventures of Johanna and her residential group with the pony are being given multi-media support; the cameras and laptops have become an integral part of all the numerous events at the HPZ – be they cycle trips, summer holidays or the jointly celebrated Harvest Festival. ■



Hungary

The Soccer Kings

The fact that physical exercise is good for body and soul was already common knowledge among the ancient Greeks. Yet even today few people realize that sport can help people overcome life crises and cope with social problems. But this is what happens at Budapest's Sport Club Káposztásmegyer, where young kickers are proving that, with discipline and perseverance, they can win much more than a game: they can win their own lives.



The weather isn't exactly perfect. Thick, gray clouds hang over the soccer match in Káposztásmegyer, and it looks like it could rain at any moment. But that doesn't bother anyone here. Spectators and players alike are all riveted to the match. At the moment it's still a draw. Zolika glances at his teammates for a moment: will they be able to win today? The team has been training hard over the last few weeks, but the opposing team is strong. Then the pass comes, straight to Zolika. He controls the ball and passes to Istvan who is lurking in the penalty area. Istvan turns and shoots. And the ball is in the net! Suddenly everyone is cheering, and Zolika is almost crushed by the onrushing players.

Among the spectators, Zoltán Sárjai has also jumped to his feet. He always knew these guys would make it. Just a few months ago, when nobody believed in Zolika, Istvan and the others, it was Zoltán Sárjai who gave them a chance. And this chance was soccer. Today, Sport Club Káposztásmegyer is a well-established team in the Budapest borough of the same name. The players – including Zolika – are respected and recognized by everyone. But this was not always the case. The boy is overweight and slightly mentally handicapped. He was often teased at school because of this. In mathematics, Zolika always needed more time than his classmates, and at home there was never enough money around for fashionable top-brand clothes. But on the soccer match Zolika is the center of attention for the first time in his life. He has found friends, and his performance at school has also improved. A success that Zolika shares with most of the approximately 80 soccer players at the Sport Club, which was supported from the outset by B. Braun in line with the aims of the "B. Braun for Children" program. Thanks to this support, the children



have achieved something on their own that no one would have thought possible: they have become transformed from outsiders into winners.

Leaving the sidelines. Yet their initial position was anything but easy. Many of the five- to thirteen-year-old amateur players come from difficult backgrounds. The borough of Káposztásmegyer in the north of Budapest is regarded as a deprived area. There's not much for children like

Precarious position

20 years after the end of communism, many children and young people in the former Eastern Bloc countries are living in difficult circumstances. As early as 2004, UNICEF warned of the dramatic consequences of growing social conflicts, and drew attention to the threat of social exclusion faced by millions of disadvantaged children. The biggest concern was the enormous increase in the consumption of legal and illegal drugs.

“Disadvantaged children from broken families (...) are particularly prone to using drugs to deaden their hopelessness and emptiness.”

UNICEF

Zolika or Istvan to do. After school they either sit around bored at home, or they while away the time strolling round the block. Some see drugs as the only way out. Zoltán Sárjai was the first person to offer kids in Káposztásmegyer an alternative through soccer. Sárjai is chairman of the National Drugs Rehabilitation Sports Foundation. Together with his colleagues, he looks after disadvantaged and drug-addicted children and adolescents by offering sports and movement therapy. “Our aim is to teach the kids a healthy lifestyle, to give them a feeling of belonging,” says Sárjai. Sports therapy is an ideal way of doing this. It promotes physical and social skills in equal measure. The concept was successfully tried out and has proven its worth in practice, even if it has rarely been used in youth work up to now. Yet sport is especially well suited to breaking down barriers that otherwise make it difficult to get through to adolescents. Sport is like the famous sugar cube with a drop of medicine: the effect is not lost – in fact it makes it possible in the first place. Zoltán Sárjai would like to open a sports-therapy center one day. His work with children and adolescents in Káposztásmegyer is an important first step in this direction.

From idea to reality. It was clear to Zoltán Sárjai from the outset that this step wouldn't be easy. The people in →

Káposztásmegyér have other things to worry about than playing soccer. But Sárai didn't let that discourage him; he collected money and won supporters to help him put his idea into practice. The result is now a professional soccer pitch that can be played on all year round. B.Braun provided the artificial turf and also helped the team build its own dressing room in an adjacent building. "We support the soccer club as part of our 'B.Braun for Children' program," says Peter Horn, General Manager of B.Braun Hungary, "because we believe that team sports have a positive influence on the character and give young people self-confidence, stamina and a feeling of togetherness."

Two to three times a week the Budapest players get together to train. These fixed dates are a welcome change from their dreary everyday lives – but they are also a challenge. There are clear rules in the club which everyone has to comply with. The coach doesn't like it if someone comes late to a training session or doesn't make a real effort. Everyone has a job he must do for the team. Respect and success require discipline – they also encourage the realization that effort is worthwhile. "The guys experienced that



from the beginning when we were building up the pitch," says Zoltán Sárai, "they could see there's a lot of work in such a project, but that it's worth it."

Investment in team spirit. It's worth it twice over. Medically speaking, sports therapy is necessary and prescribed exercise, i.e. training to improve your stamina, skill and motor functions. But there's also another important aspect: the community. What matters in soccer is not a person's individual talent, but the team. This demands a minimum of social skills – trust,

communication and team spirit – from each player. And it's where the sport-therapy approach comes into play, because it inspires and encourages a sustainable sense of community.

This is also manifested later off the soccer pitch – in school and life in general. Because what counts on the pitch also applies in society: every individual is important. This is what Zolika has learned through soccer over the past few months. He now leads a different, more self-confident life. And not only on the soccer match. ■

Investment in the future

Sustainability also means working for future generations. B.Braun takes on responsibility and supports projects that benefit children in the context of the "B.Braun for Children" initiative at its locations worldwide. For example, in Turkey B.Braun works with autistic children; in South Africa the company supports the TOPSY initiative that helps children who are suffering from AIDS or have been orphaned by AIDS. So the soccer kids in Budapest are just one example in a whole range of B.Braun projects aimed at helping children worldwide.



Germany

Interview with Dr. Martin Steinau, Chairman of the German Association for Health-Related Fitness and Sport Therapy, on sport and exercise therapy.

Fitness and endorphins

Dr. Steinau, many years ago Pythagoras is said to have recommended exercise and movement as a way of staying healthy. What is the view of the modern sport scientist?

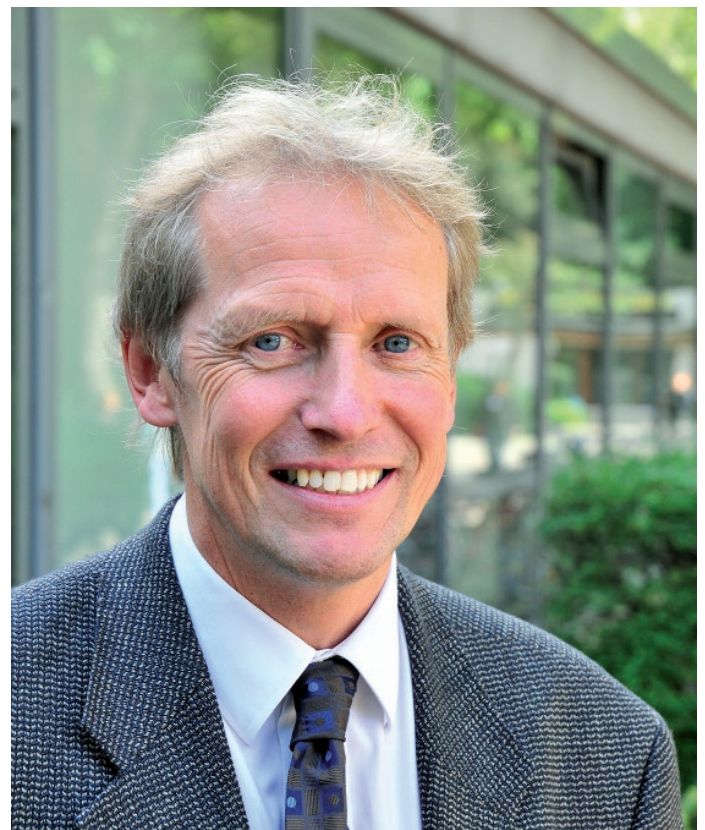
Health doesn't only mean the absence of disease, but also realizing that you are responsible for your own well-being – and should do something to promote it. Exercise in particular is an important factor that has been proven to maintain health. To this extent Pythagoras was quite right.

When is sport and exercise therapy most appropriate – and how does it work?

There are many possible applications. Exercise first activates your body; this strengthens your muscles and builds up your stamina and other motor skills. Cardiovascular patients can benefit from it, as can diabetics and people suffering from chronic back pain – although every decision on what type of exercise you do and how intensely you do it should be taken on an individual, case-by-case basis. But sport also has a positive effect on people's overall feeling of well-being, on their psyche. Every jogger knows that endorphins (or "happiness hormones") are released while running. So sport and exercise therapy can also prevent or ease depressive moods and stabilize your mental equilibrium.

B. Braun supports a soccer project in Budapest which helps to re-integrate disadvantaged children into society by means of sport. What can sport therapy achieve here?

A great deal. We are familiar with similar projects in Germany with overweight children. The idea is to take the children out of their social isolation and to motivate them. Sport works especially well in such cases, because when individuals are members of a club or a community, they don't feel left alone with their problems. As a result they lose some of their inhibitions. In addition to the positive physical effects of stamina training, the social aspect is also very important in soccer. As part of a team



the children have to coordinate their actions and communicate with each other. Who will be a striker, who will play in defense? This promotes social skills, builds trust and mutual respect, and the regular training sessions help the children and young people to structure their everyday lives.

An active lifestyle promotes good health – is exercise also the best medicine?

We know today that healing processes can be successfully initiated and supported by specific activities. Sport and exercise are not only meaningful as a preventive measure, they often also have a favorable influence on the development of a disease. It is this knowledge that we want to pass on. ■

Vietnam

A Family with

Director Tran Thuc Ninh's aim is to give the children and adolescents who grow up at her orphanage "a chance for the future". In addition to a warm-hearted upbringing, she says, this includes giving the young people career prospects.



60 children



Phuc takes off her white coat, changes her shoes, and leaves the B. Braun production building. Before the 18-year-old goes off to meet some friends, she pops in to see her mother, brothers and sisters – at the HaCau Orphanage in Hadong, the capital of Hatay Province in Vietnam. She had moved in there ten years earlier after living on the streets for a long time. She does not know her biological parents – but in the orphanage she has now found a family, although it's a bit bigger than most: about 60 children live there, divided into four groups or "house families". Every family member has their own, very personal history to tell, and, as Director Tran Thuc Ninh emphasizes, the aim is to give each child his or her own, very personal opportunity for the future.

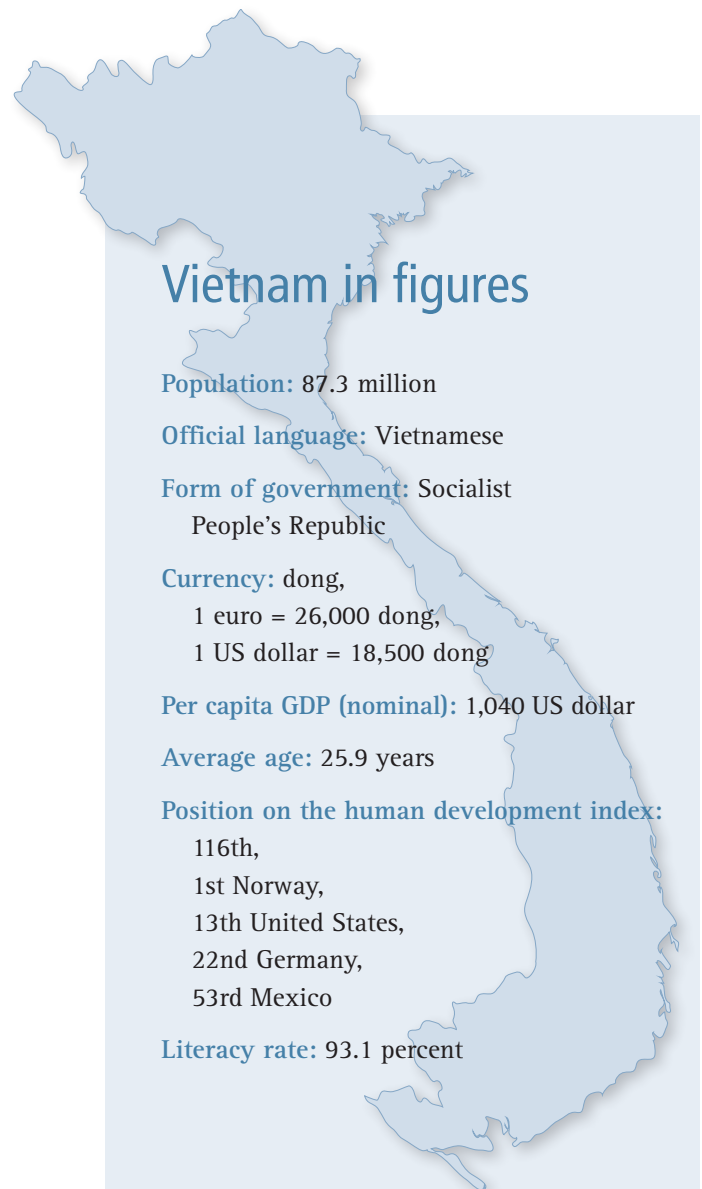
In the state orphanage, which was founded in 1997, the word "family" is more than just a label. In addition to the education and care provided by the group mother, the idea is for the children and young people – aged between five and 20 – to learn primarily from their brothers and sisters. "Like a family, they learn what it means to take on responsibility for each other and to be considerate to each other. But family life also means having discussions and mediating in disputes from time to time," says Tran Thuc Ninh. 18-year-old Phuc copes well with all this. As one of the oldest in her group, she has attained a position of authority and is often asked to mediate when there is friction. Phuc says this happens just as frequently among the girls as among the boys. The boys and girls at HaCau sleep in separate buildings. →



A future career and 29-inch TV set. However, all the inhabitants spend the daylight hours together, and schooling is also provided on the grounds of the orphanage. It covers almost all the basic subjects from art, history and mathematics to English and other foreign languages. Ideally, it is said, this basic knowledge could help lead HaCau children as far as university. But the orphanage also has many contacts with companies and organizations that offer the young people internships or job openings for their future careers. These contacts led Phuc to B.Braun Vietnam, which is represented not only in the teeming metropolis of Hanoi, but also in Hatay province. This gives the young woman interesting prospects: the company reserves jobs for young people from the orphanage if they finish high school. B.Braun Vietnam has been supporting the HaCau Center since 2006. In addition to donating a considerable monthly subsidy to the running costs, the B.Braun team also get personally involved and make donations in kind to boost the children's feeling of well-being. "The kids were really enthusiastic about the new mattresses – and even more about a new multimedia system with a 29-inch TV set and loudspeakers. But what was far more important from the orphanage administration's point of view," says Director Tran Thuc Ninh, "was that B.Braun has had the bathrooms and toilet system renovated."

Investment in the future. Ms. Duc-Anh Vu, logistics coordinator at B.Braun Vietnam and responsible for the support of the orphanage, sees this commitment as a prime example of the "B.Braun for Children" program, which aims to offer disadvantaged children prospects for the future. It has always been part of the company's corporate identity to promote economic and social development at its locations. "So our commitment to the HaCau Center is also a sound investment in the future which ultimately benefits everybody involved," stresses Duc-Anh Vu. And the B.Braun team have clearly grown very fond of the provincial orphanage. For example, it has become a tradition in the meantime to visit the HaCau Center regularly. On festive occasions such as the Vietnamese Tet New Year, members of B.Braun staff drop by with some presents: in addition to candy for everyone, they often bring small gifts of money for each child. While the Tet festival celebrates the beginning of the lunar calendar, the Full Moon Festival on August 15 marks "half-time" in the course of the year. And that is also celebrated: in 2009, B.Braun staff not only took plenty of sweets along with them, but also some Korean grapes.

Phuc also tried the grapes – and diplomatically describes the taste as "interesting". Her thoughts are now turning to the next English lesson, which the Volunteers for Peace organization offers in the afternoons. After all, the young woman can easily imagine wearing her white coat permanently in the B.Braun production building after her internship is over. ■



More than 6.4 million people live in the Vietnamese capital Hanoi.

United Kingdom

Meals for Malawi

About 300 million children worldwide are chronically undernourished, and most of them cannot go to school – either because they have to help their parents feed their family, or because they are too weak to manage the long walk to school and back every day. An international movement called Mary's Meals has set up feeding projects in communities

where poverty and hunger prevent children from gaining an education and provides 391,000 children in Africa, Asia, Eastern Europe and Latin America with meals in schools every day. The initiative enables children in poverty-stricken countries such as Malawi to attend school and gain an education as well as getting vital nutrition. Staff at B. Braun Medical Ltd. in the UK have been supporting the Mary's Meals charity with some creative ideas. In addition to fighting malnutrition, the company has also pledged to provide disadvantaged children with the basic materials for attending school such as satchels, notebooks and stationery. After all, a successful schooling could be the way out of poverty for many children. "We are very grateful for the support given by the team at B. Braun Medical Ltd.," says Magnus MacFarlane-Barrow, founder of Mary's Meals: "Education opens up better future prospects for these children – and this also benefits the local communities." www.marysmeals.org



Poland

Better prepared for the labor market

Although the European Union's border-free labor market creates many opportunities for young people, it also makes demands on them. Anyone who wants to be successful in the face of the competition has to meet strict qualification standards. This is where Aesculap Chifa in Poland comes in. The B. Braun subsidiary in Nowy Tomyśl trains young people as machine-tool mechanics and machinists, and this specific qualification has an important advantage: it takes account of the rapid technological advances in these occupations, giving the young people and their future employers a significant, lasting advantage. Last year, for example, the curriculum was thoroughly overhauled and modern teaching materials developed with the support of the Aesculap Tuttlingen. At the same time, B. Braun invested in the training facilities at Aesculap Chifa – not only in the workshops, but also in the computer workstations on which the trainees practice working on CNC machines and writing their own programs. In cooperation with the German Chamber of Industry and Commerce in Villingen-Schwenningen, Aesculap Chifa has also initiated a training program which enables the Polish apprentices to sit an exam for a certificate based on German standards.



Brazil

Little Princes

Children are not little adults. All the doctors and hospital staff agree on this at the Little Prince Hospital in the major Brazilian city of Curitiba. The idea is that children and young people not only need medical products and therapeutic approaches that are geared to their needs – above all they also need a lot of affection and a lot of time. This principle is called "humanized healthcare", and it is practiced on a daily basis at the Little Prince Hospital for children and adolescents, which is pioneering this approach in Brazil. For example, there are no restrictions on the amount of time parents can spend with

their children. The hospital integrates family members into the day-to-day hospital routine and gets them actively involved in nursing duties and organizing recreational activities. This means that parents can be close to their children at a time when they are needed most.

B. Braun Brazil has been supporting this groundbreaking project with financial resources since 2007, making it possible to expand the hospital's capacity to 390 beds over the past two years. More than 300,000 children and teenagers from all over Brazil were thus given age-appropriate treatment there in 2009 alone. www.hpp.org

Switzerland

Plastic production in the Biosphere Reserve

Who says industry and nature don't go together? The architecture of the B. Braun locations in Switzerland proves the opposite and has won prizes from the Swiss Foundation for Nature and the Economy.

Around noontime, all the chairs beneath the big white umbrellas are occupied. Snatches of conversation mix with laughter – and the chatter of a family of ducks waddling toward the pond past the people having their lunch. What sounds like an open-air restaurant in a city park is in fact the inner courtyard of the B. Braun Medical administrative building in Sempach, Switzerland. Here, the company has created a very practical example of its sustainability philosophy and international standards in architecture. Instead of concrete parking lots and the usual dreary, gray trading-estate esthetic, B. Braun has chosen meadows of wild flowers and Japanese cherry blossoms. "We are located in a beautiful natural setting. Lake Sempach is very close; it's a refuge for water fowl – and the birds use our meadows as a breeding ground. So keeping most of the site natural and unspoiled seemed to us to be the right thing to do," explains Roland Marti, CEO of B. Braun Medical AG, Switzerland. "Our staff also benefit, because we've found a way of combining nature with functionality and a pleasant working environment."

When B. Braun and a local architect started planning the new administration building, they began with a premise: the building must not look like a foreign body in the Alpine foothills. Subsequently it was primarily local construction companies that put the ideas into practice: "It was important to us that most of the budget would stay here in the region," explains Marti. "We invested 55 percent in companies from Sempach and

the surrounding area, 27 percent in companies from the rest of Lucerne canton, and the remaining 18 percent in Swiss and international companies." The result is a building faced with Swiss granite.

High technology in the biosphere. The village of Escholzmatt lies 40 kilometers west of Sempach, nestling in the foothills of the Alps. Close to the village stands a B. Braun production building which at first sight looks like the kind of barn one often sees in the area. Its façade is faced with untreated natural wood from the region, and since it was inaugurated in 2005 it has increasingly blended into the surrounding countryside. This is intentional, as Marti emphasizes: "Yes, we are sometimes criticized for this bold architecture, because it doesn't have that glossy look of an industrial structure. But I always explain that the irregular façade of our production

building helps it blend in with the surrounding countryside – the UNESCO Entlebuch Biosphere. The critics then fall silent."

Of course, there is an ultramodern, functional building made of concrete, glass and steel behind the façade that meets all the demands of a factory producing injection and infusion equipment. Here, 200 members of staff make ports, syringes, three-way stopcocks and other plastic products for the domestic and international market under clean-room conditions. The generous amount of space that B. Braun has given itself is unusual. Space is limited in Switzerland, and nature must all too often make way when companies move into a region. Not so in Escholzmatt: functionality and nature seem to complement each other here – a view shared by the Swiss Foundation for Nature and the Economy, which has given the site its quality label. ■



At first sight the B. Braun production building in Escholzmatt looks like the kind of barn one often sees in the area. But there is a lot of high-tech behind the façade.

Brazil

Brazil's world-famous landmark, the Sugarloaf Mountain, dominates Guanabara Bay. But the delicate ecosystem of this tropical paradise has come close to collapse in the last few decades. Only international assistance and the commitment of many local companies and non-governmental organizations have initiated a turnaround, although it is still too early to sound the all-clear.



Hope for Guanabara Bay

It must have been a mighty river whose mouth the Portuguese explorer Gaspar de Lemos discovered on January 1, 1502. He noted the new name of the river he suspected in his logbook: Rio de Janeiro, January River.

What the discoverer didn't know was that what he thought was an estuary was actually a large bay fed by more than 50 rivers and streams. And if he had asked the Tamoio Indians who lived there, he could also have found out the name of the bay area: "Guanabara" or "arm of the sea". However, the confusion about the name did nothing to diminish the fascination of the rugged, green beauty of Brazil's eastern coast. Guanabara Bay soon became a magnet for more

and more people from all over the world. Conquerors, natural scientists, missionaries and adventurers arrived at the bay and founded the first cities, including metropolitan Rio de Janeiro. Today, the city's flair, its dream beaches, and the breathtaking sight of the Sugarloaf Mountain still lure millions of tourists to South America. But this holiday idyll is by no means as perfect as it seems.

Paradise without a plan. More than nine million people live in the Guanabara Bay basin today, six million in Rio de Janeiro alone. Most had followed the call of the many companies that settled around the bay. Rio de Janeiro, for example, has Brazil's second largest port

and many shipyards, mainly serving oil and gas companies.

But the boom also brought major problems for the environment; the ecological effect of the rapid growth was devastating. Up until just a few years ago, seven tonnes of oil flowed into the waters of the bay every day – from the 16 oil terminals, 12 shipyards, and about 6,000 industrial plants in the region. Added to this were about 340 tonnes of organic waste and trash a day, only a quarter of which was disposed of in an environmentally compatible manner. So the Guanabara Bay Cleanup Program (GBCP) faced huge problems. Founded in 1994 by the State Government of Rio de Janeiro with millions of dollars of state-government and international support, →



the project aims not only to clean up Guanabara Bay, but also to find sustainable solutions to the urban problems that are responsible for much of the bay's pollution. This approach is essential for the success of the project, says Dora Hees Negreiros, President of the Instituto Baía de Guanabara: "You can't clean the bay like a swimming pool by adding chemicals to remove the waste from the sea bed. Rather, you have to look at the bay and its rivers in their entirety."

First the companies, then the city. An important part of this strategy was the ecological control of the 455 major industrial operations on the bay. These were classified according to their pollution

potential in three groups, each of which was given its own environmental targets. The first group – covering the region's 55 biggest industries – soon recorded successes. In line with the GBCP's targets they reduced their emissions of pollutants into the bay by almost 94 percent between 1997 and 2004. Laboratórios B.Braun SA, located in São Gonçalo opposite Rio, is also a member of this group. A subsidiary of B.Braun Melsungen AG, it was formed back in 1968, and today manufactures medical products for the regional market with a staff of more than 1,600. Because the company accepts its responsibility here as a "citizen of society", B.Braun participated in the Guanabara Bay Cleanup Program from the outset. The company took

an active part in the project, met its obligations, and also systematically improved its internal environmental management.

"We regard our company in São Gonçalo not just as a guest, but as a member of Brazilian society. Therefore, of course we are engaging in the Guanabara Bay Cleanup Program. We see it as part of our responsibility as a global company that acts local."

Managing Director Otto Philipp Braun.

But many complex steps need to be taken to solve the overall pollution problem. According to expert Hees Negreiros,



hosting the 2016 Olympic Games means there is a good chance that the State Government of Rio de Janeiro will reach agreement with the Brazilian federal government on the completion all the GBCP's planned measures before the world's biggest festival of sport begins.

However, another factor is also crucial to long-term success: the behavior of people. A greater awareness of the environment is also needed in Brazil. Furthermore, every individual needs to have opportunities to exert an influence. B. Braun in São Gonçalo has therefore deliberately placed its faith in giving its staff further training. For example, in August 2009 the company organized the first Week of Environmental and Social Responsibility to promote environmental awareness among its employees. Events promoting the sparing use of water and energy were on the program, as was support for building simple solar systems to heat water. In this context the first 30 members of staff completed a DIY training course on building such inexpensive systems, which they could then use in their own homes. Another 40 have already registered for the next workshops.

"Of course, we are aware that such projects require a lot of time and initiative. But we are firmly convinced that by giving a good example more companies will follow suit and help us to multiply our efforts."

Managing Director Otto Philipp Braun.

despite the considerable progress that has been made, the commitment of companies alone will not be enough: "20 years ago, industry was the main source of pollution; today it's the inadequate treatment of urban sewage."

A change of attitude is needed. The city does indeed have a lot of catching up to do. Although wastewater-treatment and filtration plants have been installed at strategic points all over the Guanabara Bay basin, the capacity installed so far can only manage part of what needs to be done. However, in addition to corporate engagement, hope is also being inspired by a major future event that is already having a positive effect. The fact that Rio will be

In the "Arsenal do Bem" social project developed by B. Braun in partnership with the Instituto Baía de Guanabara, the Inter-American Foundation and FIRJAN (Rio de Janeiro Industries Federation), many issues relating to citizenship and environmental awareness have been taught and discussed with the students of a public school of the region where B. Braun is located. This project was so successful that it will be repeated in 2010. ■

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