

Dear colleagues and friends

It is with honor, understood as the adherence to what is right, that I present my candidacy to Regional Chair of the ILAE Latin American Commission. It was with great care and not a lack of some reluctance that I chose this word (honor) and this path of action. I feel obliged to share that at the core I am a small town born Mexican Neurosurgeon trained at the Montreal Neurological Institute, was faced over 20 years ago with the possibility of staying at the MNI or returning home to “pick stone” and devote my efforts to building up the first National Epilepsy Surgery Program. I took the latter choice and despite many initial setbacks and expected difficulties, feel privileged to say that thanks to great collaboration was ultimately successful in this endeavor. I am still happiest and feel most accomplished in the OR. Bureaucratic and administrative work did not come easy to me at first, however I have come to understand that to be a true advocate for PWE I must devote part of my time to these aspects of leadership. This is to say that despite no formal training in administration and little patience for soft spoken words concealing facts, I believe that my knowledge and expertise can be added to the tremendous narrative of successes and achievements that the ILAE has had in the last 110 years, rendering it the *de facto* leadership of many aspects of the international epilepsy agenda.

For the last 10 years I have been active in the Commission of Latin American Affairs and have participated in a number of activities aimed at fulfilling its overall purpose: to coordinate, design, and evaluate actions in Latin American countries to ensure that health professionals, patients and their care providers, as well as governments and the public have the educational and research resources essential for understanding, diagnosing and treating epilepsy. In line with the ILAEs vision of a world in which no person’s life is limited by epilepsy, the Commission on Latin American Affairs has been engaged in assessing current and locally specific challenges (educational, financial, social and logistical) in Latin American countries *to provide the best care in preventing, diagnosing, treating and socially rehabilitating people with epilepsy*. Given that the mayor challenge in Latin American countries is inequality (in terms of biological, social and health coverage factors) the Commissions main task is to serve as a coordinating unit to map available resources and design collaborative networks to address individual gaps in knowledge, practices and resources.

Despite good intentions and tireless work, we have not consolidated an organizational network to work as a coordinating agent for the different academic events, educational programs and awareness raising actions in the Latin American region. This does of course not exclude some very successful initiatives (LASSE, Epilepsy week in Bolivia, El Salvador Paraguay, and so forth,.) however many efforts have been fragmented and lacked follow-up. I have said before that in our region there are many self-proclaimed experts who are rather fans of epilepsy, protagonists with political interests, and vestiges of an archaic system. In many cases the strife that was well known in the ILAE a few decades back has been continued rivaling between the scientific and social agendas of epilepsy. I believe that if at the executive management level these issues have been mostly resolved (the Global Campaign “Epilepsy out of the shadows” a good example) the region must capitalize on collaborative opportunities and really work together. In the sense of making efforts count and have a long term impact, I concur with Edward Bertram that the most pressing issue for this term should be to provide programs on how to manage a chapter, support chapters in developing national guidelines, increase the focus on regional efforts and emphasize career

development. We need to identify key stakeholders in all 19 Latin American countries and incorporate collaboration with the ILAE chapters to design actions capitalizing on the global experience of the ILAE. It was quite some time ago that Lennox stated “for the ability of an organism to reach its destination depends on its legs and on its powers of co-ordination. In our organization, the branches in various countries are the limbs, and the officers and ‘Epilepsia’ provide for co-ordination.” This holds true to this day and clearly the chapter must be supported in rendering their work comprehensive and accountable for, starting with an as complete as possible map of local care and educational epilepsy resources, needs and challenges. A detailed map is a prerequisite to designing actions to reduce both the knowledge and treatment gaps. A more systematic review of challenges as well as past failures should provide insight into new approaches to capitalize on the resources provided by the ILAE and other health organizations (IBE, PAHO). The work must expand beyond requesting budgets for particular activities. The allocations of funds are always a tricky business; there is great competition for funds in today’s world and so many health initiatives worth investing in that it becomes despairingly challenging to get the balance right. That is precisely why we cannot rely only on top down interventions and must strive forward identifying needs locally, engaging as many state and non-state actors at the national levels and come up with locally sensible innovations to assess and fight the bio-social-economic burden of epilepsy. We know that our region has the highest levels of income inequality in the world, and this must make us further aware that it is our duty as privileged educated individuals to communicate and collaborate efficiently, striving for the better distribution of both education and care in epilepsy. We have often found solace in knowing that we have some exceptional advanced epilepsy centers, possibly providing state of the art management but we must acknowledge that this is not the reality for the majority of the population. I do believe we have missed opportunities to have a stronger voice, for instance in contributing and making use of the vast available resources that the ILAE has put together through its webpage, and we need to redouble our effort to adequately document our progress as well as needs assessments.

We have often characterized ourselves as Latin American brothers/sisters and this challenging times should be faced with unity of solid links and responsible use of the resources available to us to further educational activities, continue to raise awareness of epilepsy and help come up with roadmaps or guidelines that are regionally or locally adapted to specific health systems, precise operational variables, patient populations and culture.