<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Mission</td>
<td>2</td>
</tr>
<tr>
<td>Message from the President</td>
<td>3</td>
</tr>
<tr>
<td>Membership</td>
<td>4</td>
</tr>
<tr>
<td>Research</td>
<td>6</td>
</tr>
<tr>
<td>Information</td>
<td>8</td>
</tr>
<tr>
<td>Advocacy</td>
<td>12</td>
</tr>
<tr>
<td>Declaration of Montréal</td>
<td>14</td>
</tr>
<tr>
<td>Education and Training</td>
<td>16</td>
</tr>
<tr>
<td>Leadership</td>
<td>20</td>
</tr>
<tr>
<td>Message from the Treasurer</td>
<td>23</td>
</tr>
<tr>
<td>Financial Information</td>
<td>24</td>
</tr>
<tr>
<td>Contributors to IASP</td>
<td>26</td>
</tr>
<tr>
<td>Photo Credits and Notes</td>
<td>28</td>
</tr>
</tbody>
</table>
OUR MISSION

Mission
IASP brings together scientists, clinicians, health care providers, and policy makers to stimulate and support the study of pain and to translate that knowledge into improved pain relief worldwide.

Vision
Working together for pain relief throughout the world
MESSAGE FROM THE PRESIDENT

This 2010 Annual Report sums up activities of a very busy and productive year for IASP. It also shows the result of IASP’s dedicated and involved membership, whose hard work and support are responsible for these many accomplishments. I am also pleased to share that IASP’s strong financial status has enabled the introduction of several new grants and programs for IASP members.

The main event of the year was the 13th World Congress on Pain. The location was most appropriate as Montréal, Canada has a long tradition in leading research in pain. Special thanks to Jeffrey Mogil and the Scientific Program Committee, who developed the scientific program, and to Manon Choinière, whose Local Arrangements Committee made sure Congress delegates experienced the elegance of the city. This Congress was one of the largest ever even though it was held only two years after Glasgow. In 2010, IASP supported research with more grants, fellowships and awards than ever before. I would particularly like to thank the ScandiDesign Foundation BY INGER & JENS BRUUN for its continuing support to IASP. I am also very pleased that IASP now funds an annual Research Symposium. Networking and educational opportunities have increased through the launch of four new Special Interest Groups (SIGs), bringing the total number of SIGs to 18. The focus on education is expanding in other areas as well, including the Education Initiatives Working Group, led by Philip Siddal, which deserves special thanks for its excellent work. IASP now supports the European Pain School that focuses on pain research and education, an excellent concept that could be used as a model.

The number of IASP Chapters grew to 85, with the addition of four new associations forming in 2010. IASP’s chapters have an important role in regional education and advocacy, and are active in organizing events based on the Global Year Against Pain themes. Chapters were also involved in helping to create and promote the Declaration of Montréal, which states that access to pain management is a fundamental human right. The chapters now have a critical role in implementing this important document. Other major advocacy initiatives of IASP include the work by the task forces on wait-times and pain medication availability.

The journal, PAIN, continues to be the top publication in pain research thanks to its authors and editors under the leadership of Allan Basbaum. Jane Ballantyne has invigorated the clinical counterpart, Pain: Clinical Updates. Catherine Bushnell did great work as the editor-in-chief of IASP Press during 2003-2010, and her work is now continued by Maria Adele Giamberardino. I trust that the press will flourish and develop in her capable hands. The IASP Newsletter used to report on events that had already taken place, but this is not the case any more: IASP transitioned to primarily electronic communications during 2010, with the bulk of Association updates now announced by email. This development has been fundamentally important considering the global nature of IASP.

I would like to thank my predecessors Gerald Gebhart and Troels Jensen, and Executive Committee members Beverly Collett and Patricia McGrath, and the IASP Council, for having taken such good care of IASP. I am most grateful to Kathy Kreiter and her excellent team in Seattle for their dedication, enthusiasm and professionalism. Reflecting on 2010 I feel proud of our Association, which has achieved so much, and grateful for all those who have contributed: IASP is the product of a wonderful global team!

Eija Kalso, IASP President
IASP Member Guidelines on Torture

The IASP Council approved a statement provided by the Special Interest Group on Torture, Organized Violence and War (TOVW) that states that participation of IASP members in acts of torture or inhumane treatment is against the fundamental principles of the association.

IASP proclaims the following:

- IASP members shall not participate in any way in the practice of torture, whatever the offense of which the individual is suspected, accused or guilty, and whatever the individual’s beliefs or motives.

- IASP members shall not knowingly provide any premises, instruments, substances, knowledge or skills to facilitate the practice of torture or to diminish the ability of the individual to resist such treatment.

- IASP members shall not be present during any procedure during which torture is used or threatened.

- IASP members will support fellow clinicians and researchers and their families in the face of threats or reprisals resulting from a refusal to condone the use of torture or inhumane treatment.

Chapters

The chapters of IASP are vital to promoting the mission, the international growth, and multidisciplinary efforts of the organization. In 2010, IASP’s chapters grew to 85, with the association welcoming four new “in formation” chapters: Hong Kong, Paraguay, Rwanda and Ukraine.

At the IASP 13th World Congress on Pain in Montréal, Canada, eight chapters were conferred “full” chapter status. These chapters were:

- Bangladesh
- Denmark
- Finland
- Hong Kong
- Malaysia
- Paraguay
- San Marino
- Sweden

The chapters continue to be the link between IASP and the researchers and clinicians working at the ground level. They are responsible for helping disseminate information about the IASP Global Year efforts, with many chapters making that theme a focus of their pain prevention days, symposia and workshops.
2010 Honorary Members
Congratulations to IASP’s newest honorary members who
have made outstanding contributions in the field of pain.
These peer-nominated longtime IASP members are appointed
to honorary member status following review by the Committee
on Nominations and unanimous approval by the IASP Council:

Harald Breivik, MD, DMedSc, FRCA (Norway)
Kenneth Craig, PhD (Canada)
Hermann Handwerker, MD, PhD (Germany)
Henry McQuay, DM, MA, FRCA, FRCP (UK)
Horacio Vanegas, MD, PhD (Venezuela)

Special Interest Groups
The Special Interest Groups (SIGs) allow members to share,
network, and delve deeper into topics of special interest for
clinicians and researchers. In 2010, IASP welcomed four new
Special Interest Groups, growing the total number of SIGs to
18. The new additions are Cancer Pain, Genetics and Pain,
Musculoskeletal Pain, and Pain Education.

- Ten SIGs held satellite symposia at the IASP 13th World
  Congress on Pain. Topics ranged from “Challenges in
  Acute Pain” to “Validity and Quality of Animal Models for
  Measurement of Pain.” The SIG on Neuropathic Pain and
  the Orofacial Pain SIG teamed up to co-host a symposium
  on “Neuropathic Pain: Focus on Orofacial Mechanisms and
  Quantitative Sensory Testing.”
- The SIG on Pain in Childhood organized the 8th International
  Symposium on Pediatric Pain in Acapulco, Mexico from
  March 7-11, 2010. The focus of the symposium was on
  pediatric pain management in developing nations. More
  than 500 people attended the event, with 138 delegates
  representing the developing world.

2010 IASP SIGs
Acute Pain
Cancer Pain
Clinical-Legal Issues in Pain
Genetics and Pain
Musculoskeletal Pain
Neuropathic Pain
Orofacial Pain
Pain and Movement
Pain and Pain Management in Non-Human Species
Pain Education
Pain in Childhood
Pain in Older Persons
Pain of Urogenital Origin
Pain Related to Torture, Organized Violence, and War
Placebo
Sex, Gender, and Pain
Sympathetic Nervous System
Systematic Reviews in Pain Relief

- The SIG on Clinical/Legal Issues in Pain (CLIP) organized
  a moot court at the IASP 13th World Congress on Pain in
  Montréal, Canada. On Tuesday, August 31, 2010, CLIP SIG
  hosted a topical workshop called, “The Pain Clinician as an
  Expert Witness,” in which the 260 attendees were presented
  with a case study to explore the clinical and legal issues
  related to occupational pain syndrome.
- The Neuropathic Pain SIG hosted its Third International
  Congress on Neuropathic Pain from May 27-30, 2010. Over
  1,770 delegates attended the meeting in Athens, Greece,
  and the SIG helped fund the travel of 44 young scientists and
  clinicians to attend.
In 2010, more applicants than ever before applied for IASP grants and fellowships that fund basic and clinical research, teach pain management in developing countries, and recognize outstanding contributions in the field of pain.

**IASP Collaborative Research Grants**

These grants of up to US$15,000 each support collaborative interdisciplinary research between two or more research groups located in different countries. In 2010, the Council added two new grants of US$15,000 each to fund collaborative research for applicants from a developing country and a developed country working together. These grants will be awarded for the first time in 2011. The 2010 recipients for collaborative research grants were:

- **Rainier Haberberger** (Flinders University, Australia) and **Michaela Kress** (Medical University Innsbruck, Austria)
  Research: Pain susceptibility and peripheral pain signaling: role of epigenetic factors

- **Claudia Sommer** (University of Würzburg, Germany), **Stephen Waxman** (Yale Medical School USA), and **Sulayman Dib-Hajj** (Yale University, USA)
  Research: Burn-injury pain: characterization of a new mouse model

- **Elizabeth Van Den Kerkhof** (Queens University, Canada), **Madelon Peters** (Maastricht University, Netherlands), and **Julie Bruce** (University of Aberdeen, UK)
  Research: Understanding the epidemiology of chronic pain after surgery

**IASP Research Grants** funded by the ScanDesign Foundation by Inger & Jens Bruun

These grants encourage and support collaborative, multidisciplinary research between two or more research groups located in the five Scandinavian countries (Denmark, Finland, Iceland, Norway, and Sweden) and the United States only. Grants of up to US$25,000 each are available for either clinical or basic research. In 2010, two research groups received funding.

- **Theodore Price** (University of Arizona, USA) and **Kai Kaila** (University of Helsinki, Finland)
  Research: Carbonic anhydrases as novel targets for neuropathic pain
Irina Strigo (University of California, San Diego, USA) and Hakan Olausson (University of Gothenburg, Sweden)
Research: Combining happy mood inductions to alter pain experience: neurobehavioral correlates

Early Career Research Grants funded by IASP (5) and funded by the ScanlDesign Foundation by INGER & JENS BRUUN (2)

Rebecca Slater (University College, London, and University of Oxford, UK)
Research: This project will provide a better understanding of the infant pain experience by performing fMRI scans on infants while they undergo noxious procedures. This will be the first functional recording of the deeper structures of the brain involved in the development of infant pain processing.

Waldiceu Verri (Londrina State University, Brazil)
Research: Investigation of the role of IL-33 in innate inflammation-induced hyperalgesia and chronic constriction injury of the sciatic nerve-induced pain in mice

Michael Boettger (University Hospital, Jena, Germany)
Research: Blood-induced arthritis as a model for hyperalgesia – a translational approach to examine the underlying mechanisms of joint pain in hemophilia

Luana Colloca (National Center for Complementary and Alternative Medicine, USA)
Research: The potential role on placebo analgesia of the production of OXT (oxytocin) in the brain will be investigated by using a behavioral and pharmacological OTX agonist and antagonist approach.

Matilde Cordero-Erausquin (National Center of Scientific Research, and the Institute of Cellular and Integrative Neuroscience, France)
Research: Functional connectivity of spinal cholinergic interneurons: a keystone for cholinergic analgesia

André Mouraux (Université Catholique de Louvain, Belgium)
Research: Steady-state evoked potentials to explore the cortical processing of nociceptive input

Toru Taguchi (Nagoya University, Japan)
Research: Muscular and fascial nociceptors: do we know all types?

John J. Bonica Trainee Fellowship
Established in 1998 in memory of IASP’s founder, the John J. Bonica Trainee Fellowship supports training in various aspects of pain research and is awarded to a trainee who is in the early stage of his or her career. The award provides the trainee with up to US$50,000 for two years of training. The 2010 recipient was:

Luis E. Chaparro (Pontificia Bolivariana University, Medellin, Colombia)
Mentor: Ian Gilron (Queen’s University, Kingston, Canada)
Research: The application of current methodology to study novel drug combinations during pharmacotherapy for the management of pain in fibromyalgia

International Trainee Fellowships funded by the ScanlDesign Foundation by INGER & JENS BRUUN
Established in 2006, this fellowship supports training in pain research. Two awards up to US$50,000 each may be used for salary and travel costs. The trainees selected in 2010 were:

Susanne Becker (University of Mannheim, Germany)
Mentor: Petra Schweinhardt (McGill University, Montréal, Canada)
Research: Pharmacological interventions and fMRI, in pharmacokinetics and the pharmacodynamics of compounds interfering with endogenous dopamine, as well as advanced statistical methods

Yohannes Woubishet Woldeamanuel (Addis Ababa University Medical School, Ethiopia)
Mentor: Andrew Rice (Imperial College, London, UK)
Research: Pain and neuropathic pain assessment techniques that will be appropriate and feasible to use for the diagnosis and treatment of small-fiber neuropathies in Ethiopia, i.e. for routine clinical assessment of neuropathic pain in the context of HIV and leprosy in resource-poor settings

Research Symposium
Awarded for a research symposium on a specialized topic or aspect of pain, this grant funds a conference limited to no more than 200 attendees. In December 2010, the IASP council changed the grant as follows: in future years, the IASP Research Symposium grant will be increased from up to US$40,000 to US$50,000, and it will be awarded annually. The 2010 grant was awarded to the following organizers:

Min Zhou (Canada), Xu Zhang (China), Megumu Yoshimura (Japan), and Gerald F. Gebhart (USA)
9th IASP Research Symposium, Shanghai, China, 2011
Topic: Understanding mechanisms of chronic pain
The IASP Secretariat phased out the printed *IASP Newsletter* in 2010, switching to an electronic format that reinforces the organization’s goal to improve and expand the distribution of knowledge and information. A new editorial board will begin work in 2011 to plan and implement a redesigned print publication. IASP also saved resources by publishing the newly redesigned *Annual Report* online. The 2009 and 2010 reports may be viewed on the IASP website using a page-turning web reader. IASP began expanding into social media as well, adding a Congress Twitter feed, [www.twitter.com/IASPCongress](http://www.twitter.com/IASPCongress), and a YouTube Channel, [www.youtube.com/IASPSecretariat](http://www.youtube.com/IASPSecretariat).

**IASP Website**

The IASP website received a record number of visitors in 2010. More than 1.3 million visitors viewed more than 950 content pages throughout the year – an increase of 37% over 2009. Many of these visitors came to apply for IASP membership online, boosting traffic to the online application system by 593% over 2009. More members than ever paid their dues online as well, resulting in a 247% increase in traffic to the dues payment system.

**Email Broadcasts**

IASP transitioned to primarily electronic communications during 2010, and the bulk of Association updates were announced by email. Over the course of the year, IASP distributed 138 email broadcasts, including 31 messages about the World Congress on Pain, 18 Special Interest Group e-newsletters, and 12 monthly *PAIN* Table of Contents.

**IASP e-Newsletter**

Continuing the paperless trend, IASP launched its first fully electronic member newsletter on December 20, 2010. Despite its distribution during the holiday season, the first *IASP e-Newsletter* received more than 600 views in the first week and about 2,500 views in the first month. In a follow-up survey, members of IASP responded very favorably to this development, with 90% of respondents supporting the new electronic format. Historically, the *IASP Newsletter* was a quarterly publication, but with the transition to electronic format, the *IASP e-Newsletter* is distributed six times per year, allowing IASP to share timely information with members more frequently and at a lower cost.
IASP’s official journal, *PAIN*, maintains its position as the leading scientific journal on the subject of pain. Editor-in-Chief Allan I. Basbaum (USA), leads a large team of section editors, associate editors, and support editors to produce *PAIN*, which is sent to all IASP members online or in the mail. In 2010, Dr. Basbaum worked with Section Editors the late Ed Charlton (Clinical Notes), Frank Keefe (Clinical Psychology), Eija Kalso (Clinical Sciences), Jeffrey Mogil and Rolf-Detlef Treede (Neurobiology), Karen Davis (Pain Measurement and Imaging), Frank Porreca (Pharmacology), and Mike Rowbotham (Reviews and e-PAIN). A major reorganization of Section Editors occurred in mid-year. IASP mourned the unexpected loss of longtime Section Editor Dr. Charlton, who died in April 2010. Later in the year, Dr. Kalso resigned to take on the responsibilities of IASP President. A group of new section editors, Jørgen Dahl (Denmark), Jane Ballantyne (USA), and Henry McQuay (UK), now handle Clinical Science, Epidemiology and Clinical Notes.

To help publicize news in *PAIN* to a broader audience, IASP and publisher Elsevier produced the first press releases to highlight findings in *PAIN*, resulting in considerable media attention. Elsevier also redesigned the website for *PAIN* at www.painjournalonline.com to improve the look, highlight articles, and feature news from IASP. New submissions to *PAIN* increased to 1,343, an increase of 100 from 2009, yet the times to first decision and publication remained constant, thanks to the hard and efficient work of all involved. In 2010 editors accepted more review articles and published more commentaries accompanying the articles.

In July 2010 the Thomson Reuters Journal Citation Reports confirmed an Impact Factor for *PAIN* of 5.371. This number reflected the 2009 citations, and showed that *PAIN* was still the premier journal in the field of pain and the top journal among all journals read by anesthesiologists.
Pain: Clinical Updates

Published up to 10 times annually, this popular newsletter informs clinicians about scientific and clinical advances in the field. Mailed to all IASP members, and distributed to pain professionals at the Congress and international meetings, the issues are also freely available on the IASP website. A total of 13,961 visitors viewed the website page for *Pain: Clinical Updates* in 2010, up 20.2% from 2009 (11,612 visitors). Editor-in-Chief Jane C. Ballantyne (USA) leads an international and interdisciplinary Advisory Board whose 2010 members were Michael J. Cousins (Australia), Maria Adele Giamberardino (Italy), Patricia A. McGrath (Canada), M.R. Rajagopal (India), Maree T. Smith (Australia), Claudia Sommer (Germany), and Harriët Wittink (The Netherlands). At the 2010 Congress, Dr. Ballantyne welcomed Robert N. Jamison (USA) to the Advisory Board. The editors supported the IASP Global Year Against Musculoskeletal Pain by publishing issues focusing on fibromyalgia and low back pain. In the future, P:CU topics will continue to focus on the Global Year against Pain theme to help draw attention to these pain conditions and provide tools for managing them.

**February 2010 (Volume XVIII, Issue 1)**
Opioids in Cancer Pain: New Considerations
Authors: Tamara King and Frank Porreca

**May 2010 (Volume XVIII, Issue 2)**
Methodological Issues in Nonpharmacological Trials for Chronic Pain
Authors: Michael I. Bennett, S. José Closs

**June 2010 (Volume XVIII, Issue 3)**
Painful HIV-Associated Sensory Neuropathy
Authors: Tudor J.C. Phillips, Catherine L. Cherry, Philippa J. Moss, and Andrew S.C. Rice

**June 2010 (Volume XVIII, Issue 4)**
Fibromyalgia: A Clinical Update
Author: Claudia Sommer

**July 2010 (Volume XVIII, Issue 5)**
Do Animal Models Tell Us about Human Pain?
Authors: B. Duncan X. Lascelles, Paul A. Flecknell

**August 2010 (Volume XVIII, Issue 6)**
Low Back Pain
Authors: A. Vania Apkarian, James P. Robinson

**September 2010 (Volume XVIII, Issue 7)**
Diagnosis and Classification of Neuropathic Pain
Authors: Maija Haanpää, Rolf-Detlef Treede

**September 2010 (Volume XVIII, Issue 8)**
Pharmacogenetics
Author: Maree T. Smith

**November 2010 (Volume XVIII, Issue 9)**
Pharmacological Management of Neuropathic Pain
Authors: Nadine Attal and Nanna B. Finnerup
During Dr. Bushnell’s tenure, the Press published many high-quality books, expanding from specialty scientific books to include patient-directed books and student textbooks. Now President-Elect of the Canadian Pain Society and Treasurer of IASP, Dr. Bushnell serves on the IASP Press Advisory Board along with Lars Arendt-Nielsen (Denmark), José Castro-Lopes (Portugal), and Kathleen Sluka (USA).

Dr. Giamberardino, from the Pathophysiology of Pain Laboratory, Department of Medicine, G. D’Annunzio University of Chieti, Italy, plans to expand the potential readership of IASP Press to include other medical and scientific environments besides the pain community. To meet this goal, she would like to offer themes of wider interest that combine scientific research with clinical applications. She also plans to pursue new e-products—either in full or summary format—to provide information that can be updated regularly.

**Book Sales**

In 2010, IASP Press sold almost 5,000 books, a large increase over previous years. The Montréal Congress featured many of the top sellers and offered popular book signings with the editors of new releases. Bestsellers included *Pharmacology of Pain* (1,228 copies sold, including 243 copies at the Congress), *Pain 2010*, the refresher course syllabus, which sold 606 copies (including 477 copies sold at the Congress), not including the copies received by refresher course presenters and registrants, *Mechanisms and Management of Pain for the Physical Therapist*, which sold 512 copies (including several substantial orders from university bookstores), and *Cancer Pain* (481 copies sold, including 220 at the Congress). Direct sales through the IASP website are the Press’s largest source of income, but in 2010 the Press also sold 1,714 books through booksellers such as Amazon.com, showing that sales are expanding beyond our membership.

**Pharmacology of Pain**

Editors: Pierre Beaulieu, David Lussier, Frank Porreca, and Anthony H. Dickenson

**Cancer Pain: From Molecules to Suffering**

Editors: Judith A. Paice, Rae F. Bell, Eija A. Kalso, and Olaitan A. Soyannwo

**Pain 2010—An Updated Review:**

*Refresher Course Syllabus*

Editor: Jeffrey Mogil

**Guide to Pain Management in Low-Resource Settings**

Editors: Andreas Kopf and Nilesh B. Patel

*Online, free publication*

**First Steps: The Early Years of IASP, 1973–1984**

Author: Louisa Jones

Copies available for shipping fee only from IASP office or free online
International Pain Summit

More than 260 pain specialists from 64 countries attended the International Pain Summit, an event of IASP held on September 3, 2010, in Montréal, Canada. The International Pain Summit Steering Committee, chaired by Michael J. Cousins (Australia), organized the inaugural event. Attendees watched a moving video presentation featuring pain and palliative care experts and patients from around the world, listened to patient and caregiver testimonials, heard updates from representatives of countries with established or developing national pain strategies, and considered evidence from government officials and others involved in policy development. Participants then broke into small groups to discuss the content of a declaration to emphasize the importance of pain management as a human right. The resulting Declaration of Montréal (page 14) is posted at www.iasp-pain.org/PainSummit; groups and individuals can pledge their support through electronic signatures. In addition, the group began work on a set of Desirable Characteristics of National Pain Strategies that creates guidelines to help implement improved pain management worldwide. The Pain Summit received grant support from the Mayday Fund and Open Society.

The World Health Organization estimates that 5 billion people live in countries with low or no access to controlled medicines and have no or insufficient access to treatment for moderate to severe pain. In these countries, each year tens of millions of patients are suffering without adequate treatment. Diederik Lohman, Human Rights Watch (USA)

This is a historic event of enormous importance in the context of pain management and human rights. Margaret Somerville, Founding Director, Faculty of Law’s Centre for Medicine, Ethics and Law at McGill University (Canada)

If the knowledge that IASP produces is not translated into pain patients’ care, our work has not succeeded. IASP President Eija Kalso, MD, DMedSci (Finland)

ADVOCACY

Raise public awareness of the need for improved pain relief
Global Year Against Pain

The Global Year Against Acute Pain launched on October 18, 2010, with the central goal of drawing attention to the persistent problem of acute pain, the most commonly experienced pain. The Global Year Task Force, co-chaired by Tim Brennan (USA), Henrik Kehlet (Denmark), Edmund Neugebauer (Germany), and Stephan Schug (Australia), focused on the widespread undertreatment of acute pain. The Task Force worked together to author six initial fact sheets about acute pain, including “Mechanisms of Acute Pain” and “Why the Gaps between Evidence and Practice?” These fact sheets are available at www.iasp-pain.org/globalyear/acute/factsheets in English, Arabic, Chinese, French, German, Lithuanian, Polish, Portuguese, Russian, and Spanish. Many chapters worldwide joined the IASP in focusing on acute pain through press conferences, lectures, and special presentations at annual meetings. The Task Force also launched an online forum for the campaign year, with individual members of the Task Force offering a different topic or issue for discussion each month. The kickoff topic was acute pain management in patients with renal failure.

The Global Year Against Musculoskeletal Pain, which launched in October 2009, picked up steam in mid-2010 with the release of three videos addressing various aspects of musculoskeletal pain. IASP Global Year Co-Chairs Dr. Lars Arendt-Nielsen (Denmark) and Dr. Kathleen A. Sluka (USA) coordinated the production of three short videos about musculoskeletal pain, funded by an educational grant from Endo Pharmaceuticals. The first video introduces the concept of musculoskeletal pain and the importance of understanding it. The second video addresses some of the false beliefs about chronic pain and chronic pain treatment. The third video highlights the benefits of exercise as one of the best, most effective, and longest-lasting treatments for chronic pain. Initially released in English only, the videos are now available with subtitles in Arabic, Chinese, French, and Spanish, with translations to come in Japanese, Russian, and German. The videos may be viewed at www.iasp-pain.org/globalyear/msp/resources, or at www.youtube.com/IASPSecretariat.
Declaration that Access to Pain Management Is a Fundamental Human Right

We, as delegates to the International Pain Summit (IPS) of the International Association for the Study of Pain (IASP) (comprising IASP representatives from Chapters in 64 countries plus members in 129 countries, as well as members of the community), have given in-depth attention to the unrelieved pain in the world,
Finding that pain management is inadequate in most of the world because:

- There is inadequate access to treatment for acute pain caused by trauma, disease, and terminal illness and failure to recognize that chronic pain is a serious chronic health problem requiring access to management akin to other chronic diseases such as diabetes or chronic heart disease.

- There are major deficits in knowledge of health care professionals regarding the mechanisms and management of pain.

- Chronic pain with or without diagnosis is highly stigmatized.

- Most countries have no national policy at all or very inadequate policies regarding the management of pain as a health problem, including an inadequate level of research and education.

- Pain Medicine is not recognized as a distinct specialty with a unique body of knowledge and defined scope of practice founded on research and comprehensive training programs.

- The World Health Organization (WHO) estimates that 5 billion people live in countries with low or no access to controlled medicines and have no or insufficient access to treatment for moderate to severe pain.

- There are severe restrictions on the availability of opioids and other essential medications, critical to the management of pain.

And, recognizing the intrinsic dignity of all persons and that withholding of pain treatment is profoundly wrong, leading to unnecessary suffering which is harmful; we declare that the following human rights must be recognized throughout the world:

**Article 1.** The right of all people to have access to pain management without discrimination (Footnotes 1-4).

**Article 2.** The right of people in pain to acknowledgment of their pain and to be informed about how it can be assessed and managed (Footnote 5).

**Article 3.** The right of all people with pain to have access to appropriate assessment and treatment of the pain by adequately trained health care professionals (Footnotes 6-8).

In order to assure these rights, we recognize the following obligations:

1. The obligation of governments and all health care institutions, within the scope of the legal limits of their authority and taking into account the health care resources reasonably available, to establish laws, policies, and systems that will help to promote, and will certainly not inhibit, the access of people in pain to fully adequate pain management. Failure to establish such laws, policies, and systems is unethical and a breach of the human rights of people harmed as a result.

2. The obligation of all health care professionals in a treatment relationship with a patient, within the scope of the legal limits of their professional practice and taking into account the treatment resources reasonably available, to offer to a patient in pain the management that would be offered by a reasonably careful and competent health care professional in that field of practice. Failure to offer such management is a breach of the patient’s human rights.

Note: This Declaration has been prepared having due regard to current general circumstances and modes of health care delivery in the developed and developing world. Nevertheless, it is the responsibility of governments, of those involved at every level of health care administration, and of health professionals to update the modes of implementation of the Articles of this Declaration as new frameworks for pain management are developed. See footnotes and references on page 28.
13th World Congress on Pain®

Welcomed by a city with a quaint atmosphere and a strong pain research community, IASP converged on Montréal, Canada, in late August 2010 to sponsor the 13th World Congress on Pain. Approximately 6,300 delegates, sponsors and exhibitors filled the Palais des congrès de Montréal, making the meeting a resounding success. It was the first time the IASP Congress was held as a biennial event rather than every three years. Of more than 1,000 people who responded to a post-Congress survey, 96.2 percent considered the Congress a valuable experience.

Delegates represented 107 different nations, with the highest number of attendees coming from the European continent (43%). Participants came from across the globe, from such places as Latvia, Chile, Ghana, and Myanmar. IASP increased financial aid by 65 percent over the previous Congress. These additional funds help pay expenses for 394 delegates (primarily trainees and those from developing countries), an increase of 126 grant recipients from 2008.

Led by Chair Jeffrey Mogil (Canada), the Scientific Program Committee designed a well-rounded program of topical workshops, symposia, plenary lectures, and refresher courses. The multidisciplinary program attracted media attention around the world. The post-Congress surveys showed an overall educational rating of 4.20 out of 5, an increase from 2008. Ninety percent indicated the topical workshops/symposia were of value to them, while 87 percent said the same about the plenary lectures.

More than 3,500 attended the Welcome Reception, which, under the direction of Local Arrangements Committee Chairperson Manon Choinière (Canada), showcased the magical world of the cirque, the modern theatrical circus acts for which the city has become famous. Young people had the opportunity to network with dozens of well-known pain research veterans during the Trainee
Networking Reception, held atop the tallest building in Montréal. Visitors to the IASP booth in the Exhibition Hall saw the association’s new branding put to use advertising the many programs and activities that engage members around the world, and bought a record number of IASP books from the busy bookstore.

**Congress Award Winners**

*John D. Loeser Distinguished Lecture*
Kathleen Foley (USA)

*John J. Bonica Distinguished Lecture*
Clifford Woolf (USA)

*Ronald Dubner Research Prize*
Anna K. Clark (UK)

*Award for Excellence in Developing Countries for Basic Science*
Jocelyn C. Que, Millicent Y. Tan-Ong, M. Minerva Patawaran-Calimag, Consuela Gonzalez-Suarez, and Graciela G. Gonzaga (The Phillipines)

*Ulf Lindblom Young Investigator Award for Clinical Science*
Christine T. Chambers (Canada)

*Patrick Wall Young Investigator Award for Basic Science*
Rohini D. Kuner (Germany)

*Award for Excellence in Developing Countries for Clinical Science*
M.R. Rajagopal (India)

**Special Interest Group Symposia**

IASP piloted a new program allowing Special Interest Groups to hold one-day Satellite Symposia on August 29 at the Congress venue. Ten SIGs took advantage of this opportunity, which allowed smaller SIGs to organize a focused agenda at a much lower cost. A total of 619 individuals attended the various symposia. Nearly 82 percent of survey respondents later said that the SIG Symposia were of value to them. Seventy-four percent of the respondents asked that the SIG Symposia be continued, with additional respondents asking that they not be held concurrently with the Refresher Courses.

**Future Dates and Locations for World Congress on Pain**

*14th World Congress on Pain*
**Milan, Italy: August 27-31, 2012**

*15th World Congress on Pain*
**Buenos Aires, Argentina: October 7-11, 2014**

*16th World Congress on Pain*
**Yokohama, Japan: September 26-30, 2016**
Grants, Fellowships, and Collaborations
IASP pledged support of pain education through funding schools that provide interdisciplinary training to young scientists in order to stimulate pain research and improve pain management. In 2010, IASP awarded US$30,000 to the European Pain School held in Siena, Italy (see story on page 21). The Council also agreed to fund a pilot project for a developing countries pain management camp in Thailand in 2011.

At its strategic planning meeting, the Developing Countries Working Group identified several priorities, among them to develop criteria for new educational/training centers to train clinical fellows in pain management, and to collaborate with the World Health Organization and governments in developing countries to change public health policies and priorities to improve pain management.

The following educational and pain management projects received support in 2010:

- A Hospice Africa grant of US$10,000 to support two students attending courses in palliative care and pain for health professionals working with cancer or HIV/AIDS at Makarere University, in Kampala, Uganda.

- A US$20,000 award to fund ongoing training in pain management related to childbirth in Armenia, Ghana, and Georgia to Kybele, an association that works toward the improvement of childbirth and infant survival.

- A one-year, US$10,000 Clinical Training Fellowship in Bangkok, Thailand, jointly funded by IASP and the World Federation of Societies of Anesthesiology (WFSA), at the Siriraj Hospital’s Pain Relief Unit to provide training to fellows from regions with limited or no pain facilities or education. The recipient was Dr. Zolaya Batdavaajav (Mongolia), under the mentorship of Dr. P. Chaudakshetrin.

- A three-month clinical/education fellowship for pain education in Bangkok, Thailand, awarded to Dr. Vanpheng Norasingh (Laos).

- A new, annual, one-year, US$15,000 Clinical Training Fellowship in Bogota, Colombia, awarded to Dr. Sandra Rodriguez (Ecuador).

Background map: Countries highlighted in yellow received an IASP education grant in 2010; Countries highlighted in green received a grant in prior years.
The Developing Counties Project: Initiatives for Improving Pain Education

IASP received a record number of applications for education project grants in 2010. These grants address the need for improved education in pain and pain management in developing countries by improving the scope and availability of essential education for pain clinicians of all disciplines, taking into account specific local needs. The Developing Countries Working Group granted awards up to US$10,000 to these 15 recipients:

**Ana Alvarez** (Brazil)
Project: The 570 nursing students who took this online course with a simulated environment learned to assess acute pain in adults and children.

**Akwasi Antwi-Kusi** (Ghana)
Project: This repeating six-week course raised awareness of general pain management (other than blocks).

**Roger Goucke** (Australia)
Project: A “train the trainers” course on the management of pain, with an emphasis on cancer pain, focused on the needs of Fijian and other Indo-Fijian health care workers.

**Ji-Sheng Han** (China)
Project: A full-time 10-month training course, half coursework, half clinical training, in Beijing, allowed 10-15 physicians recruited from rural China to become licensed as pain physicians.

**Hellen Kariuki** (Kenya)
Project: Pain and pain management courses, including palliative pain care, were held for nursing staff in four rural mission hospitals.

**Vanpheng Norasingh** (Laos)
Project: Classes in general pain and pain management awareness and education helped train physicians and nurses from various districts in Laos.

**Elizabeth Ogbali Nwasor** (Nigeria)
Project: Health care workers including nurses, midwives, obstetricians, anesthesiologists, and pharmacists attended courses in labor pain management in secondary and tertiary hospitals.

**Zuboidah Jamil Osman** (Malaysia)
Project: Primary level health care providers received lectures and clinical training in chronic pain management.

**Ranjith Pallegama** (Sri Lanka)
Project: Primary health care workers attended management of pain workshops in six peripheral, non-metropolitan centers.

**Romy Parker** (South Africa)
Project: A multidisciplinary accreditation course and online exam followed a two-day “train the trainers” workshop on pain and pain management held in each of the nine provinces in South Africa.

**Christophe Perruchoud** (Switzerland for Vietnam)
Project: A course with lectures and case studies covering the main aspects of pain management plus one week of training with clinical demonstration time in the Mekong Delta area will be repeated in 2011.

**Jamir Sarda** (Brazil)
Project: A series of pain education courses appropriate for different audiences helped educate nearly 150 patients, more than 200 health care professionals, and 150 nurses.

**Bogdan Tamba** (Romania)
Project: Cancer pain education classes and printed materials educated nurses from the northeastern region of Romania.

**Yinge Tong** (China)
Project: Attendees of a “train the nursing trainers” course on how to manage acute pain were required to give several lectures in their own region’s hospitals.

**Byambasuren Yondonjamts** (Mongolia)
Project: Introduction to a clinical training pain education course for local physicians in both district and rural hospitals was held under the supervision of mentors.

---

**EDUCATION PROJECT GRANTS**

<table>
<thead>
<tr>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
</tr>
<tr>
<td>2009</td>
</tr>
<tr>
<td>2010</td>
</tr>
</tbody>
</table>
2010 was a year of record numbers – in *PAIN* submissions, Congress poster presentations, new SIGs and chapters, membership growth, grant applications and awards, book sales, e-communication, and media attention, all of which kept members and staff extraordinarily busy. In the IASP Seattle offices, staff teams also worked on documenting office policies and procedures for the website, IASP Press, the membership database, Congress, and accounting.

**Task Force on Pain Medication Availability**
A Task Force on Pain Medication Availability chaired by Beverly Collett (UK) conducted an online survey on medications for acute pain, chronic non-cancer pain, and cancer pain in adults and children. Results tallied from 862 respondents encompassing 53 specialties and 96 countries showed that government policies and legal issues are the largest barrier to pain medication availability.

**Task Force on Wait-Times**
Co-chaired by Mary Lynch and Barry Sessle (Canada), the Task Force on Wait-Times completed an international environmental scan that identified nations with established guidance or benchmarking documents, and used these as a basis to propose the following wait-times for treatment of chronic pain, which were endorsed by IASP:

**Recommendations for Wait-Times**

1. **Wait-times refers to time from referral to treatment**

- Acute painful conditions should be treated immediately (e.g., sickle cell painful crises and pain related to trauma or surgery)
- Most urgent (1 week): A painful severe condition with the risk of deterioration or chronicity, such as the acute phase of complex regional pain syndrome (CRPS), pain in children, or pain related to cancer or terminal or end-stage illness.
- Urgent or semi-urgent (1 month): Severe undiagnosed or progressive pain with the risk of increasing functional impairment, generally of 6 months’ duration or less (back pain that is not resolving or persistent postsurgical or post-traumatic pain).
- Routine or regular (8 weeks): Persistent long-term pain without significant progression.

To view additional information, visit [www.iasp-pain.org/wait-times](http://www.iasp-pain.org/wait-times).
Education Initiatives Working Group

After meeting for a strategic planning workshop, the IASP Education Initiatives Working Group led by Philip Siddall (Australia) developed and began work on four priority initiatives, including establishment of an IASP Education SIG, and development of the following resources:

- An interprofessional core curriculum and uniprofessional curricula
- Educational resources for general practitioners (GPs)
- Online resources (that include easier access to IASP educational materials and restructuring of the web to allow access to a variety of materials in an online resource center).

New Governance and Policy Changes

In 2010, IASP members approved the following changes: To adequately learn about IASP investments and accounts, the Treasurer will now serve a four-year, non-renewable term (as opposed to two-year terms for other members of the Executive Committee). The IASP Council decided the Secretary will help draft policies for the Council and serve as an ombudsperson for IASP staff and members. A new policy on endorsements and sponsorships states that the Education Initiatives Working Group will review endorsements of educational activities and an ad hoc task force will review other events and activities, all of which must comply with and enhance IASP’s mission, vision and goals, and cannot be commercial or industry-related in nature.

Member Involvement

- Three committees completed strategic planning sessions to develop future goals and objectives, including the Developing Countries Working Group, the Membership and Chapters Committee, and the Education Initiatives Working Group.
- The Taxonomy Working Group led by John Loeser updated pain definitions, which are posted on the IASP website. Work continues on additional terms and updated sections of the taxonomy, which will be published online when completed.
- More members than ever before answered the Call for Volunteers sent out by the Committee on Committees. In addition to serving on advisory boards, committees and working groups, many IASP members serve on task forces that focus on short-term projects and activities. Thank you to all IASP members who volunteered their time and expertise in 2010.

IASP Supports:

- **The European Pain School at University of Siena, Italy.** The European Pain School first convened in 2003 on the initiative of IASP members Anna Maria Aloisi and Giancarlo Carli (Italy) and Manfred Zimmermann (Germany) at Certosa di Pontignano, a conference center in the rolling hills of Tuscany-Chianti. The group, which met at a symposium at the University of Siena conference center nine years earlier, sought to provide interdisciplinary training to younger scientists with the aim of stimulating pain research and ultimately improving prevention and treatment of chronic pain. The first 40 scholars, nearly half of whom came from Eastern Europe, lived and learned together with 15 faculty members in the halls and cloisters of the former 16th-century monastery. Since then, every year in the early summer, faculty and scholars from a variety of disciplines have met for an intensive week of pain science on a theme of broad interest. In 2010, IASP became a major contributor with a donation of $30,000 to help support 13 faculty members and 30 scholars at the PhD or postdoctoral level to study “Translating Pain Science to Pain Medicine.” Among the 2010 faculty was the executive board, comprised of the three founding members and Marshall Devor (Israel), as well as IASP colleagues Vania Apkarian (USA), Allan Basbaum (USA), Gerald Gebhart (USA), Troels S. Jensen (Denmark), Eija Kalso (Finland), Michel Pohl (France), and Ryszard Przewlocki (Poland). IASP’s support will continue for the 2011 conference, “Pain: Bridging Molecules and Mind.”

- **The World Health Organization’s Access to Controlled Medicines Project (ACMP).** Since 2008, IASP has donated funds to the program, which helps to develop treatment guidelines covering various types of pain, and produces publications and activities that promote improved availability of controlled medications.

- **PAIN-OUT’s Acute Pain Registry Project.** Supported through IASP funding and IASP’s International Pain Registry Working Group, co-chaired by C. Richard Chapman (USA) and Winfried Meissner and Ruth Zaslansky (Germany), PAIN-OUT is working in both developed and developing nations to disseminate its Pain Registry. PAIN-OUT’s validated questionnaire is now available in 15 languages with an accompanying manual and e-learning module. Another component of the project is an Electronic Knowledge Library (EKL) for Healthcare Providers, which includes succinct summaries of the most recent, evidence-based guidelines for treating postoperative pain, delivered in a user-friendly, electronic format. Next, PAIN-OUT plans to develop a tool to provide patients and families with information about management of pain after surgery (Patient EKL). Funding from IASP allows the original project to go beyond the borders of the EU through PAIN-OUT International. Primary funding for the EU portion of the project has been funded through the European Union’s 7th Framework Program, which is slated to end in 2012.
2010 IASP Officers and Councilors

Officers

President
Eija Anneli Kalso, MD, DMed Sci (Finland) (September 2010 – present)
Gerald F. Gebhart, PhD (USA) (January – August 2010)

President-Elect
Fernando Cervero, MD, PhD, DSc (Canada) (September 2010 – present)
Eija A. Kalso, MD, DMed Sci (Finland) (January – August 2010)

Immediate-Past President
Gerald F. Gebhart, PhD (USA) (September 2010 – present)
Troels S. Jensen, MD, DMSc, PhD (Denmark) (January – August 2010)

Secretary
Judith A. Paice, PhD, Rn, FAAn (USA) (September 2010 – present)
Patricia McGrath, PhD (Canada) (January – August 2010)

Treasurer
M. Catherine Bushnell, PhD (Canada) (September 2010 – present)
Beverly J. Collett, MB BS, FRCA, FFPMRCA (UK) (January – August 2010)

Councilors
Lars Arendt-Nielsen, PhD, Dr med Sci (Denmark) (2011)
Jane C. Ballantyne, MD, FRCA (USA) (2016)
Ralf Baron, Dr med (Germany) (2016)
Carlos Mauricio de Castro Costa, MD, MSc, PhD (Brazil) (2014)*
José Castro-Lopes, MD, PhD (Portugal) (2011)
Antoon De Laat, DDS, PhD (Belgium) (2011)
Maged El-Ansary, MD (Egypt) (2014)
Cynthia Goh, PBM, MB BS, PhD, FAcHPM, FAMS, FRCPE, FRCP (Singapore) (2014)
Celeste M. Johnston, RN, DEd, FCAHS (Canada) (2014)
Michael Nicholas, PhD (Australia) (2016)
Germán Ochoa, MD (Columbia) (2014)
Paul Pionchon, DDS, PhD (France) (2011)
Philip Siddall, MBBS, MM, PhD, FFPMANZCA (Australia) (2011)
Kathleen A. Sluka, PT, PhD (USA) (2011)
Irene Tracey, PhD (UK) (2014)
Judith A. Turner, PhD (USA) (2011)
Hirosi Ueda, PhD (Japan) (2016)

IASP Liaisons
Liaison to the European Federation of IASP Chapters (EFIC)
Rolf-Detlef Treede, Dr med (Germany) (September 2010 to present)
Beverly J. Collett, MB BS, FRCA, FFPMRCA (UK) (through August 2010)
Liaison to Latin American countries
José Castro-Lopes (Portugal) (September 2010 to present)
Fernando Cervero, MD, PhD, DSc (Canada) (through August 2010)
Liaison to Southeast Asian countries
Troels S. Jensen, MD, DMSc, PhD (Denmark)
Liaison to the World Health Organization (WHO)
Kathleen M. Foley, MD (USA)

2010 Chairs of Committees, Boards, and Working Groups

Audit Committee
Fernando Cervero, MD, PhD, DSc (Canada) (September 2010 – present)
Eija Kalso, Finland, MD, DMed Sci (Finland) (through August 2010)

Committee on Committees
Fernando Cervero, MD, PhD, DSc (Canada) (September 2010 – present)
Eija Kalso, Finland, MD, DMed Sci (Finland) (through August 2010)

Developing Countries Working Group
Michael R. Bond, MD, PhD, DSc, FRCS (UK)

Education Initiatives Working Group
Philip Siddall, MB BS, PhD, FFPMANZCA (Australia)

Fellowships, Grants, and Awards Working Group
Lars Arendt-Nielsen, PhD (Denmark)

Finance Committee
M. Catherine Bushnell, PhD (Canada) (September 2010 – present)
Beverly J. Collett, MB BS, FRCA, FFPMRCA (UK) (through August 2010)

Financial Aid Working Group
Charles E. Inturrisi, PhD (USA) (September 2010 – present)
Fernando Cervero, MD, PhD, DSc (Canada) (through August 2010)

International Pain Summit Steering Committee
Michael J. Cousins, MD, DSc, AM, FANZCA (Australia)

Local Arrangements Committee (Montréal)
Manon Choinière, PhD (Canada)

Membership and Chapters Committee
C. Celeste Johnston, RN, DEd (Canada)

Nominations Committee
Gerald F. Gebhart, PhD (USA) (September 2010 – present)
Troels S. Jensen, MD, DMSc, PhD (Denmark) (through August 2010)

Scientific Program Committee (Montréal)
Jeffrey Mogil, PhD (Canada)

Pain Registry Working Group
C. Richard Chapman, PhD (USA), Winfried Meissner, MD (Germany), and Ruth Zaslansky, DSc (Germany)

Taxonomy Working Group
John D. Loeser, MD (USA)

Editorial Board, PAIN® (Editor-in-Chief)
Allan Basbaum, PhD (USA)

Editorial Board, Pain: Clinical Updates (Editor-in-Chief)
Jane Ballantyne, MD, FRCA (USA)

IASP Press® Advisory Board (Editor-in-Chief)
Maria Adele Giambardino, MD (Italy) (September 2010 – present)
M. Catherine Bushnell, PhD (Canada) (through August 2010)

IASP Staff (2011)

Executive Director: Kathy Kreiter
Accounting Coordinator: Susan Couch
Associate Editor—IASP Press: Elizabeth Endres
Director of Finance and Administration: Elena BEspalova
Grants Coordinator/PAIN Liaison: Kathy Havers
Marketing and Communications Manager: Karen Smaalders
Meetings and Education Manager: Terry Onustack
Membership Coordinator: Marleda Di Pierr
Program Coordinator: Kiley Thornton
Program Assistant: Irena Zlatanovic
Support Editor—PAIN: Jane Milliken
Support Editor—PAIN: Keith Peterson
Web Coordinator: Sarah Reebs

MESSAGE FROM THE TREASURER

First of all, I would like to take this opportunity to acknowledge the efforts of the IASP management, staff and advisors over the last two years to improve the association’s internal controls and financial reporting. In 2010 these improvements allowed our auditors Clark Nuber to issue a clean opinion on the accuracy and fairness of our financial statements for the second year in a row. This is a significant accomplishment, which gives the IASP Council confidence that they are making prudent financial decisions.

The 2010 Financial Statements of IASP show total net assets of $12,307,886. This represents a $2,981,817 increase over 2009. A significant portion of the increase is attributable to the success of the 2010 World Congress on Pain held in Montréal, Canada. The Congress provided a rich and stimulating scientific program and attracted a record number of attendees. It generated $5,797,592 in revenue with corresponding expenses of $3,249,101.

Continuous loyalty and commitment from our existing and new members coupled with improving world-wide economic conditions allowed IASP to increase our program revenue in 2010 to $3,476,530 from $3,040,177 in 2009. Membership dues were up 16%, royalties from the PAIN journal were up 4% and book sales were up a record 80%. Increase in book sales was driven primarily by publication of new titles in 2010 such as Pharmacology of Pain and Cancer Pain. Unrealized gain on the investment portfolio reported at the end of 2009 resulted in realized investment income of $449,511 in 2010.

Higher 2010 revenue allowed IASP to increase funding of our program services by 10%, from $2,795,718 in 2009 to $3,077,030 in 2010. The most notable increase of 25% was in the Awards and Grants – from $970,980 in 2009 to $1,216,323, while support of Publication and Education services increased 15% - from $1,166,452 in 2009 to $1,339,287 in 2010. Management and General Expenses increased marginally from $401,758 in 2009 to $418,299 in 2010, which represented 14% of program expenses.

Total assets of IASP as of December 31, 2010 were $14,076,656. These assets were partially offset by short term-liabilities of $1,768,770. Fifty-two percent of the liabilities ($911,477) consist of funds held by the association on behalf of Special Interest Groups (SIGs). IASP had no debt or any other long-term liabilities at the end of 2010. The majority of IASP’s assets are held in cash deposits, liquid short-term investments and fixed income mutual funds. While we were able to realize significant investment gains in 2010, we are fully aware that no one is immune to the volatility of financial markets. Our investment strategy is regularly reviewed by the Finance Committee to ensure proper asset safeguarding.

Overall, in 2010 IASP continued to build upon its solid financial base and finished the year well-positioned to maintain our commitment to funding the association’s program services. At the same time, while we are hoping that the worst of the world-wide economic crisis is over and the recovery we are seeing is sustainable, we should continue being rigorous with regard to our financial controls and cautious in our use and application of funds.

Respectfully submitted,
M. Catherine Bushnell, IASP Treasurer
## Financial Information

**International Association for the Study of Pain and Subsidiary**

### Consolidated Statement of Financial Position (page 24)
December 31, 2010  
(With Comparative Totals for 2009)

The accompanying Notes to Consolidated Financial Statements, which provide additional details beyond those summarized in the Financial Statement, are available for viewing in the members' area of the IASP website at: www.iasp-pain.org

Consolidated Statement of Activities (page 25)  
For the Year Ended December 31, 2010  
(With Comparative Totals for 2009)

Please direct any questions about the Financial Statement to the IASP Secretariat Office (see Contact Information on back cover).

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$6,282,980</td>
<td>$3,887,326</td>
</tr>
<tr>
<td>Pledges receivable</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>20,923</td>
<td>13,225</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>48,155</td>
<td>431,059</td>
</tr>
<tr>
<td>Inventory, net of reserve (Note 1)</td>
<td>162,545</td>
<td>273,334</td>
</tr>
<tr>
<td>Congress receivable</td>
<td>141,661</td>
<td>498,566</td>
</tr>
<tr>
<td>Royalty receivable</td>
<td>115,151</td>
<td>566,127</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>6,811,415</td>
<td>5,669,637</td>
</tr>
<tr>
<td><strong>Investments (Note 2)</strong></td>
<td>6,846,022</td>
<td>6,003,412</td>
</tr>
<tr>
<td>Furniture, equipment and software, net (Note 3)</td>
<td>91,094</td>
<td>94,710</td>
</tr>
<tr>
<td>Intangible asset, net (Note 6)</td>
<td>328,125</td>
<td>341,250</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$14,076,656</td>
<td>$12,109,009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$249,018</td>
<td>$50,947</td>
</tr>
<tr>
<td>Related party payable (Note 8)</td>
<td>911,477</td>
<td>815,846</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>79,195</td>
<td>41,225</td>
</tr>
<tr>
<td>Grants payable, current portion</td>
<td>50,000</td>
<td>65,900</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>430,270</td>
<td>1,809,022</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>1,719,960</td>
<td>2,782,940</td>
</tr>
<tr>
<td>Grants payable, net of current portion</td>
<td>48,810</td>
<td></td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,768,770</td>
<td>2,782,940</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undesignated, available for operations</td>
<td>11,949,688</td>
<td>8,877,319</td>
</tr>
<tr>
<td>Designated by the Board of Directors for discretionary use</td>
<td>69,216</td>
<td>72,612</td>
</tr>
<tr>
<td><strong>Total Unrestricted</strong></td>
<td>12,018,904</td>
<td>8,949,931</td>
</tr>
<tr>
<td>Temporarily restricted (Note 7)</td>
<td>288,982</td>
<td>376,138</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>12,307,886</td>
<td>9,326,069</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$14,076,656</td>
<td>$12,109,009</td>
</tr>
</tbody>
</table>
The table below presents the operating activities and financial information for the years 2010 and 2009. The data includes revenue and support, expenses, net assets, and changes in cash and cash equivalents.

### Operating Activities

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$858,741</td>
<td>$858,741</td>
<td>$739,069</td>
<td></td>
</tr>
<tr>
<td>Book sales</td>
<td>265,807</td>
<td>265,807</td>
<td>147,867</td>
<td></td>
</tr>
<tr>
<td>Investment income (loss)</td>
<td>449,487</td>
<td>449,511</td>
<td>(10,959)</td>
<td></td>
</tr>
<tr>
<td>Royalties</td>
<td>1,771,705</td>
<td>1,771,705</td>
<td>1,666,759</td>
<td></td>
</tr>
<tr>
<td>Congress (Note 1)</td>
<td>5,797,592</td>
<td>5,797,592</td>
<td>3,038</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>265,629</td>
<td>265,629</td>
<td>193,711</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>111,528</td>
<td>203,120</td>
<td>273,730</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>290,300</td>
<td>(290,300)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Operating Revenue and Support</strong></td>
<td>$9,810,789</td>
<td>(87,156)</td>
<td>$9,723,633</td>
<td>3,043,215</td>
</tr>
</tbody>
</table>

**Expenses:**

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publications and education</td>
<td>1,339,287</td>
<td>1,339,287</td>
</tr>
<tr>
<td>IASP Press</td>
<td>521,420</td>
<td>521,420</td>
</tr>
<tr>
<td>Awards and grants</td>
<td>1,216,323</td>
<td>1,216,323</td>
</tr>
<tr>
<td>Congress (Note 1)</td>
<td>3,249,101</td>
<td>3,249,101</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td>6,326,131</td>
<td>6,326,131</td>
</tr>
<tr>
<td><strong>Supporting Services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and General</td>
<td>418,299</td>
<td>418,299</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>6,744,430</td>
<td>6,744,430</td>
</tr>
<tr>
<td><strong>Change in Net Assets from Operating Activities</strong></td>
<td>3,066,359</td>
<td>(87,156)</td>
</tr>
<tr>
<td>Unrealized gains on investments (Note 2)</td>
<td>2,614</td>
<td>2,614</td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>3,068,973</td>
<td>(87,156)</td>
</tr>
</tbody>
</table>

### Change in Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>8,949,931</td>
<td>376,138</td>
</tr>
<tr>
<td>End of Year</td>
<td>$12,018,904</td>
<td>$288,982</td>
</tr>
</tbody>
</table>

### Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$2,981,817</td>
<td>$256,569</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>56,987</td>
<td>63,245</td>
</tr>
<tr>
<td>Realized and unrealized gain on investments, net</td>
<td>(456,162)</td>
<td>(438,837)</td>
</tr>
<tr>
<td>Loss on disposal of equipment</td>
<td>6,211</td>
<td>2,660</td>
</tr>
</tbody>
</table>

### Changes in Assets and Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pledges receivable</td>
<td>(40,000)</td>
<td></td>
</tr>
<tr>
<td>Congress receivable</td>
<td>356,905</td>
<td>(247,551)</td>
</tr>
<tr>
<td>Royalties receivable</td>
<td>450,976</td>
<td>(30,444)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>382,904</td>
<td>(321,050)</td>
</tr>
<tr>
<td>Other receivables</td>
<td>(7,698)</td>
<td>164,416</td>
</tr>
<tr>
<td>Inventory</td>
<td>110,789</td>
<td>161,756</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>198,071</td>
<td>(192,522)</td>
</tr>
<tr>
<td>Related party payable</td>
<td>95,631</td>
<td>45,768</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>37,970</td>
<td>2,321</td>
</tr>
<tr>
<td>Grants payable</td>
<td>32,910</td>
<td>(71,150)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>(1,378,752)</td>
<td>974,924</td>
</tr>
<tr>
<td><strong>Net Cash Provided by Operating Activities</strong></td>
<td>2,828,559</td>
<td>370,105</td>
</tr>
</tbody>
</table>

### Cash Flows from Investing Activities

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale and maturities of investments</td>
<td>7,056,737</td>
<td>2,803,735</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(7,443,185)</td>
<td>(3,024,334)</td>
</tr>
<tr>
<td>Purchases of equipment</td>
<td>(46,457)</td>
<td>(35,929)</td>
</tr>
<tr>
<td><strong>Net Cash Used by Investing Activities</strong></td>
<td>(432,905)</td>
<td>(256,528)</td>
</tr>
<tr>
<td><strong>Net Change in Cash and Cash Equivalents</strong></td>
<td>2,395,654</td>
<td>113,577</td>
</tr>
<tr>
<td>Cash and cash equivalents balance, beginning of year</td>
<td>3,887,326</td>
<td>3,773,749</td>
</tr>
<tr>
<td><strong>Cash and Cash Equivalents Balance, End of Year</strong></td>
<td>$6,282,980</td>
<td>$3,887,326</td>
</tr>
</tbody>
</table>
CONTRIBUTORS TO IASP

IASP is grateful for the support we receive for our grants and fellowships, our Congress, our publications, and other programs we provide to advance the study and treatment of pain worldwide. We extend special thanks to all of the individuals, foundations, institutions, and companies that have made donations over the past year. Names are listed alphabetically within each category.

Adopt-A-University Library Program
Geoffrey Booth
Cary Brown
Carol Burton
Daniel Carr
Angela Chia
A. G. De Bree
Gunnar Hanekop
Anne Jaumees
John Claude Krusz
Francois Lamesch
Albert Leka
John Loeser
John Marshall
Harold Merskey
Douglas Natusch
Valerie Piguet
Sebastian Reiz
Jordi Serra
Jerzy Stelmach
Adriana Stryczynska-Mirocha
Audun Stubhaug
Francis Veyckemans
Anita Violon
Carl Von Baeyer
Shoji Yabuki
Chun-Chang Yeh
Tatjana Zharkova

Developing Countries Education Fund
Steven Aung
Valeria Bachiocco
Golriz Baharnouri
Jane Ballantyne
Carol Barnett
Carlos Barutell
Pedro Bejarano
Gouri Shankar Bhattacharyya
Jorgen Boivie
Michael Bond
Geoffrey Booth
Walter Braun
Kelly Byrne
Adem Bytyqi
William Campbell
Daniel Carr
Jae-Kap Choi
Ian Clarke
Francisco Cordon
Felicia Cox
Peter Cox
Kenneth Craig
Ricardo Diaz
Rui Duarte
Alexandra Dugdale
Tore Fagerlund
Sergio Ferreira
G. Allen Finley
Hugh Gallagher
William Gibson
Stephen Gilbert
Sven Gottschling
Maria Goulami-Scholidou
Helen Grad
Allison Gray
Donna Griffths
Grüenthal GmbH
Lynnette Haley
Kazu Hanaoka
Gunnar Hanekop
George Harrison
Philippa Hawley
Gerhard Hege-Scheuing
Sebastiaan Heibron
Somkiet Hemtasilpa
Kazuo Higa
Tadash Hisamitsu
William Howard
Felicien Hurstel
Gordon Irving
Nobuko Ito
Danilo Jankovic
Anne Jaumees
Michael Jennings
Anders Johnson
Bruce Kidd
Roger Knaggs
Henk Koning
Nevenka Krcevski-Skvarc
John Claude Krusz
Wipoo Kummerndee
Philippe Lacoux
Francois Lamesch
Bernard Le Polain De Waroux
Albert Leka
Norbert Lemler
S. L. Peter Lothman
Marc Maes
Pablo Marinho
Ruth Marshall
Ritsuko Masuda
Victor Mayoral Rojals
Timothy McCarthy
Carlos Medina
Katsuyuki Moriwaki
Nellie Muirden
Andrea Negron
Michael Nicholas
Setsuro Ogawa
Victor Pace
Dianne Pacey
Irama Patron
Timothy Pavy
Paul Pionchon
Michael Platt
Janet Ploss
Michael Pollack
Thomas Przybysz
Isaac Quaye
Shrawan Singh Rathore
Andrew Rice
Francisco Robaina
Marina Salvetti
Axel Schaefer
Arunas Scipuokas
Jordi Serra
Philip Siddall
Ji-Young Song
Laurentiu Sorodoc
Olaitan Soyannwo
Christopher Spanswick
Bernard Speculand
Audun Stubhaug
Mitsuhito Sunakawa
Tomas Svoboda
Lauren Ta
Silvia Tahamtani
Brett Todhunter
Marten Van Wijhe
Carl Von Baeyer
Waraporn Waikakul
Olav Wajer
Mark Ware
John Wedley
Peter Wemyss-Gorman
Claudia West
Roland Woerz
Thomas Wolf
Hideo Yamamura
Sau-Hsien Yap
Joanna Zakrzewska
Bruno Zanfini
Olly Zekry
Manfred Zimmermann
Max Zusman
Ronald Dubner Research Prize
Joyce Lowenstein
Joyce Siegel
M.B. Zimmerman

Grants and Fellowships
Scan|Design By Inge & Jens Bruun Foundation
IASP General Fund
F. Ralph Berberich
Bjorn Bragee
Adem Bytyqi
Victor Chang
Martin Cheatle
Peter Cox
Olalekan Ganiu
Linda Guhe
Anne Jaumees
Ivana Kalezic
Paul Magee
Judith Paice
Chan Hong Park
Joanne Perrin
Peter Williams

IASP Press/Busy Clinician Book
Daniel Carr
International Pain Summit
Mayday Fund for Pain Research
Open Society Institute
John J. Bonica Trainee Fellowship Fund
Luis Aliaga
Special Interest Group (SIG)

Sponsors

Neuropathic Pain SIG:
Compass Medical
Medtronic, Inc.

Pain and Movement SIG:
AT Still University

Pain and Pain Management in Non-Human Species SIG:
IVAPIM
MERCK
Novartis
Pfizer
VIRBA

Pain in Older Persons SIG:
Janssen-Ortho
MERCK
Purdue Pharma

Pain and the Sympathetic Nervous System SIG:
Boston Scientific
Medtronic, Inc.
St. Jude Medical

Sponsor-A-Member Program

Michael Bond
Daniel Carr
Tore Eliasson
George Freire
Seiko Fundoshi
Cornelia Haag Molkenteller
Lynnette Haley
Naomi Hirakawa
Anne Jaumees
Troels Jensen
John Claude Krusz
Ylva Liden
David Lopata
S. L. Peter Lothman
Robert Santos Sabino
Marina Sevastjanova
Mao Shibata
Audun Stubhaug
Rolf-Detlef Treede

Paul Van ’t Hoff
arieke Van Beugen
Caroline Van Laere
Carl Von Baeyer
Lizu Xiao
Shoj Yabuki

World Congress on Pain

Allergan, Inc.
Amgen
Archimedes Pharma Limited
Association Québécoise de la douleur chronique/Quebec Association for Chronic Pain
Astellas Pharma Europe Ltd.
Bayer HealthCare Pharmaceuticals
Boehringer Ingelheim
Boston Scientific
Canadian Pain Society
Cephalon, Inc.
Eli Lilly and Company
Grüntenthal GmbH
King Pharmaceuticals, Inc.
Le Réseau provincial de recherche en adaptation-réadaptation (REPAR) / Quebec Rehabilitation Research Network
McGill University
Medtronic, Inc.
MERCK
Ministère de la Santé et des Services sociaux du Québec
University of Montréal
Mundipharma International Limited
Paladin Labs, Inc.
Pfizer, Inc.
ProStrakan, Inc.
Purdue Pharma
Purdue Pharma L.P.
Sanofi Aventis Canada, Inc.
St. Jude Medical
Faculté de médecine et des sciences de la santé de l’Université de Sherbrooke
Valeant Canada limitée/Limited

Above: Attendees of the 13th World Congress on Pain took part in a Charity Walk organized by Grünenthal in the Exhibit Hall to contribute to IASP’s Developing Countries Education Fund. Below: Jagdish Chaturvedi (India), shown with Developing Countries Working Group Chair Michael Bond (UK), logged more kilometers than anyone else, helping to raise more than US$14,000 for IASP. Grünenthal donated 50 Euros for each kilometer logged on the treadmills for IASP to use for developing country educational grants.
Footnotes (page 14 and 15)
1. This includes, but is not limited to, discrimination on the basis of age, sex, gender, medical diagnosis, race or ethnicity, religion, culture, marital, civil or socioeconomic status, sexual orientation, and political or other opinion.
2. International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966). The State parties of the ICESCR recognize “the right of everyone to the highest attainable standard of physical and mental health” (Art. 12), creating the “conditions which would assure to all medical service and medical attention in the event of sickness.”
3. Universal Declaration of Human Rights (1948): Rights to Health (Article 25); Convention on the Rights of a Child (Article 24); Convention on the Elimination of All Forms of Discrimination Against Women (Article 12); Convention on the Elimination of All Forms of Racial Discrimination (Article 5(e) (iv)).
4. The Committee on Economic, Social and Cultural Rights. General Comment No.14, 22nd Session, April-May 2000 E/C 12/2000/4. “Core obligations” of all signatory nations included an obligation to ensure access to health facilities, goods, and services without discrimination, to provide essential drugs as defined by WHO, and to adopt and implement a national health strategy.
6. Appropriate assessment includes recording the results of assessment (e.g., pain as the “5th vital sign,” can focus attention on unrelieved pain, triggering appropriate treatment interventions and adjustments). Appropriate treatment includes access to pain medications, including opioids and other essential medications for pain, and best-practice interdisciplinary and integrative nonpharmacological therapies, with access to professionals skilled in the safe and effective use of these medicines and treatments and supported by health policies, legal frameworks, and procedures to assure such access and prevent inappropriate use. Given the lack of adequately trained health professionals, this will require providing educational programs regarding pain assessment and treatment in all of the health care professions and programs within the community for community care workers delivering care. It also includes establishment of programs in pain medicine for the education of specialist physicians in pain medicine and palliative medicine. Accreditation policies to assure appropriate standards of training and care should also be established.
7. Failure to provide access to pain management violates the United Nations 1961 Single Convention on Narcotic Drugs declaring the medical use of narcotic drugs indispensable for the relief of pain and mandating adequate provision of narcotic drugs for medical use.
8. The UN Universal Declaration of Human Rights (1948) (Article 5) states: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment…” Comment: Deliberately ignoring a patient’s need for pain management or failing to call for specialized help if unable to achieve pain relief may represent a violation of Article 5.
9. The UN Special Rapporteur on the Right to Health and the UN Special Rapporteur on the question of torture and other cruel, inhuman, and degrading treatment stated: “The failure to ensure access to controlled medicines for the relief of pain and suffering threatens fundamental rights to health and to protection against cruel, inhuman and degrading treatment.”
References

Photos
All photos of 13th World Congress on Pain and International Pain Summit including cover photo by Benoît Desjardins (Montréal, Canada)

Cover
Delegates at the 13th World on Pain in Montréal, Canada.

Page 1
Ukraine Chapter Meeting; IASP bookstore in the Congress Exhibition Booth; Albanian Pain Association Symposium Panel; International Pain Summit.

Page 2
Welcome ceremony at the 13th World Congress.

Page 3
IASP President Eija Kalso at the 13th World Congress on Pain.

Page 4
Congress delegates attend a plenary lecture.

Page 5
Delegates review some of the 2,000 posters in the Exhibition Hall.

Page 6
Paul W. Hodges lectures on “Moving Differently in Pain: From Mechanisms to Rehabilitation” at a plenary session at the Montréal Congress.

Page 9
2010 covers of PAIN: September, June, December, and April.

Page 10
Cancer Pain: From Molecules to Suffering editors, L-R, Rae F. Bell, Eija A. Kalso, Judith A. Paice, and Olatman A. Soyannwo, sign books for delegates at IASP’s Congress booth.

Page 11
Maria Adele Giambardino, new Editor-in-Chief for IASP Press; September 2010 issue of Pain: Clinical Updates and 2010 books published by IASP Press.

Page 12
International Pain Summit panelists, L-R: Germán Ochoa, IASP Councilor from Colombia; Mary Lynch, president of the Canadian Pain Society; and Michael Cousins (Australia), chair of the International Pain Summit Steering Committee.

Page 13
Global Year Against Acute Pain posters from Australia/New Zealand, Brazil, IASP, and Iran.

Page 14
Woman at Ghana birthing center helped by Kybele, one of the programs funded through IASP’s Developing Countries program.

Page 16
Outgoing President Gerald F. Gebhart, Local Arrangements Committee Chair Monon Choinière, and Scientific Program Committee Chair Jeffrey Mogil at the President’s Reception in Montréal; Congress delegates listen to a plenary lecture.

Page 17
Congress attendees at the 13th World Congress on Pain.

Page 18
Dr. Medge Owen, founder of Kybele, and Dr. Richard Smiley, consult at a birthing center in Ghana.

Page 19
Vietnam pain management course; Fiji “Train-the-Trainers” course; Nurses’ training in Laos.

Page 20
Addressing the press at the 13th World Congress on Pain are, L-R, Jeffrey Mogil, Monon Choinière, and Gerald F. Gebhart.

Page 27
Charity Walk at the Congress; Jagdish Chaturvedi (India) and Michael Bond (UK) at the Grüntenthal booth.