

Newsletter, December 2006

Dear Friends and Supporters

Have you or someone close to you ever had an abnormal Pap smear? If so, you are one of millions of American women who have been exposed to the Human Papilloma Virus (HPV), the most common sexually transmitted disease in the world today. We are very lucky to live here in the USA, where routine screening and treatment have greatly decreased the death toll from the end result of this infection: Cervical cancer. Deaths have been reduced to just over 2 per 100,000 population in the US and Europe.

In comparison, Nicaragua has 10 times as many, and in East Africa, 16 times as many women die from this totally preventable disease. Why? Because they have fewer doctors, especially in rural and remote areas; and women cannot pay for the care they need, even if there is a doctor.. Most families live on \$3 a day or less. Over 300,000 women die every year of cervical cancer worldwide-- needlessly!

Prevention International: No Cervical Cancer (PINCC) was organized to start doing something about this horrifying suffering and death. We take teams of volunteer doctors, nurses and counselors, with all needed equipment, to areas where women can't get care. In one visit, we can diagnose and treat the early signs of developing cancer. We work with local public health workers, training them to do the same, then placing the equipment needed to sustain the work. We return every 6 months until local clinics are self-sufficient. There is no charge to clinics or patients for our services.

Our costs are very low: we can screen and treat a woman for about \$15-20. No one gets paid to do this work; all donations go towards medications, equipment, lab, and in-country costs like translators and trucks. How do we pay for it? Through the support of concerned and caring people here at home.

Thank you to all of you who have supported us during our first year's 3 missions to 5 countries. We have been very successful, seeing over 850 women and treating 45 precancerous dysplasias in those 3 trips. (See our latest newsletters, attached, or on our website, www.pincc.org). Our volunteer numbers are growing, so we will be able to see more women in more locations throughout the world. Already, we have had requests from 8 more countries to send teams. We are applying for grants to help us meet the huge need; but we still need you, our generous supporters, for our main support. As you consider your end-of-year donations, I hope you will remember these poor women who need your help to stay alive.

Yours in peace and love,

Kay Taylor, MD, Director, PINCC

September/ October 2006: PINCC in Africa!

On September 15, 2006, PINCC embarked on its first mission to Africa, starting in **Kenya**. We began our work in the **Siaya** district, on the shores of Lake Victoria, among the Luo people. Our team was Dr. Kay Taylor, Pat Sax, our coordinator, and Dr. Terry Dunn, a great urogynecologist from Denver. Our partners in this journey were a large team of doctors and nurses from Matibabu. These American doctors from Kaiser established a clinic and HIV center in this area. We were their first gynecology team. The clinic, in the village of Ukwala, is small but well appointed, with electricity, water and a pharmacy. We worked there several days, then traveled to outlying village clinics, an hour or so

out on dirt tracks. Here, there were central pumps to collect water, very basic sanitary facilities, and little electricity. They are staffed intermittently by Clinical Officers, similar to our Physician Assistants. The word had spread, and hundreds of people came from miles around to see the doctors.

PINCC set up our gynecology clinic in a new place every day, and saw everything from children who had been raped to grandmothers with advanced cancers. There is a desperate need for medical care in Kenya; there is one government gynecologist for the Siaya District of 2.5 million people. None of the women have ever had a gynecology exam or Pap smear, including our volunteer staff. We did lots of educating, and got most of the staff members to have their first exams; they were then very effective at convincing the village women to be examined!

Cervical cancer is indeed a scourge here. In the 160 women we saw, there were 3 invasive, advanced cervical cancers. This is around 2%, an astonishingly high number. There were many precancerous dysplasias as well. Unfortunately, there was little we could do for the women with advanced cancer. There is presently no radiation therapy available in Kenya, and very little chemotherapy, which is used for hopeful cases. All we could do was counsel them and their families, and supply pain medication. Catching this disease early and treating it is so important in Africa!

We also saw many women with HIV/AIDS; the rate in this area of Kenya is about 40%. With Matibabu's developing HIV/AIDS center, there is great hope for these women to live long enough to raise their children. It is crucial that they are screened and treated for cervical dysplasia, though, because of the rapid progress to invasive cancer that occurs in HIV+ women. Giving antiretroviral drugs doesn't stop this process, so they need examination every 6 months.

Probably the most important thing we did was to begin teaching and training health workers to do exams and treatment of women. We gave lectures to the Siaya Medical Teaching College's classes for Clinical Officers and Nurses, as well as graduate Clinical Officers working in the hospital and clinics. We will begin hands-on training upon our return in February.

Dr. Terry Dunn, in addition to working in clinics, performed 8 surgeries for women with urogenital fistulas (a disabling complication of childbirth in Africa), as well as several other operations. She worked with the government gynecologist, teaching him her techniques.

After two very full weeks in Siaya, we returned to **Nairobi**, the capital city. In the village of Ngong, an hour outside Nairobi, we worked with HIV+ women who have been sexually abused or prostituted, at the wonderful Shelter Women of Kenya program, which also runs an orphanage for children whose parents died of AIDS. Mary Kuria, its director, is a great inspiration!

We also met with the Kenya Women's Medical Association. Dr. Veronica Manduku, a radiologist, is working to set up a radiation therapy program in Kenya. Josephine Mwenga is a lawyer who works with programs to combat violence against women. Dr. Elizabeth Okoth is Medical Officer of Health for Siaya District. All 3 have agreed to serve on the Board of Directors for PINCC Kenya/ East Africa. We will collaborate with them in a new Well Women Clinic in Nairobi as well. These dynamic women are dedicated to improving the lives of women in Kenya; I'm proud to be working with them.

Finally, we flew on to **Lusaka, Zambia**. Here, we met with Dr. Christine McDonald, a Scottish gynecologist who has settled here. She is very active in bringing modern medicine to the University Teaching Hospital, and plans a new gynecology service for poor women. She has also taken in 25 of the street children of Lusaka. She is tutoring them, sending the brightest to secondary school when ready, and teaching the others a trade. We plan to work with her to establish her clinic on our return. We also met Dr. Parham, a gynecologic oncologist from University of Alabama, working with CIDRZ (Center for Infectious Disease Research in Zambia). They have established a great program for women with HIV in 6 public health clinics in Lusaka, using the one-visit see and treat cervical cancer prevention technique we do. They have trained nurse-midwives to do the screening and cryotherapy. They plan to expand to another 18 clinics in Lusaka, and in others in rural areas. They will need more doctors to

teach, train and establish these programs, so we will work with them. Zambia, like Kenya, needs many more doctors and health workers to reach their widespread, inaccessible population.

Africa is an enormous challenge! Yet there are many special people dedicating their lives to make a difference. With the help of our volunteers, and of supporters like you, we can partner with them to save women's lives and improve health care for the women of Africa. Please be as generous as you can as you consider your end-of-the-year donations. Thank you for helping us reach out to them!

PS: Watch our website, www.pincc.org, for more pictures and information on PINCC Kenya/ East Africa.

November, 2006: PINCC in Central America

La Ceiba, Honduras was our first stop. We worked in 2 local clinics, along with Nurse Specialist Zoila Mejia, whom we had trained to do PAP's and is now learning to detect dysplasia. We were also joined on day 2 by Dr. Dennis, a Honduran public health doctor trained in Cuba who started training in cervical cancer prevention. We worked until 7 pm to see all the women who had come, and were then treated to a lovely cake in thanks by the community's women. After collecting all our team members at the airport and buying supplies, we left the next day for the villages of Tocomacho, Ciriboya and Limon. It was an arduous trip, with several travel accidents: upset boat, injured elbow, truck stuck on a raft, and got hit by a drunk driver; but we soldiered on through. This was the largest team PINCC has yet fielded, with 5 doctors, 2 nurses, and 5 counselors and volunteers. It enabled us to see many more women, and do lots of teaching. We worked with a team of Cuban doctors who will stay in this area for 2 years, and trained them in VIA/ cryotherapy.

Before leaving Honduras, we did a day's clinic at the Women's Prison in La Ceiba at the request of their pastor, screening and treating another 20 women. All told, we were able to see 209 women and treat 7 precancerous lesions on this visit.

Our next stop was **Havana, Cuba!** We were invited as guests of the Cuban School of Medicine for Latin America and Africa (ELAM), which trains doctors from many countries to do public health work. We were given a detailed and informative tour of their medical care system, and were able to meet with many doctors and medical students, including a group from the United States. We also observed their Operation Milagro (Miracle) program, which brings patients to Cuba for state-of-the-art eye surgery, all free of charge. They are restoring the sight of thousands of poor people who could otherwise not afford the operations. The Secretary of State and the Deputy Minister of Public Health spoke to us several times, as well as the Director of the Medical School. It was a fascinating look into a culture with very different goals and standards than ours. They have done an amazing amount with very scarce resources, because of the USA's continued sanctions against trade with them. Their finest resource is the education and devotion of the Cuban people. After a week in Cuba, we flew to Nicaragua.

Driving to Mulukuku was definitely a challenge to the skills of each of us that drove. Yet we were lucky. Had there been recent heavy rain we might never have got there at all. Busses and big trucks have been mired for days during the rains. No wonder most people travel on foot or by horse! The women of this remote area in the Unincorporated Atlantic region have been served for over 20 years by a women's collective which, among other things, has a health clinic. The saga of that Collective, the clinic and Dorothy Granada is worth a book in itself. Here we also met Sue Howe, who does quality control; she agreed to serve on our Advisory Board in this capacity as well. The clinic staff are able to screen women with Paps, but, having no gynecologist, were unable to treat them. Anyone found to need it would have to make a daylong journey to Managua by bus, to stay for maybe a week, or return several times for appointments and treatment. Arduous in itself, but it also meant expense, separation from family for a caregiver, and loss of income from work; this created difficult choices. We were the answer to their prayers, and it was deeply satisfying to give that treatment, supported by their caring and very competent staff. They had identified 50-plus women in need of treatment and notified them we were coming. That sounds simple, but the town is surrounded by hills, and the journey to town can be

many hours on foot or horseback. Erratic post, few phones, FAX, or email and sometimes illiteracy meant personal contact by the outreach workers was often the only way people could be told. One worker reached a woman's home, only to find her gone. Undaunted, she searched and found her and brought her to the clinic. Our housing was a simple accommodation, with mosquito-netted cots in a large, shared room, and composting latrines. We bathed in a stall, open to the trees and the stars, scooping water from a bucket. It is near to heaven, after a hot, sticky day slathered in sun screen and Deet, to feel that cool water cascading, hear the wind in trees, and watch the stars.

From Mulukuku, we went on to **Achuapa**, another long journey, with no improvement in the roads. It's a pretty town, with cobbled streets in the town center. There we worked with the women of the natural health clinic where we had visited before, seeing both returning and new women. Through ProNica, we had sent test results and identified women needing further examination or treatment. Again, huge efforts had been made to bring the women in. When we checked our list of women and found some were missing, staff went out to their homes and persuaded them to come and be seen. One 65-year-old lady had been treated in May for a very abnormal exam, and was found to have micro-invasive cancer; we removed it, and on recheck, there was no sign of recurrence. She had refused further surgery due to a heart condition, so was really grateful for the good news, as was her family!

On to **Managua**, where we had the pleasure to stay in Mulukuku's Managua House; women needing treatment stay here when they come to the city. We met and spent time with the formidable and inspiring Dorothy Granada, RN, who has given over 20 years of her life to the work in Mulukuku. We worked in the barrio clinic of **Acahualinca**, another reunion with staff and patients we'd seen in May, many of whom are HIV+ or sexual abuse victims. We were delighted to work with Dr. Rosa Olivia Mendez again; we completed her training in VIA-Cryo, and began LEEP training. There are moments that are truly humbling. A group of women gently and politely kept asking if we could see them very soon. Through our interpreter we learned that they came from the remote area of San Francisco Libre; they had got up at 2 in the morning, walked for 1½ hours, ridden the bus for 4 hours and walked across town from the bus station to reach us. They planned to take that journey in reverse once they'd been seen, so needed to leave to catch their bus! Altogether in Nicaragua, we were able to see 122 women, and treated 21 for pre-cancerous dysplasia.

How would we describe the time in Nicaragua? Challenging, tiring, physically demanding, sometimes daunting, are all words that come to mind. Above all it is the word "satisfying" that resonates. It is deeply satisfying to know we make a difference to women who seldom see care, and to support those struggling to give what care they can. Please help us to continue doing so by your contributions!

Yours,

Kay Taylor, MD – Director, PINCC
Ruth Fraser, RN – Board Member, PINCC