

Newsletter, June 2007

Dear Friends and Supporters

What a wonderful, exhausting 6 months this has been for us at PINCC! Here are some of the exciting things that we've been doing:

In February, we were able to expand our mission in **Africa** to **Tanzania**, thanks to a very generous donor. Our volunteer on this trip, Jill Goodfriend, has written about this visit; see pages 3 and 4.

We toured the Kibera slums in **Nairobi, Kenya**, where 1 million people live crowded into 700 acres, with no sewage system, water, or electric services. We arranged with our Kenya Project Manager to begin providing women's education and care at the small community clinic there in September this year; we will also start training medical personnel there.

Continuing our commitment to Matibabu Foundation in the **Siaya and Ugenya** districts of **Kenya**, we spent several days seeing women in their clinic, teaching at Siaya Medical College, and began hands-on training for two Clinical Officers and two head nurses. Our volunteer, Dr. Terry Dunn from Colorado, will return there in August, and two other OB/GYN doctors are planning trips this year.

We also visited **Shelter Women of Kenya** again, to screen and treat HIV+ and sexually abused and trafficked women.

On a second visit to **Zambia**, we provided education to a Nurse-Midwife group working in Lusaka, and met with the Ministry of Health about expanding our services into rural areas.

Our team for **Central America** in May/June was the biggest yet: 12 people, including 4 doctors and 2 medical students, visiting 3 countries in 3 weeks. We saw over 450 patients, and trained 10 medical personnel.

TWO GREAT SUCCESS STORIES IN NICARAGUA:

We met our goal of placing equipment for treatment of cervical dysplasia at sites which have completed training, by donating a cryotherapy set and tank to Clinica Acahualinca in **Managua, Nicaragua**. We trained Dra. Jessica Morgan in its use and protocols. It will be shared with Dra. Rosa Olivia Mendez, who completed cryotherapy training in November, and is now working at the Berta Calderon Hospital in Managua. In September, we will work with the Nicaraguan Ministry of Health at this center to assist in training their doctors from other remote areas.

At Clinica Maria Ortiz in **Mulukuku**, they have been given a LEEP machine (loop electrosurgical procedure). We trained Dra. Barinia Oseo to use LEEP, so they can now treat dysplasia. Dorothy Granada, their amazing director, is implementing our model for mobile see-and-treat clinics in the surrounding mountain villages.

We journeyed to the village of **Achuapa** once more, staying in family homes and seeing 49 new and previously treated women. Our follow-up rate remains very high, especially considering the distances these women must travel to see us, by horse, bus, and foot.

NEW this trip: we began providing services in **El Salvador**, with a great group called Asociacion Pro-Vida. They hold clinics all over the country for women's health care and Paps, but have no treatment available, so refer women to the public hospital. Women must pay about \$40 to get treatment there, which is beyond the reach of many. We have begun training their staff of 12 doctors to provide treatment.

ANOTHER SUCCESS STORY: It was very gratifying to return to **Honduras**, and to find the areas where we have been training and treating women now have established programs for screening and treatment, thanks to the Cuban-trained doctors we've worked with. We visited a new village near **La Ceiba**, where Nurse Specialist Zoila Mejia, whom we trained, has been doing VIA tests, and we treated many patients that she had screened.

OUR FIRST GRANT! We're excited to have received a \$4,100 equipment grant from the May and Stanley Smith Family Trust, to buy equipment for our clinics and trained doctors. This made possible our donation of cryotherapy equipment in Nicaragua and El Salvador. If your company has a foundation, or makes matching donations, please let us know; you could unlock a valuable source of funding. Your recommendation can be the key to our receiving a grant. Up till now, we have been supported solely by the generosity of individual donors. This has been possible because of our all-volunteer staff and low overhead; but to expand, we need to find other sources of funding.

SHIRATI, TANZANIA: A VILLAGE OF WOMEN IN NEED

Written by trip volunteer Jill Goodfriend, RN, LCSW

In February, 2007, PINCC made its first medical mission to the small town of Shirati, on the Northeast shore of Lake Victoria, in Tanzania. In this community is a small Mennonite hospital, which serves a large area of surrounding villages. It is a referral center for leprosy cases from the western region of the country, and has a treatment program for HIV/ AIDS. Yet they have no screening or preventive treatment for cervical cancer, the #1 cause of cancer deaths among women in Africa.

We drove for 11 hours from Nairobi, Kenya, over rutted, potholed roads, through the Rift Valley, sighting zebra, giraffe and impala near the road. The last 40 km were a dirt track with deep ditches at the edges for the torrential rain runoff in the wet season. The town has one main road which leads to the lake, with small farms and family enclaves surrounding it. There are few vehicles, and some bicycles, but most walk. The hospital is in the center of town, with a nursing school and residence.

In the morning and evening, the road is lined with hundreds of people going to and from homes and shops. All manner of food and goods are sold at makeshift stands along the way. We were taken to the home of an American family doctor who has worked at the hospital for 25 years, and were warmly greeted.

The next morning, we were introduced at am rounds, and Dr. Kay spoke about our visit. We then toured the hospital with the doctors. It was clean and well-organized, but with equipment from 30 years ago. This is a gynecology area and tables. Below is a bicycle wheelchair on which a debilitated patient was brought in.

We set up our clinic, and were assigned interpreters, nurses and 2 doctors to begin training. The majority of the women we saw were hospital staff, only one of whom had had a Pap smear before. Women of all ages, from 20's to 70's, came for exams and treatment. Though fearful at first, they relaxed when they saw their colleagues and nurses getting exams and emerging smiling. Even in this relatively low-risk group, there was a 25% positive rate of cervical disease, including 3 cancers. It was difficult to get the HIV+ women in to be examined, as they had appointments to see their doctors and get medications that day. On our return, a special clinic will be set up for them, as they are at highest risk.

After lunch, Dr. Kay gave an hour's teaching conference to the hospital doctors and nurses, impressing upon them the gravity of the need for cervical screening and treatment. The Hospital Chief of Staff thanked us, and asked that we continue to return to train his staff. Two doctors worked with us to perform Paps and visual exams, and observed treatment procedures. We left the supplies to continue performing Paps and VIA until our return in 6 months, when we will begin cryotherapy training as well.

Dr.Chirangi, Assistant Chief of Staff, came to see us off on our last morning, before the long drive back. He and the hospital administrator are working to arrange air transport for us, so we can spend more days teaching and seeing patients rather than driving. A team of surgeons flies in every 3 months, and we hope to be able to fly with them.

With your generous gifts in support of our visits, we were able to diagnose and save the lives of eight women with cancer or precancer in Shirati alone, in just 3 days; and many hundreds more will never have to face that threat when our training here is finished.

Once again, we are asking for your help to raise funds for our next round of missions: to Africa in September and Central America in November. We have been asked to start care and training in Uganda and Guatemala this fall, as well as our other sites. A contribution of \$100 will allow us to see and treat 7 women in Central America, or 5 in Africa. Please send this newsletter on to your friends that might be interested as well.

Thank you, from all the women we serve, as well as all of us at PINCC.

P.S. from Pat Sax, our Fundraising Head:

Please don't bother reading this unless you are having a birthday, anniversary or other big day this year! One of our donors gave us a wonderful idea. When she celebrated a Big _0 birthday, she asked her friends to donate to PINCC instead of bringing gifts; another couple has done the same for their 25th anniversary. It's wonderful, as we not only receive the donations; we also get to know many new supporters. Since we all have more things to dust, sort and store than we need, we thought this was a lovely and meaningful way to celebrate a happy event in the context of a world where most are not as fortunate as we are. Also, ask us about tax-free donations from an IRA if you are over 70!