

## Newsletter, September-November 2007

### *Report From Africa and Central America*

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As I write this, we are in our last week of this year's missions, teaching and treating women in El Salvador at Clinica ProVida, with the 6 local doctors we trained in May. Today we examined 28 women and treated 9. Then we headed off to buy a treatment machine which will serve all 7 clinics through the country.

It's been a whirlwind few months for PINCC's teams. We spent September in Africa, working in Uganda, Kenya and Tanzania, and seeing over 850 women, while training 14 medical personnel. We were home a month, and are now in Central America for 3 weeks: Guatemala, Nicaragua and El Salvador.

Our missions, sites and volunteer numbers are growing rapidly, and PINCC is having growing pains, stretching to meet the burgeoning need. This year we have also been in Honduras and Tanzania, and have been asked to train and treat in Rwanda and Ethiopia next year. So many women, so little time and money!

I'd like to thank all of the generous people who have contributed to our missions this year. We count on our wonderful supporters to make this lifesaving work possible. We've doubled our services to women in 2007; we want to do the same next year! It's still incredibly low cost:



**\$100** will allow us to educate, examine and treat 7 women for pre-cervical cancer.

**\$500** will train a medical worker to provide VIA and cryotherapy, a legacy that will treat many more women over the years.

**\$1,000** will provide needed equipment to a women's clinic in rural Africa or Central America, ensuring their ability to prevent this terrible disease in their community.

Tita Colunga, the Directora of ProVida here in El Salvador, told us today about the women here who have no money for treatment. They resign themselves to "God's will" that they have to die, or go to witch doctors in a vain attempt to cast out the evil spirit. She thanked us profusely for helping them liberate women from this terrible scourge. Join us in this adventure of saving lives. Include the women pictured below, and many more, in your holiday gift list, and receive the gift of joy in knowing a woman will live because you cared.

We thought you'd enjoy hearing from some of the people who volunteered for these wonderful missions.

***Lisa Levine, MD, on Africa:***

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I'm a second year resident in Ob/Gyn at Albert Einstein in the Bronx. Since medical school I have been volunteering with an organization called PINCC. I chose to spend my two week vacation working with PINCC in Africa, helping to see and treat women in addition to teaching the healthcare workers.



*Lisa, Susie, and Jessie, PINCC's volunteer doctors in Africa*

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Kisoro Hospital, Uganda, was the site of our first stop on the PINCC journey. Working with PINCC and 2 dedicated medical students, Chavi Kahn and Eleanor Chung, we trained the healthcare workers in Kisoro to provide a sustainable program for cervical cancer prevention. Most of these workers had never put in a speculum and did not know what cervical cancer is, how you got it, or how you treat it.

Lisa, Kay, and Chavi When we got to the clinic the first day, we could not even get to the clinic doors because there were so many women who had heard we were coming to the village. There must have been almost 600 women there in vibrant colored garb with babies either on their back or on their breast. Some of these women walked over 3 hours from their village, most without shoes, to see the muzungu (white) doctors.



*The PINCC team with the Kisoro medical workers.*

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We spent 5 very full days in isoro training doctors, nurses, midwives, and seeing patients. We were able to see over 550 women! We treated 55 women for pre-cancerous changes, but also diagnosed 3 advanced cancers. Unfortunately there is not much hope for women with advanced disease - the chemotherapy and radiation that is available in the States is nearly impossible to get there. But with the implementation of this program, there will be fewer women that have to die from this nearly 100% preventable disease; we will catch the early stages and treat them before it is too late.

The second week, we made our way to Nairobi, Kenya, where we stayed with Dan Ogola and his family, who arranged our visit to Kenya and the clinics we would work in. Dan is an amazing person. He lived in Kibera slums during his teenage years and would walk 3 hours to and from work for \$1.50 a day. He took us walking through the Kibera slums. It is an area of 300 acres with 1 million inhabitants and it was one of the most disgusting experiences of my life. "Houses" are thrown up with clay, sticks and stones. There is no clean water or plumbing system; yet people have huge smiles and big hearts. I can't count the number of times that we were offered help by some of the local people in forging the rivers of excrement. We worked in two clinics serving the women here, finding and treating many more potential cancers.

The trip was incredibly rewarding, but I had mixed feelings throughout the trip. There were some days that the extreme poverty and helplessness of the people just got to me. Was I merely attempting to bail out the ocean? In a continent that is full of political greed, incredible illness, destitution, and extreme need, was I making an ounce of difference?



Then I realized yes, we are doing something. We were helping to change healthcare there, even it is only one of hundreds of issues that need attention. And we are making people more aware - both in Africa and in the States. In Uganda, where the prevalence of HIV/AIDS was once 25% of the population, they have managed to bring it down to 6% in the past 10 years. It is an example of how education, knowledge, treatment, and determination can actually make a difference. And the doctors that we worked with in

Uganda told us that if our program was successful, the governmental agencies would consider initiating this screening program on a national level. We can truly say we are working towards change, towards making a difference. You can't overcome huge obstacles without using stepping stones to get there.



### *Karen Balos, LCSW, on Guatemala*

This trip has been indescribably wonderful. At the first clinic we visited, Centro de Salud de Tecpan, Chimaltenago, we were immersed in a sea of beautiful Mayan women wearing rainbows! We treated 90 women for various gynecological infections, running the gamut from Chlamydia to yeast, and oh, by the way, saved five lives, i.e., we zapped their cervical dysplasia, which would have turned into cancer if left unattended. During the rest of our stay in Guatemala we worked at two additional clinics along the northern Caribbean coast and saw 86 more women. Additionally we worked with local doctors, nurses and medical students, training future doctors in the procedure used to prevent the cancers. What could be more significant and fulfilling than that? I frequently found myself overwhelmed with emotion, visual stimulation, gratitude and wonder.



*Drs Taylor and Stemmer with 2 medical interns*

### *Kit Durgin, retired non-profit administrator, on Nicaragua*



At La Clinica Xochilt, in the village of El Viejo, we tested 35 women, and started training their dedicated doctor. Founded in 1999 by women of the banana workers union (bananaderas), Xochilt serves some of the poorest women in the country -- those who have survived the Somoza regime, war and natural disaster, and work in maquiladoras and plantations for a few dollars a day. We also met with the head doctor of the public hospital in nearby Chinandega, to organize an area symposium for our next visit. This region has no available treatment for cervical dysplasia; women must travel hours

away to Managua, and wait months for treatment. PINCC plans to help train doctors from several health centers here.

### *Susan Howe, MPH, Nicaragua*

PINCC gave the first Symposium on Prevention of Cervical Cancer in Matagalpa, sponsored by Hospital Cesar Amador Molina -- the third in an ongoing series of trainings by our newly-organized consortium in Nicaragua. The Matagalpa symposium was quite a learning experience for me. Monday's lecture by Dr. Kay Taylor and the practicum were very good and engaging. Over 30 medical

people attended with many doctors coming from other hospitals and clinics. There were good questions and discussions about protocols, etc. with Dr. Garcia, Director of OB/GYN Residency at Berta Calderon Hospital, Managua, and Dr. Delgado, head of Matagalpa Hospital.

Tuesday and Wednesday's clinics were a bit overwhelming! We put the call out to other hospitals and clinics who responded enthusiastically by bringing their patients. Doctors and patients came from Trinidad in Esteli, the Grounds for Health Campaign and the hospital in Jinotega, ProSalud in Ciudad Dario, Clinica Maria Luisa Ortiz in Mukukuku, as well as patients from the Centros de Salud around Matagalpa -- hence we had patients needing treatment and doctors wanting training from 7 different facilities -- all at once! PINCC has been invited to continue training at the next symposium planned for May, involving 7 leading doctors and medical organizations across the country.

A special thank you to all of our wonderful medical people, interpreters and other volunteers from Texas to Canada, from the Atlantic to the Pacific who made this year a success.

***Happy Holidays,***  
*Kay Taylor, Executive Director*