A Partnership’s Legacy

Members of AIHA’s Slovakia/Scranton Partnership Work to Bring HIV/AIDS Care, Much-needed General Health Services to People in Africa and Cambodia

BY KATHRYN UTAN

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How many times have you watched a segment on the evening news depicting people living in abject poverty, in unimaginable conditions, their bodies wracked with malnutrition and disease? So many of us see these far-away images, but glance quickly away thinking that those people are someone else’s problem. After all, what could one person possibly do to help?

Nearly eight years ago when Vladimir Krčmery, dean of the School of Public Health at Trnava University in Slovakia and a member of AIHA’s now-graduated Slovakia/Scranton partnership, saw the slums of Nairobi, Kenya, flash across his television screen, he didn’t turn away. Instead, he was struck by the devastation and angered by the countless lives lost to easily treatable diseases and he decided to act.

As a Jesuit institution, Trnava University is deeply rooted in the teachings and insights of Saint Ignatius Loyola and seeks to engender in its faculty and students respect for the dignity of themselves and others, a devotion to justice, a commitment to serving the poor, and a passion for truth, reflection, and lifelong learning. With those values foremost in his mind, Krčmery approached some of his colleagues—mostly clinicians and professors at the University—with the idea of forming an outreach team that would go to Kenya to provide medical care and whatever other assistance they could.

“I was overwhelmed by the enthusiastic response I received from most of the people I talked to and immediately started looking for organizations that we could collaborate with in Africa,” Krčmery explains. He quickly found two in Nairobi—the Congregation of the Sisters of Mercy and the Mukuru Promotion Center, a kind of education and employment program offering services to young people living in the city’s poorest districts—and his idea found fertile ground in the slums of Kenya where teams from Slovakia work hand-in-hand with their local partners to address some of the most problematic public health problems facing the local population. Their collaborative efforts led to the creation of the First Mary Immaculate Clinic, which was established in Nairobi in 1998.

First Healthcare Services, Then Hope for a Better Future

According to Andrea Doczeova, an associate professor of medicine at Trnava University and the School of Public Health’s vice dean for international affairs, malnutrition, a tainted water supply, and overcrowded conditions all combine to make Nairobi’s slums a virtual breeding ground of infectious disease. The situation is compounded by poverty and lack of access to education. “People might not immediately make the connection between education and health, but truly it plays an incredibly important role. It’s a terrible fact of life in Kenya that the top five diseases ravaging the population are either easily preventable, readily curable, or both,” she explains, noting that teaching people how to avoid infection is much easier than trying to cure a disease that has already taken hold of an individual.

Keeping this in mind, the outreach team from Trnava decided to adopt a two-pronged approach to tackle the situation in Kenya. First, they worked to open the First Mary Immaculate Clinic, a primary care center that provides broad-based outpatient services to more than 100 people each day. “We provide HIV counseling and testing to 150 people every month and are currently managing highly active antiretroviral therapy for 21 adults and five children. About 150 HIV-positive pregnant women come to us each year to take part in our PMTCT program and the same number of people participate in our malnutrition remediation project. And, we operate a dental program that treats 550 patients per month,” Doczeova says.
While the Clinic tends to the medical needs of Nairobi’s slum-dwellers, the partners work with the Mukuru Promotion Center to improve educational and employment opportunities for young people looking to break free from the bonds of poverty while at the same time giving something back to their community. “Three years ago, we began offering a university-level degree program in social work and community health in cooperation with the Mukuru Center,” explains Patricia Dobrikova-Porubcanova, a clinical psychologist and assistant professor at Trnava University’s School of Social Work. “We’ve targeted young people from the slums who cannot afford to pay for their education. Currently there are 21 students, all in their third year. After they complete the program and receive their bachelor’s degree, they will have the opportunity to work with the Ministry of Health, a private business, or a non-governmental organization to improve conditions in the slums and bring hope to the people who live there.”

From the Frying Pan into the Fire

In 2000, the Trnava team started working in Mapuordit, South Sudan, where they established the Second Mary Immaculate Clinic. Calling the region the “worst place I’ve ever visited in my life,” Krcmery explains the many challenges of working in a country torn apart by years of civil war. “South Sudan is characterized by a total lack of infrastructure—no roads, no power, no schools, no clean water, no sanitation. There is a high degree of poverty and an almost total lack of healthcare services, including the administration of primary vaccinations against easily preventable communicable diseases. Furthermore, the population is by and large uneducated and suffering from severe malnutrition.”

Doczeova agrees with Krcmery’s characterization of Mapuordit, adding that the local customs and culture are just as foreign as the landscape, climate, and conditions. “The region is truly dismal … a dry, arid desert where cows have more value than people. The Sudanese depend on cows for virtually all of their daily needs,” she says, explaining, “They give their children the milk to drink, use the urine to wash with, and even add it to the milk to enhance its flavor. They burn cow dung because the smoke helps ward off mosquitoes then rub the ash on their bodies to protect themselves from skin parasites.”

In the midst of these daunting conditions, the intrepid outreach team is operating the only full-service hospital in the region. “Working with local church...
leaders from the Diocese of Rumbek, we run a 60-bed facility that offers both in- and outpatient services to more than 40,000 patients each year. We admit 350 people every month for inpatient care, operate a malnutrition assistance program for 300 new patients each year, and a leprosy project for 100 new patients annually,” Krcmery says. “In addition, we have a program for the treatment of lymphatic filariasis—a debilitating condition caused by parasitic worms. Through this project, we serve approximately 400 new patients a year.”

Because there are no other healthcare facilities for hundreds of miles, people sometimes travel two or three days on foot to seek care at the Mapuordit Clinic. “To be prepared to meet the needs of the local population, all of our team members must possess a very broad range of knowledge and clinical expertise. We must be able to assess patients and treat them on the spot without the use of sophisticated equipment,” Doczeova says, noting that she and her colleagues took special care to learn about tropical medicine before traveling to Africa.

Sometimes, however, practicing medicine under such primitive conditions isn’t about preparing in advance; it’s about learning how to think on your feet. When team members were confronted with the problem of how to instruct their diabetic patients to safely store insulin without the benefit of a refrigerator, they came up with the idea to store the vials in a special box with water and place the box in a hole in the ground to keep the medicine cool. “That’s definitely not a concern we’d have to address back home and just one example of the day-to-day reality of providing care in a third world country,” she quips with a chuckle.

Caring for Cambodia’s “Little Big Heroes”

In the Cambodian capital of Phnom Pehn, the genocidal policies of the Khmer Rouge resulted in the murder of some 2.2 million people and virtually erased any concept of the family unit from the remaining population. Today, the entire country is plagued with poverty, low levels of education, and very poor standards of healthcare. In search of work, many people have migrated from the rural areas to Phnom Pehn looking for a better way of life. Instead, desperation has driven most of the migrants—even young children—into the commercial sex trade, putting them at high risk of contracting HIV/AIDS and other sexually transmitted infections.

“We started working in Phnom Pehn in 2003 after we learned of the city’s high number of homeless children, many of them living with HIV/AIDS as a result of either mother-to-child transmission or involvement in the nation’s rampant sex tourism industry,” says Doczeova, who heads the outreach project there. “At the Blessed Max Kolbe Clinic for Sick Children, we provide a home for 37 HIV-positive orphans and street children. In addition, we administer antiretroviral therapy to 33 children and five parents. Some of the cases are very advanced and roughly one-third also involve co-infection with tuberculosis or hepatitis,” she explains.

Because these young children have lived such tragic lives—many have witnessed their parents, siblings, and other people they know die as a result of malnutrition or disease—they seem older than...
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Doczeova says, “During my initial examination of one 5-year-old boy, he turned to me and pleaded ‘please, do not let me die.’ I was shocked and will never in my life forget the simple wish of this small child. At that moment, I promised myself that I would do everything I could and more to help improve the lot of Cambodia’s HIV-positive children,” she recounts emotionally. “Most of these children realize all too well that they have a deadly disease. Perhaps that is why they don’t even cry during painful tests and procedures, nor do they complain about taking so many pills. For this reason, I call them my ‘little big heroes.’”

The Positive Impact of Partnerships Makes the Struggle Worthwhile

One of the biggest challenges the medical outreach team faces is the lack of simple things people in the Western world take for granted—fuel or electricity, for example. Additionally, a severe shortage of equipment, medical supplies, pharmaceuticals, and trained clinicians also conspire to hamper the delivery of healthcare services. But, for the dedicated volunteers who travel to these remote locations often spending months living and working under the most difficult of conditions, the rewards of saving lives and helping people who have no one else to turn to far outweigh any danger and discomfort.
“Sometimes I worry about catching a terrible disease such as hemorrhagic fever or tuberculosis, or even being bitten by a poisonous snake or stung by a scorpion. It’s also really hard to be separated from my family and friends in Slovakia for long periods of time, Doczeova admits. “But the concrete results we have seen from our work on these outreach projects makes the risks pale in comparison. There are so many things that we can be proud of—saving lives, mitigating pain and suffering, increasing young people’s interest in education, and sharing the knowledge we have with our local partners. For me, though, this work is not about feeling good about myself. It’s about helping our partners increase their own capacity to provide much-needed care and treatment. It’s about giving them the tools they need to become independent,” she says.

“Our collaboration with the University of Scranton introduced us to a whole new world as far as the practice of medicine is concerned,” Doczeova says. “Before we became involved with the AIHA partnership, our system did not allow for the integration of other disciplines such as psychology, social work, education, or philosophy into clinical care. We had no understanding of how important these varied fields are to the true concept of health,” she admits, noting that what she and her colleagues have learned through their ongoing collaboration with Scranton has enabled them to usher in many positive changes not only in Slovakia, but also in Cambodia, Kenya, and South Sudan. Indeed, she contends, it has led to a wholesale change in the collective mindset in Trnava. Now, the concept of partnering for better health is firmly rooted at the Slovakian University, in the hearts of the dedicated practitioners who participated in the program, and in those who continue to work together to improve global health. ■