

## Changes Great and Small:

### Three of AIHA's First Partners Discuss How the Program Changed Them and Their Institutions

**T**he exchange of information and ideas is inherent in all AIHA partnerships. People on both sides benefit greatly from the close-knit collaboration that is necessary to accomplish goals as varied as the individuals and communities that form each alliance. The changes that occur as a result of partnership activities begin when age-old stereotypes and preconceived notions are peeled away and people on both sides open themselves up to new and different ways of approaching common problems. As AIHA's second group of partnerships move forward with implementing new programs and services, they are well-served by the lessons learned through past alliances. CommonHealth spoke to members of two of AIHA's earliest partnerships—Dr. Duishe Kudayarov and Dr. Zakir Kamarli, both of the now-graduated Bishkek/Kansas City partnership, and Dr. Khamid Karimov of the Tashkent/Chicago partnership—who shared their views on how the collaboration affected them both personally and professionally.

**CommonHealth:** On your first partnership exchange trip, what were your impressions of Kansas City, the University of Kansas Medical Center, and the people you worked with?

**Kamarli:** I had imagined that it would be very nice, but what we saw on that first trip exceeded all our expectations. The level of technology was really thrilling for me and just seeing everything in action at the hospital was a lesson in itself, but what was really wonderful was the way our American partners welcomed us and were so eager to show us around their hospital.

**Kudayarov:** What really surprised me the most—especially in the early stages of the partnership—was the relationship we formed with the people from Kansas City. We lived in isolation for so long, you know, and the United States was considered our enemy. Our American partners said it was the same for them—that they were taught the Soviet Union was their enemy. Both sides were educated in such spirit. No one imagined that the collaboration would be anything more than a business arrangement, but it was. You see, it was not only businesslike con-



Zakir Kamarli

tact, it was also a person-to-person, family-to-family contact.

**CH:** What kind of impact did this bond of friendship have on your working relationship?

**Kudayarov:** Of course it strengthened our working relationship, but we also built upon

shared mutual experience in treatment of sick children and women. Each time we went to Kansas City or the American specialists came to Bishkek, we looked forward



Duishe Kudayarov

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to discussing new techniques and learning how to use different equipment and instruments in our work. Our medical staff who went to Kansas City also found the experience very satisfying because they got the chance to see another system firsthand.

**CH:** Were you skeptical at first about how successful the partnership would be?

**Kamarli:** Not me personally, but many of my colleagues were skeptical. They didn't expect very much to come of the partnership. They were doubtful at first and thought the relationship would just be talk between the US experts and us.

**CH:** Bishkek/Kansas City was one of the AIHA's first hospital partnerships. Was sort of activities did you choose to focus on?

**Kudayarov:** First of all, it was neonatology, nursing, pulmonary diseases, and allergies. We also focused on women's and children's health, obstetrics and gynecology, and cancer therapy. These were all issues we shared with our US partners.

**CH:** How did what you learned change the way things are done at your institute?

**Kamarli:** First of all, just seeing with our

own eyes the way things were done in the United States gave us new ideas about how we could change things in Kyrgyzstan. We didn't expect we would change immediately . . . naturally there were many obstacles such as getting financing when the economic situation was so poor and obtaining new equipment.

**Kudayarov:** The visitors from Kansas were always surprised when they saw how people here in the institutes work without sufficient equipment, but we tried to implement programs that were appropriate and adequate to our conditions.

**CH:** *What kind of results did you get from the changes that were made in these areas?*

**Kudayarov:** There are so many things . . . neonatal morbidity and infant mortality were reduced. For instance, in 1992 neonatal mortality was 14.9 per thousand, and by 1998 it had dropped to 11.4 per thousand, while infant mortality of children aged one year or less decreased from 31.2 to less than 25 per thousand. We've trained more than 110 physicians from birthing units throughout Kyrgyzstan as instructors in neonatal resuscitation. We've also been very successful in improving maternal health and the health of women in general.

**Kamarli:** One of our greatest changes came through the realization that many of our patients could be more effectively treated on an outpatient level. This helped us to reduce patient beds by 250 and led to improved efficiency.

**CH:** *We've talked about how the partnership changed the institution. Can you describe how it changed you on a more personal level?*

**Kudayarov:** The biggest change for me was my opinion toward nurses. Under the old system, the relationship between physi-

cians and nurses was not so friendly. You know, doctors did not think the role of nurses in the hospital was an important one. When I saw in Kansas how a physician and nurse work together as a team, I was struck immediately by the difference. The nurses were like the right hand of the

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physicians. So when I returned to Bishkek, I spoke to the staff—both nurses and physicians—and asked them to change their behaviors and try to make nursing a more independent job. We introduced a new 4-year curriculum for higher nursing education. This change has really made a difference in my work and my attitudes toward what nurses can accomplish. It's the same for most of my colleagues. . . . They saw a different way of doing things and made changes for themselves.

**CH:** *What about changes you made on a professional level?*

**Kamarli:** Well, first of all, I've become much more effective as a manager as a result of the seminars sponsored by AIHA—especially those on financial management. I've

also grown as a surgeon, learning new techniques during professional exchanges and workshops.

**CH:** *What is your vision for the future of health-care in Kyrgyzstan and what do you think is the next step toward attaining that vision?*

**Kudayarov:** I feel it is necessary to implement more modern and effective techniques or methods of treatment in Kyrgyzstan, but the economy is the main obstacle to doing that. Our experts and medical professionals are very skilled and dedicated . . . they know how to work, they just don't have the equipment. When our Kansas City partners first came here to the hospital and saw with their own eyes how we work without good equipment, they were very surprised and asked, 'How do you work?' They thought much depended on faith and prayer. If we had enough money, we would work to implement everything we saw in the United States and make good advances in medicine. Should conditions in Kyrgyzstan ever be like those in the United States, our people would change mentally, physically, and spiritually.

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*Dr. Kamarli, former director of the Kyrgyz National Cancer Center, is now head of the oncology branch of the Medical Department at Kyrgyz and Slavyan University and in private practice. Dr. Kudayarov is the director of the Kyrgyz Institute of Obstetrics and Pediatrics.*

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**CommonHealth:** *As one of AIHA's first partners, what did you think you could accomplish through your collaboration?*

**Karimov:** I have to say that I had reservations about what would come of the partnership before we began working with our Chicago partners in 1992. Development and reform seemed more like an abstract concept that was being discussed by scientists, rather than something real and concrete. I never thought that this

collaboration could affect the mentality of our staff—myself included—and radically change the way we do things at our institute and clinic, but it did.

**CH:** *How did things change at your institute as a result of your collaboration?*

**Karimov:** Well, one major change was that we began to use information technology. The Internet gave us access to so many resources and kept us in contact with our partners. We also established the first neonatal resuscitation training center in Uzbekistan, a Women's Wellness Center, and an emergency medical services training center. Another big change is that we now offer more hands-on training courses. Under the former system our medical students focused on theoretical knowledge, while in the United States students received more practical skills. . . . I'd like to stress that we haven't tried to copy the American system, we've taken the best elements from both sides and tried to combine them.

**CH:** *What were some of the obstacles you faced when you started working with your Chicago partners?*

**Karimov:** One of the biggest problems we initially faced was the fact that most of our staff didn't speak English. During the early years of the partnership, we provided language training so that the people we sent to train in the United States would get more from the experience. We wanted to ensure they would be able to return with new knowledge that could be implemented here in Tashkent. It also took some time for both sides to adjust to working with each other—culturally, we were so different—but after a year or so we began to understand each other and our work became much more fruitful.

**CH:** *How do you think your involvement*

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*with the partnership has changed you on a personal level?*

**Karimov:** First of all, it gave me an opportunity to learn about the university system in the United States and to gain international experience in healthcare. As



I've already said, it changed my mentality—about my job and about the United States. I grew up under the Soviet system and viewed the United States as my enemy. This collabora-

tion opened my eyes to the American people as friendly, peaceful, and willing to communicate and establish bonds with others.

*Dr. Karimov is rector of the Second State Medical Institute in Tashkent.*