

# Doctors' adventure more than medical

## Kingston physicians expect to treat emotional problems as well on trip to Tanzania

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### **In cultures known for their patriarchal traditions, sometimes the most effective remedy is a woman's touch.**

"Women in sub-Saharan Africa, in general, are the most disempowered group in the population," said Kingston General Hospital emergency physician Dr. Jennifer Carpenter.

"Sometimes, I think, even worse than children." Her friend, nephrologist Dr. Karen Yeates, agrees. "It's lack of equality between men and women that drives everything," she said.

"[Women] have higher levels of poverty, gender-based violence and, of course, poor health. Poverty leads to poor health, because of inability to access health care, and when people are not empowered, they're not able often to advocate for themselves, or seek out the care that they need for themselves and their children."

Carpenter and Yeates, who departed for Tanzania yesterday, won't just be treating their patients' physical symptoms, but their emotional attitudes as well. The two doctors will engage in a six-day blitz of medical care at the Pamoja Tunaweza Women's Center near the town of Moshi before climbing Mount Kilimanjaro with seven Tanzanian women, four of whom are HIV-positive.

Although the two Canadian physicians will primarily be medicating local Tanzanians, the impact of Pamoja Tunaweza - Swahili for "together we can" - extends to the nonmedical realm. The facility offers legal advice, as well as information on education and business training, to help local women.

"I would call it a holistic approach to development," said Yeates.

"We realize that just giving free health care to people doesn't solve all their problems."

She said it's one thing to house women temporarily in a shelter, "but if you don't help the other aspects of their lives, whether it's emotional or physical, then you've not looked after the whole person.

"We try to deal with the legal, the social, the health [issues], to try to get women at a level where ... they are standing on their own two feet and then can be supporters of their peers and go back to their communities."

Carpenter told the story of two Tanzanian women who social services identified as needing help after being kicked off their land. They arrived at Pamoja Tunaweza with their children, where the staff counselled them and helped them find an apartment together. A micro-loan from the facility allowed the women to gain financial independence.

"One of the mothers was looking after the kids," Carpenter said of the arrangement "while the other mother was starting a business to be able to support them."

The necessity of a women's health centre is driven by the fact that mothers tend to shoulder the bulk of child-rearing duties, but the care of young children is not restricted to young women.

"We're also trying to reach out to local grandmothers," said Yeates. "There's a lot of orphaned grandchildren and there's a lot of women who are saddled with looking after their children's children, so we're looking at expanding the program through getting some extra funding."

Yeates applied for a grant from the Stephen Lewis Foundation specifically for grandmothers who come to the facility, "mainly for food security," she said.

"These people are starving."

Medical care is too expensive for much of the population in Tanzania, where many go without treatment or wait until an illness is too painful to ignore before seeking a doctor's attention.

The availability of free health care, said Carpenter, "allows people to access care when they need it and when they should be accessing it, rather than waiting until they're at death's door."

Perhaps equally important to proper medical treatment is the boosting of patients' emotional welfare, and it is here that Mount Kilimanjaro comes into play. Tourists often scale the mountain, but park fees are so expensive - more than a year's salary for the average Tanzanian -that even those who have spent their whole lives near Kilimanjaro have not climbed it.

Carpenter and Yeates will ascend the peak with more than 20 other Canadian women and seven Tanzanian women, among them the clinic's doctor, administrator, human rights lawyer, and four HIV-positive women who have become directly involved in the facility.

In Carpenter's words, "they were helped by the centre and now they're helping others."

For Carpenter, Pamoja Tunaweza and Mount Kilimanjaro are two sides of one coin, each representing a common goal.

"It really is going to do a lot to raise awareness in Tanzania that women can do anything," she said, "and if you're HIV-positive, it's not a death sentence. You can be strong and you can do anything."