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Moving mountains for health

Queen's prof Dr. Karen Yeates led more than 100 people up Mount Kilimanjaro in January, raising \$40,000 for a Tanzanian women's centre

BY MICHAEL WOODS, FEATURES EDITOR

Whether it's scaling the slopes of Mount Kilimanjaro or conducting research on global health from her office at Queen's, Dr. Karen Yeates, a nephrologist at Kingston General Hospital and a Queen's professor, is working to improve women's health.

Earlier this year, Yeates climbed Mount Kilimanjaro with more than 115 people in tow. The climb, which lasted from Jan. 11 to Feb. 1, raised \$40,000 for the new women's centre Yeates started at the foot of the mountain. Most of the money was raised in the Kingston community.

Yeates, who dedicates about half of her time at Queen's to research on Aboriginal health issues, has spent the last three years working on a project in Tanzania focused on improving women's health.

"Four years ago I got involved with a project as a volunteer with an Ottawa NGO called Canada Africa Community Health Alliance (CACHA), and I went just as a volunteer with them to Tanzania to work on one of their projects," she told the Journal.

She said the seed for working in public health was planted when she graduated from Harvard University with a masters of public health five years ago.

"At my graduation ceremony ... there was just over 100 of us, and Stephen Lewis had been selected as



Queen's professors Dr. Karen Yeates and Gary Kibbins stand at the base of Mount Kilimanjaro. (Supplied)



Dr. Karen Yeates (center) stands with Agnes Mtambo, the local administrator of the Pamoja Tunaweza Women's Centre (left), and Sekunda, both of whom are HIV-positive. (Supplied)

keynote speaker. At the time he was still the UN's HIV-AIDS envoy. He charged this group with going out into the world to try to do what the world hadn't done yet in terms of trying to combat the HIV-AIDS epidemic.

"That, for me, was really a life changing experience, hearing him talk."

After spending a couple of years in Kingston working on her research career, Yeates became involved with CACHA and went to live in Africa with her husband and three children eight months later, from January to June 2007.

"What Stephen Lewis has focused on lately is that the real way to make headway with the HIV-AIDS crisis ... is to empower women. If women are empowered financially or through access to health care or education they're more able to protect themselves."

With this in mind, Yeates started her own project, the Pamoja Tunaweza Women's Centre at the base of Kilimanjaro. The name is Swahili for 'together we can.'

The project started in partnership with the Kilimanjaro Women's Information Exchange and Consultancy Organization (KWIECO), a Tanzanian NGO that provides legal representation to women for issues related to health, marital status and land rights.

"We have partners over there and we're protected here with our charitable status under CACHA, so we've been able to do a lot quickly because we didn't have to become our own charity," Yeates said. "It's a Canada-Africa project."

"In Tanzania, and in most of sub-Saharan Africa, gender inequality is a huge issue. Women, although they have rights under the law, the customary law doesn't always dictate that and women often don't know their rights. ... [KWIECO] felt that something the region could really benefit from would be a program such as a women's shelter-type program."

Pamoja Tunaweza Women's Centre opened its doors in June 2007 and the shelter program started in January 2008. The centre has sheltered more than 10 women and children. Two babies have been born to women living there.

On a daily basis, clients can visit the clinic at the centre about their health problems and for HIV testing. About two-thirds of the women who visit are HIV-positive.

Additionally, through a business program at the centre, 12 women have been trained and given small loans. The next business training session, which begins soon, will provide training for 30 women.

Along with starting the centre, Yeates brought Canadian medical staff to the area in April 2008 for a one-time clinic.

"We bring medical volunteers over there and we run large, en masse clinics out of the centre. So they're sort

of the focal point in the community and last year we brought over 22 Canadian doctors and nurses and logistics people who all fundraised for their trip and paid their way, and we ran clinics that saw about 2,300 people and did 1,600 HIV tests.

“After that care then they’ve basically launched a clinic there that’s opened through word of mouth, through our own clients, where we provide free health care and free medicine,” she said, adding that the clinic is run by Agnes Mtambo, a local Tanzanian.

When Yeates and her husband lived in Tanzania in 2007 with their children—one of whom they adopted from Tanzania—she worked at a rural hospital from Monday to Thursday, and from Friday to Sunday she worked at what became the women’s centre.

At the end of her time there, she and her husband, who’s a nurse, climbed Mount Kilimanjaro and made it to the summit. When they finished their climb, Yeates said they spoke with Mtambo, who has been HIV-positive for 10 years.

“Agnes and I were thinking about the climb, and she said, ‘You know, I’d love to climb Kilimanjaro, but Tanzanian women never climb.’ Women with HIV think, ‘I could never do it; I have HIV.’ HIV in and of itself is a death sentence,” Yeates said. “Tanzanians in general don’t climb that mountain unless they’re working for foreigners.”

But despite the stigma surrounding HIV, Yeates said she’s seen an improvement over the past few years.

“In Tanzania, they do have an emerging care infrastructure which is really changing the landscape. The Tanzanian government runs what are called sectoral aid programs in all the regions, where they’re called Care and Treatment Centres, or CTCs, and people can go to access HIV testing and HIV care and HIV medication. It’s not perfect, because they’re not on the same line of therapy that they would be if they were in a first-world country, but many of them are on triple therapy.”

After her successful climb, Yeates said she had the idea to bring Agnes and three other HIV-positive women from the centre up the mountain. The women didn’t hesitate when they were asked, she said.

“We had four HIV-positive women who are all poor women

—either subsistence farmers or people who sell in the market—but all who live on less than \$40 a month,” she said. “Two of them have HIV-positive children.”

Thirty-one people climbed the mountain, including Canadian volunteers and a filmmaker from Queen’s, as well as 73 porters, 11 guides and three cooks.

“Can you imagine this many people on the mountain?” Yeates said. “It was insanity. We did a six-day, seven-night climb up the Rongai route, which you ascend from the Kenyan side of the mountain, and it’s all camping and very unpopulated. We were sometimes the only people we saw, which was wonderful.”

At the last stop before the summit, at 15,700 feet above sea level, some climbers stopped due to altitude sickness. Others, Yeates included, reached the summit while they waited.

“The four Tanzanian women all attempted to climb that night but turned around about 300 metres up and went back to their tents because they didn’t feel well enough. But we’re pretty glad they slogged it out and made it to the step before we summited,” Yeates said, adding that those who stopped faced symptoms typical of altitude sickness, including severe headaches, nausea, vomiting, dizziness and difficulty walking.

Yeates said she noticed a change in the attitudes of the four HIV-positive women on the trip.

“The women who climbed with us really are pretty amazing women anyway—they’ve lived with HIV for many years, many of them have children with HIV,” she said. “They’ve really climbed many mountains already in their lifetimes.

“They were a huge inspiration for us as a group.”

Queen’s film professor Gary Kibbons joined Yeates and the group to film the trip, along with a filmmaker from Montreal. Their 50-minute documentary, “The Women and the Mountain,” will be released in the next six months. Yeates said they’re hoping the documentary will air on the CBC.

Global health work can be frustrating, Yeates said, but her project sends raised funds directly to the people running the women’s centre, making it more efficient than some other charities.

“You cannot have a top-down approach. It’s their project, not ours,” she said. “We really do take a grassroots approach and try to circumvent government and bureaucracy at all costs. The money from us flows directly to the people who work at the centre. It’s as simple as that, because when government gets involved, you lose probably two-thirds of the money and the momentum.”

Yeates said doing primary care empowers her, and she hopes to do another climb—albeit on a smaller-scale—in the future. She will head back to Tanzania in October, she said, adding that women’s empowerment work will continue to drive her visits to the region.

“One of the women on the trip who was climbing with us told somebody, ‘These women here are the HIV victims who are travelling with us.’ These women took great offense to that and it came back to me. It actually became quite a big deal. This was day number three. They said, ‘We’re not victims; we’re here climbing a mountain with you.’

“That, I think, says it all.”

For more information on Pamoja Tunaweza, visit www.tunaweza.org.

A mountain of challenges

Although the climb was ultimately a success, Yeates said there were some harrowing moments making it up Mount Kilimanjaro.

“The day we arrived to summit there had been a death on the mountain the night before. A Japanese climber had died. He summited and he died on the way down of what we call pulmonary edema,” she said. “He coughed up blood and dropped dead. We had to provide two of our porters to carry his body down to a lower camp, so it was pretty serious.” Yeates said although a lot of her group members suffered symptoms of altitude sickness, they were well-prepared for emergencies and only one member of their group had to be evacuated.

Nonetheless, seeing a dead body carried down the mountain was unnerving, she said.

“Although we were very prepared, that was something that after camping, no showers and two days of rain ... and we’re all having some altitude sickness and it’s zero degrees and then this dead body comes through camp ... I mean it was just so depleting to everybody’s spirits.”

—*Michael Woods*

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