

Journeys to Kazakhstan

A UW Medical Team Celebrates a Decade of Public Health Progress

Last fall, longtime *Quarterly* photographer Bob Rashid was invited to join a team of healthcare providers affiliated with University of Wisconsin School of Medicine and Public Health and UW Hospital and Clinics on a trip to Kazakhstan, a Central Asia country once part of the former Soviet Union. The medical team, headed by UW surgery professor John Doyle, DDS, journeyed to observe

the public health improvements they and their Kazakh partners had made in the developing country over the past 10 years. They also gathered to honor Doyle for his leadership and many contributions. Rashid, also a talented writer, had been along on one of the first trips the Wisconsinites had made to Kazakhstan a decade ago. His report and pictures of the 2005 trip follow.

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Photos & Story by Bob Rashid

ornings are the best time to enjoy Almaty. During the night, a cool breeze drifts down from the nearby Tian Shan Mountains, whose jagged and snow-capped peaks form the border between Kazakhstan and China. Water trucks hose city streets throughout the pre-dawn hours, washing away layers of dust built up from the previous day. The early air is fresh and clean, spiced with sweet-smelling moisture. For a while, it is a pleasure to breathe.

In the center of this city of 1.5 million people, newly constructed buildings with glass facades and gaudy fluorescent colors glisten in the sunlight. People walk briskly, with purpose, and although many dress casually, their attire is European and fashionable. Gone are the rusted Ladas and Moskviches spewing exhaust into the gloomy Soviet atmosphere. Now, Toyotas and Mercedes race down Almaty's congested streets. By nightfall, their headlights pierce through dense, accumulated smog, but for a few glorious hours in the morning, it is possible to understand why some travel magazines tout Kazakhstan as an attractive tourist destination.

During the last week in September 2005, mornings found John Doyle, DDS, professor of surgery at University of Wisconsin School of Medicine and Public Health and chief of dentistry and medical director for dental services at UW Hospital and Clinics, meeting with his medical team over breakfast at the American Bar & Grill on Kunaev Street. With his Russian wife, Svetlana, whom he met 10 years ago on one of his first visits to Kazakhstan, Doyle coordinated the day's events for his group of UW-affiliated healthcare providers.

The group's jovial mood reflected the festive

occasion that would take place on October 1: the 10th anniversary of Prime Kare Kazakhstan, a medical and humanitarian aid program the Wisconsin team had helped create with Kazakh authorities to improve public health.

When Doyle arrived in Kazakhstan a decade ago, he witnessed quite a different situation. Still reeling from the collapse of the Soviet Union in 1991 and caught in a stranglehold of isolation and neglect, Kazakhstan struggled to take its first steps as a new republic. The ruble had plunged in value and more than a few life savings were lost virtually overnight. People who were fortunate to still have jobs were often unpaid for months at a time. The country spun helplessly in a vacuum, without a clear source of supplies or a way of procuring them.

The nation's healthcare system was hard hit. In the late 1980s, Almaty Oblast, a statelike region with 3 million inhabitants, had been a model for the country, with some 200 clinics reaching into rural areas where half the people lived. But by 1995, a lack of maintenance and basic materials sent physicians into despair. The shelves in pharmacies were nearly bare.

Through an unlikely partnership between Doyle, a Russian doctor and the Lutheran Church, a remarkable transformation was initiated that year. Doyle



Unlike a decade ago, the pharmacy inside City Clinical Hospital Number 5 is fully stocked now. The Almaty hospital has benefited greatly from medical supplies and equipment donated by UW Hospital and Clinics.

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was experienced in organizing humanitarian aid programs abroad, having developed a medical mission to the Ukraine in 1989. When a director of the Concordia Mission Society (CMS), an organization within the Lutheran Church Missouri Synod, contacted him to start a similar program in Kazakhstan, he welcomed the opportunity.

Of the nearly dozen letters Doyle subsequently delivered to national and local government administrators in Kazakhstan, only one generated a response. It was from Erkin Durumbetov, MD, then-deputy minister of health for Almaty Oblast.

"He has a lot of vision,"
Doyle says of the Russian
Durumbetov, "and he's
willing to take chances. There
was a lot of resistance to
Western thinking at that
time."

In the early days, cultural differences alone could have stopped many people, but not Doyle. The slower pace of life in Central Asia can be frustrating to Westerners, who are accustomed to immediate action. Adding a language barrier and a shortage of translators creates a recipe for curious results.

On one of the first trips, a request for carts to move equipment produced a pair of automobiles; an appeal for bottled water ended, after much delay, with a picnic in the hospital's parking lot. Known for his easygoing

nature and lively sense of humor, Doyle rolled with it. "Here, things happen when they happen," he says.

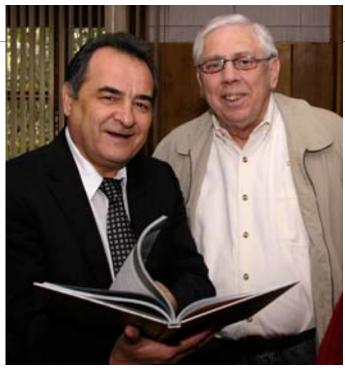
Although he seems unperturbed by problems and delays, Doyle does get things done. Much of the success of Prime Kare Kazakhstan can be traced to the people he chooses to work with him and the loyalties forged with kindred spirits from opposite sides of the world. Lasting friendships have been made between Americans and Kazakhs striving toward one common goal: improving public health.

The bond between Doyle and Durumbetov has been key. It began as a professional respect that grew into something deeper, and it showed the way for everyone else. For years, the two have referred to each other as brothers.

"We call each other 'my big brother' and 'my little brother," says Durumbetov, who introduced Doyle to Svetlana in 1995.

With his Ukraine experience as inspiration, Doyle commissioned the construction of a clinic-on-wheels for Kazakhstan. Built in Ohio, the vehicle was shipped to Finland and driven across Russia to Almaty in the country's southeast corner.

"We had three drivers and three special forces troops who were armed to prevent it from being hijacked," Doyle recalls.



The bond between Erkin Durumbetov, MD (left), and John Doyle, DDS, has been key to the success of Prime Kare Kazakhstan.

Still in use today, the 53-foot-long van is equipped with medical and dental sides. Because such a large percentage of the population lives in rural areas, the mobile van is the perfect way to reach people. More than 300,000 patients—primarily children and pregnant women—have been treated in the van during its 10 years of operation. The van has been so successful that a second one was delivered to Kyrgyzstan, the neighboring country to the south.

Seven million dollars have been contributed to the Kazakhstan program so far, and neither Doyle nor the CMS shows signs of quitting. "The CMS has been very supportive and willing to continue," he says. "There's no talk about stopping the program."

Early in the project, Doyle enlisted John Stephenson, MD, and his wife, Ellen, to work with the Kazakh pediatricians in the medical van. Stephenson is now an SMPH professor emeritus of pediatrics and former director of the Teenage and Young Adult Clinic at UW Hospital and Clinics; his wife is a registered nurse.

Typically, the van parks at a village school, sets up a schedule whereby all the children can be treated, and then allows the rest of the villagers to stream through. Treatment is free, and word travels quickly.

"This is a screening program," says Stephenson, a veteran of multiple trips to Almaty, "so if they find a heart problem, they refer the child to specialists who

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John Stephenson, MD, tried to coax a smile from a frightened young patient who had come to the mobile van for a medical check-up. A Kazakh physician who has worked with the van for 10 years looked on.

are available within the economy."

As Prime Kare Kazakhstan expanded, Doyle was asked by the minister of health to help with an alarming and costly problem that began with the economic reforms of perestroika and the opening of borders to international business: an epidemic of sexually transmitted diseases (STDs), specifically syphilis, gonorrhea and chlamydia. According to a report written by UW associate professor of pediatrics Greg DeMuri, MD, who was on the trip, the number of diagnosed cases of syphilis increased by 71 percent from 1995 to 1996 in Almaty Oblast alone.

Addressing these issues in Kazakhstan meant facing staggering obstacles. Outdated laboratories crippled any chance of quality control in testing; treatment methods remained mired in archaic concepts; and the subject itself—STDs—created unease among the Kazakh

staff, government officials and the supporting institution—the church.

Stephenson, soft-spoken and calm, was prepared for the challenge. "It was an area where we felt quite confident—to take these STDs and place them right in the medical perspective," he says. "They're not any different from any other disorder. They cause human disease and grief and misery. It was basically a roll-up-your-sleeves-and-get-to-business kind of level."

Ellen Stephenson concurred. "We had both worked long enough in the field to understand the true consequences of diseases like this, and how prevention would completely obliterate that kind of disease in small children," she says.

Through their work in Madison, the Stephensons had developed a relationship with Rjurik Golubjatnikov, MD, retired chief immunologist at the Wisconsin State Laboratory of Hygiene and SMPH assistant clinical professor emeritus of preventive medicine. Known to his friends as Rik, Golubjatnikov has traveled to 81 countries and speaks five languages.

On one of his initial trips to Kazakhstan, Golubjatnikov saw that the first priority was to establish a working laboratory for testing specimens under rigid quality control. No less important, but certainly more daunting, was the need to address the philosophy of treatment in existence at the time, which was based on outdated and repressive ideas.

"The attitude still reflected the Soviet era, in which people with STDs had to be punished," he says. When people were tested and found to be reactive—often through a faulty test due to poor quality control—they were pulled away from their families and jobs and forced to live in an STD hospital, where they were injected with penicillin four times daily.

Through a partnership between Golubjatnikov and the chief physician of the STD hospital, the laws of the country that governed the treatment of STDs were rewritten just last year to reflect modern testing methods. It was a major breakthrough, and it came after five years of hard work.

In the beginning, even finding a building to house the lab proved difficult.

"We went to the national institute for STDs," Doyle recounts. "We said, 'This is our plan; this is what we would like to do to help your country.' And they said, 'We don't need any of your help, academically or professionally. Just give us the money and we'll take care of it ourselves.' And we said, 'Nope, wrong answer.' So, we just got up and left."

On the advice of Durumbetov, the Americans then went to the Oblast STD Hospital, where the reception was completely different. The problem was that the building Doyle and his colleagues were given was in horrible condition.

"You'd come in and the specimens were open and sitting on a table. There was no quality control, no sterility," says Doyle. "They were using microscopes from the 1920s and reusing slides that they didn't wash, so they were contaminated. It was just a disaster. So we started

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to figure out what we needed, and what we had to do."

The bottom floor of a building adjacent to a hospital was made available for a laboratory. It was remodeled under Golubjatnikov's supervision and supplied with American equipment. An STD lab administrator was hired, and the lab opened in 1999. It now handles 1,200 tests a week, with specimens sent in from hospitals throughout Almaty Oblast. According to a high-ranking official, the lab is the only one of its kind in the entire Commonwealth of Independent States (CIS), 11 countries that had been part of the former Soviet Union.

Compared to 10 years ago, syphilis is now detected much earlier, and the rate of recorded cases has decreased by 20 percent every year that the lab has been open. Almaty Oblast boasts the lowest rate in the country. The numbers have garnered interest among venereologists (the physicians in the former Soviet Union who specialize in STDs) and dermatologists, and a similar laboratory is due to open in 2007 in Taldy-Kurgan, the new capital of Almaty Oblast.

Over the years, Doyle has brought several Kazakh medical personnel to Wisconsin to be instructed at UW Hospital and Clinics, which also has made significant donations of equipment and medical supplies. Pediatricians would spend two weeks in pediatrics;

obstetrics-gynecology; ear nose and throat; family practice and dermatology.

"We had a pretty well-rounded program," says
Doyle, who served as a
kind of medical ambassador
between the two countries.
"We wanted it to be an
ongoing educational program
for the people we hired to
work in the trailer."

Two Kazakh technicians were invited to the hygiene lab in Wisconsin for instruction, the idea being that they would return to their own country with new ways of thinking about STDs. Kazakhs dentists trained at Dental Health Associates of Madison and Madison Endodontic Associates. During 1998 and 1999 two pediatricians, four dentists and four dental assistants were brought to Wisconsin.

"We didn't do it sooner," Doyle adds, "because we wanted to make sure that people weren't joining just to come to the States. We wanted to make sure that these were people who were going to stay with us."

Many have. Nearly half of the people currently working in the van have been with the program a full 10 years. "We've been really lucky with the people we've hired," Doyle says. "And we've had excellent relations with the government."

At the celebration held in his honor, Doyle wore the gold medal signifying that he had received Kazakhstan's Distinguished Doctor Award. In the ornate, high-ceilinged banquet hall of the four-star Hotel Dostyk, built more than 20 years ago for Communist Party elite, Doyle was both master of ceremonies and honoree.

After recognizing the work done by each individual in the program, Doyle accepted an honorary professorship in the Kazakhstan Dental Society and was draped with an elaborate, handmade doctoral robe and cap. Throughout the week, praise from government officials and Kazakh physicians for Doyle and his program had been emotional.

"We have found the same soul in our field," said Omarov Kadyr Toktamysovich, MD, chief physician of City Clinical Hospital Number 5. "There are many social organizations that try to do humanitarian help, but most of them just say they will, but they don't

really do it. There were many organizations that visited us only once. Of course, they did help once, but then our relationship ended. But, thanks to Dr. Doyle, our relationship is continuing today."

Said Durumbetov, "I want to thank everyone who participated in the program. We will never forget what they have done for us, for the development of public health both here in Almaty and in all of Kazakhstan."

A look around the room during the boisterous celebration at dinner was a lesson in international relations. People from America, Russia, Kazakhstan and other countries laughed, hugged and lifted glasses of champagne in friendship. Each toast seemed to salute the many people whose health was being enhanced through shared generosity and compassion.



Sasha Koslovsky, MD (left), former director of Prime Kare Kazakhstan, congratulated Doyle at the celebration held in his honor.

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