

# RAJESH PANJABI

## A Carer for the Community

**T**he memory that haunts and motivates Raj Panjabi is of two lines of refugees on the tarmac in Monrovia, waiting to board a cargo plane as civil war consumed Liberia.

In Panjabi's line were people of his skin tone or lighter, and those who could afford a plane ticket. In the other much longer line, exhausted women and children in traditional garb were being restrained by soldiers as Panjabi boarded the plane. Even at age 10, he knew that his line led to safety while the other did not, and that inequality gnawed at his conscience.

Panjabi, now a resident physician at Massachusetts General Hospital, and his family eventually resettled in High Point, North Carolina. During his third year of medical school he took time off and traveled to Afghanistan to learn how health systems can be resurrected after war. When he returned to the U.S., he earned a master's degree at the Johns Hopkins Bloomberg School of Public Health before returning to medical school.

In 2005 Panjabi returned to Liberia, later co-founding the local NGO Tiyatien (tea-ya-tine) Health (TH, [www.tiyatienhealth.org](http://www.tiyatienhealth.org)). Tiyatien is a local word meaning both truth and justice; Panjabi's interpretation is "justice in health." TH now runs the largest rural AIDS clinic in the country. The community health workers, or "accompaniers," who were originally trained to help AIDS patients are now learning to recognize and treat chronic diseases like depression, which are at epidemic levels in this war-torn country. TH's innovative approach, say experts, now serves as a model for sustainable, community-based healthcare.

Panjabi also spent time exploring rural clinics in the north. He describes the incident that pushed him over the edge: a two-day old baby he had been treating was "weaned" off the hospital's only oxygen tank so that it could be used for an emergency Cesarean section. Within 30 minutes, the baby girl died. "In order to safely bring one newborn into the world, we literally were forced into killing another," says Panjabi.

Outraged by the lack of support for the public health sector, Panjabi went to Monrovia to meet Liberia's health ministers and offer his services; his meeting dovetailed with the Health Ministry's appeal to the Liberian diaspora to return and sculpt post-war health policy. With just 51 physicians in the public sector for 3.8 million people, the healthcare system was broken.

In 2006 Panjabi began working in Zwedru, a rural town of 24,000 people. There he met Weafus Quitoe, a young Liberian war refugee of the same age who had just returned after 15 years in a Côte d'Ivoire refugee camp. Quitoe was volunteering as a nurse aide.

At Quitoe's hospital, HIV-infected people poured in; 9% of pregnant women were infected with the virus. Many needed antiretroviral treatment (ART) but couldn't afford, or were too sick, to make the 12-hour journey to Monrovia, where the drugs were available.

Panjabi convinced the Ministry to adopt a program, which delivered good HIV care without doctors, by employing community members. In 2007, Panjabi and Quitoe launched an HIV Equity Initiative. They trained community health workers, or accompaniers, to help deliver the medicines directly to the patients and support the physicians' assistants, who would diagnose and administer the medicines.

TH takes a holistic approach to health and addresses the roots of disease—poverty, malnutrition and unemployment. "We give our patients comprehensive care, not just tablets and medicines, but we also assign a community health worker and donate a food package and then try to find ways to get them into job creation programs," explains Panjabi.

"I've never seen anything like the accompanier program before," says Jason Hepps, who oversees the United Nations High Commissioner for Refugees operations in eastern

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Liberia. "With one program, they address stigma, raise awareness, provide access to drugs, ensure people take the drugs on time and with the right dietary supplements."

TH is using the same approach to treat depression. A recent national study revealed that 40% of Liberians struggle with depression and post-traumatic stress disorder; about 6% had tried to commit suicide in the prior year. Recently TH launched programs for epilepsy and depression, and is now training the accompaniers, who were trained in AIDS work, to help patients with depression—so far they are treating 50 patients.

Where TH surpasses most NGOs is making sure that patients responding well to therapy enjoy rights beyond the right to healthcare—including the right to work and be a productive community member, writes Paul Farmer, co-founder of Partners In Health.

Panjabi, who travels back and forth between Boston and Liberia, says his goal for the next ten to twenty years is to build a model healthcare system for poor rural areas. He adds, "there's no exit strategy in Liberia, because Tiyatien Health is a community-based organization." — BIJAL TRIVEDI