

By Linda Hagen Miller  
photos by Pat Stimson

One of the first patients Stacey Mainer and Sandy Ivers saw at the shabby African health clinic was a lethargic, six-month-old baby girl. Her mother had died in childbirth and the hollow-eyed infant was barely surviving on cow's milk. The American women knew that quick intervention and nutritional supplements would stabilize the child, but nothing was available. Nothing. Within a few weeks, the little girl died.

Stacey and her husband, Dr. Mike Mainer; Sandy and her son Nick, were barely over jet lag, adding to the jarring realization that

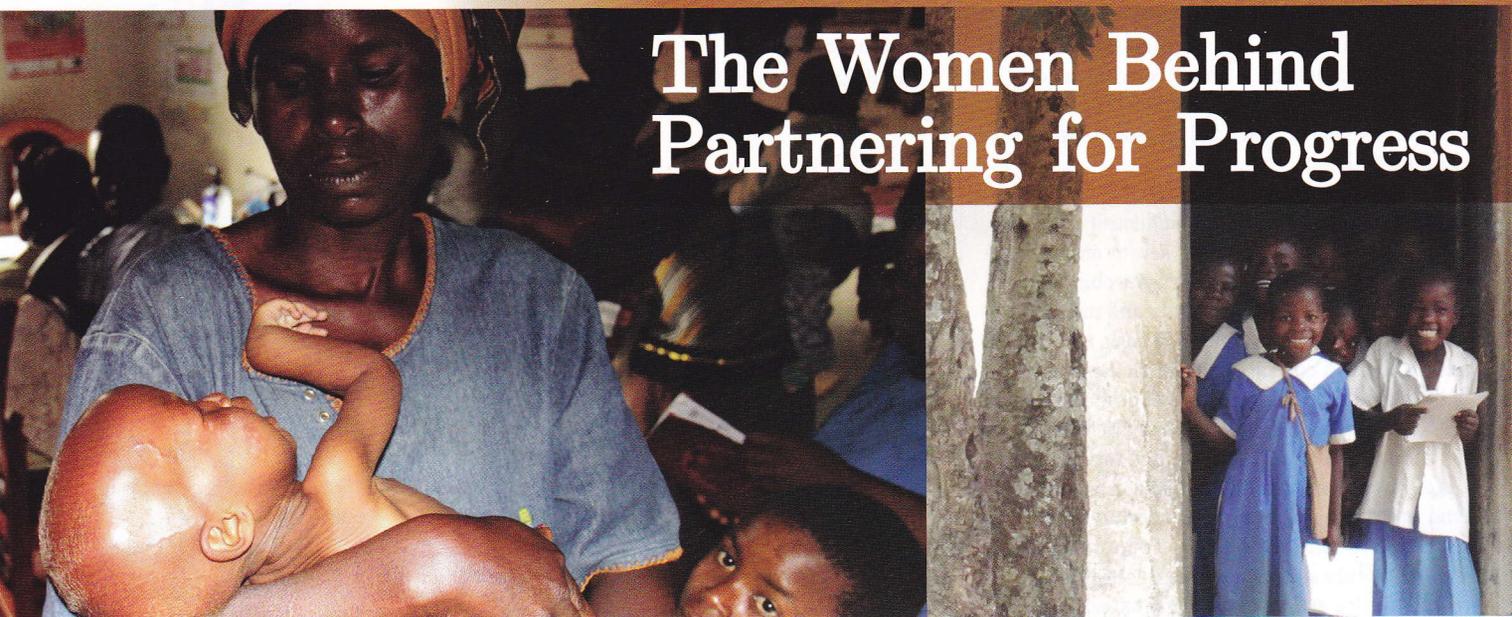
they were in a country where even the most basic medical care was absent. An ocean, three continents and several time zones lay between Spokane and the village of Kopanga, 230 miles from Kenya's capital Nairobi.

From Nairobi, the Spokane team had driven through the Great Rift Valley, a 3,700-mile long expanse of open plains dotted with small farms and towns. They glimpsed flat-topped acacia trees and distant herds of zebra from the window of their van, and watched laconic gray donkeys carrying buckets of charcoal and yellow water jugs, their handlers flicking switches to keep them in line. They

saw women in colorful print dresses, men in shiny, ill fitting suits and lanky Masai tribesmen wrapped in red shawls. Motorbikes loaded with families, furniture, farm animals and more zoomed in and out of traffic. Lime green tea fields covered distant hills.

After six long hours, the team reached the town of Migori, 35-km from Lake Victoria.

Alice Wasilwa, a Kenyan nurse and the catalyst for their medical trip, spent the next three weeks showing the Mainers and Ivers the Kopanga region and putting them to work at the rudimentary clinic she was running with little help from the government.



## The Women Behind Partnering for Progress

*America has all the watches.  
Kenyans have all the time. ~ Kenyan saying*

Alice calls her patients and their families "the forgotten people." The region has no public running water, limited electricity and very few latrines. Poverty is a way of life, education is spotty. Ninety-five out of 1,000 babies die at birth, a quarter of all maternal deaths in Kenya occur here, and HIV/AIDS infects 14.6% of the population, more than double the nationwide rate. The average man lives 48 years, the average woman, 52.

Alice's Comprehensive Rural Health Clinic operated out of dilapidated building without running water or electricity. Amazingly,

she and her skeleton staff served 900-1,000 people a month with malaria, HIV/AIDS, pregnancy, skin conditions, diarrhea and wounds.

"In the plane on the way home," Stacey says, "we kept asking ourselves what else we could do, how we could help."

"We didn't just want to send a bunch of supplies and medicine," Sandy says, "we wanted to make a lasting difference."

Back home, they gathered friends around the Mainer dining room table and told the Kopanga story. Stacey's exuberant personal-

ity and rat-a-tat delivery, Sandy's measured words and steady demeanor delivered a compelling tale, and Partnering for Progress (P4P) was born.

The planning group set three broad objectives: health, education and clean water. They developed a mission statement, filed for nonprofit status, determined goals and discussed possible funding sources.

That was five years ago. The earliest fundraising efforts, garage and bake sales, have given way to direct donor solicitation, theater productions and an annual auction in

October (this year's event is October 5, [www.intoafricaauction.org/tickets](http://www.intoafricaauction.org/tickets)). Teams of doctors, nurses, nutritionists, dentists and educators travel to the Comprehensive Rural Health Clinic (CRHP) in Kopanga twice a year and work for a week in the clinic. To date, nearly 100 people from the Inland Northwest have traveled to Kopanga, committing time, skills and about \$2,000 each for their airfare, lodging, ground transportation and food.

By 2009, P4P had raised \$30,000, enough to build a new medical facility with a primitive sanitation system. P4P distributed nearly 5,000 mosquito nets and sent a maternity bed and an autoclave to the clinic. Electricity reached CRHP this year. Current programs include nutrition assessments and The Power of Milk, a clinic and community program targeting treatment and prevention of malnutrition. Working with the community, P4P is currently installing a sustainable water system to serve the village and the clinic. A partnership with traditional birth attendants has increased the number of monthly deliveries at the clinic.

"We couldn't have done any of this without our incredible board of directors and volunteers," Stacey says, leaning forward for emphasis. "And Mike's been so great about all the time I put into P4P."

"Our husbands have been supportive and amazing all along," Sandy adds. "More than once when I've felt overwhelmed by the enormity of the commitment to P4P, Jim has urged me to keep at it."

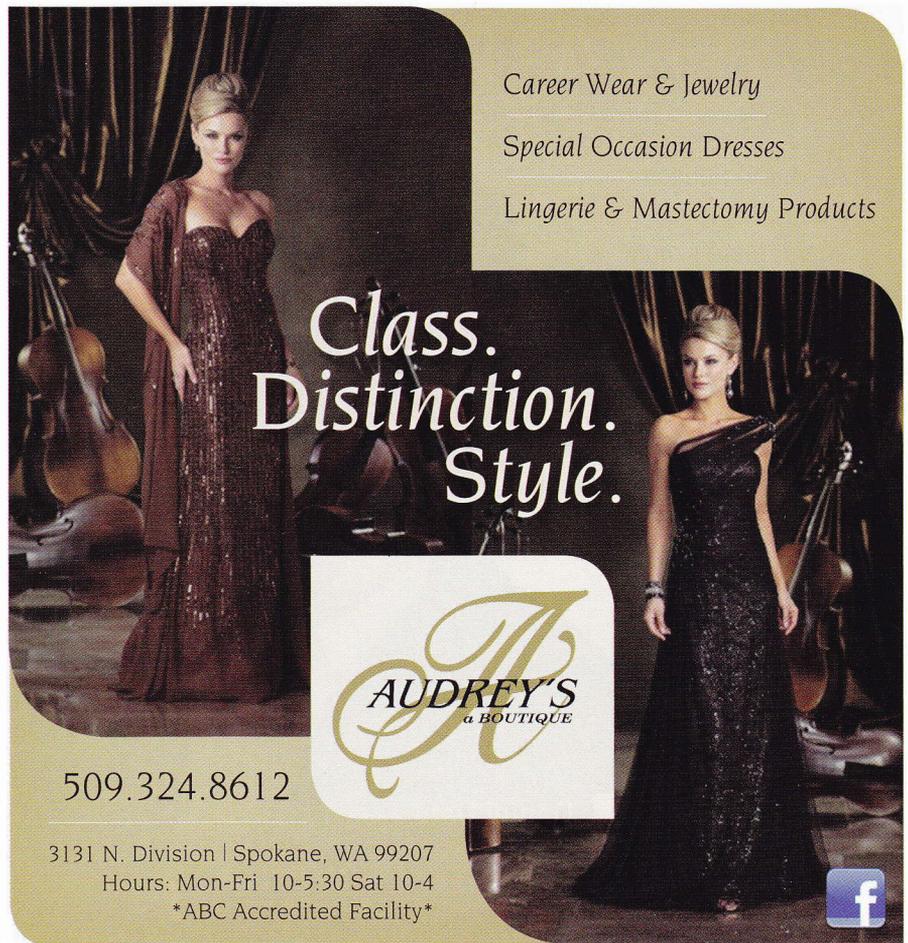
The women are doggedly modest about the roles they personally have played in the creation and longevity of Partnering for Progress. Scratch the surface though and you quickly learn that Sandy and Stacey are no strangers to goal setting and big accomplishments.

Friends for nearly 20 years, the two 50-something-year-olds are in prime athletic condition. They've summated 19,340-foot Mt. Kilimanjaro in Tanzania, participated in grueling bike treks that covered several hundred miles and thousands of feet in elevation. They've raised kids, worked in demanding careers, and held their respective marriages together for decades.

"Sandy gets me," Stacey says. "There's no judgment there, and she's totally honest. She'll level with me when she needs to."

"We have similar values," Sandy adds. "Mutual respect, a lot of admiration for each other."

Originally from Salt Lake City, Sandy taught special education and was a Title I



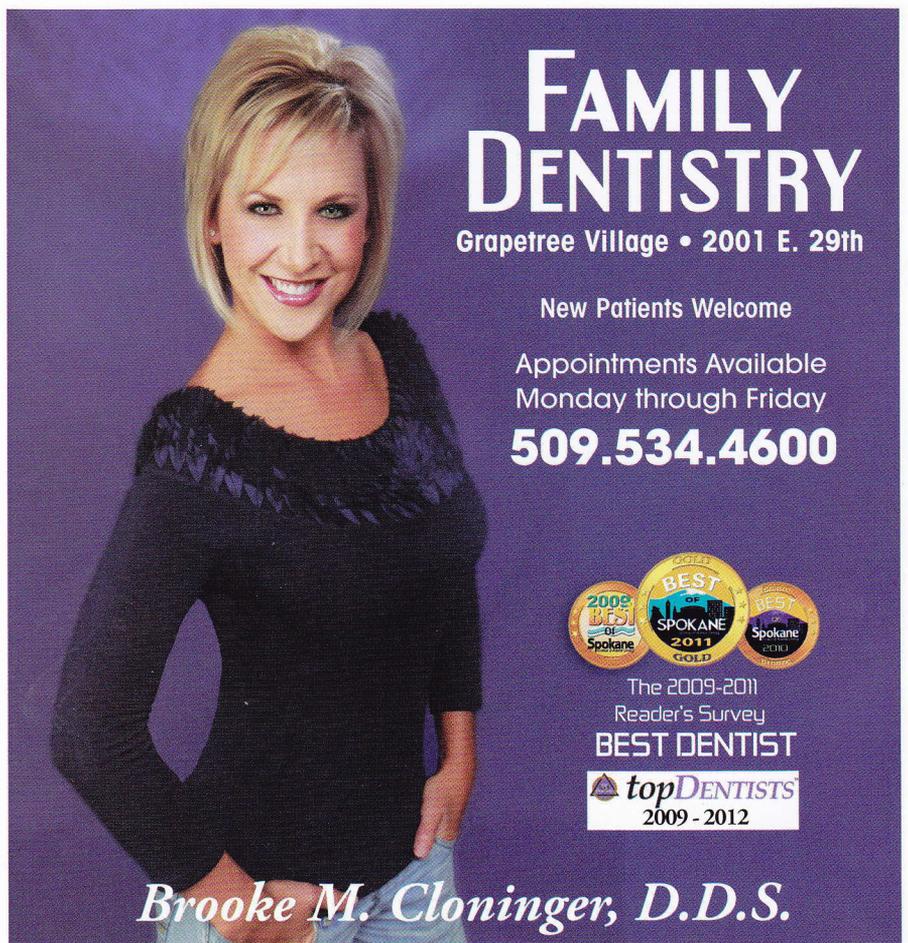
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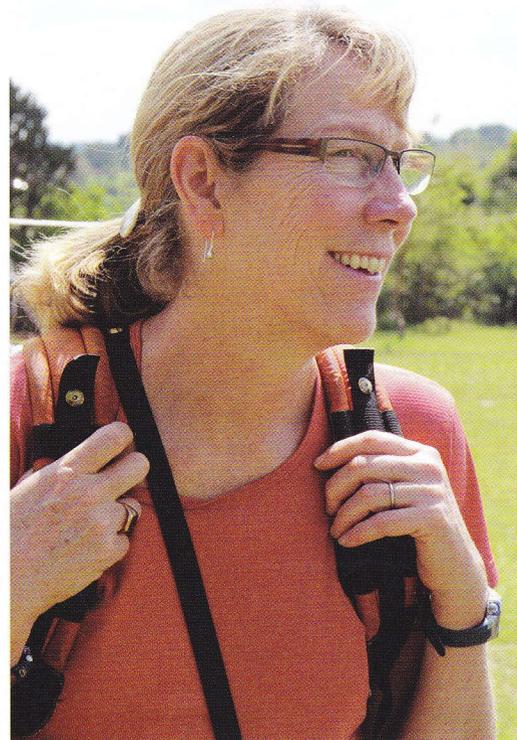
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Sandy Ivers

supervisor in Wallace, Idaho. She's lived in Spokane for the last 25 years. As a full-time mom, she raised three sons and coached state championship tennis teams.

"I can relate to the living conditions in Kopanga, the lack of water and electricity," Sandy says, "because our family lived in the wilderness every summer for 13 years when my husband worked on mining projects."

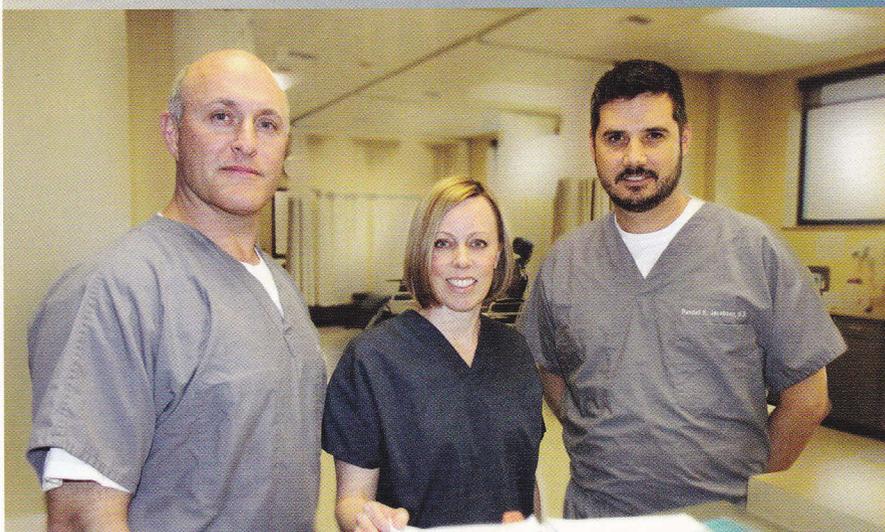
Not long after Stacey, then a registered nurse, met Dr. Mike Mainer in South Bend, Washington, the two embarked on a volunteer medical trip to Guatemala, the first of several the couple would take over the years. After returning to the states, she obtained her masters in social work and set up a practice in Spokane, then went on to obtain a degree as an Advanced Registered Nurse Practitioner.

As Partnering for Progress has grown, so too have its founders. "I've done things I never thought I could do," Sandy says. "Develop an organization, navigate a completely different culture, learn not to do what we think *should* be done, but what Alice and her staff *need* to have accomplished."

And Stacey's learned the value of slowing down. One morning she and Sandy got lost on a morning run. They stopped alongside the road and asked two older Kenyan men for directions.

"They wanted to chat with us, find out where we were from, learn about our families, tell us about theirs." Stacey says. "I wanted to rush on with my day. *Pole-pole* they said to me, it means slow down in Swahili. Warp speed doesn't work there."

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Stacey Mainer

A lot of things we are used to don't work in Kenya. "Yes" can mean "maybe" or even "no." Formula that's meant for babies only is often shared with older siblings or parents. Patients keep their own health records in flimsy cardboard booklets. There are no file cabinets in Alice's clinic, just oversized ledgers where she records patient vitals. Receipts and financial tracking systems are practically non-existent.

Add cultural differences to time and distance challenges and P4P's growth and success is even more amazing. With a 12-hour time difference, a simple cell phone call is made or received in the dead of night. Flights to Kenya are arduous and expensive. A visit to the bank can take hours. Infrastructure is practically non-existent.

Yet Stacey and Sandy have learned to take it all in stride. They will continue to organize medical/education teams and hope to implement month-long stays. Staff training is high on the agenda.

"We'll stay in Kopanga as long as we're needed" Sandy says. "And we hope the clinic will be operating independently in the next five years."

"Then we'll take that blueprint to another village in Africa, and do it all again," Stacey smiles. 🍷

*Linda Hagen Miller's motto is Life is Short. Pack Light. Her award winning human interest and travel articles have appeared in Sunset, Coastal Living, Alaska Airlines and other national and regional magazines.*



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