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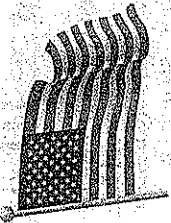
# NORTH COUNTY TIMES

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Dr. Ajmal Pardis, a public health director in Afghanistan, asks questions during a meeting Wednesday with staff members at the Vista Community Clinic.

## Afghan official visits area clinics

■ Lessons may help repair health system in Afghanistan

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STAFF WRITER

VISTA — North County's health care safety net for the poor is far better than anything that is available for the people of Afghanistan, said a public health official from that war-torn country who visited local community clinics Wednesday.

Though the differences are large, Dr. Ajmal Pardis, director of public health in Nangarhar Province, Afghanistan, said there is much he can learn from U.S. hospitals and clinics.

Pardis (pronounced Parthis) is on a monthlong visit hosted by local Rotarians as part of an exchange program.

While here, he has visited San Diego County hospitals, universities and clinics.

On Wednesday, he toured the Vista Community Clinic's main clinic in Vista and a local migrant camp served by the clinic. He later visited the Neighborhood Health Care clinic in Escondido and the Indian Health Council in Rincon.

Pardis said the government in his country faces many challenges — security problems, a shortage of health professionals and a lack of running water and electricity. But the country has made strides in recent years, he said. "We are not hopeless. We will get better."

Pardis also confronts cultural and religious challenges.

In his country, hospitals have separate areas for men and women. And women sometimes cannot be treated by men, which presents a challenge because there is a shortage of female health workers, he said.

Pardis runs the main hospital in Jalalabad, the capital of Nangarhar Province, located in eastern Afghanistan on the border with Pakistan.

While touring the Vista clinic, Pardis spoke with

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## ► CLINICS

Continued from A-1

administrators and doctors, who told him how they have overcome problems here, such as serving a diverse, uninsured population.

Fernando Sanudo, the clinic's director of health promotion, told Pardis the clinic uses a variety of programs to reach different segments of the community, such as low-income families, migrant workers and homeless people.

Pardis said he faced similar problems.

In Afghanistan, many nomadic people with varying customs and languages have trouble reaching clinics because of the country's poor transportation system, he said.

After hearing a presentation about the clinic, Pardis visited a North County migrant camp where about 20 farmworkers live in shacks built from plywood and plastic tarp without running water or electricity.

Pardis said the camp looked like some areas of Afghanistan.

When he was told by a local Rotarian, who accompanied him during the visit, that some farmworkers are afraid to come to the clinic because they are undocumented and fear being deported, Pardis was puzzled.

"But why?" he asked. "They are human beings."

At the clinic, Pardis said there was little comparison between the facilities in his country and those here.

Much of the medical equipment in Afghanistan's hospitals is broken, said Dr. Dave Warner, who has visited Afghanistan numerous times and who toured the clinic with Pardis.

"The electricity fluctuates so much that it burns out light bulbs," Warner said. "A lot of the medical equipment is piled up because it doesn't work. There is not much running water, even in the cities."

Pardis said he would like to send health workers to study in the U.S. or take Internet courses offered through U.S. schools. One of the main obstacles to progress is the "brain drain," he said, explaining that many educated people have left the country for security reasons.

Pardis said his own family moved to Pakistan at the beginning of the U.S. invasion to remove the Taliban government, but it returned to help rebuild their country. He said his family and his work are the reasons he decided to stay.

"Who will do the work?" he asked. "We have strong families. We cannot all of us just go somewhere else."

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