Barely 10 inches separated one dying patient from the next.

In the midst of 500 malnourished men and women, each waiting for their time to die, stands a strong, redheaded idealist.

And the inadequacy of idealism alone becomes too real.

The hospital is so overflowing with despair there’s no space left for hope. No time for comfort, no room to breathe.

The tears are already forming as she bursts outside to have a good cry in the South African sun.

Not five minutes later, Kathy Goggin dries her eyes and goes back to work. “I had to or there would be one less person doing something,” she says.
Kathy Goggin has worked with AIDS patients since the disease was regarded as something gay men got. Most of them she’s met at the end of their lives. She’d always been good with death, always had hope. But there, in the hospital outside Pietermaritzburg, South Africa, she felt powerless.

“Here are my colleagues who I respect and care about very much, who I know have the best hearts in the world, but they face so much death every single day that they’ve become completely comfortable with the fact that nine out of 10 people they treat are going to die, many of them the next day,” Goggin says. “People are born dying there. And Goggin wonders how her African colleagues live with that.

“I’m just not there yet,” she says. “It’s not my reality, and I don’t want to accept that reality.”

A Ph.D. in clinical psychology doesn’t cut it half a world away from where she usually practices, and that’s agonizing for Goggin. “What I want to do is unrealistic,” she says. “It’s that moment of culture clash, feeling I’m a privileged white American standing in a place where everything I know and everything I was trained to do doesn’t totally apply. What I have to offer is not appropriate to this situation. And what I can best offer is to do the research work and do the integration of care systems to stop the epidemic before they get to those beds.”

And the idealism that energizes Goggin is back. “I was raised to believe it’s wrong not to care,” she says. “It makes me really angry so instead of being angry all the time, I channel it into action. I never turn off. It’s not a good idea, but it works for me.”

In between classes, the UMKC associate professor of psychology is leading teams on HIV-related research worth more than $7 million with five more grant proposals pending approval.

The study that took Goggin to that South African hospital is part of a $4.4 million, four-year National Institutes of Health grant, the first to bring together Zulu traditional healers and Western-trained doctors. The American and African team has set out to examine the safety and efficacy of sutherlandia, an indigenous plant commonly used by the healers to treat cancer and AIDS patients.

During the study’s safety trial, healthy participants exhibited no negative side effects after taking capsules containing dried sutherlandia. The next phase will test the plant’s safety in 124 HIV-positive Zulu patients with early infection.

Goggin partnered with University of Missouri-Columbia biochemistry professor Bill Folk, Ph.D., and UMKC researchers Karen Williams, Ph.D., and Mary Gerkovich, Ph.D., on the study. But it took some convincing to get the busy clinical psychologist on board.

“I don’t lie people on couches; I impact health,” Goggin says. “It’s about the interface between psychology and medicine where you really focus on the patient. You can take all the drugs in the world, but you have to learn to cope. I’m most interested in changing the system to make life better. So studying some bush really wasn’t a priority… until I learned traditional healers would be involved.”

Goggin’s husband from south Africa had talked about how the sick will save their money to pay twice as much to be treated by a healer than to see a medical doctor. “It’s not about me; it’s about the people I want to work with, and they trust the healers,” she says. “I knew that if I could figure out how to get the healers and the allopathic doctors to play together, we would build a better health care system.”

She also knew it wasn’t going to be easy. The healers, known as witch doctors in other parts of the world, are wary about sharing their secrets because pharmaceutical companies have created supplements from their herbal remedies, and they’ve never seen any of the money.

Western-trained doctors often don’t value their counterparts in the villages, who

A muthi (indigenous medicine) market in Durban, South Africa

Grinding herbs at muthi market

I couldn’t care less if people know me, but what I’ve done has to give voice to these people.”

—Kathy Goggin
sometimes discover cures by reading patterns in chicken bones thrown in the dirt. Healers also are to blame for some HIV cases because they often administer muthi, a blend of herbs, barks and animal products, with knives that haven’t been sterilized.

“But the healers are the closest to the patients,” Goggin says. “The doctors have long since left their rural villages. They’ve educated themselves out of being an average Zulu person.”

But these African doctors still speak the tribal language so Goggin gave them a task – translating patient quality of life measures to be used in the clinical trials – they couldn’t do it without the healers, who had never recorded their experiences with any plant or patient.

“You have to understand that this was scary for the doctors,” she says. “They’re the first high school and college graduates in their families because apartheid just ended, and here we are asking them to go back to the village and learn from what they worked to escape. But patients report sutherlandia makes them feel better, so we needed to measure ‘feel better’.”

By forcing the status switch from white coats to traditional tribal dress, Goggin carefully created an environment of mutual respect.

“We set up a situation where people didn’t roll their eyes,” she says. “They realized they could learn from each other, and they have to. My God, if the country with the highest incidences of HIV had a plant growing all over the place that they could use to help, that would be huge.”

After the series of long meetings, one of the doctors told Goggin, “We will not change them. We will have to meet them.”

“And right then, I knew we’d done it,” she says. “He’d realized that the healers will help if you just put your hand out.”

The process has never been tested with these groups, but Goggin employs it often. “If you show respect and try, people will give you anything if they believe you’re there to help,” she says. “People tell me things they shouldn’t have to tell anyone – sex partners, positions, you name it – because they know I’m only trying to make the world a better place.”

She’s been at it since she was 16. Goggin grew up in a “terribly geeky family” in southern California. Her father assigned debate topics during dinner. The kids were expected to read the paper, ask questions, give back.

It was the early ’80s when Goggin saw an article about patients being neglected because they had a mysterious, misunderstood disease. “They were dying with food trays stacked outside their rooms because no one would go near them,” she remembers. “You don’t let people die in a bed full of crap. This wasn’t a reality I was raised with. The more outcast you were, the more we should care.”

When family friends expressed concern, she recalls her father saying “you try to stop her.”

“People are dying. It’s not that important that you order textbooks on time.”

—Kathy Goggin

But he raised me to be strong willed like that,” she says. “And I think I got off on the idea that it bothered my parents’ friends. I still like that it makes people wake up because it makes them confront their own biases. I guess it’s my way of being a rebel.”

No one close to her age was volunteering at the Long Beach, Calif., AIDS hospice, not many volunteers there period. Goggin remembers a good long talk about hand washing somewhere between basketball practice and chatting with one of the indigent men, but she wasn’t afraid of being infected.

“I chalk it up to being 16 and on a righteous mission to make the world a better place,” she says. “It was a pretty naïve, arrogant point of view that I’ve never outgrown. People are dying. It’s not that important that you order textbooks on time.”

What matters to Goggin is being there, whether it’s with a newly diagnosed woman in Kansas City or in a hospital trying to save the village with the highest rate of HIV infection in the world.

“Of course it’s overwhelming,” she says. “And this study is only a drop in the bucket, but it still makes a difference. I couldn’t care less if people know me, but what I’ve done has to give voice to these people.”