

*This post is dedicated to a friend, who compels me to be better and to want better for others.*

*Thank you, Emma, for being a Jiminy Cricket.*



**First Praxis *is the project beta for an applied research and education network, designed to build  an interconnected system of highly skilled nodes for assessing  and responding to crises in human health and general well-being. Although still beta, or pre beta, in development, Praxis is as of this moment an active project, operations in motion commensurate with need according to our present limitations.***

**Our efforts will be focused on improving conditions in Africa, Asia, and Latin** **America.**

Primary areas of research and application:

* HIV
* Cultural/Social limitations to progress
* Public Education
* Competence and integrity of NGOs, international aid

FP is a network of scientists, academics, and activists based strategically worldwide where a thumb on the pulse is most in need.

Local experts will monitor health issues and social conditions in their region, providing routine updates on the general needs and strengths and positioned to sound the alarm in such cases where they anticipate impending crisis.

After being notified that my grant for primate research was approved, I think it probably took about 5 minutes: I was already anxious to begin something new. I do have a need to keep agile in my interests; but something stronger compelled me than lack of attention span.

We have thus far added as affiliates (loosely) two institutions from the **THRiVE** network﻿

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| [http://3.bp.blogspot.com/_CH-eC2VtxfM/TPtKMW47K3I/AAAAAAAACzs/Y8ROHXwV_2s/s200/thrive_word.gif](http://www.thrive.cam.ac.uk/) |
| [**Helping African science to THRiVE**](http://www.thrive.cam.ac.uk/)  Cambridge academics are helping   to strengthen research expertise in Uganda,   Tanzania, Kenya and Rwanda. |

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[](http://1.bp.blogspot.com/_CH-eC2VtxfM/TPtKP2vJQqI/AAAAAAAACzw/f70dJ3KduMA/s1600/thrive_partners.jpg)

We also have limited arrangements with the [International Health Links Center](http://www.ihlc.org.uk/index.htm) and researchers at the [Sanger Institute, UK](http://www.sanger.ac.uk/).

[http://3.bp.blogspot.com/_CH-eC2VtxfM/TPv0Mr01QAI/AAAAAAAAC0Y/mTJaeMy8syQ/s200/sanger-logo.png](http://3.bp.blogspot.com/_CH-eC2VtxfM/TPv0Mr01QAI/AAAAAAAAC0Y/mTJaeMy8syQ/s1600/sanger-logo.png)

[http://1.bp.blogspot.com/_CH-eC2VtxfM/TPv0ctI1cfI/AAAAAAAAC0c/XHd4b0DhpFg/s200/iscilinks.jpg](http://1.bp.blogspot.com/_CH-eC2VtxfM/TPv0ctI1cfI/AAAAAAAAC0c/XHd4b0DhpFg/s1600/iscilinks.jpg)

I have spoken with writer Barrett Brown regarding ways in which FP can synergistically network with his think-tank [ProjectPM](http://www.csicop.org/specialarticles/show/a_modern_solution_to_an_age_old_problem) as an information/investigatory resource, as well as with the [Science Journalism Improvement Project](http://www.csicop.org/specialarticles/show/a_modern_solution_to_an_age_old_problem) to help disseminate information to the public. I asked Barrett to share a few words on the imperative of advancing information's universality:

*"There is always a delay between the onset of new technology and the onset of its various applications. Such a delay is inexcusable in such fields as African aid and development. It is more inexcusable when that new technology is accompanied by a tremendous growth in our ability to organize and implement those very same life-and-death solutions by way of the Internet and its particular virtues as a tool of collaboration. When new ideas are easier than ever to implement and can do tremendous good if so implemented, we have less cause to delay than did any of our predecessors who worked to tackle the same problems and did so under more difficult circumstances."*

Despite global advances in technology bringing better quality of life and greater hope in areas of disease prevention and alleviation of poverty, much of the perceived progress has been a western world conceit. While science has indeed sped forward in a blur toward better understanding for improvement of the human condition, the places where that condition is the most tragic have for the large part been ignored.

It is tradition to ignore Africa. The mother continent has, in various degrees of verse, been subdued, patronised, exploited, and cruelly neglected.

The availability of quinine allowed Europeans safe access the dark continent, where malaria, dengue, and other exotic vapors had extent prevented colonisation. The heavy Caucasian Burden of commerce and its martial regulation defined the western relationship with Africa until the pressures of modern culture made colonialism a political liability (following, naturally, a collapse in its economic benefit).

The dissolution of imperial control was for the most part complete by the mid-1970s. Now, 2010, after a half-century which included the Congo War ( this conflict and its aftermath had killed 5.4 million people), the conflict and genocide in Darfur, and more social and political strife than space or emotional stoicism permit, Africa is the forgotten foster-child of the world. Although headway has been made, multiple factors of cultural and religious regression have teamed with incompetence and/or indifference to stall progress at the gun line.

First Praxis intends to help to bring about something beyond the fragile evangelistic aid efforts, a paradigmatic shift, by emphasising lucid assessment, widespread uncensored education, and apolitical direct action at the most urgent loci.

My last post, [Poisoning the well, breastfeeding in Africa and HIV positive women](http://cultureisaweapon.blogspot.com/2010/12/poisoning-well-breastfeeding-in-africa.html), detailed an example of the still persistent deleterious health effects of poor research and education.

Another bleak depiction of how remote are most in developing nations from even routine medicine is the case of widespread [obstetric fistula](http://www.jmwh.com/article/S1526-9523(05)00132-7/abstract). Through partnering with the Campaign to End Fistula, we hope to deal this insidious and preventable condition a mortal blow. Obstetric fistula overwhelmingly results from obstructed labor, which occurs in cases of cephalopelvic disproportion and malpresentation. [Cephalopelvic disproportion](http://www.americanpregnancy.org/labornbirth/cephalopelvicdisproportion.html) often complicates deliveries in  women of low gynecologic age.

Social factors, including young age at marriage and malnutrition of girl children, can also contribute to cephalopelvic disproportion. Direct prevention of fistula can occur during delivery when skilled providers identify women and girls at risk for obstetric fistula and link them with innovative interventions, such as Fistula Prevention Centers, through which they can more readily access emergency obstetric care, and by setting strict time limits for laboring at home without progress.

Community-based programs, such as the Tostan program in West Africa, use social education to prevent fistula. Effective surgical techniques for fistula repair are available in some setting and should be expanded to reach those in need. Midwives can play a key role in the prevention and treatment of this tragic obstetric complication.



In spite of set-backs, the possibilities to vault forward are evidenced widely. Scientists may no longer be permitted to regard the most pressingly urgent implications of their research as tragic yet unavoidable evil, dismissing with a "tut" Africa and other developing regions as intractable systemic failures. There is much pain that we have the ability to alleviate. Where we have the capacity to prevent suffering, we also have the obligation.

To participate in First Praxis or inquire further, email me, Kenneth, [kenneth.lipp@gmail.com](mailto:kenneth.lipp@gmail.com).

You may also email Barrett Brown at [barriticus@gmai.com](mailto:barriticus@gmai.com), for information on his think-tank and the [Science Journalism Improvement Project.](http://www.csicop.org/specialarticles/show/a_modern_solution_to_an_age_old_problem)

**Peace**

***Kenneth***