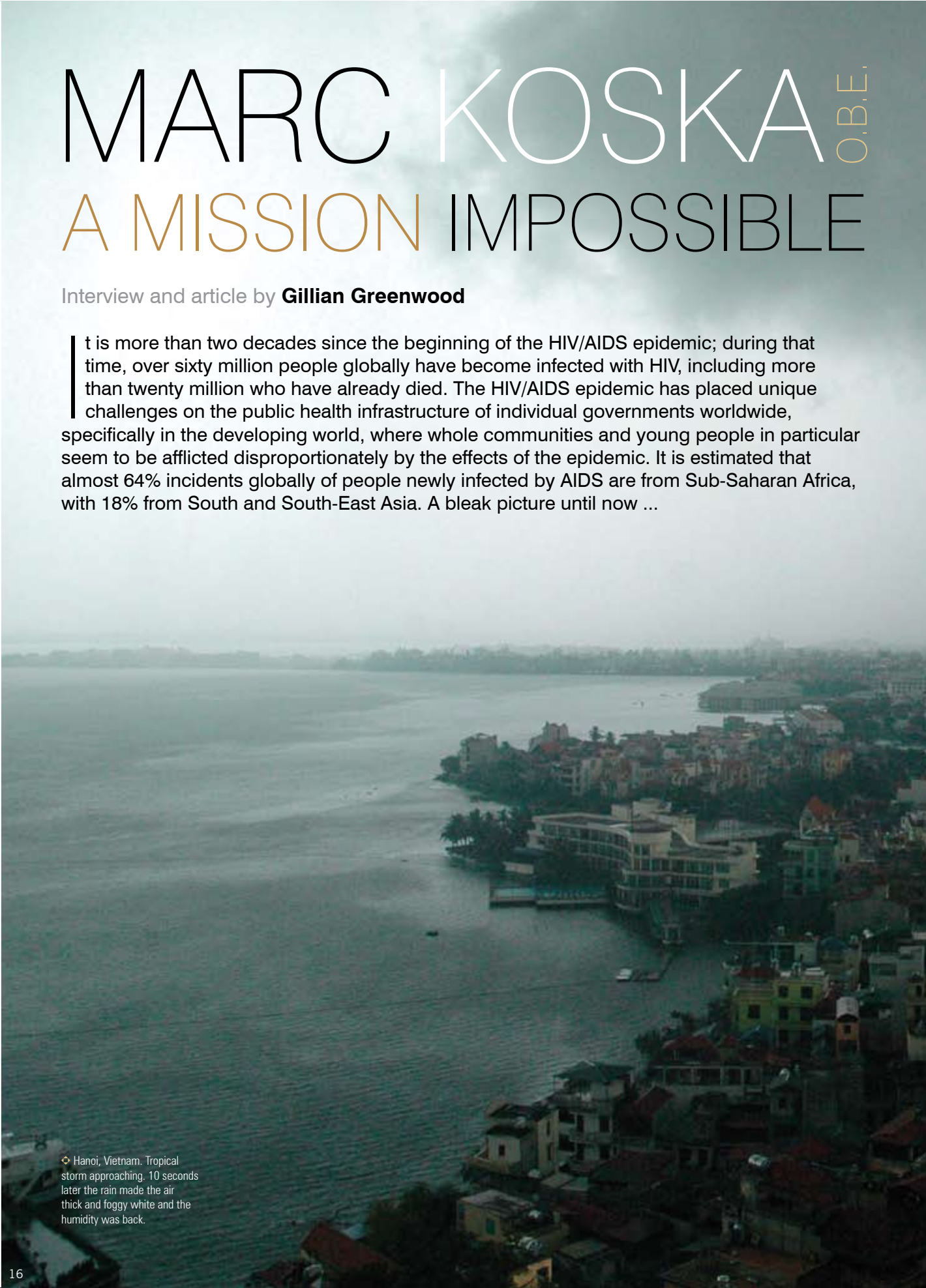


# MARC KOSKA O.B.E.

## A MISSION IMPOSSIBLE

Interview and article by **Gillian Greenwood**

It is more than two decades since the beginning of the HIV/AIDS epidemic; during that time, over sixty million people globally have become infected with HIV, including more than twenty million who have already died. The HIV/AIDS epidemic has placed unique challenges on the public health infrastructure of individual governments worldwide, specifically in the developing world, where whole communities and young people in particular seem to be afflicted disproportionately by the effects of the epidemic. It is estimated that almost 64% incidents globally of people newly infected by AIDS are from Sub-Saharan Africa, with 18% from South and South-East Asia. A bleak picture until now ...



◆ Hanoi, Vietnam. Tropical storm approaching. 10 seconds later the rain made the air thick and foggy white and the humidity was back.





**M**arc Koska is a very successful company director, a subscriber to *Nikon Owner* magazine, a keen photographer and Nikon user; he lives in an idyllic part of Sussex with a beautiful wife and three children and enjoys growing his own vegetables and playing backgammon.

But that is not all to Marc's life. Marc Koska is a man with a mission.

It was in 1984 that Marc, an unfocused twenty-three year old, read a harrowing newspaper report about the inevitable prediction of an AIDS epidemic and the transmission of AIDS through the misuse and re-use of infected needles and syringes. It was a formative moment, and he knew then with absolute clarity what he wanted to do with his life – to design a syringe that would be single-use only.

He describes what followed. *"I chose to learn all I could as fast as possible, from the bottom up. I learnt how drug addicts used syringes, went to Geneva to learn about Public Health Policy, visited several syringe factories, studied plastic injection moulding, and read everything I could find on transmission of viruses like HIV."*

Against all odds, lack of funding, lack of support, covert cynicism, even downright ugly opposition, Marc has never once wavered from his

goal, and this year he was finally acknowledged and awarded for his dedicated tenacity and single-minded commitment. In October, Marc's company was awarded The Queen's Award for Enterprise: International Trade 2006<sup>1</sup>. He was presented with an OBE by HRH The Prince of Wales at Buckingham Palace for his singularly important contribution to mankind. This contribution is by no means small. He has in fact, saved over a million lives. Marc Koska is the Founder and President of Star Syringe. The syringe he has invented is an auto-disable or AD syringe – K1. It has the advantage of being made from the same materials as a 'normal' syringe and can be used in the same way without additional training. Most importantly, all the injections given with a K1 syringe are sterile and safe. It destroys itself after one full use, so cannot be used again. From his first K1 syringe sold five years ago, seventeen years after starting his mission, hundreds of millions are now sold every year.

Not content with simply inventing a syringe that would be a pivotal turning point in preventing the transmission and perpetuation of disease, Marc went one step further. He realized that without the factor of re-education, the old-style needles might still continue to be used in the poorer communities



◊ **LEFT:** This pile of syringes were being put into a plastic bag with bare hands and taken away for illegal recycling. Islamabad, Pakistan.

◊ **RIGHT:** This boy is ten years old and collects used syringes all day for washing and resale as 'new'. Islamabad, Pakistan.

of the developing world, fostered by the lack of interest of the ill-informed, or worse – the pecuniary greed of the unscrupulous. It was in these struggling communities where most disease transmission and iatrogenic<sup>2</sup> infections would take place, adults as well as children often not aware of the consequences of re-using syringes.

Marc explains more fully. *"Unsafe injections can lead to possibly the largest source of iatrogenic infections in the world today. Imagine a young kid, in India for example, taken by his mother for a jab to protect him from Hepatitis, a routine immunization from the local doctor. The village trust the doctor, but they do not know that he is regularly re-using his syringes, perhaps because he thinks it does no harm, or he cannot afford to use a clean one for each injection on each patient. Or he is pretending to use a new syringe and charging the patients money, but really cheating them and their families in the worst way. For whatever reason, he is violating the trust people put in him as a 'doctor'. Years later many of the kids treated in this way can develop HIV/ AIDS or Hepatitis, and many never link the infection with the treatment from the doctor in the past."*

To that end, Marc founded the charity SafePoint to educate and raise awareness in a new generation of public. Responsible re-education and factual enlightenment on the subject of syringe re-use and misuse is an area that he feels passionately about. Indeed, this commitment could not be considered lightly, and he has taken on the mantle of a knight fighting a raging battle.



◊ **BOTTOM LEFT:** This old glass syringe is lying in plain water with a selection of needles. When the patient comes for treatment they must take lucky dip and pick one at random. Slum in Delhi, India.

"Against all odds, lack of funding, lack of support, covert cynicism, even downright ugly opposition, Marc has never once wavered from his goal"



After school treat. I spend a lot of time in slum areas especially in India talking to kids like these, who are the SafePoint public. Delhi, India



Marc is committed to the task of travelling throughout the world meeting with very senior government and health officials, and in some cases Prime Ministers and Presidents in each country he visits. So far he has met and worked with (in the U.S.) the U.S. Surgeon General, (in Pakistan) the Prime Minister, the Minister of Health, the Director General of Health, the Drugs Controller, the Minister of Information, (in Vietnam) the Vice Minister of Health, (in China) several State Ministers of Health, (in Nigeria) the President, the Minister of Health, the Vice Minister of Health, (in India) Vice Ministers, Drug Controllers, (in Uganda) the Minister of Health, (in Kenya, Mozambique, Malawi, Egypt, Tanzania) the Ministers of Health, (in Saudi Arabia) the Vice Minister of Health, (in Indonesia) the Presidential family, the Minister of Health ... it goes on and on. It is a heady list of distinguished movers and shakers, and there is no doubt that Marc has made serious impact in discussion and policy with such a formidable number of influential dignitaries and public figures.

Yet, at the same time, he doesn't mind 'getting his hands dirty' to get the message across; he doesn't balk from giving talks to poorer rural third world communities first-hand, and if necessary confronting the perpetrators of the misuse. This empathy with such communities and in particular with the children and young people who are part of them is what makes Marc's work both commendable and inspirational.





Marc's focus as a photographer has always been to show the resilience of his subjects as well as to document the dire situations they often find themselves in. The following interview and images illustrate how he has been able to capture both the strengths and the frailties of the developing world.

**How did you first become interested in photography?**

I had played with a camera initially when I was a teenager, but my interest in photography really escalated once I started travelling abroad, meeting people of many different cultures and immersing myself in areas of life that had been foreign to me before. The trigger came from having to look at the world in a new way.

**What was your first camera?**

I bought a secondhand Nikkormat FTn and off I went imagining I was Cartier Bresson! I really liked the thrill of seeing something unusual, clicking the shutter and hoping that it would come out in print close to the original. Thinking differently, in

images, shapes, tones and colours, was a great new game.

**Why did you decide to choose the Nikon system?**

I am not technically minded when taking photos and I figured that the top marques would all have something good to offer my particular style of photography. Many friends of mine use Nikon and the D70s seemed a good compromise between quality results, great lenses, and a camera I could travel with. I am very pleased with the results I get, but please do not think I am in any way qualified to really understand why a Nikon is so good!

**Your photographic work has an extraordinary visual and emotional impact. Which Nikkor lens do you use to create these images in combination with your D70s?**

I use the AF-S Zoom-Nikkor 18-70mm f/3.5-4.5 DX lens with my D70s because the combination of this body and lens seems to capture what I want to achieve

photographically without too much technical thinking my end. The zoom is ideal for travel-type photos and the weight of the camera is solid but also robust enough to throw into a backpack and hop onto a scooter!

**Which photographers or artists have influenced you the most?**

Cartier Bresson and McCurry have been the biggest influences on me photographically because from my point of view they really capture the sense of travelling and the essence of foreign lands. I have a book of Cartier Bresson photos taken in India, and it is as if he arranged the setting for hours before capturing the scene. Each photo is so full of atmosphere. Even when half a body or head is left in the frame it supplies 'movement' but if a mere mortal photographer tries to do the same, it somehow looks messy and out of balance! McCurry takes photos of amazing reality, which are very simple but always place you fully in the situation. These two photographers are the

**TOP MIDDLE:**

People are generally very friendly and interested in all parts of the world. Ballabgarh, India.

**BOTTOM**

**LEFT:** Mid-afternoon power nap! Ballabgarh, India.

**ABOVE:**

Early in the morning waiting to land fish, in southern Vietnam. This woman is sitting right on the edge of a steep bank running to the beach, up which the fish have to be hauled by hand. Than Phiet, South Vietnam.



◇ **TOP LEFT:** This boy in Pakistan was in a gang, known as 'rag pickers', and gets paid about \$10 US for collecting 100 used syringes. They have no awareness that these syringes and needles could be very harmful to them and their friends. Pakistan.

◇ **RIGHT:** Children having fun after a SafePoint lecture. Jakarta, Indonesia.

top of the tree for me and totally communicate all the elements of foreign people and situations.

**Why did you start SafePoint?**

The problem is multi-layered. At the top are the Geneva-based health organizations, putting together principles and standards for safe healthcare around the world. Then there are all the National Ministries of Health, and then the syringe manufacturers some of whom make AD (auto-disable) syringes. But even with these good intentions the message does not effectively reach the public, does not inform them of the problem nor what they can do to affect a solution. I thought there was room for a charity dedicated to bring basic data to the lowest level, the patients in this case, which they could use in their daily lives. Presumptuous I know, but I feel it is better to do something rather than do nothing.

**What is the problem that you are tackling in the developing world?**

My focus is on making injections safe for both the patient and the healthcare-giver alike, as well as to the local community in general. 'Normal' syringes can be reused and without a doubt they are. My own syringe products, as well as a few others with similar designs, do not allow reuse of the syringe after one application and this is an obvious physical barrier to cross-contamination and re-infection. But I know the problem goes deeper than just producing and supplying better syringes. I know that the patients themselves understand very little about the issue of receiving injections. What might seem logical to you and I in the matter of healthcare procedures is shrouded in misplaced trust and false data and can lead to blind faith in those whom I believe should know better. So educating the public in basic facts and actions means the increased possibility that they could learn information that might protect them for a lifetime. Parents teach their children not to

cross the road when a car or truck is coming and this is now passed down through generations because it is known as data that works. In the same way as a mother gives advice to her child to not step into the road when traffic is coming, it is equally vital that injections are not received with 'blind' faith. I believe it is essential that everyone has the opportunity to learn some life-saving essential facts about this subject and others. It is their right.

So believing that syringes and education need to work together as the solution to handle the problem, I have set up SafePoint to spread a simple message. This

◇ This girl from a slum in Ohkla, Delhi stole our hearts and followed my colleague and I around for over an hour!

◇ **BELOW:** Harvesting cattle feed. Faridabad, India.





"My focus is on making injections safe for both the patient and the healthcare-giver alike, as well as to the local community in general."

◊ This lady was thrilled to make a picture for me but insisted on changing into a new skirt first. Yogakarta, Indonesia.



is to make sure the syringe is sterile before use (that it is contained in a factory-sealed packet), that it is destroyed after use, and it is disposed of in a safe manner. The purpose of SafePoint is to inform the next generation of issues that can be resolved through simple education and awareness. No one wants to suffer and if it can be avoided they will pay attention to these issues and tell others.

**Your work with SafePoint must mean that you are constantly travelling. Do you always take a camera with you?**

Amazingly, I have been to fifty-seven countries, and most of those during work. Travelling is just one of those things that comes with taking on a global challenge, and it is extraordinary when you add up the hours spent not only in the plane, but waiting at airports and taking taxis. But once at the destination I always settle in and make the most of wherever I am. Wandering around on foot in strange cities, especially early in the morning, gives you great experiences and a 'real' feel of them. I always take a camera with me. It gives a purpose in more ways than just snapping nice images. It pushes me to look for images, and usually this means turning down streets that I wouldn't go normally, but also provides a kind of passport.

Kids love to have their pictures taken everywhere, but also after a minute or two chatting, smiling, or waving your hands around, most adults enjoy the communication and know that I might want to take photos. Using a D70s means they can see the image on the bright





screen immediately, and showing them makes it OK for them to be photographed!

**You mention that much of your work with SafePoint is hands-on. What does this entail?**

I start arranging my trip a couple of weeks before arriving in an area, through friends, contacts and volunteers. When I arrive I jump into a very full programme of visiting schools, colleges, and meeting media. In schools I will just take five minutes in each class to deliver a short three-point talk. The three points are, as above, that the syringe must be sterile and contained in a factory-sealed packet, destroyed after use, and disposed of in the correct way; I then have the children repeat these points back to me. Some days I will talk to over 1000 kids, which is a great experience. Young people want to know, they want to help, and they want to help others. Making a connection with them is vital though to really get the message across so that they understand it in the way it is meant. In India recently I also

talked to hundreds of trainee nurses and after explaining the challenge, had them agree to help with the SafePoint message. However, as one person, I would be able to create but a tiny effect so I use volunteers and media to multiply the message. Last November in India we arranged an Injection Safety Week, during which time we put on a number of street plays and visual presentations at meeting places like bus terminals and train stations. Reporting all this in the media allowed the message to reach approximately 250 million people!

**Is it difficult to communicate your message to such a variety of different communities, all with differing cultures?**

Of course there are cultural differences, but I observe generally that people are really trying to do their best for their family and community. They do care especially for their children. I find that spreading my message about unsafe practices in health for instance is easy once the people know your motive. Just taking a few minutes to look

around, being courteous, and not telling but suggesting goes a long way in this fast world of ours.

**Were there any disquieting or disturbing moments during your work as President of SafePoint that you remember or caught on camera?**

There were far too many. Finding used syringes being used as toys. Having doctors confessing they reuse a syringe up to twenty-five times. One of the most disturbing moments was in Hanoi. I was looking in the backstreets for discarded syringes. A man said for a couple of bucks he would show me them. I gave him \$2 and he pointed at my feet. I was standing on one! He posed with it while I took a photo or two. Then he grabbed my camera and ran, but I caught the shoulder strap and we had a tug of war until he took my photo and handed it back! Then he started smoking an opium pipe, and after a hit, offered me the \$2 back in exchange for me having a smoke with him, which I refused. I took a shot of this with my D70s before jumping onto my scooter taxi!

◆ **TOP MIDDLE:** Thankfully this young butcher did not move his knife but he was wearing a very red shirt. Delhi, India.

◆ **BOTTOM LEFT:** Exhausts for sale. Old Delhi, India.

◆ **ABOVE:** I made this photo by shooting into the mirror as there was not enough room in the barber shop to do it any other way. Delhi, India.



**How do you see the future of SafePoint?**

Well, I believe we have only just started. SafePoint can only be effective through clever delivery and keeping the message constantly in the public eye. I want to run SafePoint for a ten-year period and genuinely inform a whole generation. That way, when the young people that have been educated on the dangers of cross-contamination from unsafe injection practices become parents themselves, they can recount the ensuing perils to their own children. And they can let them know what to do as simply and as easily as they would tell them how to cross the road. ■

**It is clear that many of the great changes for good in mankind's history have occurred because of the courage and fearlessness of individual men and women. They have, each of them, recognized that a situation on the planet needed changing, and resolutely take up the cause in a full over-the-ramparts**

**assault. It is their bravery and their fortitude that carries them through. Unequivocally, Marc Koska with his unswerving persistence is one such man. As George Eliot, novelist, so aptly puts it: "Our deeds determine us, as much as we determine our deeds."**

<sup>1</sup>Marc spent 90 minutes with HRH The Princess Royal during the presentation at Star Syringe giving her an overview of the work done, the achievements of SafePoint since it started and the plans for the next 10 years.

<sup>2</sup>iatrogenic: caused by treatment

**Please look at Marc Koska's websites for more information on his charitable work:**  
**Safepoint**  
[www.marckoska.com](http://www.marckoska.com)  
**Star Syringe**  
[www.safesyringes.com](http://www.safesyringes.com)  
[www.starsyringe.com](http://www.starsyringe.com)

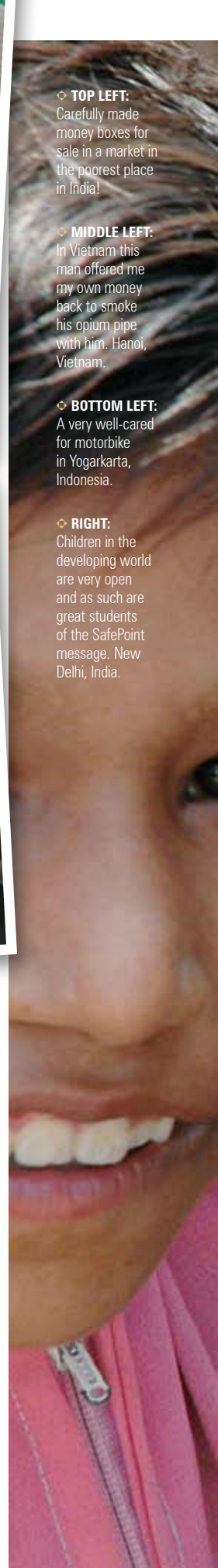


❖ **TOP LEFT:** Carefully made money boxes for sale in a market in the poorest place in India!

❖ **MIDDLE LEFT:** In Vietnam this man offered me my own money back to smoke his opium pipe with him. Hanoi, Vietnam.

❖ **BOTTOM LEFT:** A very well-cared for motorbike in Yogarkarta, Indonesia.

❖ **RIGHT:** Children in the developing world are very open and as such are great students of the SafePoint message. New Delhi, India.





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