

Life, death, and AIDS in Southern Africa.

LESOTHO DIARY

AN AFRICAN COMING-OF-AGE STORY | BY JESSICA MESMAN

February 17, 2003, Jan Groblewski writes in his journal—
The storms came to Maseru again this afternoon.

At Maseru's Queen Elizabeth II Hospital, work continues when the power goes down with a thunderclap that shakes the building. Work continues when the diesel fuel that powers the generators is stolen. Surgeons close an above-the-knee amputation with only the tiny cone of light from a laryngoscope for illumination. From the doorway of the pediatrics ward, medical students watch as the morticians roll a body into the driving rain, using something like a wheelbarrow. They lay the cargo, loosely wrapped in a sheet, in the open bed of a Nissan pickup.

The students—Groblewski, Assaf Gordon, and Daniel Lesser, all of the University of Pittsburgh School of Medicine's Class of 2003—are two weeks into a monthlong rotation in Maseru, the small capital city of Lesotho (pronounced le-soo-too), which is about the size of Maryland. It's hot and





LEFT: Jan Groblewski, Assaf Gordon, and Daniel Lesser at Queen Elizabeth II. RIGHT: Male surgical ward.

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wet in the summer, caged in by the mountains and South Africa. The students are getting used to dead patients—at least two or three full-size bodies, and often, the smaller kind, being wheeled away each day. On his first day, Lesser saw two babies die—the first and the second of his short medical career. When he arrived at his post, the doctors abandoned an infant resuscitation to greet him.

"Abandoned" implies neglect, but these doctors are not careless, reckless, or insensitive. Dr. Toba (that's what everyone calls the Nigerian orthopaedic surgeon with a commanding presence and five-syllable name) explains the triage-like mentality to Gordon: "In the West, you fight for every life; in Africa, you have to improvise." Resources are devoted to those who stand a better chance.

At QE II, as they call the hospital, there is no code, no fevered attempt at resuscitation. Patients die side by side, in full view of one another. They die without comfort and often without notice—and they don't always go quietly. Corpses lay in wards for hours, sometimes overnight, before being taken to the morgue. *Death in Lesotho is completely different than it is in America*, Groblewski writes. It is not a private matter. It is at once a given and forgotten, regarded more matter-of-factly than life is. It is something the students think about all the time.

February 23, 2003
HIV is here. It may not be talked about. It may not make the papers. But it is definitely here.

In the mountains, where most Basotho live in villages of round, thatch-roofed huts, HIV is a mystery, a curse of "bad blood" killing the young and strong. In Maseru, banners printed in English urge the use of condoms; but with no education programs in place for villagers, condoms are merely another kind of charm, one that might be left next to a bed for protection during sex. Other folk remedies are nightmarish: Drink the blood of an albino. Rape a child under the age of 5. The students hope these are legends, or at least antiquated beliefs, but while Lesser works in pediatrics at QE II, at least one child, a boy, is presumed a victim of HIV rape. Many more check in with limbs turned gangrenous after being punctured in attempts to drain "bad blood." Traditional healing remedies do little but delay visits to the hospital to the point where, often, the only option is amputation.

And there's the silence. Doctors say "Immuno Suppression" or "NS," never "HIV" or "AIDS." *When I suspect that a patient may be ill secondary to HIV, I whisper,* writes Groblewski, *because I am worried that I am breaking the unspoken rules.* None of the patients Gordon sees are on anti-HIV medications. Antibiotics and antifungals are provided by the government; antiretrovirals are not—too expensive. Even if the medications were available, there are no resources to test CD4 counts or viral loads, making meaningful long-term care impossible.

QE II has plenty of well-trained physicians. But without sufficient funding, they are unable to use what they know to combat HIV, so pervasive and relentless here. And without a widespread education program offered in the native tongue, Sesotho—most villagers can't speak or understand English—the cultural taboo of HIV remains firmly in place. So instead of treating HIV, doctors treat symptoms. When patients die of AIDS, the doctors and the families and the charts say pneumonia, meningitis, or "other."

This disturbs and frustrates the students, who will not accept the opinion held by some that it is too late for Lesotho. What they witness only reaffirms their conviction that HIV education is vital.

"I saw the tragic effects that ignorance and disease are having on a whole population," insists Lesser.

When the students chose Lesotho as the site of their senior year international elective, they'd hoped to offer the community the benefit of their experiences teaching HIV prevention to Pittsburgh area teens—the three of them served as coordinators for a local HIV education program their sophomore year. But according to the staff at QE II, what's really needed is not an AIDS education program or even more doctors, but the basics: money and supplies. The hospital gets by on mostly outdated medical equipment donated piecemeal over the years. The students' most valuable contributions are their suitcases full of latex gloves, new scrubs, syringes, and lab equipment. When they turn over these gifts, the nurse nods with approval and says, "Yes, this is exactly what we need."

March 4, 2003
It is getting harder to be so far away… to sit back and relax, adopt the laid-back Lesotho mentality, and realize that no matter how chaotic this all seems, you will eventually get where you need to go.

The students learn not to be surprised by surprises—to grab for the laryngoscope when the lights go out. And yet they can't help but be amazed, because beyond the death and disrepair of QE II there is so much strength and healing here, too. Their journals—written and taped—are catalogues of dichotomy, serendipity, and magic: scoring the only goal for what turns out to be a soccer squad staffed by former national team players; running a marathon with the country's Olympic hopefuls; attending a wedding where a princess and the prime minister eat and dance with the villagers.

They are moved. "The beauty of Lesotho is in the mountains," says Groblewski; generations of Basuto boys have gone there for rites of passage. When the students try to sleep in a village hut on an overnight horse trek, a group of about 20 teens emerges from the traditional six months of seclusion, stopping in each of their home villages along the way to perform a celebratory chant. Their rhythmic chorus pulses through the mountains, waking the students to flames from village fire pits reaching into the night sky, lighting the way for boys returning home as men. ■