

January 2005



Refugee (*ref yoo je*) *n.* A person who flees usually to another country for refuge, esp., from invasion, oppression or persecution. Latin *refugium* to run away, to flee –

To many of us, the word brings to mind the notion of a hastily built tent camp filled with weary travelers living on emergency supplies.

When we met with Wilma Schumann, from the United Nations High Commission of Refugees (UNHCR), I was surprised to learn that Buduburam, the refugee camp for Liberians in Ghana, was established in 1992. It was supposed to provide temporary refuge to Liberians until their President Charles Taylor was deposed. Taylor, described by *The Economist* as a gangsterish, fearsome, opportunistic warlord, did not step down until August 2003, and only after the U.S. stationed warships off the coast of Monrovia. Initially there were some 2,000 refugees, but constant rebel attacks sent Liberians fleeing and Buduburam, one of several camps for Liberian refugees, swelled to 42,000, including 1,800 unaccompanied orphans.

With time and the dramatic numbers streaming in, rotting tents were replaced by more permanent structures, refugees became “displaced persons,” and the camp became a “settlement” – words chosen perhaps to ease the pain of having to confront so many desperate issues. After five days visiting the camp (we kept calling it that), it was apparent that the visible suffering of the 1990s had been replaced by bleak uncertainty. As the uneasy permanence has settled in, UNHCR refugee programs have been gradually phased out. Caught in limbo, Liberians do not know if it is truly safe to go home or if they will be allowed to stay in Ghana, where they will always receive less food, water, healthcare and education than those in their host country. As a people already facing an unknown future, they are especially vulnerable to the spread of HIV.

There were no official numbers to indicate the extent of HIV infection in the camp but in less than an hour, a French physician who was there for a short-term visit showed us an 8-month-old abandoned infant with tuberculosis and probable HIV and three patients with full-blown AIDS – two young women and a middle-aged man. None was receiving treatment. Both women managed a smile, one barely able to hold herself up. Introduced as the doctor from America, I wondered, “What I am doing? I have nothing to give them, and will they still be alive when medicine arrives?”

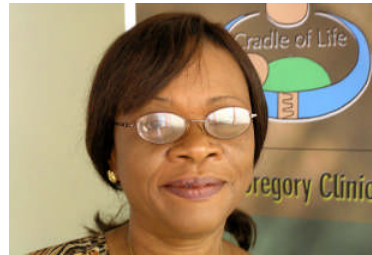


Reuben Gboweh, a university-educated Liberian refugee, helped organize our HIV-training workshop for more than 60 community counselors, birth attendants, nurses and physicians. In four days, we worked our way through diagnosis, counseling, prevention, treatment and care, spurred on by the memory of an opening prayer by the Liberian nurse

who thanked God for all that He had done for them. For a moment I wondered if she forgotten where they were. The attentiveness was amazing. The sun seemed to penetrate the galvanized roof as if it was a magnifying glass, yet they listened carefully through the afternoon heat and over the electric generator's incessant noise.

Six of our Nigerian friends from Faith Alive Clinic in Jos, including Dr. Chris Isichei, helped us teach. We were so proud to have them beside us. Only 10 months before, we held a similar training workshop at their clinic – and now they were teaching others in another African country.

One of the doctors who came to the workshop was Lilly Sanvee, a surgeon and the director of St. Joseph's Catholic Hospital in Monrovia, Liberia. As she spoke, we watched the refugees drink in her news of home. Dr. Sanvee became our heroine – she stayed at the Monrovia hospital through 12 years of rebel attacks. Surgeon, director, and administrator – she initiated her own HIV/AIDS program two years ago when she began to see patients with AIDS. (See our xx Newsletter on www.globalhiv.org.) I remember wondering when she wrote to us for HIV tests and nevirapine what would happen to our shipment of drugs in such an unstable country. It was a confirmation of her dedication and compassion that all supplies were used successfully and that she even developed a community support group for her AIDS patients.



On the last day, we called each participant forward to receive a completion certificate and training manuals. As we shook their hands, we saw pride and happiness on every face. So many thanked us for coming that I sensed a deeper gratitude that we considered them important enough to care about. Reuben closed the workshop with prayer and songs. We were moved as we witnessed the hopes of so many who live under such difficult circumstances.

On the last night at dinner, I overheard Dr Isichei say to his staff, "We as Nigerians should be grateful for all that we have. We need to find ways to help the Liberian

refugees.” Strange, I thought, with their own pressing needs, it would have been so easy for them to conclude that they had done enough now.

After the workshop, we heard that the Ghana government did not want us to use nevirapine at the camp to prevent HIV transmission from mothers to babies. Instead they wanted pregnant women in labor to travel more than two hours to get the single nevirapine dose at a government hospital. We were doubtful that any could find transportation to do that. Thankfully, with some hard work and intense negotiations, the government relented. We have since agreed to support 10 counselors for one year and to obtain additional training for them at a cost of just \$3,600 for all 10. Recently, we had a conference call with the director of the UNHCR AIDS programs who agreed to allow us to set up pilot programs at three selected refugee camps, one of which will be Buduburam. We need wisdom in planning how to meet the most urgent needs in these pilot projects.

Because we provide assistance directly to those in need, we were able to conduct the workshop in the refugee camp and provide training material that allows them to continue learning. We were also able to supply them with HIV rapid tests, nevirapine, and an antibiotic to control HIV complications. Your support and prayers are needed. It is critical that the politics of the refugee situation do not prevent us from helping the refugees. As we continue to work in the camps, we will uncover needs beyond that of HIV and will seek a faith-based partner willing to work alongside us.

Sincerely,

Arthur J. Ammann MD, President