

Global Strategies for HIV Prevention



April, 2007

24 Hours: A Journey Toward Hope

We started out early from Goma, eastern Congo. Joseph Ciza, a nurse who had traveled this route many times assisting victims of rebel activity, said that that the region was declared safe by UN Security Forces. As added security, we traveled in an ambulance with a conspicuous red cross on the side. We were advised to return before dark.

Our goal was to reach a hospital and four clinics located in several small villages in the Rutshuru province, between the volcanic mountains that border Rwanda and Virunga National Park in Congo. Several years ago, the area was host to the escaping Interahamwe (Kinyarwanda for "Those who fight together"), the militia formed by the Hutu ethnic majority of Rwanda. Together with the smaller Impuzamugamb, state army and police forces, they killed more than 800,000 people in the Rwandan Genocide of 1994.



Joseph told us many stories about this region, devastated by rebel fighting, a volcanic eruption that all but destroyed Goma, and HIV. Now, he said the people and healthcare workers in the outlying areas had asked that he return with training and medicines to begin HIV testing,

treatment, and care for HIV infected pregnant women to protect their babies from becoming infected. We knew that HIV care was among other pressing needs that included shelter, food, and safety. Though all were dire needs, HIV was taking away their future generation of children.

Our four-wheel-drive ambulance, initially traveling at 30 miles per hour, eventually bumped and slid over a half gravel, half mud road as we climbed our way up the mountains. Our first stop was to see where lava had flowed through lush forests, destroyed an entire village and left hundreds without a home. It was a symbol of the instability of the region we were entering. Indeed, as we continued, we witnessed changing scenes of suffering set against one of the Congo's most beautiful and seemingly peaceful mountain backdrops.

Our next stop was to knock on the steel gates of the UN compound to let them know we were in the region. (The fact that no one answered was a bit unsettling.) From there we drove to the first clinic, beginning a drama that was to repeat itself at each stop, with

changing casts and diminishing props. The first clinic had been ravaged by the rebels. A male nurse and regional physician were there waiting for us (thanks to cell phones). On the rough table before us was a calculator and neatly arranged records containing data on the number of patients seen, how many were pregnant women, how many babies had been delivered, and a guess on how many individuals might be HIV infected.

We walked to where the counseling room would be (note: chairs needed), then to a dimly lit room where the HIV tests would be



performed (note: need better lighting), and then to the room where the antiretroviral drugs and antibiotics would be secured (note: clinic has no medicine). We returned to talk about how many nurses the clinic needed. Somewhat shyly, the nurse asked if we could provide training and financial support for four nurses. I asked how much that might be and braced myself for the reply. Thirty US dollars per month for each nurse, less than \$1,500 for the entire year for all four nurses. Simultaneously, I felt relieved and embarrassed that I had even asked.

As we left the clinic, we were told that the Interahamwe (rebels) had been at the clinic an hour before we arrived. They heard that we were coming (cell phone again) and wanted to be certain their wives would also be HIV tested and receive treatment if infected. It was then, early in the journey, that I realized we were not there to judge, but to bring hope and healing to everyone.

We drove further into the mountains. Just before the Ugandan border, we turned left and entered the Virunga National Park. At first I thought Joseph wanted me to see its beauty, forgetting the purpose of our journey. I soon realized that we were on our way to the furthest clinic, on the shores of Lake Edward. As the warm breeze from the savanna blew through the open window I thought, "How strange" – driving through this vast National Park in an ambulance in search of those who needed care and compassion.

We reached our destination at dusk. Nyakakoma is a fishing village introduced to HIV by fishermen from neighboring Uganda, who traded food for a single night of pleasure from the village's young women. Sadly, the HIV virus outlasted the food forever altering this village's future. The nurse who greeted us smiled out of politeness, but the numbers on the chalkboard behind her told me the epidemic was in full force.

On our way back, the sun was disappearing behind the mountains that border the Rift Valley and the park. We now traveled in the dark, never knowing what we would encounter. It became obvious that we would need to stay overnight in spite of the warnings, so we visited one more bare-walled clinic, meeting the healthcare workers and reviewing records by the flicker of kerosene lamps.



The single loaf of bread shared that day between five people was long gone. Hungry, thirsty and bone weary, we finally turned off the road, entering the gates of a monastery that had somehow survived the rebel years...another paradox. Though I never saw the monks, they prepared a meal that we devoured by flashlight before falling into a much-welcomed bed. As the sun rose, I began hearing the deep, vibrating voices of Congolese monks chanting their morning prayers. The chants enveloped me with an overwhelming sense that the new day would bring peace.

Leaving without breakfast, we stumbled into the ambulance and made our final stop at an Italian-built hospital. Abandoned during the rebel fighting, it was now managed by Congolese healthcare workers. The first sign I saw bore the name of the hospital, Nyamilima, and a symbol that indicated no automatic rifles were allowed inside. In spite of the early hour, we were once we again greeted by healthcare workers who pleaded for assistance. I watched as they walked through wards, crowded with patients getting dressed, preparing their own food, and smiling at us in spite of it all.

The return to Goma town, as the locals call it, was emotional. Overwhelmed, I occasionally closed my eyes, no longer able to watch the constant stream of people struggling along the road. Their march was repeated every morning: children my granddaughter's age seemingly hidden behind stacks of wood on their backs; women of who-knows-what-age, wrinkled and bent over from sacks of flour; men struggling to push stacks of sugar cane that stretched across the road up the mountain on wooden bikes they had built; the lone man with one leg withered from polio who pushed an equally heavy load. We passed a village of perhaps one thousand, set on a mud field where people seemed to live in play houses of torn canvas and sticks. They had become instant

refugees, I learned, after rebels burned their village to the ground.



How many of the people I saw were HIV infected? How soon would the infection sap away their strength and their ability to care for their families?

As we entered Goma town, I was relieved that we had made the journey safely. Strangely, after 24 hours of witnessing unending needs, I felt hopeful. I was humbled to see people living day to day with suffering, yet maintaining hope. I understood that justice, forgiveness and compassion must work together here. The children of the Interahamwe were as in need of protection from HIV as the children of the oppressed. Joseph Ciza knew that and so did the healthcare workers and doctors. Compassion, they realized, should have no political boundaries.

And so I have hope that this first program for preventing HIV transmission from mothers to infants in a rebel dominated area of Eastern Congo might serve as a bridge to promote healing on many levels. Its value moves beyond the clinical benefit of helping the region's 46,000 women who become pregnant each year, 4,000 of whom are estimated to be HIV infected. The benefit goes further than the immediate relief from HIV and moves toward giving the region back its future by protecting all of its children, demonstrating forgiveness and compassion for all. This is a courageous effort by those who will be doing the training, performing the HIV testing and providing the medicines. It's a dedication that should humble us all.

This is also a story about how a huge commitment on their part requires so little from us. When you consider that it takes just \$30 a month, or \$360 a year, to train and support a healthcare worker who will test and care for hundreds, every donation multiplies to reach countless mothers and children.

A handwritten signature in black ink, which appears to read 'Arthur J. Ammann'.

Arthur J. Ammann MD, President
Global Strategies for HIV Prevention