

Charles is teaching twenty African doctors about the complexities of using antiretroviral medicines (ARV's). Most have never prescribed these drugs but are about to begin. Many have never seen a laptop. At the end of the week they are all researching topics on the internet, and presenting to the class on Powerpoint. Charles stands at the front of the classroom, his lecture on ARVs almost over, engaging the group in an animated discussion about drug interactions. Torkin is working quietly in the back of the room when an anguished scream rips the air and brings us all to silence. Again comes the scream. Torkin is prepared for this moment, having decided last week to go immediately. She runs from the classroom into the adjacent pediatric ward. It is easy to find the young mother in a heap on the floor beside a gurney. The body of her four year old lies lifeless, only partially covered by a thin sheet. Her grief is volatile, enormous, filling the hospital with shrieks of disbelief, anger, and sorrow. "Nga chi taro... chi taro... chi taro' "So sorry, so sorry...I'm so sorry." Torkin murmurs over and over again, slumped on the floor next to the screaming mother. Other mothers tighten their hold on their own children, knitting their eyebrows. They stay near but look away hoping to ward off such a fate for their own little one. After half an hour, huddled on the floor below the dead child's gurney, the mother exhausts her first wave of grief.

We hear this keening daily. Such is the reality in the pediatric ward at Mulago Hospital, Kampala's teaching hospital. The head nurse tells us there are up to ten deaths a week on her ward. The mother's heart in each of us deeply aches. These deaths are from AIDS, measles, malaria, TB, accidents, and congenital problems, from starvation and poverty and lack of medical care. Many are mysterious without diagnosis. The family must pay 4,000 Ugandan Schillings (2 dollars) to get the body of their child released. Sadly we put this sum in the parents' hands if needed.

Hospital wards here are unique. When a patient is admitted members of the family also move in. They provide all the food, care, cleaning, and love. You see them camping on the grass, cooking, reading, carrying on the tasks of life. Below is a photo taken outside the peds ward.



At the Pediatric Infectious Disease clinic Torkin is working on setting up a Teen Club for the 200 HIV+ adolescents that get their care here. Most of these kids are very small having gotten HIV from their mothers at birth. Many are teased at school or rebuffed by their families. Most have lost their mothers. The Teen Club's focus will be to have FUN and make friends. In time, with support, we hope they will begin talking about what it's like living a lifetime with HIV. We have planned a trip to the local amusement park for June and the boys want to start a football (soccer) team. We have high hopes for these youngsters as they are able to get ARVs through a research study being conducted by Baylor University. Eventually we want to take the most gregarious teens and help them become spokespeople for other teens.

When we arrived in Uganda Charles had a two month contract to work with the Academic Alliance. We had rented our Boulder house out for one year not sure exactly where the winds of fortune would blow us, but fairly certain that there was work to be done in the AIDS epidemic in Africa. The winds picked us up and swirled us across town from Mulago Hospital to deposit us at Mbuya Reach Out.

Reach Out might have been dreamed into existence by us or by many of our friends at Hollyhock, Wellspring, or AIDS, Medicine and Miracles. It believes that medicine without food ...food without hope...hope without medicine is fruitless. To give starving people only ARVs still leaves them in a life-threatening situation. Reach Out is holistic in its approach; the only such organization we have found in Uganda. It combines HIV/AIDS and TB care with poverty reduction strategies. Started by an Italian priest and a Danish doctor it first served the poor out of the back of a car. Soon it had taken over the church entry hall for its clinical care, and every other inch of space for its pharmacy, lab, charts, administration, and all of its social programs. In two and a half years it has grown to have a wonderful social program that includes UN food distribution of corn/soy flour, micro finance loans, and a school fees program. The tailoring school trains HIV+ clients to sew and the loans program helps them purchase their own sewing machine to start a business. The Reach Out store sells the dresses, tablecloths, aprons, and other items that they make. There is a choir called the Angels of Mbuya singing African healing songs and messages of pride. Young men exercise on the soccer field. And at mid-day, the smell of rice, beans and vegetables pulls staff and clients together for lunch.

The people Reach Out serves are very poor. This week we traveled with the Reach Out Street Theater group to one of our neighborhoods called the Acholi Quarter, named for the tribal people who live here. The Acholi have been displaced from their pastoral homeland during the 17 yearlong civil war going on in Northern Uganda. They have built a mud village of one-room huts near a quarry. They work with heavy sledges under the hot African sun, crushing large rock into gravel. For this grueling work they get 2,000 Uganda Schillings (one US dollar) a day. Others hire out as day laborers or are scavengers of rubbish heaps.

Ferida, a Reach Out patient and a rock crusher, holds Torkin's hand as they watch the drama group acting out a typical family scene...The father is drinking, having just arrived home from visiting the prostitute. The small children are crying because they do not have enough to eat. The teenage daughter has snuck off with the boyfriend for a little fun... Ferida whispers in my ear, "African men! They blame the woman for any bad character that their children have. Look at him! He is drunk and in real life he will hit her." From where I sit, the whole family is just responding to the overwhelming pressures to survive. Each is trying to cope with their frustration, poor health, joblessness, and lack of opportunities and education.

A lively discussion follows the drama in which the men and women talk about what separates them and how they can work together. Ferida boldly explains "We will never stop AIDS until we women are treated right." We felt hopeful. The evening ends with a prayer of great gratitude and a room temperature orange Fanta.

An African saying that the president of Uganda, Museveni, likes to quote is "When a lion enters the village it is everyone's job to sound the alarm." So we hear the Acholi and are sounding the alarm. The poor of the world ask all of us to get involved in an appropriate way, consistent with our life and means. Thank you for your prayers, for your questions. Waybale Nyo (Thank you very much) for listening.

We love hearing from you. You can reach us directly at torkin@charlesandtorkin.com and charles@charlesandtorkin.com. (Hitting "reply" will send it to Ben, who is helping us send this out.) E-mail Ben at ben@dimensional.com to add someone to our list, or if you no longer wish to receive our Notes from Africa.

[From Ben: To donate to the Partners in AIDS Service project, please send all contributions, which are fully tax-deductible, to:

All Seasons Chalice, PO Box 2180, Boulder, CO 80306-2180. Make checks payable to "All Seasons Chalice" and memo them "Partners in AIDS Service Fund".]