MEDICINE » BOOT CAMP FOR LIFE SAVERS

Collateral damage in Africa's war on AIDS

With the HIV epidemic drawing most of the world's attention – and donor cash – Canadian Ronald Lett struggles to help newly minted doctors compensate for the neglect that now plagues the continent's traditional medical woes. **Wendy Glauser** reports

HAWASSA, ETHIOPIA

"We have a 40-year-old male here with rectal pain and a fever," Ronald Lett bellows at a group of shy Ethiopian medical students scribbling meticulously in their notebooks. The heat is so intense that it's hard to tell if the budding doctors are focused on making a diagnosis or just trying not to keel over.

As the patient rubs his upper thigh and moans, Selamawi Kidanu, the student examining him, looks down with a boyish smile and checks the man's blood pressure. Sensing that an abscess could be the problem, he recommends a course of antibiotics to keep the infection from spreading.

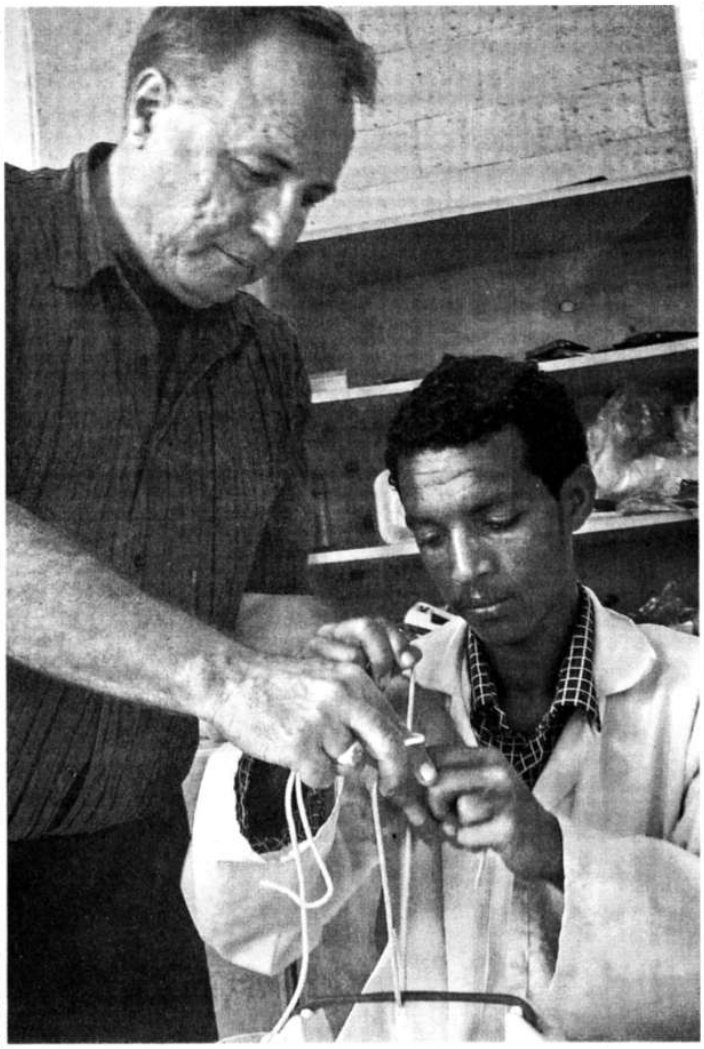
But moments later, the Alberta-born Dr. Lett is tapping Mr. Kidanu on the elbow and coming across like a frantic nurse: "Doctor, he's becoming short of breath! Look – he's getting a rash!"

In fact, every mistake seems to have dire consequences. When one student forgets to ask about allergies, the patient has one. When another doesn't get his assistant to help with a tool, he is told that his dithering has doomed the baby he was trying to resuscitate.

But it's all pretend, part of a role-playing exercise that is meant to provide young Ethiopian doctors with the skills they will need when thrown into one of the country's disastrously overstretched public hospitals, explains Dr. Lett, director of the Canadian Network for International Surgery (CNIS).

During the five-day CNIS workshop, the students will work on plastic torsos, perform colostomies using animal intestines and pilot chest tubes toward the stiffening lung of a freshly slaughtered sheep.

"In the ideal set-up, the students should do everything on the model before they go to the patients," says Ethiopian surgeon Mulugeta Tena, one of the workshop's three instructors. "But that hasn't been happening."



Program founder Ronald Lett shows Ethiopian medical student Selamawi Kidanu how to tie a surgical knot.
WENDY GLAUSER FOR GLOBE AND MAIL

The world's aid donors spend $8-billion to $10-billion every year to fight the spread of HIV, close to 30 times the amount Ethiopia spends on its entire health system.

MASSIVE WORKLOAD

A city of 125,000, Hawassa is a few hours south of Addis Ababa, the macchiato-crazed capital of a country infamous for its famines, droughts and on-again, off-again border wars with Somalia and Eritrea. The hospital here serves an area with 15 million people – 50 times the population served by a hospital in North Vancouver, Dr. Lett says.

The austere white building overlooks a city suburb where steel-roofed, one-room houses mimic the uniformity of suburbs in the West and the dust from passing taxis settles slowly. Women travelling on rickety donkey carts wipe the dirt from their foreheads with white, cotton handkerchiefs and stern-faced 10-year-old boys, driving herds of horned cattle, press their lips together so that the windswept sand doesn't enter their mouths.

Originally from Grande Prairie, Dr. Lett has practised medicine in Manitoba, Quebec and British Columbia, as well as Africa, and founded the CNIS in 1995 in a bid to improve surgical practice on this continent.

Although he often grumbles over the slow pace, and throws his hands in the air when the class is forced to wait outside the lab for "the man with the key," he is determined to increase the capacity of local health-care systems.

He is also quick to point out how much his approach differs from that of the high-profile agencies he competes with for funds – the ones that focus on infectious diseases.

While HIV and malaria make easy headlines and inspire celebrity-driven campaigns, the grim state of public hospitals in countries such as Ethiopia does not. Here, health-care workers are "begging the government for sterilization machines, antibiotics, even gloves," Dr. Tena says.

Hospitals are also in desperate need of manpower. According to World Health Organization statistics, Ethiopia has 2,000 physicians for a population of more than 80 million – three doctors, in other words, for each 100,000 people. The shortage is only slightly more severe than that in most countries in the region – but jaw-dropping in comparison with Canada, which has 214 physicians for each 100,000 people.

In these circumstances, young doctors are thrown into rural hospitals with much textbook knowledge but little practical experience. In Ethiopia, says Aberra Gobeze, another local CNIS trainer, medical-school graduates can find themselves working 400 kilometres down a bumpy road from the nearest hospital. They are expected to perform life-saving operations that, as Dr. Lett points out, someone who isn't a surgeon in Canada "would never end up doing."

And the patients they see are often near death. "We don't manage simple cases in this hospital," says Yifru Berhan, head of Hawassa's medical school. "We're managing ruptured uteruses, we're managing obstructed labours and we're managing patients that are seriously infected."

Hoping to prevent some of the fatal mid-operation mishaps and post-surgery infections that happen when patients are very sick, doctors are overwhelmed and supply shelves are empty, Vancouver-based CNIS now runs surgical and management training workshops in seven African countries. Every year, it sends several Canadian doctors to help run the sessions, but the bulk of the instructors are African.

Those running the program insist that it saves lives, but persuading donors isn't always easy. As Dr. Gobeze explains, "We get money when we talk about HIV, but when we say there's a problem of laundry in a referral hospital or there's no generator, that's seen as a government affair."

Dr. Lett is less diplomatic. "There's not a heartthrob to surgical care," he says, walking down the main street in Hawassa, his voice punctuated by music blaring from store-front ghetto blasters, honking rickshaws and pleas of "Sah, sah" from street children looking for a handout.

"Donors are used to dying children on the street," he says, "but surgery is intellectually more complicated."

ROBBING PETER ....

What's more, he feels the international community focuses on infectious diseases because it fears they will spread to the developed world.

The global donor community spends $8-billion to $10-billion every year on fighting the spread of HIV, close to 30 times what the Ethiopian government spends on its entire health system. In Uganda, nicknamed the "donor darling" of Africa and one of the other countries CNIS works in, two organizations – the U.S. President's Emergency Plan For Aids Relief (PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria – spends as much to fight HIV, which affects 6 per cent of the population, as the government gives to all of its public hospitals.

Partly because of the donors' preference and partly because most sub-Saharan Africans can't use the ballot box to improve their health care, Dr. Lett argues, little progress has been made since the 1970s, when he first came to the continent. In 2001, most African countries pledged to spend 15 per cent of their budgets on health, but only Botswana and Seychelles have fulfilled that promise. The Ethiopian government devotes only 9 per cent of its budget to health care and in East Africa, according to CNIS figures, one woman in every 13 will die in childbirth.

Fitsum Weldegbrien, a thin, bespectacled med student, is well aware of the challenges ahead of her. "I know that we're not well paid," she says. "I know that, even if we have good skills, the materials we need aren't there."

But she remains undeterred. "Once I heard on TV that so many mothers and children are dying in birth because there aren't enough doctors, that clicked something in me. 'Why not me?' I thought."

LEADERSHIP SKILLS

Back in the training session, Dr. Lett is pacing the room, holding his glasses by the earpiece and lecturing about good leadership. "Many times I hear young doctors in Africa saying. 'I couldn't do this because I didn't have this instrument,' " he says, "but that shows a lack of leadership, because these things are available."

Fill out the requisition forms, he says, even if the bureaucracy makes you want to scream. Befriend the head of laundry, he advises, and then linen shortages, "a major obstacle to getting surgery done in Africa," won't be a problem.

Recognizing that the Ethiopian government is unlikely to start throwing more money at health infrastructure and realizing that fractures and colostomies just "aren't sexy enough" to attract aid, CNIS is appealing to the new generation of African health-care workers to revive the system.

Young African doctors will continue to leave their countries – "there are more Ethiopian doctors in Botswana than there are in Ethiopia," student Shemsedin Musefa notes.

They will also continue to opt to work for HIV agencies or the private sector, where they can earn, according to Dr. Tena, "three, four times" what the government pays.

Fortunately, some will resist temptation.

"I know I would make more money in politics or engineering, but I think, in the long run, I'll be more happy in medicine," Mr. Musefa says.

"Labouring mothers come in, and you help them deliver a baby, and ... it's a miracle, you know?"

» Canadian writer Wendy Glauser spent the winter in East Africa.