



A Month in Tanzania



By MaryPat Pauly, MD

Working in a poverty-stricken neighborhood at Dar es Salaam means shifting to a basic level of health care, and confronting a different culture and a bewildering language.

I have always wanted to travel and explore the practice of medicine in Africa. My son, a recent graduate of Santa Clara University, is currently working for two years with Jesuit Volunteers International as a teacher in Mobibo, a very poor section of Dar es Salaam, Tanzania.

As part of a recent visit to this area, I had an opportunity to work with Maryknoll Missionaries at PASADA (Pastoral Activities and Services for people with AIDS). My son sold them on my services as a gastroenterologist who could teach and treat patients with abdominal pain and diarrhea. They were interested in educational lectures and requested talks on diarrhea, peptic ulcer disease and abdominal pain.

I embarked on my trip full of apprehension. Looking back, the experience was transformational from both a professional and personal perspective.

The official language of Tanzania is Kiswahili, but secondary school courses are taught in English and I was asked to lecture in English. Hearing this, I never thought that language would be my most difficult obstacle, but most people in my son's neighborhood and the patients at PASADA never went to secondary school and knew absolutely no English.

It was not difficult to adjust to the profound heat; the diet of rice, beans and greens; sleeping in mosquito nets and the ubiquitous poverty — but not being able to communicate was hard. For the first week I was uncomfortable and anxious, one of the rare mzungu (white people) in the area. I worked furiously to learn phrases, but became confused easily, mispronouncing words while fumbling through my guidebook.

The Tanzanians in our neighborhood were more than helpful. They loved and respected my son, and because I was mama Mateo (Matthew's mom), they were eager to make me feel welcome. The children always greeted me with that special greeting reserved for elders "Shikamoo." They would wait patiently until I replied "marahaba" (thank you for that respectful greeting) and chuckle as I mispronounced it or the next few words.

Some were anxious to practice the English learned in school and were excited when I answered back. Those conversations would revert quickly to Kiswahili, and I was the one who benefited. This friendly and giving people helped me overcome my initial culture shock so that I could be comfortable helping those who were ill.

A Different Level of Health Care

PASADA is a free clinic that provides 8,000 poor HIV patients with confidential counseling, testing and limited medical care. Nurses provide home care for the severely ill and nutritional support: beans, rice and ugali flour. Many patients have no idea why they are referred and present with tiny pieces of paper from other doctors' offices and hospitals

where it is not uncommon to test for HIV without a person's knowledge or consent.

Even though the incidence of AIDS is high, it is still a stigma and the diagnosis is often kept secret. It is not uncommon for a woman to be pushed by her husband or partner to be tested. Pregnant women or women with small children who test positive and admit it risk being abandoned and left without support.

The medical staff at PASADA does not have access to HAART. They can only treat certain complications of AIDS. For most Tanzanians there is no affordable treatment, and basic health care for HIV complications is only available to those who can afford to pay for it.

Most patients see clinical officers similar to physician's assistants. Two MDs see some of the more difficult cases while nurses do much of the home care. There is a lab and a pharmacy with a limited formulary. Prescriptions are written on a piece of plain paper; pills are dispensed in small quantities and put in envelopes with handwritten instructions. Patients bring their own containers for creams and topical medications.

The sick come long distances, walking for miles or taking a dala dala (inexpensive, often overcrowded vans). My usefulness at PASADA was limited by my inability to communicate in Kiswahili. I was, however, very useful to the nurses who visited the homes of some of the poorest and most desperately ill patients with AIDS, and it became my job to travel with them. The nurses would interpret, and I would examine the patient and make an assessment.

We offered what treatment we could. We helped with wound care for those with advanced Kaposi's Sarcoma. We offered "pole sana" (emotional support) for the patients and their caretakers and left food when we had any. The staff was dedicated, kind and joyful, showing a deep respect for each other, the patients and their families.

At PASADA I saw many cases of malaria, tuberculosis, shistosomiasis, Kaposi's Sarcoma, all kinds of diarrhea and a host of vague GI complaints, some of which may have been IBS and non ulcer dyspepsia secondary to the stress of the diagnosis.

The Medical Director of PASADA introduced me to the only practicing endoscopist in Dar es Salaam. He was a gastroenterologist and a surgeon who worked at Aga Khan, a private hospital, and Muhimbili, a government teaching hospital. He performed endoscopy two days a week at Aga Khan Hospital where he had one endoscope and one flexible sigmoidoscope.

One lady in the government hospital with a gastric outlet obstruction had to make her own way over to the private hospital for diagnostic endoscopy. Supplies were scarce and another patient with obstructive jaundice and suspected choledocholithiasis was scheduled for surgery and told she needed to purchase a t-tube at the pharmacy prior to the operation.

The house staff and medical students work very hard, emphasizing patient history and physical examination because of limited access to diagnostic tests. The medical staff is required to learn and round in English but use Kiswahili with other staff and patients.

Wards at Muhimbili Hospital are large and open; and most patients have advanced disease. A female ward I saw had 38 patients in one room. Each patient had a separate bed with a mosquito net. The windows were open and birds flew about freely. Relatives and friends of patients supplied food and drinking water. Patients wore kangas instead of hospital gowns, and the family washed the patient's laundry on the premises, hanging it to dry in the hot sun.

It is hard to think of medicine in this context, yet it is a reality for many. Beyond that, there was another side of this visit that was equally transformational — learning to navigate the daily challenges of life.

The Logistics of Daily Life

Beyond culture shock there is a certain liberation that comes from seeing joy in the midst of so little. I took the dala dala to work daily. Some days it was a challenge to get to the bus through the pools of standing water on our street. The alternate route was a "toll bridge" made of sand bags built across a shallow river by an industrious man who collected a coin when he was there.

There was no bus schedule and during "rush hour" one could wait a long time for the always crowded vehicle. My son speaks fluent Kiswahili, and the first few times he escorted me to work and back. But it was quite another thing to do this alone, flagging down the proper vehicle and confirming my destination in Kiswahili.

For a while, this was the hardest part of the day. Going to work, I was always the only mzungu on the dala dala. The ride was hot and crowded, but fellow passengers were kind. One cautioned me against opening my window too wide, saying thieves were known to steal watches right off a person's wrist.

The clinic at PASADA started at 8 a.m with a meeting, a prayer and an uplifting Swahili song. Everyone would break for tea (chai) at 10 or 11 o'clock and then the bell would ring for lunch at 1 or 1:30. The cook would prepare a meal, usually rice and beans for everyone. The clinic would close at 3 p.m. so staff members could get home to their families, do their chores and prepare dinner.

I would usually stop at my son's school to speak English with the students and watch afternoon soccer games. Only seven percent of Tanzanians attend secondary school, and most are very poor. Some boys play soccer in bare feet; others share and play with just one shoe. From there, I would walk home to the high point of the day where neighbors greeted us "Habari Kazi?" (How was work?)

The first chore was to purchase vegetables and rice, and maybe some beans for dinner. Often the watoto (children) of the neighborhood would meet us on the road and carry our packages. One young student came often after school to get extra help with English. While helping him I also learned Kiswahili. He lived with his aunt and sister and attended primary school where the average class size is 145. His dad had died, and we never found out why his mom stayed in a distant village.

Many of the young children in Mobibo live with extended family or friends when their parents become sick or die, and some come from the distant villages to attend school. In Mobibo, many young "house girls" are taken in by families to cook and wash in exchange for food, shelter and a small monthly allowance. Many have only a primary school education, yet they are joyful, caring and respectful as they do the hardest chores. There is a sense of collective enterprise that extends beyond our notions of family. It was here that one could see the proverbial village raising the child.

After one month in Tanzania, I was just beginning to learn the culture that my son had already embraced. It was easy to see how the Tanzanian people and their culture had transformed him. He learned their language well enough to share their experiences with a sense of empathy rather than sympathy. He showed respect, used resources responsibly and wasted nothing. Because of this, I was readily welcomed.

The people of Tanzania are a proud mix of cultures that must function in a difficult system. They respect each other and share what little they have. It is fascinating to see life viewed through a different cultural lens.

I remember a people who work joyfully in an atmosphere that is relaxed. I came to help them with English and learned a little Kiswahili. I came to work at PASADA and learned about diseases I had only read about in texts. I saw a team of overworked and dedicated clinicians provide health care with compassion and respect.

The few young women I could communicate with had a limited understanding of AIDS in

the context of a culture that seemed to offer few ways to control it.

Tanzanian culture is beautiful and giving but intricate and difficult to understand. There is much I didn't see, and I have many unanswered questions that will need to be answered with further study and travel.

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