

Poverty, Health, Disease, and Medical Journalism

by Adamson S. Muula

muula@email.unc.edu



It is not my attention to disparage my country in the global public and send the impression that things are falling apart with no end in site. I am extremely patriotic and love my country. However, as I prepared to write a manuscript for this column, my country was hit with automobile fuel shortage, which makes it extremely hard to concentrate and think of sending manuscripts to journals. This crisis made me fully realize the impediments that many researchers and health practitioners from the fringes of science face in getting manuscripts sent to journals for review and eventual publication. These impediments range from shortages of basic resources such as fuel and water to lack of investments in health research, poor training of authors, financial instability of journals, and massive workloads.

It is difficult to be idealistic in such a situation, but my experience with junior medical students in Malawi is that many in their written assignments talk about "educating the masses" or "telling the general public that they should drink clean and safe water" and that "condoms should be used in each and every sexual intercourse." As they move through their training, many grow more realistic. Still, I do not think that the majority do fully grasp that health as an outcome is a result of a complex interplay of many factors, some of which have nothing to do with departments or ministries of health.

In the week preceding the writing of this article, I was in Lilongwe, capital of Malawi, an expanding urban area in the central part of the country. I took time to attend a ministerial press conference where the Minister of Health, Prof. Moses Chirambo, an ophthalmologist, was talking about reported outbreaks of cholera in the country. To emphasize the importance of the meeting, the Deputy Minister of Health was also present. The main reason for the conference was to launch the annual cholera prevention and control campaign, at the start of the Malawi rainy season.

Malawi's cholera history has come a long way. The years 1999 to 2002 were particularly bad, when thousands of people died from the illness and tens of thou-

sands were afflicted. The situation is currently mostly under control but still about a dozen people died between November and December 2009. More deaths and illness are expected as the rainy season goes on until sometime in March-April next year.

Cholera spreads are usually aided by lack of potable water. Water is a priceless commodity all over the world. It is much more so in low-income nations such as Malawi. The peri-urban sprawl is certainly part of the problem but other public and private sector inefficiencies play a considerable role. Just yesterday, my city of about half a million people had no running water and had limited amounts of automobile fuel. Occasional shortages of running water, electricity, or fuel are part of normal life, but for many people in our city, this is their daily bread. Forget about the growth of Malawi's national economy, which has been the second fastest growing economy in the world in the past two years. The fact of the matter is that we started at such a low level that even massive economic growth has not translated in better livelihoods. There are still electricity blackouts and water shortages that put the health of the population at risk.

Like we always do in this part of the world, we asked the politicians to give us answers about the shortage. They said that the Mozambique port of Nacala was so congested it was not able to handle Malawi's fuel from docking from the Indian Ocean. However, the Mozambican authorities explained that they had nothing to do with the fuel shortage in Malawi. The Nacala Port, according to them, was in fact being underutilized. They went on to say that it was shortage of foreign currency in Malawi that was the cause of the fuel shortage. Not to be outdone, the Malawi authorities then put the blame on the repair work on the Samora Marcel Bridge over the Zambezi River in Mozambique. To be fair, the bridge was under repair and traffic flow was minimized. However, there was no scarcity of other commodities that are transported to Malawi by the same route. The crisis continued.

As the country reeled with no relief in fuel in sight, the government then found another reason: nationals of other countries were externalizing foreign currency. In addition, it was suggested that the purchase of second hand automobiles from Japan and the Middle East by the Malawians had drained much of the foreign currency. The Bretton Woods system compounded the problem by influencing the country to liberalize its economy.

As I was writing this article, my mind kept wondering when the fuel crisis would be resolved. I had just walked miles to get to work because I could not drive. Don't advise me to get a bicycle since the streets are not safe enough for

such a means of transportation. And while the Scandinavian countries have tailored their societies to handle cycle traffic, in my world, a bicycle could easily be a death trap. I am not ready to go to meet my maker!

I had made the choice not to queue for fuel at the gas station. Some of my friends have had success with diesel or petrol after queuing for half a day. I am wondering whether I have the energy to do that. One thing I am sure about is that if this fuel shortage persist, it will be hard for me to travel 10 miles to the clinic where I go on Sundays to see my patients. Who will take care of them? Who will have the fuel?