

Stealing Dreams: Part 1 of 3 Malaria's grip still strong in Tanzania

This is the first installment of a three part series examining the issue of malaria in Tanzania. The series is the product of a fellowship co-sponsored by the National Association of Black Journalists and the United Nations. The fellowship was inspired by the life and death of NABJ member Akilah Amapindi, who died tragically at last year's NABJ convention after contracting malaria during a trip to Africa. The fellowship gave American journalists an opportunity to learn more about this underreported issue and served as a tribute to the life and work of this young journalist whose life was cut short by a preventable disease. To learn more about the fellowship visit www.nabj.org

By DAMASO REYES
Special to the AmNews

Dar es Salaam, Tanzania - The call to prayer that comes just before dawn signals the end of danger for the millions of people here living under malaria's iron grip. The mosquito which transmits the disease only feeds in the early morning hours, a narrow window which causes nearly 15 million cases of malaria each year, leaving an estimated 100,000 people, the vast majority of whom are children under five year old, dead. Nearly all of those deaths, through preventive acts like sleeping under a mosquito net which costs less than \$10, or through treatment with a new course of medicine, which costs less than \$2.50 a treatment, could be saved. The real question is why so many young Africans are being ushered to death's door by a disease that has been all but eradicated in the developed world? One activist has a controversial answer.

"Nobody cares about Black babies dying in



Neema William comforts her 4-year-old son Daudi who is suffering from malaria.

debilitates its victim for weeks at a time. While most people survive their encounters with malaria, they may suffer two, three or even four attacks a year, keeping children out of school, farmers away from their fields during planting and harvest time, and workers away from jobs which bring in much needed cash. More than \$10 billion in economic productivity is lost each year in Africa due to malaria's crippling effects, leading to a vicious cycle of poverty that keeps the continent from fulfilling its potential.

Two efforts in the past five years, the Global Fund to Fight AIDS, Tuberculosis and the President's Malaria Initiative, have raised the profile of the disease, but many Tanzanians and other Africans still find themselves plagued by this ancient malady.

AS OLD AS HUMANITY

Malaria is an infection of the Plasmodium parasite, which is only transmitted by one type of female mosquito. The disease is thought to be at least several thousand years old, civilization's nearly constant companion. When a victim is bitten, the parasites make their way to the liver where they reproduce for anywhere from 6 to 14 days and then enter the bloodstream, infecting and reproducing in red blood cells, which they destroy upon maturity, leaving the victim with symptoms which include headaches, high fever, body pain and chills. While most healthy people recover from the disease within weeks even without treatment, the underdeveloped immune systems of young children are especially susceptible to

(Continued on Page 32)



Mothers sign up to receive subsidized bed nets to protect their families from the mosquitoes which transmit malaria. Even with the subsidy available to pregnant women up to 15% cannot afford the roughly 50 cents they must pay to buy a discounted bed net.

Africa," Louis Da Gama of the Malaria Advocacy Directorate at Global Health Advocates, a Geneva based NGO, said about the lack of Western attention.

While HIV/AIDS has risen to epidemic levels in several sub-Saharan African countries, malaria still kills more Africans than even this terrible disease. But because malaria has been eliminated from the developed world and the only Americans likely to contract the disease are the tiny minority who travel to endemic areas, attention, and crucial resources have been diverted away from this silent killer. Children under five are also the most likely to die and unlike adults, they cannot lobby congress for more money to fight a disease that with an additional \$2 billion a year could be virtually wiped out.

The problem with malaria, as discovered during a recent trip to this East African nation, is not simply that it kills, though that terrible toll is far too high. It is that malaria is a chronic disease that

INTERNATIONAL NEWS

NEW PUSH FOR FREE AIDS DRUG PLAN

By Braden Ruddy

May 22 (GIN) — Buffeted by criticism of its AIDS treatment program, the Nigerian government announced on Friday it will guarantee free anti-retroviral AIDS drugs to thousands of infected citizens within the next two weeks.

The new program covers 250,000 AIDS patients. There are 4 million people with HIV in all of Nigeria.

While AIDS drugs were supposed to be free, health groups such as Doctors Without Borders charged that hospitals were imposing a 'service fee' for the life-saving meds.

The drug plan will be covered by a \$250 million grant from the Global Fund to Fight Aids, Tuberculosis, and Malaria, with additional money from the United States, and national funds freed up since the recent cancellation of Nigeria's international debt.

Meanwhile, in Kenya, first lady Lucy Kibaki attacked a pillar of the nation's anti-AIDS program by condemning the distribution of condoms to teenagers.

Mrs. Kibaki, who chairs the Organisation of the 40 African First Ladies Against HIV/AIDS, said young people had "no business using condoms" and should practice abstinence instead.

"Those who are in university and are not married have no business having condoms in their halls of residence," she told schoolgirls in the capital, Nairobi, on Thursday evening.

It is a position shared by Ugandan first lady Janet Museveni, who backs a campaign for young Ugandans to pledge abstinence until marriage.

However, AIDS activists say research shows that young people in Kenya are often sexually active from the age of 14.

SENEGAL FACES NEW PRESSURE TO END FORMER DICTATOR'S EXILE

By Braden Ruddy

May 22 (GIN) — The United Nations has accused Senegal of breaking international human rights law by sheltering former Chadian dictator Hissène Habré.

Since a coup in 1990, Habré has been openly living in Senegal as a political refugee.

On taking power in 1982, Habré created a secret police force - the Documentation and Security Directorate - which eliminated many of his opponents. It is believed that thousands of people from tribes Habré thought hostile to the regime were killed.

The United Nations Committee Against Torture accused Senegal of breaking the 1984 U.N. Convention

Against Torture, which forces signatories to extradite or prosecute those accused of torture within their territory. Senegal ratified the convention in 1986.

"When Senegal ratified the torture convention, it promised the world that it wouldn't provide a safe haven to torturers, but in 15 years it has taken no action against Habré," said Alioune Tine of the Dakar-based African Assembly for the Defense of Human Rights (RAD-DHO).

Last year Senegal ruled that it did not have the power to extradite Habré, and turned the case over the African Union, which has yet to pursue the case further.

LIBERIA: RETURNING REFUGEES FUEL TENSIONS, CLAIMING HOMES, LAND

GANTA, May 22 (IRIN) - The return of thousands of Liberians from camps across West Africa is fuelling ethnic tension over the ownership of land and homes in northern Nimba county, which saw some of the worst fighting in the civil war.

Hundreds of machete-armed youths from the Mano and Gio ethnic groups took to the streets last week after rumors circulated that ethnic Mandingos, who have been living in refugee camps in Guinea, were about to attack the city to reclaim their land.

UN peacekeepers and newly trained police officers rapidly contained the trouble, making four arrests. But frightened residents, still reeling from 14 years of violent warfare, scurried into the bush for safety.

Many Mandingos are returning to Nimba to find that their homes are now occupied by the Mano and Gio neighbors that chased them away.

Sekou Donzo, a local Mandingo leader in Ganta, told IRIN that patience is running out among his kinsmen after several failed mediations by local government leaders to re-possess their properties.

Donzo said that since he returned from living in a refugee camp, his four-bedroom house in central Ganta is being "illegally occupied."

In April, a report by Brussels-based think-tank the International Crisis Group (ICG) called on the Liberian government to address the problem of land ownership.

Johnny McClain, Liberia's information minister, told reporters on Thursday that President Ellen Johnson-Sirleaf would set up a committee to look into the problems in Nimba.

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Health Care



Avoid allergic headaches

Ms. H has experienced an occasional headache for years, which usually has responded to over-the-counter medication. For the past three months, however, the headaches have become more frequent and intense.

They are throbbing, some-

times associated with nausea, and have not responded to any medications. Before visiting my office, Ms. H had been referred to a neurologist by the medical department at her workplace. She had been given a clean bill of health after undergoing many expensive

diagnostic tests.

Ms. H had been given an anti-depressant medication for her headaches, although she related that she had not felt depressed. The medication made her sleepy. In fact, it was interfering with her work. Several other medications had also been prescribed without any success. She soon stopped taking all of the pills and sought other medical advice.

I asked Ms. H about her eating habits. She told me that she was aware that certain foods could cause allergic headaches. Chocolate, ripe cheese, and freshly baked yeast products can cause headaches due to a naturally occurring chemical called tyramine, which causes dilation of arteries of the brain.

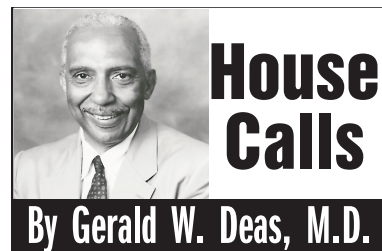
She was also aware that vascular headaches can be caused by other food products such as citrus, caffeine, fermented or pickled food, vinegar, yogurt, cured meats, nitrites, and

monosodium glutamate (MSG).

Ms. H related that she had noticed when she discontinued the use of MSG her headaches were less intense and almost subsided. She said that when she ate at a Chinese restaurant, she would always instruct the waiter to leave out the MSG. Yet for the past three months she still had been plagued with headaches.

I asked Ms. H about her eating habits on the job. She related that when she didn't bring her lunch, she usually ate at a fast food restaurant. After further questioning, I discovered that Ms. H was experiencing headaches usually after eating highly seasoned chicken.

I decided to call the fast food restaurant where Ms. H had her meals. The manager told me he was not aware of the seasonings used in the chicken's preparation because he received it from another supplier. I then called his vendor and



House Calls

By Gerald W. Deas, M.D.

was told that MSG was one of the main ingredients in the chicken seasoning.

I advised Ms. H to discontinue all fast foods for a few weeks. Within that period, the patient informed me that she felt much better and the headaches had almost disappeared. Lesson: If you are allergic to MSG, be sure to read all labels on cans and frozen food products that you purchase, and also be aware of the use of this chemical in fast food restaurants.

Malaria

(Continued from Page 2)

infection, leading to the high mortality rate for children under five.

By the middle of the 20th century the disease was well understood by science and an active eradication program began in the United States and western Europe, which through the use of insecticides, drugs and a change in living habits including the use of air conditioning, virtually wiped out the disease in regions like the American south where it used to be endemic.

But the parasites which cause malaria have developed resistance to the two cheapest and most common drugs, chloroquine and sulfadoxine-pyrimethamine, leading to a lack of cheap and effective treatments. With a national health budget which spends roughly \$10 annually for ALL the healthcare needs of each citizen, Tanzania, by itself, cannot afford the \$2.40 per treatment it costs for the new class of artemisinin-based combination therapies (ACTs), which is the only effective non-resistant drugs left on the market. Additionally, the insecticide treated bed nets, which protect sleepers from being bitten, cost anywhere from \$2.50 to \$8, putting them out of reach for the large percentage of citizens who live on less than \$2 a day.

"These tools exist, we just haven't deployed them to scale," said Dr. David Sullivan, assistant professor at the Johns Hopkins Bloomberg School of Public Health, who calls malaria "the dream stealer." Clearly, Tanzania and the rest of Africa cannot maintain the course it is on. The question now becomes whether the developed world, led by the United States, can rise to the challenge of breaking the back of malaria. "There is no plan B for getting Africa out of the hole it's in," Dr. Sullivan added.

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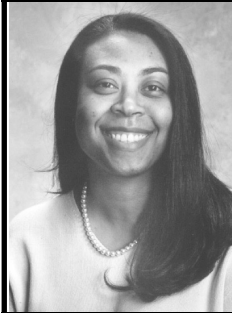
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