

THE GLOBE AND MAIL

Bringing Help to a Clinic Named Hope

Lesotho's gasping AIDS patients acquaint a visiting Canadian physician with the hardships of the disease, STEPHANIE NOLEN says

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By Stephanie Nolan, THE GLOBE AND MAIL



HLOTSE, LESOTHO -- For Philip Berger, the worst that AIDS could do had largely faded in memory. Twenty years ago, as HIV began to spread in Toronto, he saw the destruction the disease could wreak.

Since then, as one of Canada's leading AIDS physicians, Dr. Berger has treated HIV with antiretroviral (ARV) drugs and has been largely spared from seeing the misery of the 1980s variety. But in December, when he landed in Lesotho, he found a whole new world of horror.

There was the day the young man died right there in the waiting room, his lifeless body sliding silently off the wooden bench to lie prone in the centre of the clinic floor. And the baby girl who had wasted down to three kilograms, without a single functioning vein left for a needle. And the gasping husband carried down from the highlands, all the way to the examining table, on the back of his unflinching wife.

"You have to shut your heart down or you'd never make it," Dr. Berger said, surveying the silent, patient queue of Basotho people who waited outside his consulting room a few days ago in a clinic named Tsepong (Hope).

Most were in their early 30s, and despite the heat of the southern African summer they came bundled in blankets and layers of coats to try to disguise the wasting that marks them as AIDS patients. An estimated one in three adults in Lesotho has the disease.

Dr. Berger, 54, leads an Ontario Hospital Association team that is trying to help Lesotho roll out an ARV treatment program. Working with a handful of other Canadian volunteers, under the direction of a passionate Basotho doctor named Limpho Lekena, he has helped put about 250 people on the life-saving drugs in the past three months.

But he takes little comfort from that figure as he sees what AIDS has done to the country.

In a letter home, Dr. Berger wrote of arriving each morning to find "more wasted women and men sprawled over the office chair or bent over, head inches from their knees or tilted to the side . . . any position which reduces the energy and effort needed to sit. It is painful to watch the near total consumption of strength required to raise themselves from the chair even with assistance -- some as a matter of autonomy and dignity try to get up by themselves, but most fail."

This regional hospital has no functioning X-ray machine, so when Dr. Berger suspects pneumonia he must send critically ill patients by erratic public transport to a town an hour's journey away.

As an alternative, he has developed what he calls a fast-walk test. He asks those he suspects of having the pneumonia that frequently accompanies AIDS here to walk as fast as they can down the clinic corridor and back.

If they come back gasping for breath, he can be fairly certain it's pneumonia. And either way, it makes everybody laugh a little when the crazy Canadian doctor makes the sick people try to jog.

The lack of equipment is just one of the many differences in AIDS treatment as Dr. Berger knew it in Canada. If Canada had an epidemic like Lesotho's, he noted, 5.3 million adults and 350,000 children under 14 would be infected, making for a daily death rate of 1,230.

Here it is considered reasonable for a doctor to have 750 patients on ARVs, while at the height of Canada's epidemic in the 1980s Dr. Berger had a patient load of 250.

"The patients we saw back then were sick, not unlike those at Tsepong. But Canadian patients had all sorts of resources unavailable to the Tsepong patients -- like food."

There are other shocks. " 'Stigma,' an AIDS word not heard much in Canada any more, penetrates all aspects of AIDS life and professional work," he wrote after a few weeks in Hlotse. "All Basotho carry a bukana eo bophelo -- the little health book -- which contains all their health information. They cannot engage the health-care system without presenting their bukana, and many rip out pages with any reference to AIDS or use the bukana of others as a means to hide their HIV status and protect themselves from sometimes violent discrimination."

Here in Hlotse he is starting about 25 patients a week on the ARV drugs. But it seems like laughably little to him in the face of the need. About two-thirds of his new patients are women -- some who weigh as little as 25 kilograms, most too weak to lift themselves up on to the examining table. Dr. Berger must lift them; he describes them as "feathery" in his arms.

The children are the worst of it. Taking patient histories from adults with children "goes like this: 'How many children have you had? And how many are living?' "

Lesotho, for a host of bureaucratic and official regulatory reasons, does not have the pediatric formulations of AIDS drugs that are needed to treat children. Mother after mother brings her wasted, panting child to Dr. Berger's consulting room, and he cannot treat them.

"You look into the eyes of that child and you know you could have done something."

With Dr. Lekena (who is one of only 10 Basotho physicians practising in the country), Dr. Berger has boosted the Tsepong clinic's roster to 900 patients from 100. All day long they test for HIV, treat tuberculosis and fungal infections, and try to juggle prescriptions so they can make a small, erratic supply of drugs cover the maximum number of patients.

Limpho Maile, head of the National HIV-AIDS directorate, said the success of the OHA initiative so far is "fantastic." But she noted that it solves only the problems of Hlotse, while other hospitals lack even a doctor, nurse or pharmacist to start treating people.

She defended the drug shortages that anger Dr. Berger, saying the problem is not the government's procurement capacity but rather that international donors have been slow to provide what was promised.

Dr. Berger returns in May to his post as medical director of the Inner City Health Program at St. Michael's Hospital in Toronto. But already he wonders how he can leave this clinic after just six months.

"It's nowhere near long enough."