

A personal experience with Malaria in Uganda

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Malaria Bites

When I think back to my time in Uganda, it is mostly fine memories that come to mind. A smile draws across my face as I reflect on the resilient people, the beauty of the countryside, the lively religious spirit and its promise of a brighter future. Filtering through those thoughts, one troubling memory lingers in both my mind and body. That is the memory of malaria.

Growing up in New York City, malaria seemed so distant, so intangible. I first heard about malaria in school when Mr. Mauro, my

science teacher, showed his half-attentive class newsreels about tropical diseases. Many of the images focused on situations in distant Africa. These were hard-to-watch images because they often concentrated on sick children. Having a personal experience with the disease never entered my mind. Yet, over time, I have grown to understand that life has a way of offering us the unexpected.

Indiscriminate Mosquitoes

Malaria became a personal matter for me and seven members of our Religious Youth Service (RYS) team in the Lira District of Uganda. Out of 30 participants, our little group was selected by colorblind, infected mosquitoes with an indiscriminate internationalist spirit. The seven infected were from Kenya, Ethiopia, Italy and the USA. Each of us found ourselves wracked with high fevers, sweats and chills, along with the soreness and pain that accompany the disease.

My initial bout with the disease was tough and I spent a week recovering in Clara Maass Hospital in New Jersey on my return home. Some of the seven infected team members took longer to recover. While years have passed since my initial outbreak, the disease still delivers personal reminders. On occasion, I break out in night sweats and awaken in the morning in soaked garments—a small price to pay when you realize that so many children who get the disease never recover.

Malaria kills 25% of children before age five

While most of us had no personal experience with malaria in 2008, the World Health Organization reported 243,000,000 cases and 863,000 deaths from the disease, with nearly 90% of these occurring in Africa. In the Lira District of Uganda where we worked, malaria kills nearly 25% of the children before they reach the age of five.



<http://www.johntyman.com/torembi/13.html>

Malaria was one of those diseases that twentieth-century science seemed destined to defeat. In the middle of the last century, in many areas malaria seemed well on its way toward complete eradication, but the sought-after eradication failed to occur. A dramatic increase in infestation occurred when the pesticide DDT was banned in many nations. While DDT effectively kills mosquitoes, it also has a very detrimental impact on other aspects of the environment. However, the ban on DDT in recent decades has become more controversial.

As with many issues, the debate over the banning of DDT has been strongly influenced by politics which, in its turn, is directly impacted by financial considerations. From my own perspective, the central focus should be on the question: How we can most efficiently work to protect human lives, especially the children who are most vulnerable? Malaria should not be the killer it currently continues to be.

The need for improved access to medical care

Some local medical personnel told us that the strain of malaria we received in the Lira District was especially potent. As a strong adult with access to medicine and the care of a good hospital, it still took a great deal of energy to keep my ship afloat. How much harder must it be for undernourished infants of families who have little or no access to medical care? One child out of four children in Lira dies by the time he or she is five. This fact deserves repeating because it is true not only in Lira, but in many other communities throughout tropical Africa.