

# Jambo, Jahi

*All day, the mother worried. The night before, Jahi felt hot. In the morning he refused to eat and cried like a bird. Now he was sleepy . . . too sleepy. Should she put him in a sling and set off for the government clinic? Ah, but remember last month? After walking and waiting for most of a day, she discovered the clinic had no malaria medicine. Maybe next week, the nurse had said, shrugging her shoulders. Why don't you try the drug seller? Instead, the woman trudged home under an inky sky with the boy on her back.*

*In the meantime, the boy's grandmother gathered plants and boiled them in a pot. When mother and child returned to the village, the old woman sat the boy in her lap and coaxed him into swallowing spoonful after spoonful of the pale, bitter brew.*

*The next morning, sure enough, Jahi was laughing. But that was last month.*

*Today there were animals to tend, water to fetch, food to cook. The mother looked again at the sleeping boy. His breaths were fast, but he was peaceful. If he remained hot, perhaps his grandmother would prepare more herbs. Or heap a basket with small, sweet bananas to sell at the market. With the earnings, she could buy a tablet of chloroquine.*

*An hour later, a light rain scattered the flies and clotted the orange dust. The leafy green forest shimmered in sunlight. Insects thrummed, and a black snake slid through tall grass. Preparing to bathe her son, the mother squatted and filled a plastic basin with water. She reached for him and gently blew on his face to wake him from his magic dream.*

*"Ay-ee!" she wailed as the child suddenly arched his back, jerked wildly, and—after a seeming eternity—finally fell limp. "Bibi [Grandma], find the healer! Jahi has degedege again!"*

Two years ago, I met 30-year-old Jahi at a holiday lodge down a rutted road in Arusha, Tanzania. When my husband and I first arrived in Arusha, Jahi was our official greeter and hotel guide. A childlike man in a burlap smock, he couldn't wait to show us the lodge's open-air restaurant, its private flock of egrets, its individual bungalows with red cement floors and batik curtains. No sooner had we closed our door than we heard a tap-tap on our window. Once again we spied Jahi's bobbing head, ear-to-ear smile, and daft gaze. Did we need anything else? he gestured energetically. No, we replied, we're great right now. Asante, Jahi. Thanks but no thanks.

A few hours later, we exchanged another greeting with Jahi, then left for the Arusha International Conference Center. Its lawn was filled with birdsong and scientists immersed in lively conversation. It was the opening reception

for the world's largest-ever malaria research conference, the Third Pan-African Multilateral Initiatives in Malaria, MIM for short. I'm not a researcher, but I had recently agreed to co-edit a report on malaria subsidies. To the casual observer, my purpose was clear. I was at MIM to soak up as much knowledge as possible.

In my heart, however, seeking facts was not my sole mission. While in Tanzania, I also longed to learn something intangible: the private fears, hopes, and dreams of malaria experts and at least a few stakeholders in the field. What were their gut feelings about Africa's oldest enemy? Had the time finally come to wrestle it to the ground? With the recent publication of the gene sequences of *Plasmodium falciparum* and its chief African vector, *Anopheles gambiae*, many MIM attendees were predicting a great leap forward for malaria research. But others at the conference—particularly those from Africa—seemed to temper their expectations. For starters, they would gladly settle for more bed nets plus new treatments like artemisinins (highly effective antimalarial drugs available in Asia but scarce and unaffordable in Africa) to counter growing resistance to older remedies like chloroquine.

*Jahi, what were your long-ago hopes and fears, now locked away in some fragile fold of your man-child brain? When you were young, did your Bibi comfort you in the night when savage beasts roamed outside your earthen home? And what of those dapple-winged beasts within? Did you tremble at their danger?*

The week wore on, laden with data, surveys, and models. What I remember most about MIM, however, were the nuggets of truth casually dropped in stairwells and hallways, or between forkfuls of food during our sunny outdoor lunches. An American researcher working in Malawi ("In the States, if your guinea pig dies it's a big deal. These kids are losing their friends."). A district health officer from Ghana ("Most people stay at home unless the disease gets complicated. Even then they break it up: should I see a traditional healer, do I need prayer, or should I go to the formal medical service?"). And a demographer from Tanzania ("Malaria is really putting brakes on the whole continent. It always has. It's the background noise of Africa.").

At night, back at the lodge, we lingered over Kilimanjaro beers, then drifted back to our rooms to digest the day. Jahi brought kerosene lamps and misted our furniture with insecticide, happily collecting a few coins for his labors. *Homa* is the KiSwahili word for malarial fever, *degedege* means malarial convulsion, I mentally drilled while

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he worked. The death toll of severe malaria is between 1 million and 2 million per year, but no one really knows its long-term neurological cost to survivors—a far larger kin. The economic burden of malaria is 1% to 4% of Africa's total gross domestic product, or \$3 billion to \$12 billion per year.

I fell asleep to visions of Africa—from the microscopic *Plasmodium* to the macroscopic zoo of childhood picture books. At daybreak, after awakening to the rooster next door, my husband and I sat down to coffee, omelets, and our daily malaria safeguard. Now I was struggling with a new math. The same sum that brought just one traveler's malaria pill back in Los Angeles was close to Jahi's weekly wage. In theory, it also equaled two or more child-sized treatment courses of artemisinin—that is, if such treatment could be found in Africa.

Now there's a concept for safari-goers, I mused. Donate the price of a preventive pill, buy an artemisinin, save an African child's life? If only. At the moment, the world's stockpile of artemisinins didn't come close to meeting Africa's need. Even if it did, how was a donor supposed to connect with the roadside huts where most rural Africans actually bought malaria drugs and other sundries? The global din of medical data posed another challenge. Folks back home were just as likely to follow deaths wreaked on crows by West Nile virus as worldwide deaths from malaria. Meanwhile, Africans faced tough, daily choices unthinkable in our world: food vs failing malaria drugs, a protective bed net vs a youngster's school fees. No wonder they often took refuge in folk remedies and beliefs.

*What did they do for you, young Jahi, when malaria coursed through your body like a runaway train? Did the healer scar your skin, squeeze herbs into your nose, fume you with dung? Or did your family seek medicine? What would you do today if your own child suffered degedege?*

The next morning we posed for snapshots, handed out a few more bills, and left Arusha on our continuing journey south. My last memory was Jahi's trusting face and slowly receding wave.

Hours later, by the edge of a dusty playground, we talked to schoolchildren and their teachers about malaria. A 12-year-old boy asked us to remind children in the United States to sleep under mosquito nets. A 10-year-old girl confided that her best friend died from malaria two years earlier. More than once, the children had watched a classmate leave for hospital one day and return in a coffin the next, their teacher added. A 30-year veteran, she went on to describe malaria's mental legacy in certain students (“They are dull, they don't understand the lessons . . . they even become simple-minded and foolish.”). *Ah, Jahi, I thought. Was that you?*

We had one last stop on our malaria road trip: a rural district south of Dar Es Salaam. The disease was a frequent visitor to the area, with 300 malarial mosquito bites per person per year, sighed one local official (“About 95% of people in the village get malaria. Because health care is far away, the sickest die at home.”). But recently, Mkuranga's residents had glimpsed hope when a trial of artemisinin therapy launched. Already, dozens of local mothers with recovered babies on their backs had trekked back and forth to the health center for six follow-up visits. On the day we visited, several more shyly received their graduation present: an insecticide-treated bed net. Watching their deep, liquid eyes fixed on their children, I could only guess the dreams they held in their hearts.

Several months after returning from Tanzania, I wrote to the hotel's owner. He promptly answered my questions: “Regarding our Jahi, he is a likeable lad, although there was a time when he started pinching our hotel linen, which we had to collect from his house. Perhaps this was related to his mental disorder. As for his history of malaria, of course he had it many times growing up in his village. One year in particular, he tells me, he was hospitalized six times.”

*Jambo, Jahi. Yes, I remember you. Wajaliwe watoto na wajukuu wako kuwa na nguvu na afya. May your children and grandchildren be healthy and strong—and malaria free.*

Claire Panosian Dunavan, MD  
Los Angeles, Calif  
cpanosian@mednet.ucla.edu