

## □Health and Social Justice in Rural Liberia□

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I can vividly remember standing in line on the airfield in that sweltering summer of 1990. With thousands of others, I was being evacuated from the capital of Liberia, my country of origin. Igniting a civil war in the countryside, rebels had reached Monrovia, led by the infamous former warlord Charles Taylor, now sitting trial for crimes against humanity. Killing, maiming and raping communities en route, they seized my hometown. All of us on that tarmac were desperate to escape the bloody chaos. We boarded the relief plane in two lines. Those in our line, including my mother, sister and I were hurriedly stuffed into the cargo hatch. But, across from us, in another, much longer line stood hundreds of poor Liberian women, their children strapped to their backs with torn blood-stained lapa cloths. There were few men as most had been kidnapped, if not killed. As those brow-beaten families clamored to jump in the hatch with us, I watched officials restrain them – they were not allowed to flee.

Bearing witness to one of the 20th century's worst acts of brutality had seared my memory. I was then still a boy, unable to grasp the complexities of injustice. But, as the plane took off and I watched the people trapped in that other line slowly disappear beneath the clouds I couldn't forget their faces. They, simply by virtue of being born human, deserved the same chance at survival as I did. Throughout my childhood, I felt a responsibility to return to my home country to help change this. If I didn't make that commitment how could I expect anyone else to do the same?

The afflictions of people caught in life's other line -- violence, deprivation and disease – represent the worst injustices of our time. Unfortunately, injustice is not new to Liberians. Their colossal struggle with injustice stretches as far back to the dark days of 19<sup>th</sup> century, when the country was founded by freed American slaves as Africa's first independent republic. Indeed, the roots of Liberia's civil war can be traced to this social experiment gone awry and the strangling structural violence it eventually produced.

Taking at least 200,000 lives and uprooting a million more, the 14-year civil war, as many of you know, was horrific. Today, relics of violent disruption spot every corner of the Liberian landscape. Weeds grow from the cracks of empty, roofless, skeleton-like structures once home to lively schools and clinics. Liberians can only expect to live 42 years, driven by a harsh childhood, in which nearly a quarter of all youth die before turning five. Death during childbirth is among the most rampant in the world and interrupted disease control efforts have bred one of West Africa's largest HIV epidemics. To add insult to injury, with the mass exodus of Liberia's professional class only 51 doctors remain to serve over 3 million Liberians.

It was in this context, three years ago, that I returned to my home country as a medical student to enact my conscience. With my Liberian colleagues, I found myself deeply involved in the care of Mary a frail, lean 34-year-old refugee turned peasant farmer who suffered from AIDS. Collaborating directly with patients like Mary, my colleagues and I had just launched Tiyatien Health

(or “Justice in Health” in English), a community-based, social justice organization working for health equity in the lush forests of southeastern Liberia. We partnered with the Government of Liberia, now headed by Africa’s first female president, to establish the HIV Equity Initiative, the nation’s first HIV treatment program at a rural public hospital. Naming our program in honor of PIH and ZL’s work in rural Haiti was a move of solidarity: Mary and other patients retold the same stories of despair and poverty that we had heard poor rural Haitians speak about. The panic of choosing between paying for medicines and paying for their children’s food; between choosing to farm to sustain their families and choosing to walk days to clinic to sustain themselves. So, we worked with the Global Fund to procure free antiretroviral medicines, decentralizing care through community health workers (yes, training our very own “accompagnateurs”), and organizing transportation, agricultural and food assistance. Mary was one the first patients in the program and within months, as you can see, she regained her strength [*Mary’s picture post-ART*] and TH’s accompagnateurs are now working with her to help rehabilitate her farm.

Mary’s story of hope is especially encouraging because she was among the first handful of patients to receive AIDS treatment in the region. The story of Tiyatien’s HIV Equity Initiative has helped dispel lofty claims my colleagues and I previously heard from officials (not to mention other international relief workers): that it was “unrealistic” to expect a rural hospital with poor infrastructure to successfully treat a complex illness like HIV. Now, 18 months after the launch of our program, more than half-a-dozen other ARV programs have been rolled out in rural parts of Liberia.

But, what we are most proud of is that our programs are designed, directed and run by rural Liberians. Our very first accompagnateur, who now runs the HIV Equity Initiative is Weafus Quitoe – a former Liberian refugee, who as recently as four years ago was peddling kerosene across the Ivorian border to etch out a living for his family.

We are now working to leverage the momentum around our HIV work to help rebuild the region’s war-torn public health infrastructure. And because our patients’ problems are both medical and social, TH is linking healthcare with agricultural assistance and small business training to address the roots of suffering in our patients’ communities. With your help and partnership I know we can do more to leverage healthcare as a force for social justice.

While we work in a remote region of a small, extremely poor country, we take moral strength and feel solidarity in knowing our work is part of a larger global movement – made up of friends like you – where the deep forests of southeastern Liberia is but one front. Last week, while speaking with Weafus and our wonderful medical director, David Okiror, one of only two doctors serving 150,000 people, I confessed I was a bit anxious about speaking at this symposium. What could a young community-based organization’s observations offer the broader movement? How could we be faithful in transmitting the views of the people we serve? What challenges and messages would they want us to consider?

□school, food and market□

...they said. Our patients frequently remind us that sickness isn’t their only problem and the causes of their suffering aren’t merely medical. A few months ago, my wife who is a clinical psychologist, was working with the TH team to interview rural communities for a national mental health survey. The study revealed, disturbingly, that nearly half of adult Liberians experience PTSD and depression. But, perhaps what was even more striking was that most surveyed requested not only mental and

physical health services but also food, schools and better access to markets. TH's responses to these problems have been susceptible to vulnerability. For instance, we're yet not strong enough to provide nutritional support for all our patients. So, with the hike in global food prices we saw our patients many of whom, like Mary, had made much progress over the past two years dramatically thin as they weren't able to afford the cost of rice – a staple Liberian food.

As a movement, we should strive harder to strengthening social and economic rights. Systematically documenting links between socioeconomic barriers and poor outcomes will continue to be important. But, we already know food is the right prescription for hunger. So we should act now by working to build durable financial mechanisms, such as collective funds like the Global Fund, so that communities can access them to secure other social and economic rights. We should have long ago created a Global Fund for Maternal and Child Health and a mechanism to fund rural road development so poor people can get to markets to sell their crops should not escape our imagination.

### **□let our tiyatien be heard□**

The way by which we foster this movement is just as important as the outcomes we hope to come from it. And here, our patients remain our best critics.

Threaded across boundaries of class, geography, and race movements like ours the risk of becoming disentangled if we do not actively work to ensure the agenda is driven by the real life experiences of the poor. The boardrooms in Washington and Geneva buzz with officials discussing how the millions of dollars drummed up for global health will be spent. But the poor are hardly present at the highest-levels of decision making.

Literally translated from Krahn, "tiyatien" means "the real thing" or "truth".

If Mary and Weafus were in the boardroom, they would tell us their truths. If they were in the boardroom, they would warn us against IMF-proposed capping of health worker salaries in public sectors; yes, paying doctors less for working in places where it's already tough to live is a flimsy idea. If Weafus was in the boardroom, he would ask why we never think twice about cutting hefty paychecks to consultants but need nothing short of a summit to discuss giving fair compensation to heroic community health workers. If Mary was in the boardroom, she would tell us just giving people access to ARVs isn't enough; it must be followed by a long-term effort to keep those people in care and alive on ARVs.

We have to convince leaders of the wisdom of people like Mary and Weafus – they will hold us to a higher standard.

### **□a little rain each day will fill the rivers to overflowing□**

Finally, the communities we work with demand sustained services on a grand scale, but they know it will take commitment from a lot of allies to doing "whatever it takes" over the long-term to reach there.

To our peers who would condemn the “whatever it takes” (aka human rights) approach as unsustainable, we would respond with a Liberian proverb: “a little rain each day will fill the rivers to overflowing”. The example of Tiyatien shows that while social justice programs may have a lifespan, social justice ideas are infinite, indestructible and imperishable. Our movement is particularly important here. The more we are able to build and enact a movement based on rigorous evidence-based tools and knowledge, the more likely it is to self-sustain and transcend geographical barriers. In Liberia, skeptics of our approach weaken with each victory our friends make in Rwanda and Haiti. Evidence that a rights-based healthcare model can deliver equity in outcomes across multiple sites by multiple actors is a definition of proof that can win the hearts and minds of those holding purse strings. Nothing short of our collective action will fill the rivers and take us to scale.