Framing and Reframing Memory

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Abstract. This is the story of successful systemic change brought about in Chokwe, Gaza Province, Mozambique, by the Daughters of Charity of St Vincent de Paul. When the HIV/AIDS epidemic started in the early 1990's, Sister Maddalena Serra and her colleagues noticed that her Tuberculosis (TB) patients were dying despite adequate treatments. A quick survey using the testing methods available at the time, showed that 30 percent of patients had AIDS. She realized that a systemic change was required to cope adequately with the situation. An agreement between the church and the government was struck and an abandoned nunnery was modified into a 125-bed AIDS and TB hospital. The new hospital relieved pressure on the old Rural Hospital, which continued to work for all non-AIDS patients. The Sisters have worked tirelessly from the early 90s to today. A sophisticated lab has been constructed and equipped with the latest instruments. One that could be a point of reference for the whole country in the advanced diagnostic of tuberculosis, AIDS and many other pathologies.

Keywords: HIV, AIDS, Africa, Southern Africa, Health, Mozambique, Tuberculosis, Malaria.

***Riassunto*.** Questo è il racconto di prima mano dei trascorsi di un medico in prima linea, l'autore, e delle differenze del sistema sanitario attraverso più di 40 anni di storia in Mozambico, dove ha lavorato come medico capo del distretto di Limpopo e dell'ospedale rurale locale. È la storia di un cambiamento sistemico di successo realizzato a Chokwe, nella provincia di Gaza, in Mozambico, dalle *Figlie della Carità di San Vincenzo de' Paoli*. Quando all'inizio degli anni '90 iniziò l'epidemia di HIV/AIDS, suor Maddalena Serra e le sue colleghe notarono che i suoi pazienti affetti da tubercolosi (TBC) morivano nonostante le cure adeguate. Una rapida indagine, effettuata con i metodi di analisi disponibili all'epoca, mostrò che il 30% dei pazienti aveva l'AIDS. Si rese conto che era necessario un cambiamento sistemico per affrontare adeguatamente la situazione. Fu trovato un accordo tra la Chiesa e il governo e un convento di suore abbandonato fu trasformato in un ospedale per l'AIDS e la tubercolosi con 125 posti letto. Il nuovo ospedale ha alleggerito la pressione sul vecchio ospedale rurale, che ha continuato a lavorare per tutti i pazienti non affetti da AIDS. Le suore hanno lavorato instancabilmente dai primi anni '90 a oggi. È stato costruito un laboratorio sofisticato, dotato di strumenti all'avanguardia. Un laboratorio che potrebbe essere un punto di riferimento per tutto il Paese nella diagnostica avanzata di tubercolosi, AIDS e molte altre patologie.

Parole chiave: HIV, AIDS, Africa, Sud Africa, Salute, Mozambico, Tubercolosi, Malaria.

This is a first-hand perspective of a healer's doings and of the health system's differences through 40 years of history in Mozambique. I worked in Chokwe, Mozambique, as Chief Physician of the Limpopo District and the local rural hospital. More than four decades later, I returned to find solace from the traumatic events of 1979 – and I made a surprising discovery.

The setting

Mozambique gained independence from Portuguese colonial rule in 1975. A civil war followed from 1977 to 1992 (Momodu, 2018), which resulted in enormous loss of life and human rights violations, along with the decimation of local infrastructure including of the health system. The war left a large proportion of the population in poverty and without health infrastructure, resources and qualified health workers. Public health problems, particularly HIV, tuberculosis and malaria, combine to create a significant disease burden with high mortality and morbidity rates (Haider, H. (2022).

The Limpopo River flows over 1,750 kilometers. It forms the border between Zimbabwe and the South African Republic (SAR) and is part of the Botswana-SAR border. It flows through

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Mozambique and to the Mozambique Channel not far from the town of Xai Xai. The surrounding area is fertile and densely populated. Some thirty kilometers north of Chokwe, a dam at Aldeia da Barragem, literally "Village of the Dam", diverts the water of the Limpopo River to feed the vast irrigation system south of Chokwe.

During the rainy season, the Limpopo is a mighty river that causes flooding almost annually. Especially severe flooding happened in 1955, 1967, 1972, 1975, 1977, 1981, and 2000.

Amid the war

I was in my early thirties and six years into my medical career when I agreed to go to Mozambique and work there as part of a health cooperation program between Italy and Mozambique.

My original assignment, according to Ambassador Claudio Moreno and the project leader, Professor Silvio Pampiglione, was to work at the Maputo teaching hospital and medical faculty. It took a month of quarrelling between the Italian ambassador and the minister to reach a final decision. I used the time to learn at the Maputo Central Hospital, before receiving my papers and being allowed to travel to Chokwe.

Since independence, I was the first non-Portuguese doctor and the only surgeon responsible for the care of about three hundred thousand people, including those who came to Chokwe from two other districts. At the hospital, I was assisted by some 20 nurses and 60 ancillary staff of various grades, including a few catholic nuns of the *Daughters of Charity of San Vincenzo de Paoli*.

Reality check

When I reached Chokwe, in May 1977, I found that reality was beyond my faintest imagination.

A measles epidemic had been killing and blinding children under the indifferent eyes of local nurses and nuns. I felt that life had no meaning. In hindsight, I realized that bringing about a change in the indifference and the attitude of the hospital staff was the most challenging part of my time in Mozambique.

The wards were filled with patients, but diagnoses were not formulated. Midwifery assistance to women giving birth was minimal and maternal mortality was high. During night rounds I often found midwives knitting, while women were in labour and sometimes even in difficult labour.

Surgeries were limited to appendicitis and caesarean sections that were performed by a medic from Guinea Conakry in a small room opening directly on a corridor with no partitions.

Construction of the surgery block, a most critical part of the hospital, was not completed. Other parts were not utilized as originally planned. A large space designed as the emergency room, because of its proximity to the radiology and its access ramp, had been turned by the hospital administrator into his office. Emergencies were treated at the other end of the buildings. On one of my first nights, I was called to see several people injured in a car accident, some with severe fractures of the lower limbs. I noticed the rudimentary conditions and poorly administered treatments and promised myself to change this situation fast.

I spent much of 1977 and 1978 reorganizing staff responsibilities, instituting workflows and algorithms to asses risks to pregnancies, setting weekly timetables, and creating protocols for the treatment of common ailments such as malaria, child dehydration, tuberculosis, and others – all while doing all clinical and surgery work. The tuberculosis treatment was part of a national program that included the active follow up with patients. In parallel, I set up or restarted a schedule of visits to distant villages that included routine vaccinations.

To complete the physical structure of the hospital, I found much needed construction material, such as glazed tiles to finish the masonry of the surgery block. Following original blueprints, I reorganized the usage of some areas and by doing so, I made a few enemies. Not everyone liked the changes. Rumors of poor management began to circulate. In the climate of dogmatism that prevailed in Mozambique at that time, I had to take part in several "political" meetings for criticism and self-

criticism of all employees under the direction of the district chief administrator and Frelimo party leader[1], in order to "find the enemy among us." He meant that "the enemy" was me.

The truth and evidence to the contrary became clear when all these changes came to fruition as the hospital, its staff and I struggled with mass casualties caused by the military confrontation in the wake of the Rhodesian attack on Aldeia da Barragem, on September 5, 1979.

September 9th, 1979…

It was a matter of a split second.

I thought: He's going to shoot me.

The fighter jet flew towards me and at a very low altitude, not more than 20 meters above the ground, over the large expanse of grassy, muddy ground between the main entrance of the hospital, my house and the Catholic nuns' house, at sonic speed after a nosedive and silent as a jaguar ready to attack its prey.

A few moments earlier, a heavy anti-aircraft four barreled gun near the hospital had started firing at a very high frequency. The noise was deafening. When I turned in the direction of the shots, I couldn't believe my eyes and I will never forget what I saw: a fighter jet with its teardrop-shaped glass over the pilot's head, his helmet, his goggles.

In a reflex, I threw myself to the ground. Then I heard the terrifying, deafening roar of the jet engine as the plane hurtled over me and over the hospital roof.

This happened on the 9th of September 1979, as I was waiting on the hospital veranda to go to a coordination meeting called by the District Administrator, together with Delfina, an orderly, and the hospital's Frelimo party representative.

Once the fighter jet was gone, we warily went to the meeting that was held in the local cinema. The District Administrator first admonished all his department heads who had run to safety and left important services unattended, such as electricity, water and telephone services. He then praised the health department and the non-Mozambican doctor, for standing firm and carrying out their work despite the dangers.

The fourth day since the attack began

On the 5th of September 1979, the Rhodesian Army and possibly its mercenaries had launched a three-day land military operation with air support, called Operation Uric.[2] The operation reached far into Mozambique and well beyond Chokwe, and in fact surrounded the town where I was stationed, some 217 miles (350 kilometers) from the Rhodesian border. The aim was to damage Mozambique's fragile economy by destroying the connecting roads to Macia and from there to Maputo, and to destroy the heavily defended and economically important irrigation dam of Aldeia da Barragem.

All of this was to pressure Samora Machel to persuade Robert Mugabe, Zimbabwe's future president, to begin negotiations over the country's future.

The attack caused an enormous number of casualties among Mozambican soldiers and civilians. Most of the seriously injured survivors were transported to my hospital in Chokwe, with the number reaching 300 or more in less than 24 hours.

September 5th, 1979

That morning I felt unwell and feverish, and I decided to stay home for self-treatment. In the early afternoon, a Mozambican colleague from the Ministry of Health in Maputo knocked on my door and asked to stay overnight with me. He said the onward journey was not safe as there was military activity along the road. The hospital staff had information that a large influx of injured people was to

[1] The Mozambique Liberation Front (popularly known as Frelimo), formed in 1962.

[2] Operation Uric-Gaza, Mozambique, September 1-7, 1979, Reconstruction by Alex Binda with a map in Internet: www.rhodesianforces.org/rhodesianforces.org/OperationUric-GAZAMazambique.html; Rhodesia Military Acknowledges an Attack on Mozambique Dam, *The New York Times*, October 3, 1979.

be expected. I went to the hospital to let as many patients go home as possible and free up beds. I even performed a minor operation and discharged a young woman.

Back at home, as I was making coffee for my colleague, I saw from my kitchen window a truck with a load of wounded people arrive. I rushed to the hospital to see what it was. As I walked into the emergency room, I saw complete confusion. Nurses were treating a man on a blood-soaked stretcher on the floor. The wounded man was unconscious and near death. His right arm had been severed from the shoulder by a heavy machine gun shot. I had to act very fast to find a large vein in his neck to save his life. Once we managed to stabilize him, we rushed him to the operating room. It was about four in the afternoon. A repair was not possible, we only managed to amputate. About an hour later, I left Felipe, the chief nurse of the men's ward and my trusted assistant, to close the wound and send the patient to the ward. I walked out of the surgery block. There was utter chaos in the corridors and other common areas. What had been vacant a few hours earlier, was now full of injured people lying on the floor, on blankets and other makeshift beds. Everywhere they were begging and pleading for attention. I couldn't figure out how many there were. Days later the Chief Nurse, Mr. Sousa, told me that the injured were more than 300 on his counts. He kept a separate list of cases that he believed required my immediate attention. I had to decide who to take to the operating theatre and who to keep waiting, perhaps to die. These were agonizing decisions made with little diagnostic support and no colleagues who could share the burden.

Earlier that afternoon, the Chief Nurse had sent an ambulance around summoning all staff to come to the hospital, telling them "the doctor needs you". Staff responded immediately as everyone was mobilized. Everyone came, no one hid, everyone stayed true to their task and worked day after day to attend to the influx of wounded people, while I continued working in the operations block.

The anxious eyes of the seriously injured, looking at the undefined border between life and death, whose faces showed shock and fear in the dim light of the hospital, haunted me all these years. I think I will never forget and always remember them, feeling the same intense emotions. A badly injured white person stays in my mind. He was wearing a military uniform and had gunshot wounds to his stomach and back just below his lower right rib. He was lucid but anxious and did not respond to my questions in French, English, and Portuguese. He had no documents or other military identification to show his nationality or his name. We took him to the theatre. The bullet caused extensive damage to the liver, intestine and right kidney.

We stopped the hemorrhage, wherever we could find it, attempted repairs, removed the right kidney and did all we could to ensure his survival for the next 48 hours until he could be transferred. Felipe was my assistant, while Cheli took over the anesthesia. The soldier's name or nationality remained unknown to us. He died two days after surgery.

That night and the nights that followed, the hospital was like a glowing ball of light as power was cut to the rest of the city. The hospital generators were turned on. I was told that many people gathered on the edge of the darkness outside and the glowing lights of the hospital because they felt protected.

When I went home to rest on the night of September 6th, in the light of the full moon, I saw a plain cloth figure holding a machine gun under the mango tree that stood near the church, an excellent vantage point to control and protect my house, the hospital and the nuns' house. Noticing that I had spotted him, he stepped out of the shade of the tree to be recognized.

I could not believe my eyes.

He was the District Administrator himself.

Going back

The harrowing experiences of that time left me with indelible marks and haunting images, nightmares and intrusive thoughts. All these years I wanted to return to Chokwe to seek closure. I felt strongly that I needed to see the places and the surviving staff who had worked with me.

It was after meeting a Mozambican colleague, Micaela, at a UNICEF meeting when I decided to go. When I told her about my feelings, she urged me to go and began introducing me to her acquaintances from the Ministry of Health in Maputo. I went first in 2019 and again in 2023.

One day during my first visit in 2019, as I walked through the dusty, sunlit streets to the Rural Hospital, I thought about how little the city had changed and how comfortable I felt, both in simply being there and in meeting after so many years the trusted people with whom I had shared many important events. Deep within myself, I believed that my coming to Chokwe, my entering the hospital, my participation in some activities, my conversations with people with whom I had worked closely for four years (1977–1981) were not only for me but also for those I was meeting again. It was a return full of emotions, a healing time.

As I was walking again in the corridors of the Rural Hospital that saw me young, in my mid-thirties, energetic and daring, I realized how much and how deeply I had been missing the hospital life. It is a life with moments that touch the deepest feelings of every doctor. In Mozambique 40 years earlier, I always felt something special, like a privilege, when I was called to see patients at night when corridors were only lit by blue, dim lights; when I went for a Caesarean section; when a new-born baby emitted her first cry; when a doctor could share opinions about his patients with colleagues or discuss next steps with the nursing staff; or when operating surgeon realizes that there are not just one, but two lively babies. These are moments that focus on patients' lives and wellbeing and represent the ultimate motivation of any healthcare professional. These are absolutely rewarding moments, moments that define every dedicated medical doctor. Recently, I felt close to a quote from The Lancet. "The practice of medicine … is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. What the address seemed to imply is that the career that follows is unique as well, a privileged outlier among different professions (Marchalik, 2023).

A discovery

One morning at the start of my two-week visit to Chokwe in February 2019, I stepped into Carmelo Hospital for the first time, a newly established health unit that was previously unknown to me, and found a hospital dedicated exclusively to the treatment of HIV/AIDS and tuberculosis patients. The courtyard was teeming with hundreds of people waiting for their monthly check up, a scene I would see again and again in the days that followed.

Patients in the wards were suffering, but I felt there was a personal, human touch. Here, I thought, I found the legacy of the work of 40 years ago. By 1979, we had achieved a systemic change in staff attitudes so that nurses would care for sick or wounded people in the struggle for independence. Now, in 2019, they treat those battling deadly diseases with the same care – HIV and AIDS and tuberculosis.

The foundation for this change was laid in early 1979.

Forty years ago, the Rural Hospital kept receiving difficult cases of delayed deliveries from Chalucuane, some good sixty kilometers from Chokwe. During the rainy season, the road turned into a river of mud and became impassable. Chalucuane had a Health Centre and Maternity, and I felt that the unit should be transformed to provide more effective and better care for pregnant women and other patients. The Centre needed someone like Sister Maddalena Serra (D. Catalano, 2017), the Italian nun of the Daughters of Charity of Saint Vincent de Paul and my close collaborator.

Sister Maddalena went to Chalucuane after having obtained approval from her congregation. Before, she completed training in birth attendance and risk assessment so as to organize an early transfer of difficult cases.

The Rural Hospital and the nuns' house used to be like a safe haven for Sisters. Going to Chalucuane would have been like being sent into the unknown.

However, this decision was the beginning of big changes.

The Sisters began construction of a new health center almost immediately and continued to improve and expand it over the next 30 years.

In the early 1990s, they realized that a new battle had begun. Young people admitted with tuberculosis to the Chalucuane Health Center died despite the best treatment options being available. The nurses then began testing these patients for HIV. They found that tuberculosis patients had an HIV seroprevalence of 30 percent and that HIV and AIDS were already spreading through the

population. This prompted the sisters to call on health authorities to convert an old monastery into a hospital to treat HIV and AIDS patients. The sisters also created a long-distance adoption program because they recognized that children, often orphans of both parents, were suffering the most in the fight against the HIV epidemic. Under the program, a donor would provide 350 euros per child annually, and the children would come every month accompanied by their guardians, usually their grandmother, to have their health checked and receive cash and food supplements upon presentation of their school attendance certificate.

Carmelo Hospital

The Carmelo Hospital might not exist today if Sister Maddalena had not accepted my offer to work in Chalucuane and later responded to the needs caused by HIV by raising donations and political will from all sides. Carmelo Hospital not only provides high-quality treatment for HIV and tuberculosis patients, but also offers hope and care with a human touch. In fact, it gives many people hope for survival, far beyond its walls, by reaching deep into surrounding villages and delivering medical aid, shelter, cash and food.

Cheli

From 1977 to 1981, Cheli worked as a nurse regularly in the children's ward, administering general anesthesia to patients during major surgical procedures. She did most, if not all, of the anesthesia for me.

Here she wanted to be portrayed with the sacks of rice that she grows on her two-hectare plot, a good hour and a half walk from her home, where she also grows black and white beans and millet. She told me that she was a farmer at heart.

She is 65, very lively, profoundly religious, she loves children and has never married. However, she adopted Faustina, an orphaned girl who was living in the hospital during my time. Faustina is now 43 years old and has settled in northern Mozambique on the border with Malawi. When I was at Cheli's house in 2023, I met two of Cheli's nieces who lived with her. We remembered cases, the good ones and some of the bad ones. She was very pensive when I told her that I have faces, eyes, events in my head, something that will stay there all my life.

We feasted on rice, chicken, and sweet potatoes while she also had an additional serving of boiled pounded millet because, she said, I am a farmer, and farmers need a full stomach to work hard.

Another evening she wanted to pray to God to thank the Almighty for bringing me here to Chokwe and for a chance to see me again. As we did that and we shook hands with Felipe, another nurse, tears streamed down her cheeks. Tears of joy, she said.

Wesselina Sitoe

The HIV and AIDS pandemic has changed the family structure, with grandparents aged sixty and over having to care for children between the ages of 15 and 6. I visited HIV-affected families in Lionde, a village on the outskirts of Chokwé, in February 2019. It was heartbreaking to witness the devastating effects of the pandemic and the dignity of Wesselina Sitoe and her granddaughter.

Wesselina is now about 70 years old, and the sole guardian of six grandchildren born to her only two daughters. Both daughters died of AIDS and its complications. Here is Wesselina in her small one-room house with Wini Cossa, her 11-year-old granddaughter before she went to school, and another grandchild. Wesselina receives significant help in the form of a small monthly cash allowance, a bag of fortified soybean oil and textbooks for the school-going children from the Daughters of Charity.

Armindo

I took a picture of Armindo against a wall of the Children Centre of the Carmelo Hospital. Armindo is one of the 350 beneficiaries of the Daughters of Charity's long-distance adoption program. The program includes a monthly check-up of children's general health and adherence to treatment,

handing over to the guardian cash for the child's basic necessities, a bag containing ten kilos of soy-fortified flour and other items such as school books.

Armindo is HIV+. While receiving treatment at home, he relapsed and his virus count spiked. He was taken to hospital for treatment. He started feeling better and his virus count went down. While waiting to fully assess his family situation and the reasons for his lack of compliance in taking AntiViral Treatment (ARV), he was transferred from the infirmary to the Children's Center.

A few days before I took the photo, Armindo's mother Carolina, also HIV-infected, here in a white dress, had come to the sisters' monthly meeting with the children and guardians. She had a long conversation in which she explained that the land where she grows the rice, beans and millet is far from the house. She leaves the house every day three o'clock in the morning to return in the evening. Armindo would then be alone all day.

Antonio, the hospital's social worker, agreed with Carolina when we would visit her. When we were there a few days later, we found that the young wife of Carolina's brother stays home all day. It was agreed that the young aunt will take care of Armindo's treatment and that she will be instructed how and when to give the ARV medicines to Armindo.

Armindo is currently going to school near Carmelo Hospital. The social worker would thus wait until early March to send him home. This would be the point at which a change of school for Armindo would be possible without major disruption.

The latest I know is that Armindo is back home and with his mother and takes his ART pills regularly.

Penina

I was able to save Penina's right leg, which had suffered a severe open fracture when she jumped out of a moving military jeep out of fear of being raped. It took us a year. And also a transplant of her own bone from the iliac crest. Nurse Felipe was my help and reminded me of all the steps. It is very touching to know that they remember events so well from more than 40 years ago, events that I find difficult to remember.

Looking back

When the first non-Portuguese doctor was appointed head of the Chokwe Hospital 46 years ago, shortly after Mozambique's independence from colonial rule, I had to confront the war situation and high child and maternal mortality rates. Above all, I had to deal with the indifference of the staff and the negative forces within the hospital and its administration that resisted the systemic change I wanted to bring about. Years later, Sister Maddalena had to once again modify her approach to the holistic care of patients with HIV/AIDS and tuberculosis, adopting strategies to accompany patients from the beginning to recovery, and from the hospital walls to their village and community. She fully realized that treating the disease alone is not enough, but that people also need practical and social support in the form of medicine, food, housing and education.

Quoting The Lancet medical journal "to work in medicine is to be a witness to both the inspiring winds of change and the rubble left behind by those for whom that change came too late. For today's … doctors, … supporting patients relies on the knowledge that so many treatments are within reach. Medicine needs to acknowledge the wreckage of the past while also looking to the future and progress" (Marchalik & Jurecic, 2023).

The Sisters saw the beginning of the HIV/AIDS epidemic and the human devastation that came with it. But they had Hope and Faith and were helped by Charity so that treatment would be found.

Epilogue

In February 2023 I was in Chokwe for a four-week return visit. At the end of my visit, just two nights before I was due to fly back to Italy via Maputo, Daniel and Cheli came to visit.

By now, Cheli the nurse has retired. From 1977 to 1981 she worked with me as a nurse on the pediatric ward and as the skilled anesthetist who did most, if not all, of the anesthesia for me. Daniel

is Cheli's youngest brother and the owner of the house where I stayed for three weeks. Daniel is a high-ranking official in the Ministry of Agriculture. Cheli, being older, brought him up. He owes his position to her today.

That evening the three of us had a conversation that touched on a little here and there, from the country's economy to agricultural production to Daniel's own application to join a UN agency based in Rome. Daniel was pleasant and entertaining and was constantly smiling. He said he always wanted to get to know me. At some point he unexpectedly said that he would send his driver to take me to Maputo, but I had to promise him that I would visit Aldeia da Barragem, literally the village of the dam. The destruction of the dam had been the aim of the Rhodesian attacks on 5th September 1979.

I promised to go to Barragem without thinking about it or asking why.

The driver was punctual, the road was smooth and freshly paved, the fields around were lush green with all kinds of vegetables. Two former nurses and former colleagues had joined me. After about half an hour of driving, we turned right as the road reached a roundabout right at the bottom of the dam. In the center of the roundabout, in memory of those who had died fighting for their freedom in September 1979 was the tail of a Rhodesian helicopter downed by Mozambican fire.[3]

Suddenly, with a pang in my stomach, I was painfully thrown back more than 40 years and to that night and the days that followed, during which, hour after hour, day after day, I did everything I could to save as many as possible. The Unknown Soldier of that night remains imprinted on my mind, like an old black and white photograph, yes, fading and creasing a little but substantially remaining the same over time while kept in the same pocket.

Was he a South African mercenary? Or was he in the downed copter? This latter hypothesis did not stand, as no one would have survived the impact. Was he a Russian or Bulgarian military adviser? We will never know.

I think that's what it means to be a doctor and a healthcare worker. You never forget. And some questions remain unanswered.

The next morning, Daniel and I had coffee together in Maputo before I went to the airport. I asked him point blank if he had a reason for sending me to Aldeia.

He did not answer.

He laughed.

He probably knew what we had been through from his sister's reports.

I felt understood, embraced and consoled from my fears, as if I was one of them and they knew and shared my pain.

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