

In Africa, the road to aid is in the sky

Religious mission flies its planes to remote spots carrying medical personnel, HIV drugs, supplies



A man on horseback passes a Cessna from the Mission Aviation Fellowship on a landing strip at Manamaneng village in Lesotho.

By Scott Calvert | Sun Foreign Reporter
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BOBETE, Lesotho - The flight to this remote mountain village went smoothly until the very end, when a flock of sheep decided to run onto the grassy airstrip - straight into the path of a rapidly descending Cessna 206 Turbo.

"Dumb sheep," growled pilot Tim Vennell. Maneuvering quickly, he kept the single-engine plane aloft 150 feet farther than usual, something he'd rather not do on a strip just 1,800 feet long and nearly a mile and a half above sea level.

Seconds later, the six-seater landed, and out hopped a nurse and two trainers for caregivers of the terminally ill. And so, Vennell's Idaho-based Mission Aviation Fellowship once again did its part in a growing battle against the HIV/AIDS scourge in this battered southern African nation.

The religious fellowship has become a vital link in a new quest to improve health care for rural

villagers cut off by poor or nonexistent roads. Their impoverished isolation is especially acute now, with snow painting the alpine landscape white and temperatures dropping below freezing.

The five red-and-white Cessnas transport doctors, nurses, anti-retroviral drugs for HIV, blankets, coal, food and any other supplies that can fit, including, once, live pigs. And they evacuate patients with emergencies to the capital, Maseru.

In short, the planes make possible the health project recently launched here by Partners in Health, a secular medical charity in Boston that works in rural areas of Haiti and seven other countries. The planes also make possible a support program for 2,000 AIDS orphans being led by Catholic Relief Services, which is based in Baltimore.

"We wouldn't even fathom the possibility of being here without [the flight service]," said Dr. Jennifer Furin of Partners in Health.

Since last year, the organization has begun projects here and at two other mountain health centers in Lesotho (pronounced Le-SOO-too), with seven more planned. The goal is eventually to reach 300,000 people who receive scant care and often no HIV treatment.

This village is technically accessible by car, but that requires a dangerous seven-hour trek along rutted dirt roads that snake up and over mountain peaks reaching 10,000 feet. The absence of guardrails explains the twisted hulks lying in deep ravines.

Safety aside, the half-hour flight from Maseru to Bobete saves time - and lives. "In this country, someone dies basically every 10 minutes from HIV and AIDS," said Furin. "For every hour that doctors and nurses and other health professionals are on the road, it's six people dead."

And unlike many African countries, Lesotho's HIV rate is higher in rural areas than in its few cities - one legacy of a system that sends thousands of men to South Africa's gold mines for work. About 25 percent of Lesotho's adults are thought to have HIV, the virus that causes AIDS; in remote areas, Furin says, it's close to 50 percent.

In Bobete during the past six months, the number of people receiving HIV treatment has soared from zero to 231 and counting. While thousands more in the region probably need the lifesaving drugs, those are 231 lives that almost certainly would be lost without the drugs and, by extension, Mission Aviation Fellowship.

MAF, as it is known, has deep roots in Lesotho. It arrived in 1980 at the government's request to establish the Lesotho Flying Doctor Service. Wholly surrounded by South Africa, Lesotho is smaller than Maryland with just 2 million people, many sprinkled around small villages established near water and grazing for cattle.

For the Protestant evangelical aviation fellowship, founded in 1945, Lesotho offered a way to spread its mission of "overcoming barriers, transforming lives, building God's Kingdom." Worldwide, it works in 26 countries in Africa, Asia and Latin America, with a key aim of moving missionaries over difficult terrain.

In Lesotho, Vennell always pauses before takeoff to say a prayer. But in some ways, the operation resembles any small-plane charter service; fewer than 3 percent of the flights are for missionaries or the church. Many Basotho, as Lesotho's people are called, know only that the planes are a force for good.

"I just know it has brought people who are going to help me," said Mamonehela Moalosi, 22, a mother who walked to a clinic one recent morning to have her 18-month-old son vaccinated.

Today, 90 percent of MAF's flights are health-related. Two-thirds of the total is for the Ministry of Health, including regular trips for nurses who commute to distant villages for vaccinations, prenatal care and family planning. A quarter is for groups such as Partners in Health, the Clinton Foundation, Catholic Relief Services and the United Nations.

"We fly anyone involved in helping the mountain people," said Vennell, a 36-year-old Texan who studied mission aviation technology at Moody Bible Institute in Chicago and lives in Maseru with his wife and five children.

That has included representatives of Population Services International, which the United States pays to distribute condoms and to promote changes in sexual behavior for HIV prevention.

In the past year, as Partners in Health has opened its three clinic programs, demand for MAF's planes has jumped. Last month, the planes flew 150 hours, a 23 percent increase over the previous June, and they hauled 44 percent more cargo.

Vennell said the fleet is stretched to the limit. He wants to add two \$375,000 planes to the current five and bring in more people to bolster the four pilot-mechanics, two pilots and two maintenance specialists. But many foundations working in developing countries do not like paying for assets such as planes and will not fund overtly religious groups.

The aviation fellowship's customers get a good deal, financially. They pay only for fuel and maintenance, which works out to \$210 per flight hour. (Missionaries get a discount of \$120 an hour.) Pilots and mechanics live on contributions from churches and private donors in the U.S.

The flights enabled Catholic Relief to ramp up care for 2,000 orphans and vulnerable children in the Bobete area, supported by a dozen staff members. The program provides school uniforms, blankets, soap and toothpaste, and helps them plant elevated gardens of vegetables.

"MAF is basically the glue for our project," said John Shumlansky, Catholic Relief's director in Lesotho. Counting gas, hotels and wear and tear, "it'll cost me about the same price to fly as to drive."

Not that flying is always easy. In the windy season from August to November, up to 40 percent of landings have to be aborted. This is the only country where Vennell has gotten ill flying a plane. (But MAF has had only one fatality in 27 years, a case of pilot error.)

And then there is the snow. The planes cannot land on snow-covered airstrips. Recently, a military helicopter had to pluck three stranded doctors from a village. Usually, pilots are able to stick to their busy schedules five days a week; someone is on call Saturday and Sunday.

In Bobete, the lifesaving has extended far beyond HIV and tuberculosis. A 9-year-old boy was "dying before our eyes" after being bitten by a snake, Furin recalled. He was evacuated. The plane also came for a girl who ingested lye: "She would've died, there's no question about it."

Walk-ins at the clinic have doubled since Partners in Health arrived and began staffing a doctor around the clock, compared with once every few weeks when the government ran it alone. It is

common for patients to walk three hours or to arrive on horseback.

As if the disease burden is not enough, a drought-exacerbated food crisis is causing widespread malnutrition, and the clinic has responded by distributing food supplements that also have to be shipped by air. Some estimates say life expectancy has dropped below 35 years.

One recent morning, Furin examined a baby who was alarmingly thin, covered in sores and barely able to cry - and whose mother has HIV. Furin did not wait for results of the HIV test: She would start anti-retrovirals right away, an option that didn't exist until recently.

"This kid is going to die unless we do something for her, and I'd rather do it today than wait," she said.

Those drugs had come to Bobete on the plane, as had Furin. So, too, in a way, had her sense of hope. "Sometimes you'll just hear the plane," she mused, "and you're like, 'I'm not alone.'"