

DISPATCH FROM THE MEDICAL FRONT

Motorcycles and goats

The first thing I noticed was the smell in the air. It was a dusty, dry smell of fires, animals, and people; an old smell, foul yet faintly comforting.

Bamako, Mali's capital, is a city of contrasts.

The sensory overload was swift and striking.

The reek of diesel fumes mingled with the sour odours of sweat and garbage.

A riot of sound hit me: honking, whistling, laughing, arguing.

Ascending a filthy staircase, I found a hallway lined with children hunched over primitive sewing machines.

A jarring juxtaposition of objects formed a row outside: motorcycle, motorcycle, motorcycle, goat, motorcycle.

By day, children with sores on their faces giggled at the sunburn marring my pale skin, women smiled openly at me as they balanced bananas on their heads and men grinned fiercely at each other as they bartered.

The Malians I encountered seemed happy.

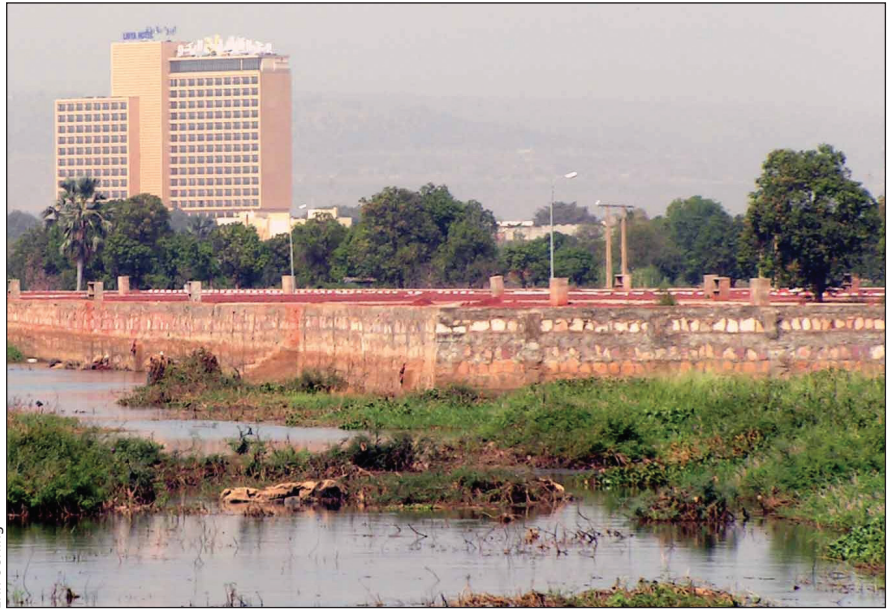
At night, the atmosphere changed. The friendship that permeated the day dissipated as guns appeared.

The poverty seen by day felt desperate and hopeless when visible only by firelight.



Erin Ueffing

Bamako is derived from the Bambara word meaning "crocodile river."



Erin Ueffing

Bamako, with an estimated population 1.6 million, is the capital of the Western African nation of Mali and commonly held to be the continent's fastest growing city.

Bamako is a city of contrasts, so it seemed fitting to me that I was there as a health equity specialist to attend the Global Ministerial Forum on Research for Health.

I quickly understood, however, that I had much to learn before I would be an expert.

One morning, as I basked in the sunlight, 2 men laughed at my obvious rapture.

They were in Bamako to address a nearby outbreak of dengue.

When I explained that I study the health differences between the rich and the poor, they bluntly said that I was in the wrong place.

Being in the city, they said, was useless.

I needed to experience the isolation and poverty of rural Africa.

They were right, of course.

I was sleeping under a bed net in Africa, attending a bureaucratic forum.

Two days later, I would be discussing malaria at a meeting in the United King-

dom; 3 days after that, I would be back in my middle-class home in Canada.

This irony — and hypocrisy — was one of my reasons for coming to Africa: how could I work in global health addressing poverty when I had only travelled in high-income countries?

Yet after visiting Mali and seeing the contrasts within a single city, I was left with an even simpler question: how can any one person claim to understand inequality at all? — Erin Ueffing, Ottawa, Ont.

DOI:10.1503/cmaj.090734

CMAJ invites contributions to "Dispatches from the medical front," in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 700 words, should be forwarded to: wayne.kondro@cmaj.ca.