



# HIV Clinical Care in Lubumbashi

## Providing Clinical Care in Resource Constrained Environments

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### Abstract

When I first came back from observing different aspects of clinical and public health in Lubumbashi, DRC, in August 2018, I wasn't quite sure what I had learned. I had gained a lot of interesting experiences, to be sure. At the time I was too naive and uneducated to turn them into anything more than a collection of fun party stories, exciting and humorous anecdotes of the silly westerner making his way in a foreign country. Over the years, however, as I was drawn to the field of remote and austere medicine, I found my experiences in Lubumbashi coming back to me with new insight. As I recontextualised my time there, it taught me something I had been unable to learn due to youth. I spent time reflecting back to those few weeks more and more as I was confronted with both theoretical and very real problems in the field of austere medicine, which is simply medical care done in resource constrained environments. Ideas about medical care, access, and general ingenuity flowed from memories that had previously been little more than trivialities to me. Now they offer me a unique cornerstone to my own path towards this field, having served as both an initial nudge towards this direction.

### A History of Austere Medicine

Medicine in austere environments is not new, but it is a growing field. While a long history exists of medical providers purposely going to resource constrained environments to render care exists, with the advent of Tactical Combat Casualty Care (TCCC) during the global war on terror, a more standardised process is emerging in western medicine.



Dr. Mackay, Edgeworth David, and Douglas Mawson (Left to Right) at the South Magnetic Pole on January 16th, 1909

However a more clinical focus is emerging, with groups with long standing histories of providing clinical care in resource constrained environments like Médecins Sans Frontières and the World Health Organization there is an increasing focus on developing standards of care.

### Describing the Environment

Lubumbashi is the second largest city in the Democratic Republic of the Congo. It is located in the southeast of the country, in the Haut-Katanga Province and acting as its capital. It is a major mining hub, and acts as a logistical center for much of the region's export of mined goods. While definitive numbers are not available, 2021 estimates place the city's population at about 2.5 million.



Map of the DRC

I spent time chiefly at the Université de Lubumbashi, at both the Clinical Laboratories and the HIV Clinic, where the latter offered a number of community based care for individuals with HIV. I shadowed a number of professors and clinicians at both sites.



Ecole De Sante Publique De Lubumbashi, 2019

### Naivete and Medicine

One of the goals of my time abroad was to give me experience to later contextualise as I grew and developed. Many of the things I experienced did not become lessons until many years later. While it wasn't until much later I realised this, a fundamental take away was how much medicine could serve as a practical rallying point. I knew there were a lot of personal beliefs around HIV, and in a highly religious place like Lubumbashi with a church on seemingly every street corner, I imagined they varied. However, the goal-oriented nature of mitigating HIV effectively nullified its relevance in this context. I rarely caught glimpses of anyone's personal beliefs in the clinic (despite frequently hearing them at dinner). This was something I took away relatively quickly: how easy it was for practical needs to bypass ideological ones. Differences aside, addressing the issue of HIV took precedent, and it was difficult to argue with practicality.



Myself and two friends, Eric and George

### Applications Elsewhere

It's surprising how much HIV care in Lubumbashi applied to medical work on the fireline in the United States. I found myself thinking back to the strategies used to do outreach to potential HIV patients to help me treat wildland firefighters. People not seeking care because of shame or fear of retribution, cultural expectations about not seeking care, and anxieties around retribution (in firefighters' case, getting docked or kicked off the job.) So drawing on prior outreach strategies of making myself available, prioritizing at risk populations (i.e. newer firefighters), and being proactive paid off.



Photo Courtesy of YelmONline.com  
<https://www.yelmonline.com/stories/digging-in-450-western-washington-firefighters-descend-on-rainier-for-wildfire-training.100164>

### Glimpse into the Experience



Some art pieces at a museum my friend Marc took us to in Lubumbashi. Artists, piece, unknown.

### Acknowledgements and shout-outs, etc.

George (pictured right) who acted as an interpreter and also a friendly face. I promised to include this photo in my presentation.



Karen Cowgill; My advisor, sponsor, and close friend, who taught me more than I probably realise.