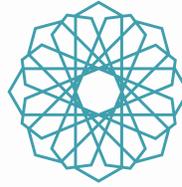


THE OFFICIAL JOURNAL OF
THE MANOVA GLOBAL SUMMIT
ON THE FUTURE OF HEALTH

T H E
m



In His Own Words

Manova co-founder Arick Wierson

TO THE BRINK OF DEATH AND BACK

HOW ARICK WIERSON, A CO-FOUNDER OF THE MANOVA GLOBAL HEALTH SUMMIT NEARLY LOST HIS LIFE TO MALARIA WHILE LIVING IN AFRICA, INSPIRING A LIFE-LONG DEDICATION TO HELPING FOSTER DIALOGUE AROUND GLOBAL HEALTH'S BIGGEST CHALLENGES.

Arick Wierson is a co-founder of *Manova: The Global Summit on the Future of Health*. A six-time Emmy Award-winning television producer and former long-time senior political and communications advisor to New York City Mayor Michael R. Bloomberg, Wierson is a nationally recognized opinion columnist for CNN, CNBC, Vice and Observer and serves as a communications and media consultant to business and political leaders across the U.S., Latin America and Africa. He is a graduate of Georgetown University's School of Foreign Service and holds a master's degree in Economics from the Universidade Estadual de Campinas in Brazil where he attended as Rotary International Ambassadorial Scholar representing the State of Minnesota.





Malaria had brought me to the brink of death.

The list of people who decide to trade Manhattan for Luanda, Angola is probably pretty short.

But in 2009 that is precisely what I did.

After nearly a decade working in New York City as a senior aide to Mayor Michael Bloomberg, I had accepted a compelling job offer to help launch what would be Angola's first privately-owned television station. I was trading the center of the world for a distant land that, less than a decade earlier, had just wrapped up a brutal thirty-year civil war.

Such an offer might seem like quite a leap for a typical American, no matter how adventurous he or she might be; but for me, having worked and studied for many years all over the world – from Brazil to Israel to Ecuador to Nicaragua – the idea of carrying out this new and exciting endeavor in Portuguese-speaking Sub-Saharan Africa wasn't as intimidating as it might seem.

Nonetheless, my time in Africa – seven years – proved to me there is truth to that old Lao Tzi adage, "*the more you learn, the more you realize how little you know*".

My time in Angola was turbulent – too many ups and too many downs to recall them all; nevertheless, there is no doubt in my mind about which of the low points was the lowest of them all, despite not remembering very much of it all, *because I was in a coma*.

At some point in December of 2010. I was bitten by a mosquito called the *Anopheles Gambiae*, a species of mosquito present across Sub-Saharan Africa that is particularly good at transmitting *plasmodium falciparum*, the deadliest strain of malaria, responsible for over 400,000 deaths each year across the continent.



The female *Anopheles Gambiae* mosquitoes pick up the plasmodium parasite from the blood of infected humans they harvest to nurture their eggs. Inside the female mosquito, the parasites reproduce and develop, and when the mosquito bites again, the parasites contained in the salivary gland are injected into the new host, passing into the blood of the person being bitten.

Malaria parasites multiply rapidly in the liver and then in red blood cells of the infected person. It destroys red blood cells and clogs the capillaries that act as tunnels for sending blood to the brain and other vital organs. One to two weeks after a person is infected, the first symptoms of malaria will begin to appear: usually fever, headaches, chills and vomiting.

If you live in Africa, over time you begin to recognize the early signs of the onset of malaria, but if you have never had it before, it may seem like the flu or maybe exhaustion – which is precisely why it never occurred to me to seek treatment. Africa

In 2011, I was close to adding myself to Africa's death toll. But before I tell you the rest of the story, let me tell you a little bit about Angola. A place most American know very little about..

Angola is a rather large African nation (twice the size of Texas) located just across the Atlantic Ocean from Brazil. Like many Portuguese colonies, it gained its Independence in mid-1970s, just as the Estado Novo, Portugal's corporatist authoritarian regime, was collapsing back in Lisbon.

Although blessed with a bounty of resources including off-shore oil reserves, diamonds, an array of rare elements and ample fertile land (Angola was one called the "bread basket of Europe" and its capital, Luanda, as the "Paris of Africa"), the newly independent nation quickly unraveled into what would become a thirty-year civil war, as rival factions fought over the country's ample riches. The fact that the US and Soviet Union saw Angola as a cold war battlefield, meant both sides of the conflict were heavily armed.

The war ultimately took over 500,000 lives; peace only came in 2002 after the death of The Union for the Total Independence of Angola (UNITA) opposition leader, Joseph Savimbi, was killed and the Soviet-backed Movement for the Liberation of Angola (MPLA) took full command of the country.

Luanda is a city of contrasts. The modern littoral corniche of Luanda Bay is one of Angola's most iconic post card images.



The ensuing post-war years marked a dramatic departure for the African nation. After decades of conflict, the economy opened up and Angola began growing at a dizzying pace. From 2002 through 2009, Angola was the world's fastest developing country on earth, with average real GDP growth nearing 20% per year. That hyper growth attracted a variety of Brazilian, Portuguese, Russian, Chinese, Lebanese and other African businessmen and wildcat-ters. From the early 2000s on, Angola was Africa's Wild West. If you squinted just enough, you could block out the slums and aluminum roof huts; you could look past the women in the streets with a child on their backs back and another at their feet, peddling whatever she can get her hands on to feed their families, and just focus on the shiny chrome of the Bentleys and Range Rovers that lined the city's downtown streets.

But the protracted civil conflict had brought hundreds of thousands of refugees to the country's capital, Luanda, a city designed by Portuguese urbanists to hold 400,000. By 2009, when I moved there, its population was estimated to be seven million, with one in three Angolans living in the city, and the majority living in squalid conditions known as *musseques*.

The lack of infrastructure in these *musseques* is readily apparent. Dirt, human waste, gasoline and garbage flow into black rivers that run through these masses of squalor that populate Luanda's periphery.



And it is here in these *musseques* where you find *água parada*, or standing water – a cocktail of rain-water, dust and other liquids of unknown provenance that sit idle in the hollows of abandoned tires, plastic bottles, rusty barrels or any number of other items carelessly discarded by the country's poor. These nooks and crevices are ground zero for malaria, the moist heat a beacon for the *Anopheles Gambiae* to lay her eggs. It is here, in the *musseques*, where malaria is born.

And this is why wiping out malaria no easy matter. Eliminating malaria is inter-connected with eradicating poverty, infrastructure investment and urban planning.

This is why we need to broaden the definition of health.

Something nearly everyone notices when traveling to Western Africa are the spectacular sunsets, specifically, how quickly they unfold. From the time that the first of the sun's rays begin to turn orange to the point when the black of night darkens the sky overhead happens in just a matter of minutes – many Angolans say that this crisp cutoff from day to night explains why there is so little nuance in the country – very little grey; things are either black or white – not much in between. You might be alive and well in one moment, but dead in the next, with very little time in between.



A typical musseque in Luanda.

Eliminating malaria is inter-connected with eradicating poverty; infrastructure investment and urban planning. This is why we need to broaden our definition of healthcare.

-Arick Wierson Co-Founder of the Manova Summit

When I arrived at Luanda's Multi-perfil hospital on January 6, 2011, I was in rough shape. To get to the hospital, I drove myself, one hand on the steering wheel, the other at my face, holding one eye open, because they had both closed due to swelling and fever from the malaria.

There are many ways to test for malaria, but they all involve taking a blood sample to measure the number of parasites per number of White Blood Cells (WBCs) or Red Blood Cells (RBCs) in a given field of a blood sample.

I was lucky in that I happened to know one of the owners of the hospital, so I didn't have to wait to be seen. (In a typical African hospital, patients can die in the reception area, waiting for a doctor.)

Thirty minutes after taking a blood sample, an Angolan doctor returned to tell me that I indeed had contracted malaria and that I had 28,000 parasites per field in my blood.

"Is that bad or good?" I asked, inquiring about the 28,000 number.

Although I was still propping open one eye with my hand, I can still remember the expressions of the medical staff with their mouths agape.

"This is very serious," said the doctor who insisted I be moved to intensive care immediately.

"Can't you just give me something?" I pleaded. I had no desire of being interned in a Luanda hospital, even if I did know the owner. But the MD on duty that day was having none of it.



“Take him the ICU immediately,” I remember him barking to a nursing assistant.

It was only after my whole ordeal that I learned that, in fact, 2,000 parasites per field was considered a serious case of malaria. 10,000 was near death. 28,000? Unheard of. They didn’t tell me then, but I later learned that no one on the medical team on duty at the Multiperfil Hospital in Luanda that afternoon of January 6, 2011 had ever examined a blood sample of a patient with over 20,000 parasites per field who was still alive.

I should have been dead hours or even days earlier.

I’m 6’2” (1.86m) and at the time I weighed around 225 pounds (102 kgs) and was in pretty good shape. That’s probably what saved me. As the malarial parasite attacks the human body, organs begin to shut down; the body’s operating system slows down. You drop weight fast.

This lethal parasite can be the basis of cerebral malaria, acute renal failure, acute malarial hepatitis, hypoglycaemia, hyperpyrexia, non-cardiogenic pulmonary oedema, hyperparasitemia, Blackwater fever, and cardiac arrest.

Needless to say, with a literally off-the-charts parasite count, I was headed towards a host of these complications.

Of the next three weeks, I have only minimal memories – shortly after entering the intensive care unit, I went into a malaria-induced coma which lasted nearly a week. Later, after awakening from the coma, I recall going on and off a respirator that made me feel as if every last gasp might be my last, as the Angolan, Cuban and Brazilian medical staff at the hospital struggled to fight the noncardiogenic pulmonary edema, pneumonia, and severe anemia that had taken over my lungs in the wake of the malarial infection.

I was in bad shape, and as my Cuban doctor told me weeks later when I was in the clear, the medical staff had assigned me a 35% probability that I would survive my bout with malaria.

In fact, hospital administrators, I would later learn, had even held discussions with the board members of the company I was running about how to ship my body back to the United States for burial should it have come to that.

All in all, I was in bad shape, but I fought through it, and with the help of some brilliant doctors and a terrific support system, after three plus weeks I was out of intensive care and in a special executive suite in the hospital where I would have to stay for a while before being discharged from the hospital.

The medical staff had assigned a 35% probability that I would survive my bout with malaria.

My first night in that suite I remember hearing a cat fight in the alley below my window. But I was still groggy from all the medication and didn’t think much of it. The second night, now a bit less groggy, another cat fight

broke out, awakening me from my sleep. It wasn’t until the third or fourth night in my suite that I realized that what I was hearing below my window wasn’t a band of feral cats hissing and growling at one another – it was the sound of grown women – mothers, daughters, sisters, aunts – whaling in the dark of the night as they learned that a son or daughter – many just a few years old - had just passed away. And in almost all the cases, it was malaria that had taken their loved ones from them.

My fight with malaria deeply moved me. I had survived, but the experience had profoundly changed my outlook on how fragile our health and well-being actually is. And how ordinary, in fact common, death has become in some parts of the world. Its something people just learn to accept and live with.



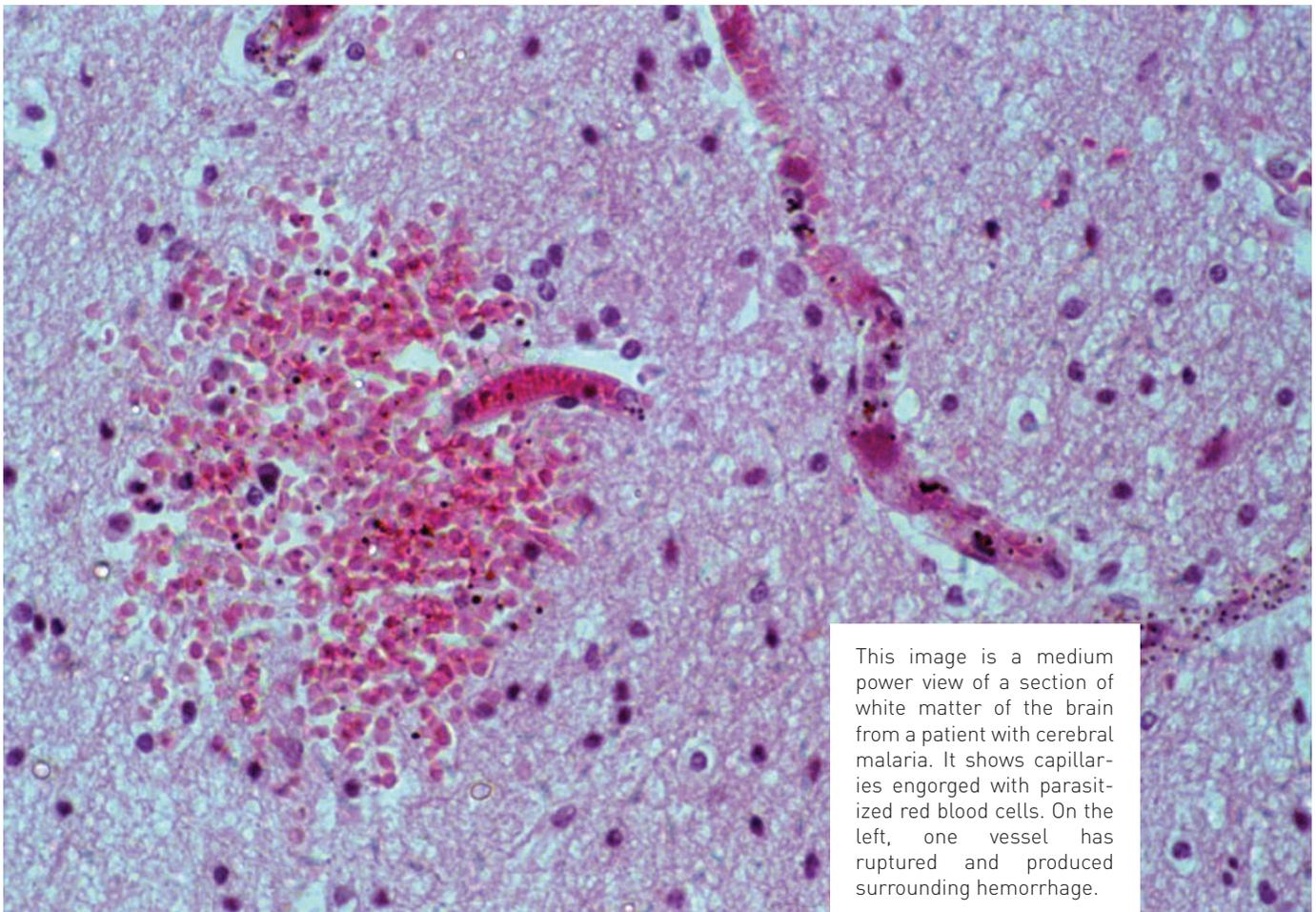
I would actually end up staying five more years in Angola, getting infected with malaria several more times, but since I now recognized the symptoms early on, I was subsequently able to get treatment before it became too severe. My son, Haakon, got malaria twice before the age of three. My wife, Gilda, came down with malaria several time while we were living there.

Malaria is a constant threat when you live in places like Angola. It's a type of terrorism – any given mosquito could possibly give you a death sentence. It's an awful way to live, and yet it is the only way to live for over a billion people on earth who live in malarial zones.

My passion for helping solve the biggest challenges in global health stem from my first-hand experience with a global killer. I am not an MD nor a scientist, and the so when the opportunity came along to use my skills as a communicator and marketer to help create a new kind of platform aimed at facilitating and furthering the global conversation on health, I jumped at the opportunity.

The chance to build something as novel and important as the Manova Global Summit on the Future of Health with my partners Mark Addicks and Kathy Tunheim is enabling me to use my skills to help make connections, share stories and educate in an impactful way that, I hope, moves the conversation forward around a variety of health issues.

Malaria is a constant threat when you live in places like Angola. It's a type of terrorism – any given mosquito could possible give you a death sentence.



This image is a medium power view of a section of white matter of the brain from a patient with cerebral malaria. It shows capillaries engorged with parasitized red blood cells. On the left, one vessel has ruptured and produced surrounding hemorrhage.



The sunsets in Western Africa are spectacular, and abrupt. Day falls into night in a matter of minutes, just like the difference between life and Death.

This year's Manova Summit will be bringing over 100 thought leaders from around the world to Minneapolis for three days of truly paradigm shifting content and thought-provoking insights aimed at pushing the industry as a whole forward.

I can't think of a single effort I would be more excited to be a part of. And I hope to see you there.

EDITOR'S NOTE

For more information on the Manova Global Summit on the Future of Health please visit www.manovasummit.com Dates for the event are Oct 14-16 at the Minneapolis Depot.