

CROSSROADS TO NGULUDI HOSPITAL

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It was the end of the working day and I had just returned from the college. The sun was doing its nightly dance with the jagged edge of the most western set of mountains and peaks the way it does here, teasing its way first to just below brightness then descending on down behind the violet ridge of rock and earth until finally surrendering the division of night from day to that majestic mountain's rim. Each evening these spectacular sunsets are unique unto themselves yet seem to share with the others just how fabulous they are to behold.

As close to the equator as Nguludi is, the sun rises and sets with surprisingly little variation from day to day. By 5:15 in the morning, it is up. By 5:45 in the afternoon, the day is nearly done and by 6:15 the African night takes over reclaiming its dominion lost to the sun only hours before.

The dry season still lingered producing a daytime heat that's mostly tolerable and evenings which remain cool and breezy though somewhat paradoxical delights. The rains, though not due for a few more weeks were already the topic of numerous conversations each day at work and in town as villagers and collegial peers uttered their opinions, voicing them with a clear apprehension as to whether the drought, that had now stretched for more than two arduous years and which had placed more than three million at risk of starvation in Malawi alone, had finally come an unceremonious yet welcomed end.

I was in my room changing when two men came up to our front porch and knocked at the door. Ellen was in the front room reading a literature assignment in preparation for our discussions of it later on and so she answered the door. She came immediately to fetch me saying that there were two men who were waiting to see me. She did not know who they were or why they had come as she had not inquired and they had not said.

I went to the living room and as I opened the door, I recognized one of the men as Rex Chasweka who, like Ellen is a Seventh Day Adventist and who, like me is a lecturer at the college. Rex' lecturing concerns the teaching of Malawi's native language, Chichewa (chee-chey-wa). Mine concerns the methods by which people learn.

"Mwaswera, bwanji, Rex. Nchito ikuyenda bwanji?" I asked. After answering that he and his work were both fine, he favored me by switching to English sparing me both the struggle of continuing in his native language as well as the social burden of making this inevitable transition.

He introduced his companion, Richard Khuku as one of the night watchmen at the college. He explained that Richard's wife had taken seriously ill the night before and was even at that moment still at St. Joseph's Hospital in Nguludi where she was expected to die soon if she did *not* receive surgery right away.

As we continued standing on the porch, villagers and students walked by us not ten meters away, carrying bundles on their heads and babies wrapped on women's backs unaware of our discussion of the life and death struggle ongoing. They looked on with only passive interest as they walked by, heading for their villages and their homes. I looked at this middle aged man Rex had brought whose face was so set in lines of worry and fatigue. His eyes met mine for a brief instant and then averted down visibly troubled and pained with disbelief at the

penetrating reality of Rex' words.

His wife's name was Teresa and she had a tumor the size of a small mango; its position was shutting off the supply of blood to organs nearby and was itself spewing toxins into her body. The surgery Rex said would itself place her life in some real jeopardy, for in addition to whatever the usual risks such a surgical remedy might pose in a developing country, the need for as many as *four* pints of blood was anticipated. Between the real lack of authoritative information and the vagaries that plague day to day discussions here the exact details of her misfortune evade a more precise summary than this but one thing had been made quite clear.

Teresa was dying because of this thing growing in her belly and these men stood on my front door step somehow trying to involve me in it

Rex said that coming up with the blood for the operation now tentatively scheduled for Thursday was going to be a real problem since many people in Malawi needlessly feared contracting HIV/AIDS from the donating process just as had once been the case in the United States. Although two donors had been found (Rex and Richard) two more had yet to be identified.

The real problem however, he continued was the money that would be needed for the surgery. At least 4,500 kwacha would be required in addition to the few Richard was able to provide himself. Now, this amount was not all so *very* much (at least by *conventional* American standards), but here was a man I hardly knew, bringing another man to whom I had just been introduced to request money for a surgery for a woman I had never even seen.

I searched the faces of the villagers, students and college employees still passing by just meters away and the things I had been told about money and giving and Malawi's severe state of poverty came flooding into my head. I had been lectured by a number of authorities and colleagues since my arrival in Malawi that it would be a real mistake to permit myself to be viewed publicly as a source of money – bad enough already that my clothes and appearance invited such perceptions already but mightily were these preferred to actually confirming them in the manner of a public fact.

To agree to a total stranger's request for a large sum of money at my front door in plain view of so many passersby was to risk inviting every villager for kilometers around to queue at my doorstep seeking *their* chance in this crazy cross cultural wheel of fortune. The requirements imposed on me and my conduct suddenly seemed clear.

I had understood all too well the necessity of this constraint following the murder of my fellow Peace Corps Volunteer (PCV) last year in Zimbabwe which had occurred pretty much for the sake of what two men thought she might possess in the way of her valuables and money. The fact that she did *not* possess these things any more than any other PCV ever does did not restore her then or now.

"*I'm sorry,*" I said. I looked back and forth between them searching for a sign that they could or would believe this. "*I have no funds for this kind of thing, Rex. I'm truly sorry.*"

I added that there *were* other things I had become involved with since moving here on behalf of the community but that if I were to begin funding every surgical procedure people walked up here and just asked me for, why then my little next-to-nothing bank account would quickly slip over and down into the vacant dominion of Mr. Null's empty set faster than NCR can

sum zeroes to void.

The reality of this tactless observation aside, the disappointment that then enshrouded their faces became excruciating as the growing schism of silence between us began to jell in to a palpable assemblage of disbelief and harsh unrelenting rejection. My mind probing, searching, grasping for even a crumb of a possibility of anything at all to offer them - anything just so long as it would cause this particular collection plate to pass on yet to another somewhere else far, far away, finally latched on to the *one* thing I *could* volunteer right then and there.

"I'll donate blood. I give in the United States. I'm O-positive!" I offered with enthusiasm continuing my search between them for some sign of relief.

And as if he too was searching for a glimmer of a hope of a way out, Rex suddenly grasped this as a cause to celebrate and began to nod - slowly at first and then with greater reassurance that this *was* in fact good, substantially good even and thus the mold of gloom finally broke on at least *his* face. He said he was glad for as a blood donor himself, he understood that being O-positive made me a 'universal' donor, so that (*practically*) anyone could receive my blood without unwanted side-effects. And because of the very real importance of this surgical 'detail', we eventually were able to find our way out from this social conundrum comprised as it was from their utter disappointment and my very own profound sense of discontent.

Finally, armed with the knowledge that they at least had a *third* blood donor identified, Rex and Richard departed losing themselves in the growing darkness of the African night and the continuing parade of villagers still trudging on by.



Before first thing on Thursday morning I was searching around our small college campus for Rex to make final arrangements about getting me to the hospital to donate the promised blood. I spied him and Richard coming towards me near the administration building. Looking first at Richard and then pensively wetting his lips, Rex explained that he and Richard had been in fact looking for me as a person had been found to pay for the surgery. Continuing right along, he further added that the surgery was imminent and that now getting the *blood* to pay for that part of the operation was the remaining thing of focus. A fourth donor had also been identified and so it was simply a matter of doing it.

Could I go with them right *then* to donate he asked? As we hopped into Rex' small blue pickup and headed for the hospital I appreciated how we - Catholic, Seventh Day Adventist and Presbyterian - had here once more become one.

Though I do not pretend to understand *all* of the dealings with the hospital, apparently the agreement that Rex and Richard had achieved was that the blood Teresa would need was to be provided to her *first* by the hospital during the course of her operation and then *we* would *replace* it. The fourth donor would follow us shortly to make the foursome we needed.

We drove two kilometers over the rugged dirt road down towards the low running Chisombezi River but just as *it* came in to our view we made a sharp turn away from it going right instead towards Nguludi another kilometer or so angling back up the gentle river valley's sloping hill. As we came into Nguludi, small single story brick and concrete structures began replacing the mud and mud & brick huts we had passed along the way, including one with the sign "African doctor" on the front of the door. On *this* particular trip, I was simply glad to continue on by

leaving it in the dust left behind by Rex' little pickup.

Rex pulled into a drive that divided two sets of single story buildings each connected within itself by open air loggias. As Rex switched off the engine, we got right out and then followed him to where we would give our blood.

'MEN'S WARDS' to the left a sign proclaimed, 'WOMEN'S WARDS' to the right. Also to the right the sign soberly directed us towards the 'LABORATORY'.

Despite my confident manner earlier in volunteering to be here and doing this, I could not help as we walked but suddenly feel that I had better gain control over my growing sense of dread and panic and do so quickly if I were to avoid an embarrassingly sudden retreat. Every where I looked I was reminded of hospitals I had seen in movies set in the 19th century as well as hospitals during my childhood I experienced during the 1950's *except* that the scenes before me now were not as clean as U.S. hospitals were even fifty years ago, not as orderly and certainly not as well staffed or equipped.

The women's wards were close to the main loggia and so we passed by them first. Open to our easy inspection laid a number of women in various stages of recovery all save one with intravenous (IV) drip bags connected to their arms or wrists, each lying on mobile, side-less, metal litters with but four centimeters of foam padding and a single cotton sheet separating their weakened prostrate bodies from the cold hardness of rusting metal.

The 'white' lab coats worn by staff were this in name alone. Suddenly horrified that I could actually see the dirt and smears on a number of staff 'uniforms', I found myself repeating over in my mind that giving blood need not be a health concern for the one donating *so long as* the needle was clean. (and so with eyes closed and fingers crossed Dorothy whispered, "*There is no place like home, there is no place like home, . . .*")

When we finally got to where we were going, we sat on the opened side of the loggia on cement benches with a warm but dry mid morning air flowing over us. Having us safely situated, Rex alerted staff to our presence and informed them of what we were seeking to do. People around us sat waiting, sleeping, some holding their babies, nearly all wearing the face of poverty suddenly so vulnerable to the uncertainties common place to hospitals everywhere.

I remembered then that it is in our weakness that Christ makes us strong and I knew immediately that there were no victims here, least of all *me*, but only people in considerable need and a few others trying as best as they courageously could to help them.

I see the staff do their work. How concerned, dedicated, and exhausted they all suddenly seem, carrying the weight of so many dependent lives on their all too few heads. The pall of my own dread abruptly lifting like a veil being pulled from my face, I feel the renewal of strength thus promised. From unwanted victim to certain neighbor the change in my perception is sudden and complete. I remember *why* I had come to Africa and *why* today to this hospital.

Time is passing quickly now and before I know it, I am sitting before Benjamin, a distinguished looking Malawian in his fifties who calmly, matter-of-factly, and rather expertly goes through his quiet routine with me.

"When did you last give?", "Any complications?", "Have you eaten today?", "When was the last time you had fluids?" His precise procedures and experienced manner reassure me and I

am conspicuously more relaxed than even only moments before. Although there are *no* tests for the sufficiency of my iron or other preliminary blood ‘adequacy’ measures as in the United States, he types me and screens against HIV/AIDS and then too for malaria.

Now, it is time. I follow Benjamin in his moderately clean ‘white’ lab coat back to a rear cubicle hidden from the hall way where he invites me to lie flat on the only litter. Being used to the ‘head elevated’ position used in the U.S. for platelet donations, I convince him I will be better off in this position *so long as* he allows me watch him open the new sterile needle *before* he attempts to jab me with it.

He looks up at me with his eyebrow arching up and then a growing smile breaking across his face. I see that he knows exactly what I am asking. With a toothy grin he now provides his assessment, “*Smart lady.*”

“*We always use new needles and we always try to let the donor see us opening the packet. It makes everyone feel just a little better.*” He grins some more and then expertly positions my arm and in it goes - as smoothly as I can ever remember. I am surprised Benjamin does not restrict the flow of my blood into the bag but instead uses the ‘quick draw’ method of simply allowing the blood to pump right out into the bag unabated by any sphincter device.

Giving my pint takes less than four minutes.

Then, I am up and out. No juice. No ten minute wait. “*Next!*” Benjamin was already calling for more as I gather my ever-present water bottle and satchel. Rex is ‘next’, so I move out and sit in the loggia with Richard who is now clearly a changed man. Though still hobbled by his quite evident sleeplessness the past few nights, things are getting better indeed. Teresa has been delivered from surgery and is going to be ‘all right’. The hospital bill has been paid and now even his ‘blood’ debt is being eliminated as well right before his eyes.

I ask him how long he has been married to Teresa and he says, “*24 years*”. No easy job that, replacing a loving and faithful companion of 24 years not to mention the mother of your five children.

Rex joins us then and a moment later on our way out we stop to allow Richard to visit a few moments with his wife before he must return home to hearth and kids as he is single parenting. Still coming out of her surgical sleep, Teresa is happy to see him, happy just to be alive.

Richard comes out a few minutes later and pronounces Teresa as being much better already and although it seems he has confused anesthesia and pain killer with *improvement*, it is nevertheless rejuvenating to see him suddenly so buoyant and reassured. Besides which, Rex and I are very much in agreement with him that complete healing *has* already begun.

I have been back to the hospital once since all of this to have my blood tested for malaria. And though the test was negative for the mosquito transmitted *Plasmodium parasite*, it was Benjamin the laboratory technician who I saw once again.

“*Back again so soon?*” He asked with his wide grin and gleaming eyes.

I smiled and explained I had been ushered to him by a number of new found friends and colleagues who thought I should be tested for some malaria-like symptoms I had been experiencing. Though sans fever and chills I believed it was unlikely to be the malaria others

suspected, I nevertheless allowed myself to be persuaded by sound judgment preferring as they would have it in any case to be on the safe side.

But being there again so soon after Richard and Teresa's nightmare I was reminded of the whole affair once again. Then, I smiled remembering Richard's grateful and welcomed relaxation once he knew Teresa was out of danger. Once he knew that the mother of his children and wife and loving companion of 24 years had been returned to him almost as if by miracle.

And surely it was the answer to our prayers made over those anxious few days, our Good and Gracious Lord *had* allowed Teresa to return to health, Richard to receive his wife again, his children to know the return of their mother, and me a second somewhat less public chance to make good on an opportunity to be a part of the wondrous experience of His healing touch.

I give thanks again now as I did then. Thanks for being able to play even a small role in such events that are being played out here daily near Nguludi. Life and death struggles by men and women of enormously simple means waging their own little private wars with poverty, with hunger, with malaria, and with mango-sized tumors that just won't seem to go away . . . until His time.

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Nguludi, Malawi

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