Cultural Kinships Inclusive Community

Kweli

a literary journal celebrating diverse voices

The Call
by
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How does one prepare for a C-section in Bundibugyo? I splash cold water on my face, check that I have my camera in my bag, and throw it across my body. Minutes later I find myself gripping the back of Dr. Jonah's motorcycle as we sputter down the dusty, rut-filled main road to Nyahuka Health Center. Jonah called moments ago, asking if I wanted to observe as he performs a Caesarean. Just a week before, he christened the new operating theater with the first one, an emergency C-section for the wife of a "big man" who called in a favor.

A mother of five is now waiting for Dr. Jonah in the operating theater. She would not have come by ambulance; the district's dilapidated white pick-up truck is rarely on the road due to a lack of petrol. She would have made her way through the border from the Democratic Republic of Congo on foot. After more than 24 hours of pushing, with no baby born yet, there is a serious problem. Surgery is needed quickly to save the mother and the life of her child.

I came to Bundibugyo to assist with an AIDS program, so having the opportunity to witness this surgery is a bonus. I arrived in this rural southwestern Ugandan district, located in the shadow of the Rwenzori Mountains, at the beginning of the year. Now it's

November and the rains have come, increasing the humidity. In no time, sweat begins to seep through my cotton dress. I'm grateful the health center is less than two kilometers away. Before Jonah's appointment as Medical Director of Nyahuka, laboring mothers in need of emergency C-sections had to travel a rocky 12 kilometers to the only hospital in Bundibugyo, on the back of a motorcycle taxi. I cannot imagine a more discouraging way of ushering a new life into the world.

As we make our way to the health center, we pass dwellings, some of which double as storefronts. They sit back from the edge of the road, made from cement or mud. Shrubs and eucalyptus trees are dotted between them. Bundibugyo is quite unlike the small city I grew up in Nigeria which had paved roads crammed with cars and modest homes with plumbing. There are few cars on this dirt road, and in the sweltering heat, only a handful of people moving around. I see a woman balancing firewood on her head and two teenage boys who gawk at us with curiosity. Just before we reach the taxi park, I notice a teenage girl in a tattered dress bending over a tap as she fills up a well-worn yellow jerry can with water gushing from a spigot.

It takes us five minutes to reach Nyahuka. Jonah guides the motorcycle past the main entrance, and brings us to a gentle stop next to the lab. The pediatric and adult wards are to our right in a single story cinder-block building. When patients are admitted here, they must provide their own mattresses, bedding, clean clothes, and even food, so most bring a family member with them to care for these needs. In the shade of the veranda in front, an elderly man is curled onto a mat sleeping. A young woman with stubby braids leans against the wall near him, her eyes half shut as she lazily watches a toddler crawling beside her. Clothes and sheets are hanging out to dry on the fence, and I see the charred remains of a fire nearby.

Inside the free-standing building where the operating theater is nestled, it is cool, despite the lack of ceiling fans or air conditioning. The government has yet to provide electricity to this district. Sunlight filters in through the burglarproof windows, which are well above eye level, and the only sound I hear is the padding of our footsteps. Until recently, this health center did not have a doctor with surgical skills. All that changed with Dr. Jonah, Bundibugyo's native son. He is revered here, a living example of what hope and resources mixed with talent and hard work can accomplish. He was well into his thirties when he attended medical school, becoming only the third doctor Bundibugyo has ever produced.

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In the room next to the reception area, there is a silver industrial sink. Jonah leans over the sink, grabs a bar of soap and begins to scrub his hands and arms up to his elbows, repeating this gesture over and over.

"Pam, watch me and when I'm finished, you do the same. Even though you're not part of the operation, you still need to glove and gown like us." He points to a set of scrubs and rubber boots, and instructs me to put them on while he disappears to dress for surgery.

I'm so grateful for this opportunity. To observe Jonah performing a C-section is rarer than rain during the dry season in Bundibugyo. When he returns, I ask if I can take pictures inside. He glances at my small camera case and nods.

"Come, come let's go. We don't have much time." I slip the strap over my shoulder leaving my bag hanging on a hook.

The theater resembles an uncluttered New York City studio, and is a little smaller than the one-bedroom apartment in New York that I'll be returning to in about a year. Only a crash cart and low table line the white wall on the left. The door at the far end of the room is a soft hue of pink. Oliva, the midwife, is already here along with an anesthetic nurse and a nursing assistant. All the women are gowned as we are, indistinguishable from each other.

The patient is lying in a fetal position on an exam table in the center of the room. Her eyes are closed and she is naked except for a *kitengye*. This brown tiger-printed African cloth covers her pregnant belly. A drip hooked up to her right hand hangs from a tall pole beside her head.

Her eyes flicker open and then close again as Jonah exchanges a few words with his team. He looks over the consent form Oliva has written out in a thin blue exercise book which serves as the patient's chart. Then he hands it to me. The title reads: *Consent for Operation (C/S + BTL)*. Below that*: I, Yosefu, consent for such an operation with anesthesia as suggested by the surgeon/Dr for the best of my wife's health and the baby*. The date is underneath. Yosefu's right thumb, identified as such, and smudged on the top left corner beside his name is evidence of his approval. And then these words: *I have explained the above information to the mother's husband, who seemed to understand and signed in my presence.* Oliva has put her signature and the date below this statement.

"So the patient herself doesn't have to give consent?" I ask.

"No, in a situation like this, it can either be the patient or her husband. They also want a BTL so I'll be able to show you that as well."

"She's agreeing to have her tubes tied?"

"It's not very common here, but this is number six and perhaps her husband can't feed any more children after this one."

Though I have worked in public health research for almost 20 years in the US and UK, I've never seen a hand-written consent form before. As I take a photo of it, I find myself wondering if the patient herself has consented to be sterilized. Or will she wake up in a few hours to find out she can no longer have children?

One of every five patients seen at this health center each year comes across the border from the Democratic Republic of Congo, 10 kilometers away. Entering into Uganda at this point requires wading through the Semliki River, or during the rainy season when the water swells, being carried above it by strong men for a small fee. If you're Ugandan or Congolese, the immigration authorities don't ask for documents, making this type of travel uncomplicated, unless of course you're on the verge of delivering a baby.

"Are we ready?" Jonah asks, gesturing to the anesthetic nurse. She nods. "We must move quickly," he tells me. "The patient has already been in labor for over 24 hours." The fatigue is evident on her face. Her eyes continue to alternate between shut and half open. Small bubbles of perspiration like soap suds soak her forehead. Nudging the woman onto her back, the nurse gently extends her right hand and adjusts the drip. As the liquid seeps in through a large vein, the patient's eyes close for good. The nurse removes the *kitengye* and hangs up a green sheet, creating a barrier between the patient's

head and the rest of her body. She also covers her with more green cloths, and arranges them to form a triangle-shaped opening of exposed skin just below her belly button.

Jonah sterilizes this spot with an alcohol swab, takes a sharp blade and begins to make an incision, sliding through the skin as if using a box cutter on paper. I cringe, tempted to look away, but force myself to keep watching. The clean vertical cut exposes several inches of thick muscle hidden just beneath the skin. To secure it in place, Jonah uses silver tongs that resemble shiny butterflies.

He moves swiftly with the hope of reaching the infant in time. I stand back and observe, trying to be inconspicuous, taking the occasional photo. Fascinated by this view of the human body, I am in awe of how deeply protected the baby is in the womb. After more clamping and stretching, Jonah eventually reaches the wall of the uterus. Once he perforates it, a foul-smelling liquid the color of muddy water squirts out, soaking his apron and splashing onto his face mask. Jonah jumps back, but recovers quickly. Then, reaching in with both hands, he lifts out an almost white, mucous-covered newborn. The baby is silent and appears to be wrapped in clear plastic, like a frozen chicken one would buy in a Kampala Superstore. While Jonah is holding the infant, Oliva clamps the umbilical cord and cuts it.

"It's a girl," he says quietly, handing the newborn to her. There's still no movement or sound from the baby. Oliva places her on a table by the far wall, covers her with her mother's *kitengye* and checks for a heartbeat and pulse. I am convinced the baby is already dead. Using a suction ball, Oliva removes as much mucous as she can from the baby's nose and mouth. Once she clears her airways, she covers them with a hand pump and begins to administer oxygen. Then she gives her tiny chest compressions, alternating back and forth between oxygen and applying pressure. While she attends to the newborn, I plead silently for her life. Meanwhile Jonah continues to focus on his patient. The baby is out but his work isn't over. He extracts the placenta and discards it in a slop bucket.

"OK, let me look for the fallopian tubes." As he pokes around inside the patient's uterus, I conjure up the two dimensional pictures I have seen of them in many a biology textbook. "I know they're here." A few seconds pass. "Ah here is the first one," he says extending a long pale innocuous rubber band for me to see. It is completely unlike the image I have in my head.

"That's it? How did you know how to find it?"

"Ah," he says. "They teach us these things in medical school." He chuckles to himself as he snips the tube and sutures both ends. He repeats the process after identifying the other one and then begins to sew up his patient. Just as he is about to finish repairing the patient's lower abdomen, the baby lets out a tentative, barely audible cry.

We all cheer.

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On Tuesday afternoon, I stop by the maternity ward at Nyahuka to check on how the patient and new arrival are doing. When I enter, I see a dozen women, a few of them heavy with child stretched out on twin beds. Others have bundles of small babies beside them. One infant is whimpering; another is nursing. Nightie, the newborn I am looking for is asleep in the arms of her father. He is an older man, lean, with well carved biceps. Worry spills out of the hollow of his eyes. Nightie is barely visible, hidden in the folds of a new *kitengye*. Her mother isn't well enough to begin breastfeeding. On pediatric rounds

yesterday, Jennifer, one of the American missionary doctors who co-directs the HIV prevention program I help with, provided boxed milk for the baby. Her father is spooning tiny amounts of this liquid into Nightie multiple times a day. He's been faithful, Jennifer told me. To his credit and by God's grace, the baby appears to be hanging on.

Nightie's mother however looks worse than she did when I saw her on the operating table. She can't hold open her eyes; her skin is dull and sandy. The sweat collecting on her face has seeped down to her pillow, and she has been unable to eat since the operation. Fluid attached to a pole beside her bed is providing either nutrition or antibiotics, but I can't tell which. Her weak state and inability to nurse her own baby are cause for concern. I feel uneasy seeing her so detached from what is happening around her, saddened that she isn't able to enjoy her daughter's first few days. I don't know how long it takes for one's body to recover from major surgery like a C-section, but this mother is struggling.

Nightie's father and I exchange greetings. I offer a smile, but his mouth remains tight. Neither one of us speaks Lubwisi, so I don't stay long, but I plan to stop by tomorrow.

At Nyahuka's Wednesday HIV clinic, I encounter an unexpected stressor. One of my roles is to help facilitate a smooth registration process for the patients. However, David, the Clinical Officer, doesn't turn up. I learn he's out of the district attending a training. This is the reality of trying to meet health care needs in a resource-poor setting such as this one. Without much notice, the staff is invited to attend trainings for professional development which the Ministry of Health or some non-profit organization sponsors. As government employees, the personal consequences for not showing up to work are minimal. Thus there is really no incentive to inform others or plan in advance for these absences.

The waiting room is already clogged with over 30 patients when I discover David is not coming in. Anxiety is mounting among men and women alike about whether they will be seen. Jonah is doing rounds on the adult wards and agrees to come once he's finished there. He arrives close to noon, and looks wasted from a full morning. His shoulders are stooped and he's moving slowly. Nevertheless, he tries to be his usual cheerful self as the patients line up on the benches outside his office and scramble to claim their places.

His office is sparse, furnished with only a table and two chairs. There is no sink or exam table, and there are no gloves. By the time he gets through seeing every patient and the charts are returned to the back office, it is well past the lunch hour and I am wiped out too. I ask Jonah how Nightie's mother is doing.

"There's no improvement," he says.

I can't tell if the seriousness of his tone is due to his fatigue or her condition, or both, but I drag myself over to the ward. I find the patient's husband keeping watch at his wife's bedside. Nightie is asleep on a mat beside the bed frame, but her mother is unresponsive.

The next day, Nightie's mother is dead. Her daughter is four days old.

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After dinner, I look at the photos I took of Nightie and her mother in the operating theater, and I realize that I never got the mother's consent for these photos. My deep sadness is compounded by my concern for Nightie's future.

The next time I'm at the health center, I look for Jonah and find him standing in front of the clinic on the veranda.

"I'm really glad the baby made it," I say. "Were you surprised that the mother didn't pull through?"

"No," he says. "I wasn't. You remember during the surgery when that brown liquid splashed all over me? That wasn't normal. The bad smell was the sign of a major infection in the uterus, but of course I didn't know about it until I was inside her."

Talking with him, I realize in hindsight just how sick Nightie's mother must have been by the time she was admitted. No wonder her thumb print wasn't smudged on that consent form. Even then, she was probably already slipping in and out of consciousness, not really able to engage in a conversation about the procedure that was about to happen, let alone cognizant enough to provide informed consent. And I can only imagine the turmoil her husband must've been in by that point, as he helplessly watched his wife battling not just for their baby's life, but for her own.

"This family is very fortunate the baby survived," Jonah adds. "If she'd been in there much longer, she wouldn't have been alive by the time we got to her."

"I wonder why they waited so long to bring her here?"

"It's hard to say. There could be many reasons. Perhaps a lack of funds for transport. Or maybe because of the five children before, she didn't think she'd have any difficulty pushing this one out. When they realized this delivery would be different, they had probably already lost so much time. Now that the mother is gone, it's going to be very difficult for the baby since she's not getting breast milk. I wonder if the father will be able to manage. He'll have to try and find a woman in the family to care for her."

"I really didn't expect her to die, did you?" I said.

"Look, this is the reality of practicing medicine, especially here. Many terrible things take place that wouldn't happen if we had the resources and support to do our best for the patients. This family came from Congo. If they had come sooner, before the mother's labor was so advanced, she might have had a different outcome. But we saved the baby."

I take a deep breath and then can't resist asking one more question: "Jonah, how do you live with these kinds of losses?"

"Medicine is like this; we do our best with what we have but often it's not good enough. And death can sometimes come very quickly."

Then Jonah looks away from me and out towards the outline of the Rwenzori Mountains, hazy and purple in the distance. He pauses for a moment and lowers his voice. "Truthfully, Bundibugyo is a very difficult place to practice medicine. Extremely difficult at times. If I didn't have a deep sense that this was my calling, that this is where God wants me to be, I wouldn't be here. Even though this is my home, I wouldn't be able to stay and do this day after day."

I have a sense of what he means. The health care needs in this district are overwhelming. In addition to Jonah, there are only four other physicians providing medical coverage for this district's 200,000 residents. Malaria is a major killer and Bundibugyo is reported to have one of the highest rates of sickle cell disease in the world.

Despite these realities, confirming Jonah's appointment to Nyahuka as its head physician took a miracle. The politics surrounding this decision were not unrelated to the fact that Jonah was from the "wrong" ethnic group: a Mukonjo in a district where power is centralized among Mubwisis. Jonah has struggled here on many fronts.

After a moment, Jonah turns and heads back into the ward, leaving me standing there on the veranda. Living in Bundibugyo had been difficult for me too: the crushing poverty, the lack of infrastructure, and preventable tragedies such as this one. I am almost half way through the two year commitment I've made to this community, which I intend to keep. But still, if I didn't sense this was a calling for me too, I would be tempted- especially at times like this when it just feels too costly--to get out, to go to Kampala, to somewhere else in Uganda. Anywhere but here.

I hope Nightie will make it. I wonder what her prospects for survival will be. Most children here are breastfed for about 24 months. Who will fill this role for Nightie over the next two years, if she even lives that long? Perhaps Nightie's father has a female relative who is weaning her own child and can take over nursing Nightie. Then, I remember something I saw on my first day here at the health center.

I had just arrived from New York where I had been living for 14 years, and Jennifer was taking me with her on rounds. One of the patients we encountered that morning was a baby girl in a similar situation to Nightie's. That baby was born in a village, but her mother had died while giving birth so the infant had become badly malnourished. When the grandmother brought the baby in, Jennifer and the nurses urged her to try to breastfeed. She was around 50, unsure of her exact age because birth certificates are not issued in this district, and had finished having her own children some years before. However, they encouraged her to keep putting her granddaughter to her breasts whenever possible. That stimulation can sometimes reactivate the hormones which produce milk. Success depends on a combination of how emotionally committed the breast feeder is to the child-the strength of that unspoken bond- as well as persistence and the suckling motion.

Jennifer told me that the grandmother had been reluctant, but the staff persuaded her to keep trying. It worked. After a few days, her milk started to flow again and that baby began to gain weight. Grateful for the communal nature of nursing in this cultural context, I pray Nightie will be as fortunate as that child was. I want to picture her nursing hungrily at the breast of one of her aunties. If Nightie survived, she would be a vibrant 6 ½ year old now.