Thursday Memo – February 14, 2019

This week we have writing from Kristina Gracey, faculty at Barre Family Health Center and the Associate Residency Director for Maternal Child Health. She describes her time in Uganda using the phrase: "The stories are dark but hope is also present." The images are powerful for sure and her admiration for the people shines through.

You can respond to Kristina at Kristina.Gracey@umassmemorial.org or to the listserv directly. Enjoy

Engeye

“Oly otya!” they cheered as I jogged in the dark on the long rust-colored path weaving through rural Uganda. To their Luganda question, “How are you?” I whispered back, “Gyendi!” I was trying not to awaken anyone still asleep at 5 am. Translated, my response meant, “I am ok.” The truth was that I felt more than “ok” with my feet crunching the African soil, my lungs filled with cool morning air. My soul felt rooted in humankind’s birthplace. I had thought of Ddegeya Village and Engeye Health Clinic often over 6 years since I was there as a medical student. Now I was back as an attending working with a team of North American physicians and a diagnostic parasitologist.

Each morning before the clinic opened, I ran and was aware of being the spectacle. Chuckles and hand waving flowed from the barefoot children who rushed out of their homes as they sensed my passage. The roosters added what my 3 year-old calls, “cockadooda-doos.” Even my headlamp was out of place where most people walk miles in the dark. My light captured a mother with a baby tightly wrapped around her back in a beautiful cocoon; her broom made a regular “thwick-thwick” rhythm as she elegantly swept her dirt yard. The roar of boda-bodas, motorcycles with a single narrow seat somehow able to fit multiple adults and infants held in arms, quieted as the drivers turned off the engines when coasting downhill. Gas was precious. The drivers carefully weaved across the narrow road, avoiding me and the deep fissures created by periodic rainfall. The same rain nurtured lush green forests, banana trees and water boreholes. Children as young as two carried their yellow jugs to and from the holes with the water essential to survival - and disease. The African sun did not disappoint my traveler’s eyes as it splayed into view. My scenes fostered thinking.
Why did the children laugh when they saw me? Likely because of our differences. After running, I ate fresh pineapple, watermelon and eggs with an educated group of people from 8 institutions, alongside staff who functioned year-round at the clinic without us. Our small donations covered 2 weeks of salaries and food for the clinical health officers, translators and cooks. One afternoon, I watched 3 of our chickens be carried away for slaughter. Poultry or meat was consumed only 1-2 times per year; rice, beans, bananas are staples. Our cooks Resti and Jan kindly let me join in their kitchen, where I could peel, chop and clean. I felt grateful my parents instilled in me skills I could use. In broken English and Luganda, we began to recognize our differences and found common ground in cooking. We enjoyed one another’s company – especially as I sought the trust of Resti’s 9 month-old daughter. Davonne was attached to Resti as my daughter had been to me at that age. Like Resti, I usually wore my daughter on my back everywhere I went. Unlike Resti, I could take a year off to spend with my infant outside of a hot kitchen. I also had a loving, ever present husband alongside helpful family and neighbors.

I wondered about other women toting children wrapped carefully on their backs who scurried across to the other side of the road when they heard my footsteps prior to sunrise. Were they safe at home? Did they only startle because I accidentally scared them? It was not I who felt afraid in Uganda. Familiar to me were the sounds of a machete hacking at plants in the fields, a boda-boda’s engine toiling to make it up the next hill, a baby’s cries quelled by his mother’s soothing voice. I had fondly thought of these sounds in the 6 years that vanished. I knew that sometimes behind the friendly sounds were people with remarkably difficult stories, ones that - once learned - made our team members lean on one another during evening dialog.

Ugandans often wear smiles, even when life is not happy. And they are remarkably resilient. Meet Richard, a 24-year old from Ddegeya. He offered to run with me one morning. It was so dark that until the African sun rays shone upon his feet, I did not see that the soles of his shoes were minimally attached. When I met Richard 6 years ago, he was an Engeye scholar, sponsored by an American physician so his school fees would be covered. He is now completing his credentialing to be a clinical health officer, able to see and care for patients. His salary will support his siblings so that they can attend school. In talking with me during this mission, he became tearful describing the challenges of getting a job then smiled widely as he asked me to teach neurologic examinations.

Richard rarely left my side during our clinical encounters at Engeye, translating conversations about diabetes, hypertension, women’s health, domestic violence, HIV, malaria, typhoid and deworming. One day, a patient arrived late; Richard volunteered to stay. The elderly woman self-described as a “digger” detailed her shoulder pain when Richard held up one his first finger and left the room. He returned 5 minutes later, profusely apologizing. He had rapidly hired a young boy to feed his piglets so that he could go home late. Raising pigs fit into making money needed for his siblings’ education. He confessed to going days without eating to save money. No wonder why he was so thin. Yet it was he who pushed the pace on our run.
Resilient as Ugandans may be, little can overcome the obvious inequities in food, education, safe water and medical care. Why do the hospitals turn patients away if they do not bring their own gloves, delivery kits or medications? The 1 week old with “difficulty breathing” who arrived at Engeye was reportedly discharged shortly after delivery with antibiotics to treat sepsis. Now, the baby was hypoxic, tachypneic, requiring bag-mask ventilation. A pregnant patient presented with preeclampsia. Both were rushed to the hospital. But hospitals can send patients away if they are unable to self-obtain medications from nearby pharmacies. Many patients do not get to the hospital, unable to afford the transport. Our Engeye Minerva Fellow, recently graduated from Union College, described a boda-boda driver dropping a woman, likely full term, on the lawn at Engeye; already in severe ketoacidosis, she and her fetus died shortly thereafter. Who is responsible for addressing the preventable and treatable suffering and death?

The stories are dark but hope is also present. Engeye has a strong team of Ugandan clinicians. In the maternity center, we weighed babies in the sunshine on a scale stably hung from the support beams. We ran well child and vaccine clinics. We taught ALSO, Stop the Bleed, and Helping Mothers Survive; the staff taught us as well. Highly trained technicians work in the on-site lab, which has a microscope and an array of test options. The pharmacy is stocked with antihypertensives, antibiotics and topical therapies appropriately obtained locally with U.S.-based donations. Donations are carefully distributed and attention in the clinic is paid to minimizing loss – including human energy. The lights stay on, the water runs and patients get outstanding care; the medical director and clinic manager serve well in their roles.

On the last day of this trip, as I set out on my morning run through the darkness, I heard an unfamiliar call-out, which I first interpreted as a heckle. “Weebale!” the man in his 50s cheered. I smiled, waved and kept running. When I heard it again a few huts down, I listened. “Thank you!” was the sound I heard again and again. Our clinical team left Ddegeya that day. Engeye remains in my heart.

Ugandans ask for so little but are so grateful. Should you feel moved to donate once or on a monthly basis, please visit www.engeye.org. Any amount matters.