Surgical Mission

An account of five months in Uganda and Kagando

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Safe arrival in Uganda

The things that I am the most worried about or concerned about seem to always end up being the easiest or nicest things with prayer. Like Egypt air, it doesn't meet FAA regulations, and the planes look strained just sitting on the runway, but it turns out it was the best flight I've ever been on. Or the thought that continued to enter my mind about how we would get to Kagando hospital from the airport.

We arrived into to Entebbe Uganda at 3:30am with our 6 month supply of luggage. The options of how to get to Kagando hospital, which is situated 8 hours from the Entebbe, is varied and not well explained. Public transport from Kampala, the capital and nearest town, starts at 6am which means a long wait in the dark corners of the bus terminal which teams with all sorts of characters and is not advised. If only we could just get there safely without multiple bus changes, boda boda motor bikes or private hire.

We approached the taxi terminal, which was a buzz with early morning drivers who had met our flight. The leader of the group retrieved a folder which quoted prices to a list of cities- far to expensive we argued. Even if you want a bus he said you still need a taxis to the terminal.

With the purpose of negotiation I began to walk away but no one followed or offered lower prices. I felt optimistic that God would provide a way and as we met a large dark, empty airport car park and nothing but emptiness beyond my heart sunk. I looked back and thought about the prospect of renegotiating a trip into Kampala and finding somewhere to stay until daylight when we were approached out of the dark by one of the drivers I had seen in the group moments ago. James told us the other drivers were trying to rip us off and asked how much we would pay him. I wasn't optimistic, after all we had just arrived from Egypt and experienced every attempt at extortion from taxi drivers and shop owners which we constantly had fun laughing about. James said he wanted to help us and straight away agreed to a fair price. He also offered to find somewhere for us to stay or drive us all the way to the hospital if we would like for a very low price which we quickly agreed to with now relaxed smiles.

James didn't know where he was going but he promised he would get us there. He said he felt God had sent him to help us.

It wasn't long before we passed Kampala, with all the usual commotion of African cities in the early hours of the morning. Animals out and about, children sweeping the side walk and bicycles laden with bananas for market. Kampala is the capital of Uganda and is currently hosting a world summit on 'war crimes' and was just waking up from its national holiday for religious martyrs.

James motioned in a hospitable way to the side of the car and we realized that the rear seat reclined a few degrees. As we sat in a very comfortable posture in the back of a neat looking van with our trip negotiated I felt like a sultan and the waves of tiredness from an all night flight drifted over me. However the road quality soon changed as our distance from the airport increased. "How fast should I drive?" James asked. As fast as you like we said. "You trust me" he laughed. I had thought his quoted arrival time, which roughly calculated to 200km/hr was a bit fanciful but I was no longer in any doubt.

Although the road was evenly riddled with potholes the size of mine shafts and no matter what the tact, they were unavoidable, the traffic movement was still not unlike a formula one warm up lap, violently veering left to right with oncoming traffic neatly weaving in between.

As the indicators blinked insistently, lights flashed, horn blasted and all 3 mins and 32 seconds of track 8 played for the third hour the veil of darkness lifted and the most glorious green jungle and mountains flowed for miles under the faint dawn.

"Its 6:30" I said to James. "The children start school quite early here" I questioned. James explained that school starts at 8:30 but children run from far away villages to make it for school. They looked so colorful with bright uniforms and big white smiles as they jogged on the side of the freeway. Some of the children trailed and looked as though they were just at independent walking age- trucks whizzed by.

As breakfast time approached James offered to buy us some local food, which became a theme for the day. "I want you to have a nice time and try everything along the way, so I will stop whenever I can" he smiled.

The small village loomed ahead 5 miles away. A goat with her kids slept peacefully on the white centre line, a large bull walked alone seeming to enjoy its freedom with a rope trailing behind suggesting a former life.

"How would you like warm milk tea and "car-togo" for breakfast. This restaurant looks nice" We smiled at friendly but stunned faces that met ours in the shop front. "Sounds great James" we said. Advocado, goats intestines, beans, and savory bananas. "No meat for us please" we said hopefully. My stomach was groaning with hunger and this seemed to soothe it tastefully. But for how long I wondered as I recalled the gastric inner turmoil of West Africa.

The remainder of the drive was enjoyably broken by sweet bananas, roasted maze, mangos, plenty of cold water, and James' likable company.

Kasese is the closest main town to Kagando hospital and it was here that we picked up a boy from the roadside who would direct us over the last few miles. Signs appeared along the way “Queen Elizabeth National Park” 4kms, “Kagando hospital 8kms”, “Congo 35km”.

Mount Rwenzori the third tallest peak in Africa loomed high ahead cress crossed with steep villages and trails. In its wake a valley of thick greenery, studded with banana trees, brown mudstone and straw huts and abundant creeks, which trailed down to lake Edward the center point of a large game park. What a stunning area.

Our not so friendly dirt road continued and the absent shock absorbers were a constant reminder of its presence. Gradually the road filled with people. A sign for the hospital entrance- Here we are.

James offered to stay until we were settled in, and we set off to find our accommodation. A sea of inquiring blank faces met us in the street. The line of people to the hospital was dense.

As we approached the locked gates we looked at each other as if both unsure where to start. No one knew who we were or where we should be. “No Dr Frank is away, who are you?” A lot of shuffling our luggage here and there, a few phone calls, some more waiting and we were met by Dr Franks cover Dr Bisika and his friendly welcoming smile. “Yes, yes, Dr Frank said you were coming. Welcome, welcome. This way.” We arrived at the guesthouse exhausted and delighted. Safe and happy.

Wednesday, June 16, 2010

Week One by Jeffrey

No water today and the power remains intermittent. This is not unusual though, but I would love a shower. Collin has been here since December and is a medical doctor from Scotland and a fantastic friend to us along with his partner Kirsty- also a medical doctor. They have given us our orientation and shown us around, advising us on so many aspects of Kagando and how to cope with a very challenging life here.

Geoff and Sarah are both IT executives and also share the ‘guest house dormitory’ with us all. Sarah from New York and is Jewish and has just traveled through Israel for free. There is a fund which allows Jews 16-25 to travel and be educated on their homeland. Geoff has a piercing Manchester accent and only a volume of loud. He lives in a renovated Police station and should have been a comedian. Geoff tries to live carbon neutral and does not have a drivers license, he invests a lot of time justifying his flight here.

Geoff has spent 3 weeks introducing sand filters into the community, which has been a long term project of his. The water supply is so polluted here that the health of the community would greatly benefit from clean water. Sand filters are inexpensive Geoff explains and really easy to maintain- A fantastic idea.

Bringing 1st world help to 3rd world communities who are 3rd world minded is very hard. The sand filter project, which has been introduced to local villages, orphanages and private homes are regularly damaged and destroyed. Water salesmen are losing business and they are not happy- a really hard issue to face. Anything that is introduced here changes the balance of normal life in some way and has good and bad affects on everyone.

Sarah is here to set up an IT system for the hospital to help introduce systems of logging health records. Geoff is also part of this project and explains that the main limiting factor is the hydro electric power supply to the hospital, which he describes as junk. It is cheaper for a company to send this junk to Africa than to properly decommission and legally dispose of all the chemicals waste that large power generators are composed of. It's impossible to move forward with this system in place. He points to the previous IT system as he hacks into unused computers, 'password' protected years ago and since forgotten. Frayed cables swing in the breeze. " I wish they hadn't bothered" he says.

The evenings see us all meet over communal dinner and are a fun and interesting end to the day. The 'guest house has a kitchen' staffed by Jolly a bubbly African who makes all our meals. Attached is a small dinning room, which opens onto a long deck and lawn overlooking the hospital and Kagando valley. Evening storms roll over the mountains and a tranquil haze settles in the green valley. Chickens roam free and are cunning hunters here- feeding on lizards and preying mantas' it seems. Goats and sheep are frequent after they were introduced as a project for community farming. They run wild on the secure staff housing compound and happily enter our dorm. The weather is beautiful and mild, a perfect abundant climate.

Angela and I love the community here, the local bustling village markets are a delight, the locals are so friendly and children are just amazed to see white people. Particularly Angela, with such light hair they would never have seen before. The markets advertise fresh meat with a chunk of fat hidden by flies along side- don't worry a fly decoy I'm told. There are so many beautiful areas to run and the children chase along and cheer as we go by, quite a spectacle for them. Churches and Christian schools are everywhere and farms line the roads. The fruit is out of this world with flavors so expansive. The difference fresh local produce makes is incomparable. Bannanas, mangos, pineapple and dadima (tastes like passion fruit and mango).

We both can't wait to see more of this area. Angela and I are planning on visiting Kasese this weekend, the main city near here to buy internet access and house hold essentials. Next weekend Collin's parents are visiting and we plan to go to the 'Large game' park just nearby to see some Hippos, Lions, Elephants and all the rest.

I am approaching the end of my first very busy week in surgery now. The operating theatres are a hub of activity and a centre point of interest for the hospital along with the VVF clinic. They operate on African time and get going by about 10am, usually after some motivational phone calls to staff, a lot of yelling and only then if everyone turns up.

The patients I have seen so far have been such a mixed assortment. Cancers present so

late here that the Pathology you only seen in textbooks becomes real. Huge thyroids, bone cancers, breast cancers, ovarian cancers, gall bladder disease, a penile amputation for cancer, hideous wound debridements, burns, lots of skin grafts and fractures. Many children present with huge intramuscular abscess secondary to IM antimalarials given in the community- I've never seen so much pus come out of an incision in my life- like 500mls! Bowel perforations secondary to typhoid are really common here and resections with primary anastamoses are one of the most common operations. Defunctioning is rare due to follow up issues, however this results in such poor outcomes with 50% mortality and the morbidity of anastamotic leaks, fistulas and wound breakdown. Road motorbike accidents are frequent, and usually involve four people on a bike including small children. Road safety and education does not exist here. This provides lots of head injuries and craniotomies. Investigations are very limited with only poor quality X-rays, Ultra sound and ambiguous blood results.

Vaginal fistulas are very common secondary to traumatic childbirth and also at an increasing rate secondary to unskilled Cesarean Sections. Dr Frank explains that the rates are unlikely to change due to the lack of antenatal care and education and repeat fistulas with subsequent pregnancies. I am really enjoying learning fistula surgery, which really is life changing for the forgotten and cast out women who suffer from this.

Most of the surgery is done with spinal anesthetic, which does not always work well or with local anesthetics and distraction therapy. The nurse anesthetist explains this as he knocks the patient over the head and tells him to stop complaining. I can't stand seeing people in pain and I feel sick thinking about the level of suffering patients go through here when they have surgery. Most of the time the anesthetic provider cant be found though and the patients are rarely monitored.

The operating theatres function in a primitive way with the term sterile used very loosely.

As much as I have enjoyed the surgical side of things when the patient leaves the operating theatre things unfortunately go down hill.

I'm still coming to terms with the state of the hospital wards here and disaster that it is. Collin and the other volunteers just hang their heads and we all agree that God has sent us here but where on earth do we even start with such an abomination of health care. To be a cog in such a bad system is just heart breaking, but no one has invited us here to tell them what to do or how to run their hospital. Every hospital has their culture, systems and protocols, which no one can argue with. Most health care professionals will defend and justify the standard of care they offer and this is no different, and any pushing for change just meets resistance.

The main problems we identified are related to systems, staff, resources and patients. This issues have been discussed at the recent surgical meeting.

Systems

There are none. There is no team structure, no hand over, no defined roles or expectations for any staff, no start or finish times, no orientations, no protocols. There

is no order to the ward lay out and medication cupboards are just a huge messy pile of vials and packets. It is very hard for the doctors who visit to work in chaos.

Ward staff

As far as staff is concerned- I'm convinced the nursing staff here are not 'grossly negligent ' as they would be described in the first world- but that they cannot conceive of anything better than current state of the system they work in. The main issues certainly are not about lack of resources. Most problems appear to be related to education and stem from the inability to recognize the importance of treatment or the ability to recognize a sick patient who is deteriorating from a well patient.

Some examples that have been raised include; High care neonates and post operative patients who are sick don't have simple observations done. Charted medications may not be given for a few days despite calling ward meetings and explaining the importance- nothing changes. Wrong medications administered. Medications are crushed together in a dish, then the same dish used for the next patient. IV fluid resuscitation is forgotten. No sense of hand washing, hygiene or infection control. Neonates with large doses of medications pushed rather than infused over hours. Antibiotics forgotten. No concern for pain or admission of pain medication. Nurses claim they have given a blood transfusion or medication when they haven't. If something is out of stock it is crossed off of the medication chart and nothing said about it. Patients are fed who shouldn't be fed and vice versa. Pressure sore management is absent. Filthy dressings not changed. Deteriorating patients aren't identified. Blood tests aren't done or the lab just makes up the result- Collin explains 50% of the time a repeat test will show a different result. Staff refuse to administer medications which they believe are 'bad' such as anti malarials. They believe that anti malarials, IV fluids and Paracetamol are bad for children with Malaria. There is no concept of evidence based practice. Rather superstitions or cultural ideas supersede evidence. People start work when they feel like it or leave if they feel like it. Medical records are incomplete which makes reviewing sick patients very difficult. Intra Operative monitoring if done is not recorded. Patients are rarely prepared for theatre. So often nothing is done on night shift and patients are found dead in the morning. Just one frustration after the other.

Chad a Canadian medical student has been here for weeks and is also in disbelief. He tells me he can't believe how many post operative patients become septic and die. "They leave the theatre with a good operation and look well and it seems like one after the other, they receive no post operative care. It's one thing to see adults die on the wards like this, but I can't take working in Paediatrics anymore and seeing children die because their care is mismanaged. But we can't just walk away from this either".

Until people have a first world education and first world resources the attempt at a first world medical system is clearly harmful.

Resources

So much of the equipment is old rejected equipment, which is faulty or does not work or do not meet health and safety standards in 1st world countries. Only second best or

damaged things seem to be sent here. Medications are often out of stock. Local anesthetic I'm told is scarce and watered down 1% is all that can be used resulting in an unacceptable levels of pain during surgery.

Although the Kagando community is very generous in donating blood, the blood bank has been taken away from the hospital because it failed to meet standards. This has meant that the blood bank has been centralized between all communities and all donations are distributed evenly between communities. This has resulted in an inadequate supply of blood.

Power and water are constantly unavailable.

Patients

Collin explains to me how the patients in this poor community must pay their hospital bills. The hospital functions as a 'full fee paying' private hospital, and not a free charity hospital. The average wage is 50,000 Ugandan shillings a month ($25 US) and an average operation is 100,000USH plus hospital care. The huge bills are so often paid which amazes me given how poor they are. It really shows such an incredible spirit of good will in this community, the whole family and friends raise the money together, but that's not everyone. One girl presented unconscious and the blood tests suggested leukemia. Her mother could not pay and I'm told did not meet the requirement for the 'charitable funding for the poor'. This means the patient must stay in the hospital until they pay, with the 'bill' increasing every day. She now has malnutrition and infected bedsores and her mother is not allowed to take her home to palliate her. It is just so heart breaking to see the extent of suffering here.

The people in this community deserve so much more. Kagando hospital has a really long way to go before it provides what the local people deserve.

Following today's meeting we have formulated a plan to address many of these issues and a lot of the underlying causes have come out. The nursing staff have transient doctors which is disheartening when they always leave and creates and unstable environment. Different doctors often suggest different treatment, which confuses them and ward medicines, which are donated are always changing, and are unfamiliar. Some doctors in the past have told them not to phone them, so they no longer notify anyone about sick patients. Low moral is inherent and all of the causal factors are here- low education, low pay, long hours, no rewards or recognition for service, no progression and no accountability.

We are introducing systems-

Reinforcing team directed patient centered care. Surgery is a very small part in the total care of a surgical patient.
MEWS- medical early warning observation chart, placed at the front of the charts to signify importance.
Nurses encouraged to phone anytime and commended on this.
Theatre day lists will be put out at the start of the week to allow much more time to prepare elective patients.
Pre operative basic standard of care pathway.

Post operative basic standard of care pathway.
Higher level care defined.
Hand over introduced
Defined roles in the surgical team including those which address issues-
- Ward doctor will regularly check medications, fluids and dressings through out the day and stress importance to nursing staff on every ward round.
- Surgical doctor covering out patient clinic and pre admission clinic will explain cost to patients and that they don't have to pay if they cannot.
- Introduction of a night ward round to ensure night nursing staff have a hand over of information and that our interest in patient care may be past on to them.

Patients and nurses are to be aware that medications can be bought from the local pharmacy if hospital supply is low. Doctors must be advised if stock is out.
Regular ward meetings
Further education classes
Clinical audits
Intraoperative monitoring- this is available and should be used
In reference to the pre operative care plan- if a patient does not have blood results or blood crossmatched they are not operated on.
Improved documentation

Prayer points

Praise God for our safe arrival, for our ongoing good health, for a safe place to stay and for food and water.

Pray for the people of Kagando, the patients and the staff at the hospital. For ongoing resources and supplies for the hospital. Pray that God would be present here and that he would intervene to relieve the suffering here. That God would use us specifically to help address the major deficits in the operation of this hospital.

Pray for the situation of power and water deficits.

Please pray for my studies and that Angela and I will be allocated one of the unused houses.

If you would like to donate to the hospital you can do so through the 'friends of Kagando' webpage. Please specify that the money go to the 'charitable fund for patients who cannot pay'.

Friday, June 18, 2010

Week One by Angela

Coming to you now as a Mrs., it is my joy and privilege to no longer journey through this life alone but to share each adventure with my best friend Jeffrey.

We were incredibly blessed on April 18th to commit ourselves to each other amidst our closest friends and relatives. Everyone made the day so special and God even gave us sunny weather!

The weeks since then have been a whirlwind of travels, adventures, laughter and relaxing, all as we honeymooned our way to Uganda.

Egypt Air: red-eye flight to Entebbe, Uganda, arriving at 3:50 am.
We had prayed a lot over this day: that God would prepare our hearts and minds for Uganda, that our overweight luggage would not cause problems, that we would feel at peace and at home here if this is where God would have us and that we would somehow find a driver to take us on the 7hour journey to Kagando Hospital.
God is faithful.
Surprisingly we were not charged extra for our luggage, customs was a simple process and all that was left was to figure out a ride. Even in the quiet hours of the early morning, before the rest of the world was awake, we were met with several taxi drivers who offered the same opinion: get a taxi to Kampala bus station, wait for a bus to Kasese and then get a motorbike to take you the last 15 miles to Kagando. My mind was reeling with how on earth we would manage to carry nearly 100 kilos of luggage through that grueling trip. We slowly resigned to the fact that it was our only option and began to wander away from the haggling taxi drivers to find our own ride to the bus station. I was silently conversing with God about this situation when a quiet, gentle man came up behind us and offered a better price to take us to the bus station. We agreed, realizing that we were quite alone in the abandoned parking lot. As the driver, James, helped us with our luggage and began to drive us to Kampala he asked us more about our travels. He said that the bus station is not the safest place to wait at such an ungodly hour and, after some thought, offered to drive us all the way to Kagando if we would be willing to pay. He was an answer to our prayers. We did not even need to negotiate with him as the price he asked was more than fair. Both Jeffrey and I felt at peace and knew right away that James was trustworthy. As the hours progressed we learned more about James and his family. My heart felt guilty and spoiled as I learned that James works 7 days a week, 14 hours a day, in order to earn enough money to give his boss and feed his family. Here I am, with the full expectation that no matter how busy life gets that Jeffrey and I will still have weekends together, holidays, and even retirement. This expectation, I realized, is a luxury in itself.
James took it upon himself to properly welcome us to his country, buying us a traditional roadside breakfast and other snacks along the way. Jeffrey and I were both overwhelmed by the lush, tropical beauty of Uganda, the peaceful serenity of the place, and the friendly, safe atmosphere that greeted us. We looked at each other and smiled a knowing smile: we were home. God had given that feeling to us both.

This peaceful feeling remained even as we approached the tattered sign that read "Kagando Hospital: We care and God heals." It was perfect. Far outside of any city, surrounded by mountains, nestled within a tropical countryside. The birds greeted us joyfully, the gentle warmth of the sun embraced us and fresh, clean air filled our lungs. We were in a proper African village, far away from materialism and the amenities of our modern world. We were home.
Or were we??

As the afternoon progressed we felt our sense of peace dwindling away. We were not welcomed with our own private village home as we had hoped but instead were apathetically gestured into a room at the guesthouse. This room left much to be desired. Noisy, tiny and not at all private it made the next 5 months look quite bleak. How would Jeffrey have space to study in this small room? How could I live without any independence in regards to cooking or meals? We felt like we were back in a college dormitory and our outlook only worsened after a visit to the hospital. The hospital compound was teeming with people. Crowds of sick people waited to be seen while wards themselves overflowed with patients and family members. The smell was nauseating and the noise piercing. I was mentally prepared for the primitive conditions of the wards but as I squeezed my way through sick and screaming children on the Pediatric ward I could not help but feel hopeless. I did not want to be a nurse anymore. Jeffrey's situation did not look any more hopeful: Colin, the friendly Scottish doctor who showed us around, announced that Jeffrey had come at a great time…several of the doctors were leaving or quitting in the next couple weeks and the hospital was left practically doctor-less. The fact that people would say "Oh I hope you don't expect to see your husband much the next few months" did not ease my troubled mind. What were we doing? And for free? There was one thing that was certain: there was definitely a huge need here. But I no longer wanted to be the ones to fill it.
Our state of mind reflected the long, tiresome journey we had just made and we tried to help each other be realistic. We were exhausted and overwhelmed. We could do anything we set our minds to. Maybe God was teaching us a tough lesson…? We needed to be positive and thankful: we had shelter, food, running water most of the time and each other. I prayed for that change in attitude because in only two hours I lost every desire to be in Uganda.

God answered our prayers and this week has been wonderful, challenging, enlightening and educational. The fact remains, however, that adjustment is never easy.
I have to admit I was left feeling depressed, discouraged and hopeless after our first day of "work." Jeffrey was jumping straight into surgery with Dr. Frank and loving it, or so I assumed. I, on the other hand, was ushered to the Pediatric ward and left to figure out my job. I was introduced to the Charge nurse who greeted me saying "You are welcome" and then left. She, or any other nurse, was nowhere to be found. I stood amidst a long cramped room of crying children and bewildered parents and decided that this environment felt just as foreign to me as to them. I waited for some sort of guidance or instruction. Nothing. I found two more nurses and introduced myself to them, hoping that they could show me the ropes. I asked them questions about what time they started work, what their day looked like, where medications were kept and for some reason got nothing but a blank look in return. Were they not understanding me? They smiled, apparently unsure why I was there, and continued conversing in their own language.
Fine. I'll figure things out myself. I wandered through the ward trying to learn their system of charting. I began to dig through cupboards to find medications. I followed a nurse as she walked around the hospital compound hoping for some slight insight into what their job entailed.
I came away from my morning feeling frustrated and alone. Nobody would talk to me or help me. From my observations the nurses were happy to disappear or talk amongst themselves, appearing at noon to dispense medications. This was entertaining in itself.

As a flurry of activity began I watched carefully. A large tray emerged and the nurses began to dump capfuls of pills onto one side and IV medications on the other. They announced something in the local language to the patient's attendants (caretakers) and immediately the tray, now in the middle of the room, was surrounded by a crowd of attendants holding out their hands. The nurses glanced briefly at the papers the attendants held and dispensed medications accordingly, allowing the caretakers to administer them to the kids. They pulverized all the pills together, never cleaning the mortar and pestle, mixed IV medications of all types and worked as quickly as possible. I was cringing. How could I be expected to work like this? I'm sure there is an understood system in place but I certainly didn't understand it or agree with it. And to make matters worse, no one would explain it to me.
I was disheartened. In my opinion, a nurse should be invaluable to the doctors and patients alike…taking vital signs, charting observations, assessing and teaching their patients and understanding medications and pathologies. From my observation the nurses wanted to do as little as possible. Was I being too harsh? At first I thought that I could inspire change but this task seemed far too enormous. Who was I, a mizungu (white person), to come in and tell them how to do their job?
I could not return that afternoon but instead spent the day in tears, feeling useless and purposeless. I longed for a colleague to talk to or a job to fill…any job. The local nurses did not need me, in fact they didn't even want me here. What a strange way to be treated in what was normally such a warm, friendly culture!
After a day of pouting and much prayer I decided to get out there and discover ways to make myself useful. I hated the ward and could not in good conscience work there but surely there were other areas of need. I began to knock on every door and learned a lot in the process.
Through being assertive and through some very providential meetings I began to make progress.
I met Martha, a peace corps volunteer who is also trying to make herself useful, and she proved to be a wealth of information. I began to compile a list of ideas and needs:
The school of midwifery needed an instructor for their Obstetric Anatomy course
The Kagando Primary school hoped for someone to teach health education to their 6th graders
I could join the HIV community outreach teams on their outings
The Women and Children's health clinic could use help with their immunization clinics on Thursday
Martha was wanting to pair up to do a series of basic health education classes for patients and families in the hospital
I could play with children at the Kagando orphanage
I could look into the community outreach programs

Over the next few days I began to meet people that were warm and friendly, making me feel like my presence here wasn't looked on with disdain. If I chose to teach the Obstetrics course I would be working alongside a lovely midwife named Alice. She was a beautiful, friendly woman who made me feel much more welcome. The truth remained, though, that I don't have experience in teaching. Could I do it?
I visited the Kagando primary school. The children were lovely! They are happy, full of smiles, and received me openly. I realized then that teaching is not my passion but would I be willing to come up with lesson plans, with no materials to speak of, for these 50 children if this is where God would have me?

The orphanage is amazing. It was started by one woman 27 years ago and now houses 72 beautiful children. It has been blessed to receive lots of funding and now is a compound of four houses, complete with a garden, water sand filter and playground. When I asked if they accepted any orphan that came to them Millie, the "mama," laughed. "Oh no sister. We would have hundreds of children. We only accept children under the age of three whose mother died in child birth." Wow. These seemed like pretty strict restrictions to me but I suppose they must have boundaries. What of all the other orphans out there??

There is one nurse who is a prime example of what we need in this place. Her name is Jokilea and she is an energetic, hard-working, motivated woman who won't accept laziness. I was surprised at her acceptance of me. After only meeting her once she greeted me with a big smile. "My friend, my sister, wawachiri," she said, inviting herself to the house I did not yet have. "Oh you don't have house? Ok, when you have I will come." I later learned that it honors someone to invite yourself to their house. I would love to have her over, someday.

Jokilea not only works every afternoon on the wards but she is active in nurse and community training programs in her spare time. She invited me to her Wednesday morning malnutrition and cooking class for mothers. I was blessed to see how much time and energy she puts into training these women that lack even the most basic knowledge of nutrition, disease transmission or the feeding and care of their infant. Huddled in a small mud-brick room she demonstrated how to rig up a hand-washing station using a bucket, stick and string and then proceeded to explain how to affordably include proteins in their children's diets. "We are making plantains with ground-nut sauce and cooking 'dodo' which is a green vegetable rich in iron" she explained to me. Fascinating. I watched and learned myself, unable to comprehend anything because of the tribal dialect spoken. But I was happy to be surrounded by 5 small children, all clinging to me in some fashion as their mothers cooked. I loved it. I quickly realized that this community teaching is not something I could do myself because of the communication barrier but what we needed were more Jokilea's who had not only an ability to speak the language but also an understanding of the cultural needs involved.

Thus began a string of events that led me to the realization that I was lacking one thing: the ability to communicate. Nursing is all about communication, whether it be on the wards or in the community. No wonder the other nurses did not want me there…I was creating more work for them by having to ask them for translation assistance. How frustrating.

I began to feel quite discouraged again. I did not feel needed or useful. Could I survive five months of this? Nursing here is probably the poorest department. In short, most nurses lack education, motivation, work ethic, skills and even a good attitude. The doctors cannot rely on them for anything. How was I to fit in here? Friday was a day that gave me some hope. I decided to join Jeffrey in the Operating Theatre to see if I could be of any assistance. I began my day as usual, introducing myself to other nurses and staff and this time I was surprised to be shown around by one of the nurses. She explained the sterilization system to me, showed me the supply closets and taught me how to cut and fold gauze, which is a common way for nurses to spend their time. I was happy to be doing anything, to be honest, and to be around people that would interact with me. An added bonus was that I got to see Jeffrey do surgery. I love watching him work and am constantly amazed at how thorough, skilled, detailed and talented he is! Not to mention patient...nothing got done in a timely fashion because of a lack of sterile equipment or because the anesthetist decided not to come

in that morning. I got frustrated for him when he would ask for a tool or medication and his words would fall on lazy, apathetic ears. Why did everyone refuse to help?? The patient, undergoing an inguinal node biopsy was clearly in need of the morphine Jeffrey had wanted. She was grimacing and writhing in pain. I quickly began to ask the other staff for morphine. “Look in there and if it’s not there we have none” the anesthetist responded, who had disappeared from the case before it even began. I opened what they called the medication cupboard and almost gasped in disbelief. Piles of random vials, opened and unopened, broken and expired, were strewn about. Unbelievable. It took me at least five minutes of searching to conclude that there were no more unopened vials of morphine in the whole cupboard. I rushed to a nearby ward in search of the drug and was greeted with the same apathy. This ward too was out of morphine except for one single vial. I claimed it immediately and ran back to Jeffrey. If I could do anything in this place it would be to teach nurses how to do their job but at the same time, I don’t want to be a white person coming in to tell them what to do. Please pray that I can meet other African nurses who can help me in this effort to make change.
I’m still unsure of what my days will look like but I am convinced of one thing: nurses make a big difference, either good or bad. If this hospital had a decent nursing staff it would be a safer, happier, more efficient place altogether.

On another note…we were moved into a house! We are happy to have a place to call our own, even if it does leave a bit to be desired. It rarely has power and provides running water only some of the time. Unfortunately I still have no kitchen other than a kerosene stove and a sink, but we will make the best of it, continuing to eat our meals at the guest house. This is Africa.

20 June 2010 19:12

Week Two by Jeffrey

Collin and Kirsty’s time in Kangando has come to an end after 6 months of hard work. It is sad to see them go as we have really enjoyed working with them and their knowledge and friendship has been invaluable. Before they leave though we are off on Safari together.

It’s 5 am Saturday, the sky is pitch black and the only thing awake is about a thousand roosters that also live in Kagando. Angela and I wake in our newly acquired cottage, which is full of character and has a personality I find amusing. The sparsely furnished residence with sloping cement floors, sagging ceilings pieced together with paint, flyscreens in place of windows and doorways that insist on hitting my head is slowly looking more like home. We now have a bed and a desk and African fabric for curtains but the rest of the house lays bare for now, accept for the friendly African wildlife small enough to enter that have called this home for much longer than we have. It’s a great feeling to finally settle into one place for the rest of the year and unpack our things in a homely way.

A few hard slams, a stiff pull and the door grinds shut in protest. We head down the hill to the guesthouse where we plan to meet, passports and cameras in hand. Collin, Kirsty and his parents all pile together into a large old van sporting brown striped duco and a windscreen pieced together like a spider web.

I have been eagerly looking forward to this all week and it's a welcome break from the hospital and the heavy workload. As our diesel van sways and thuds down the road on course to Queen Elizabeth Wildlife park, the sky remains overcast from the nights fierce electric storm that flattened trees and bushes and hit nearby towers with deafening force.

It's only a short 1 hour drive and we enter the Large Game Park. Safari tourism has not yet recovered in Uganda which is why it only cost $40 for a full day Safari and the chance to see the big 4! Queen Elizabeth wild life park covers 2000 sq kms and use to be one of the premier safari parks in Africa until the troubled 1980s where Ugandan and Tanzanian troops culled, hunted and stole ivory during and after Amins rein. Animal populations are recovering and tourism is now responding. The park is known for its biodiversity and has 610 bird speicies and regular sightings of Lions, Elephants, waterbucks, kobs, buffaloes, hippos and topis- and occasionally leopards. The Northern part which we entered, Kasenyi and Kyambura reserves, also have flamingos at the 3 salt lakes.

As we set off I am surprised to see local villagers with pushbikes laden with bananas and fishing nets riding through the park. I recalled the surgical registar I work with Edward telling me that locals are still allowed to live undisturbed in the National Park area and often arrive at Kagando with injuries sustained from Hippos and Buffalo. Our driver adds that they usually travel in groups because Lions will certainly attack them.

The first group of animals we see are buffalo and waterbucks. "These are the outcasts or losers". Our driver laughs. They live on the outskirts of the unfenced park and are very dangerous and hostile. They fight all day to try to form new groups, or enter other groups, a real target for Lions because they have an unstable dynamic, are against each other and often tired from fighting.

It's an interesting feeling walking around in an environment so wild where who you are is left behind, and you become nothing but food, I think as we leave the car. "Make sure you are always looking around, anything is possible here".

Its not long before we come across a group standing on the roof of a 4x4. We had expected to see Lions around the breeding ground where male Topis protect a small area of ground and stay seated while females join the strong, but we had not. We piled out the car again and sure enough 100m away a family of Lions rested together in the grass- Incredible to be so close to them in their natural habitat. Its certainly an uneasy feeling being so close but it is difficult to swing from our usual 'safe city' mindset and fully comprehend the thought that we are at risk and we cant just wonder over for a closer look like in a zoo.

As we continued on our way through Katunguru gate, which leads to Lake Edward where we would spend the afternoon on a boat cruise, we were so impressed to see

Elephants just meters from the car, so huge and majestic. With young feeding and males fighting, trees being knocked over and roads becoming impassable, I really felt like I was in Africa and really thankful to experience this part of Gods world.

Lake Edward shares a boarder with Congo and Uganda and it is where villages and wildlife mix. Tension, hostility and territorial wars mixed with a symbiotic friendship. This is an area where the water is unpolluted and fish are abundant. Birds rest during the day waiting for the fishermen to row out at night when free fish are on offer. Crocodiles don't attack buffalo, human or bird here because the water teams with easy pickings. Buffalo and goat are domesticated and hippos are treated with awesome respect.

The cruise set off on the Kazinga Channel, which joins lake Edward and lake George. We were treated to Elephants swimming, baby hippos walking, crocodiles and monkeys sun baking and Kingfishers diving. Pink-backed Pelicans, fish eagles and stalks soared high, while fire bellied shot to and fro. Such a breathtaking day and some great photos too. I think we will be back.

I wanted to thank everyone for their encouraging messages this week. It is a shock to live and work somewhere like this, even with as much preparation and support as we have had, but each day is easier and my conviction and joy for being here has not weakened at all. I guess my desire to make and see such a big difference has to be tempered by the reality that our differences are not always tangible to us and that we must give our efforts to God and he will use them. Which is the same as being anywhere in the world where we feel our hard work or efforts are lost as a Christian but we still keep on for Gods cause.

The reminder that we should be mindful of how much of a difference it is to bless just one person each day and make a difference to their lives also encouraged me. The simple act of practicing good medicine and showing Gods love to every individual we meet is difference enough and is just as lasting to those people.

Thank you for the verses too. I was encouraged by Exodus 13v21 "By day the Lord went ahead of them in a pillar of cloud to guide them on their way and by night in a pillar of fire to give them light, so that they could travel by day or night. Neither the pillar of cloud by day or the pillar of fire by night left it's place in front of the people".

Also in chapter 16 - God provided manna for them for each day and says to just trust him enough for his provision for that one day....v4"Then the Lord said to Moses, "I will rain down bread from heaven for you. The people are to go out each day and gather enough for that day..."

Angela and I have also found the bible study group here a refreshing time to discuss Gods word in the context of the mission field. We have been studying 1 Peter and the topic of suffering is no more real for the people who live here than anywhere else. Turning away from evil ways, following the path of the righteous, using your talents for God and not self-gain and suffering for the cause of Christ. This is what we are striving for.

With Collin and Kirsty leaving our final reflection on their time here has been both encouraging and challenging. In terms of sustainable differences to staff and systems Collin feels Kagando is in a worse state than when he arrived and is in a real need for stable leadership and vision. This is something that Kagando needs real prayer for. Two pediatricians have left, the physician has left, one surgeon has left the other is on leave, the obstetrician has left and the director Dr Frank is away and will also be gone soon. With Collin and Kirsty now gone this leaves Edward and myself and acting director Dr Bisekie a Public health doctor to who continues covering every ward 'oncall' everyday including practicing surgery and obstetrics.

We have also had time to be thankful for the differences he has seen and that have occurred over time. Collin has treated many patients and made friends with many people in the community. He has seen the stable supply of antibiotics and anti malarials, improvement in the sterility of theatres, organization of theatre packs and anesthetic equipment, immunization programs and community education on nutrition.

As far as the main issues that I brought up last week the priorities are funding for the:

- - charitable fund for people who cannot pay,
- - anesthetic equipment to reduce suffering, and
- - observation equipment as a way to make simple observations on the ward easier for nurses

If anyone could help with any of these things, that would be great. I am getting prices on oxygen concentrators delivered from Kampala which for those who don't know are a away of giving patients oxygen by concentrating the oxygen in the air rather than using expensive bottles. At the moment there are 3, 2 of which are beyond repair. I have already seen incidences where a major operation is taking place in one room and using oxygen and a caesarian baby has not been able to be resuscitated in the next theatre.

We are also looking at hand held observation monitors and purchasing bulk local anesthetics. I hope to come up with some prices when Dr Frank returns and then anyone who is willing will know what they can help with.

All other medical supplies are always needed.

Our postal address here is:
Dr Jeffrey van Gangelen
Kagando Hospital
Private Bag
Kasese, Uganda

I have had a really interesting week operating and I have loved it. I have stopped wearing a watch, or setting an alarm, which has helped a lot. The more I push the slower things are. Our team of short-term medical students and I have formed a regular presence on the wards and a team structure and vision. All of our major post ops from the week are doing well at the moment. Angela and I have also operated together which has been special.

Some interesting cases for the week include.

- - Four peptic ulcer perforations in one week
- - Five Typhoid enteritis perforations. One of which had been sitting at home for 3 weeks. I can't believe how tough people are here. Operating on people severely septic with unrecordable blood pressures, starved and sick for weeks, along with endemic hookworm anemia and no blood to transfuse. Opening them up is like entering a sewer and after surgery they survive with no post operative care on the wards and no ICU. Amazing!
- - Incarcerated inguinal hernia repair in a neonate
- - Several skin grafts
- - Wrist Ganglion
- - Bladder reconstruction

I am enjoying keeping a logbook of the surgery here, and I hope to use the data in a helpful way- in terms of improved management and outcome. There is also a visiting biology student who has come to look at the data on Typhoid Perforations, who I hope to work with.

We thank you for your ongoing prayer and we ask that you pray for some of the challenges we have faced this week.

- - The pressure to take on too much due to staff shortages
- - Prioritizing need
- - That Angela will continue to find her role here with so much need and so many avenues her skills can be used in
- - How to prioritize our time and efforts
- - How to love and learn to work with cultural differences
- - Living in a culture where we cant speak to people and share Gods word, that we might find ways to minister in our actions
- - I guess in some ways accepting a standard which is unacceptable
- - Praying for Gods healing for our patients in spite of anything else
- - Pray for our skills and abilities that God will use us and protect us as we practice out of our depth
- - Finally like anyone we miss the comforts of home but we are learning to laugh about it. Like the rat swimming in our toilet…

27 June 2010 16:02

Week Three by Jeffrey

"We are therefore Christ's ambassadors, as though God were making His appeal through us" (2 Corinthians 5:20, NIV)

Kagando is an interesting town, the locals are filled with generosity and treat guests with honour as much as anywhere that can be imagined. They have such warm hearts and a glowing nature, which makes my case for the patients here an easy one. It is also a great compliment for someone to invite themselves to your house and although at first strange to us when asked, we now understand.

Most people live in small peasant mud huts with banana leaf roofs. These are however not complete without satellite TV. The lour of television has not left Kagando immune and the locals stare transfixed. Dusty bare dirt floors, doorless doorways, absent furniture, starving children and a smouldering rubbish fire are contrasted with lace decorations and a booming modern hifi. Goat is the meat of choice along with fish. However fish fillets don't make the markets nor do prime goat cuts, they are sold to the city. What's available is fish heads and bones and goat offal and off cuts. This is complemented by savoury banana, beans, cabbage, potato, rice, eggs and avocado- every day. Accept for yesterday. Yesterday a prize goat was given as a gift to a group of medical students who live in the other guesthouse called the clay house. The caretaker named Jeffrey didn't waste anytime slaughtering the goat and with wooden spears in hand we threaded them thick with marinated meat, cooking them on a large open fire. The chard tender meat was juicy and choice- the best meal yet.

Women in Kagando are generally the family providers. They are considered strong and can be seen working in all the fields from before light till after sun down, and carrying heavy loads atop their heads as their husbands follow empty handed. In the hospital too, women including Angela, are asked to lift heavy things because of their 'strength'.

Alcohol problems exist even here and the local men spend their days drinking banana spirits and watching football. There have been forty cases of blindness this year in the local village associated with banana spirits but this has not slowed pace in the slightest. With long, expert pulls from the plastic bags containing the areas finest, the local men don't waste a drop- their wives hard at work.

I am officially the only surgical doctor in Kagando now. Edward the other surgical registrar left on Friday. As the workforce decreases the workload increases. Thankfully I have a super team of medical students who have just arrived, as if on cue. Simon even speaks the local dialect and is an amazing help in connecting with the patients. Prior to this the nurse's translation would consist of an exasperated "they-are-fine" in an African-English dialect, whether unconscious or writhing in agony. With my long empathic sentences translated into single words. The locals usually communicate by lifting their eyebrows slightly varying degrees with a deadpan face, but Simon can even get a laugh out of them. The others take turns manning the ward in an encouraging and educational type role along with the matron, and together with all of the hospital management the nurses are realising they can no longer sleep and get paid. Like the women in the fields and everywhere else they must work for their money, and do the job that they know how to do.

This certainly isn't radical change, or change that takes time, just a request from the board that they do their job and follow the treatment plan or they will be accountable. Angela has taken over caring for the very sick post-op patients, so that the patients we see will get better with good care along with lots of your prayers. After trying lots of

different strategies we decided there was no point us dividing our efforts, only for my sick post op patients to be neglected, starved and poisoned on the wards- a plan for a safe passage through Kagando- so far so good.

Angela is given critical inquires all day about what she is doing and why. We think this is a great thing. “Why are you giving them pain relief?” “Well, children in pain especially after major surgery, will sleep as a coping mechanism, they aren’t going to ask for analgesia so giving it to them will help them progress, take deep breaths, eat and drink, move around and heal”. “Why are you giving antibiotics so slowly and why only a quarter of the bottle?” “So we don’t damage their veins and a full bottle is four times the prescribed dose and will poison them”, “But we are too busy- Why aspirate the drain, it will flow on its own”, “Well it’s not flowing it is blocked and its not on suction and we don’t want an abscess to form or the drain to stay blocked up, and we want to check what is coming out, if there is blood or faeces leaking we want to know”. “Why measure their blood pressure, they look fine- Why give the medications at 10, they are due at 12” “Well they haven’t been given them for 3 days” “But you can not give them at 10”.

Everyone stands around watching Angela asking questions, amazed. This really is great and I am hoping they will be encouraged and share in the good outcomes. The nurses have a cunning aversion to work though, so our main problem now is that medications are signed but not given. It is sad especially because in this small town most of the patients are their relatives. There are many challenges here that I did not predict and this is another one of them. Every solution finds another challenge.

Please pray for us as we learn to work side by side with everyone here and that we will do the right thing in our actions and words and show appropriate respect for our cultural differences. I can’t help but be passionate about my patients care and I challenge anyone to sit back and watch and not get upset by this. But I also want to treat the nurses with respect and in a loving way.

It can be easy for us in the West to shield ourselves from the natural state of this fallen world where the luxury of advanced systems of mercy do not yet exist. Where women still groan in childbirth and children still die painful deaths. And this is exactly why we are here to help. I also know God is in control and knows everything:

"As the heavens are higher than the earth, so are My ways higher than your ways and My thoughts than your thoughts" (Isaiah 55:9, NIV)

Having been here for three weeks now we have happily settled in, with routines in place, and we have well understood the challenges before us. We are really happy and enjoying married life with great health, we just feel terribly sad for our patients and the state of the hospital. However we are adjusting to the situation and gathering our perspective and we remain strongly motivated to serve our patients one by one and there is no doubt that it is really cool to be used by God to save lives, and especially cool to do this with my wife. It is something to be joyful for, to no longer be an individual but part of someone else.

So far we have had so many successes that I would love to share with you. It is such a joy to see people getting better in spite of everything. I have been looking forward to

reporting back on our patients and where all your prayers have been going. We have had time to reflect on many of the remarkable recoveries and successes that I know are because of your support and prayer.

The first case is a premature 3 month old boy with a scrotal swelling. Premature boys are prone to inguinal hernias, where bowel slides down into the scrotum because the connection between the abdomen and scrotum has failed to close. The bowel became obstructed and strangulated in there, blocking its contents and cutting off its blood supply. As this happened Paul became very sick and was in a lot of pain. Paul was already in hospital for pneumonia when I was asked to see him and was not in a state for surgery. However in order to save his bowel we could not delay. I had done this operation in adults but I have never ever operated on a tiny baby before. The Anesthetic providers failed 4 times to put a breathing tube in Paul and Paul was struggling for breath. They decided that he would be given light sedation for the surgery and I would use local anesthetic. So with a mishmash of adult surgical instruments, theatre overhead lights flashing on and off and Paul wriggling intermittently, I dissected my way delicately through the tiny anatomy, Angela praying by my side. We had operated in time and the section of trapped bowel was still viable and did not have to be removed. I excised the hernia sack and closed the muscle layers. The surgery was a success and Paul went home 4 days later vigorously fit and well. This is what you are praying for so thank you.

"And the Holy Spirit helps us in our weakness…" (Romans 8:26, NLT)

Edga Asimwa is an 8 year old boy who had an operation two weeks ago in another town to remove a section of his bowel, the terminal ilium, after a hole had formed by a typhoid enteritis infection. Edga had gone home after his surgery, despite never really improving. The bowel that was rejoined had failed and faeces leaked inside him until his abdomen burst open. Edga arrived very sick, and was a gruesome site. He was unconscious and the infection had spread to his blood affecting his circulation and clotting. He was wasted and swollen, having not eaten for weeks and he also had malaria. Edga was treated with antibiotics, antimalarials and fluids. When he arrived in the operating room I was assured by the nurses that he had been transfused blood. However after checking with the blood bank on requesting more blood they said they had none in stock and that he certainly hadn't had any today. As I started operating Edgas blood pressure and saturations slowly fell and he began to look a mottled blue colour. The two medical students who were assisting me said they would donate to Edga. They worked fast and with fluids and blood pushed into him his blood pressure and oxygen saturations quickly improved, and his mottled blue color became pink again. Edga's abdomen hung open with his bowel exposed, an infected, red, knotted mess stuck together by dense adhesions, which oozed blood. Pus and faeces leaked everywhere. Edga needed three operations to fix this over weeks but in Kagando you only get one shot at it, which is part of the reason for such high failure rates. Something I am strongly lobbying to change. Edgas abdomen and bowel were washed clean with warm saline and his bowel carefully unknotted with dissecting scissors. The hole in his bowel was resected, his bowel rejoined and his abdomen closed, three operations all done at once. It would be a miracle if he survived this in his state. I knew better than this, but I had no choice but to do everything at once. Edga took a long time to wake up, the anesthetist got tired of waiting and went home leaving him laying on the table breathing tube standing tall from his mouth and ventilator cycling

up and down. We took turns waiting with him until late at night and slowly he woke up and began breathing for himself, his blood pressure, heart rate, and oxygen saturations perfect. Edga was sent to the ward full of good blood and with a fixed bowel. He steadily improved over the next 5 days under Angela's careful attention, and with his bowels working well and everything on track he was discharged home. He has survived a terrible sickness and radical surgery and is not out of the woods yet but with continued prayer we hope that Edga will continue his life.

Agnas Masika is a 21 year old female whom I mentioned last week as an interesting case. Agnas sat at home for 3 weeks also with typhoid enteritis infection of her bowel. Her bowel had perforated and her health had radically declined over the weeks until she was in an advanced state of sickness, starved and semi conscious. Her abdomen was grossly distended. In the operating theatre the incision was made down the midline of her abdomen, gas and a torrent of foul smelling fluid laced with faeces and pus poured out of her. Her bowel was bright red, covered in pus and slough, and two holes were found 15 cm apart in the last part of her ilium. The damaged bowel was resected and rejoined and the rest of her bowel, abdomen and internal organs inspected and washed. Agnas has made an amazing recovery and it is really a joy to see her improve each day. Every time I wake up at night I pray for her and despite missing lots of medications, her dressings dirty and falling off, and having gone without any fluids over the entire weekend under the care of the 'sisters of kagando' she is ready to go home. Please pray for her and her ongoing recovery, that she might suffer no complications and go on to have a full and happy, fertile life.

Michael is a 3 year old boy who doesn't know it, but I like him a lot. He doesn't like me at all. Michael's arms tremble as he passes an old crumpled drinking straw from one hand to the other. His face tightens with fear, and a look of terror fills his eyes and pours out as tears, streaming down his face and over the curve of his nose where they mix with stains of breakfast. Michael screams with the most forceful experienced tone. He used to have three brothers and sisters and a mother, now he lives with his aunt. Michaels father pour petrol all over his family and set them on fire. He remains the only survivor under the protection of his aunt, who holds him in tight embrace. I see Michael in the out patient clinic, which I run between operations each day. He sees me for follow up and management of his burns and contractor surgery. Michael has no hair, just a tight mottled patch of skin that flows from his head and pulls at his neck. His bright brown eyes plead with me as I change the plaster dressings, which span the length of both arms and hold them out straight. "It looks like Michael is becoming more active." I say to his aunt. She smiles as we remove the mud stained dressings. Michael has a long road ahead of him and an unimaginable amount of pain mixed with a fear of anyone who touches him. Please pray for Micheal.

Angela and I operated on Masereka Surgeon a 20 year old male, late at night. Masereka had presented with pain in his upper abdomen in the epigastrium. He had had this pain for 2 weeks and it increased markedly 2 nights prior to his presentation. Since that time his abdomen had swollen and his examination and xray showed all the signs of having a perforated organ, either stomach or bowel. H pylori infection and the subsequent peptic ulcer disease is very common in this region and can lead to erosion into a blood vessel causing an upper gastro intestinal bleed or in this case a hole in the stomach. As we opened Masereka's abdomen we were greeted with a volcanic eruption of fluid that coated us. It was obvious by the colour, texture and

acidic smell that the hole was in his stomach. The acidic stomach contents cause severe pain and board like rigidity of the abdomen as it irritates the bowel and peritoneal lining of the abdomen. The hole was over sewn and a patch of omentum put in place. Washed and inspected, his bowel was returned to his abdomen, which was closed. Masereka is eating and drinking and feels fine, and greets me with a huge smile each day. He has no wound infection, which is an all to common occurrence here and he has returned home fit and well, his hole fixed and H pylori infection eradicated.

The last patient I will mention requires lots of prayer Rentonia Mbambu is a 61 year old lady who has her whole right leg – knee down- almost totally degloved post burn. That is; almost all of the skin is gone on her leg. Rentonia and her family are peasant farmers and I have told them that it will take months in hospital to try to allow the healing of her leg by secondary intent along with grafting. She has a very high risk of infection and needs delicate attentive nursing daily and further surgery to save her. Her family has no money and they have already sold her house to pay for the short hospital stay, which is a very common occurrence. Her stay has required debridement of her infected leg in the operating room and lots of careful dressing changes by her family. They have requested to take her home to their last remaining mud hut in a rural village which will mean a slow painful death from infection. I have been trying to arrange funding from the charitable fund for either long term nursing care or radical amputation of the limb. Please pray for her and her family and for guidance regarding her care. My heart really breaks for them and for all of their suffering.

Angela and I have decided to pay for individual patients like this on a case-by-case basis. Although not a sustainable grand scheme we are trying to focus more on individual patients at the moment and getting them through safely, because the system issues will obviously take a lot more time.

There are so many more patients here with difficult situations that I will endeavor to share with you. Please pray for them and for their peace, for perspective and for Gods revelation and mercy on them.

"We are therefore Christ's ambassadors, as though God were making His appeal through us" (2 Corinthians 5:20, NIV)

"Fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal." (2 Corinthians 4:18)

06 July 2010 18:01

Week Four by Jeffrey

We live...dying, and yet we live on; beaten, and yet not killed, sorrowful, yet always rejoicing; poor, yet making many rich; having nothing, and yet possessing everything" (2 Corinthians 6:9,10)

"The vision is yet for an appointed time…"   (Habakkuk 2:3, NKJ)

67 Children are born with HIV in Uganda everyday and 40% will not receive adequate treatment to survive. Kagando has a HIV centre at the hospital, however the role of this facility is education within schools and the community. Many people still do not know what HIV is and do not know how to prevent its spread or treat it. Worse still, many know that it is a chronic treatable condition and that rates have reduced, so they take no precautions.

We see many patients with HIV related infections and malignancies as a regular thing. Including Make Masereka a 50 year old gentleman. Make shakes my hand like he's Harlem gangster, but he is not. I've grown to like Make and his dramatic dance like greetings and I think I'll miss him. Make has an oral cancer which is infected, but this doesn't dampen him at all. How does someone remain so full of joy in suffering? Make's cross swings from his neck as his body greets me how his words cant. His personality is infectious and has inspired me, demonstrating the overcoming of every day no mater what challenges it offers. Make chooses to be joyful whether he is happy or not.

Breast cancers are as common here as they are in western society. However they manifest as only textbooks can. Every sign is present in its fullest form. May has presented far too late for surgery. Her tumour has rotted through her chest wall and has left a cruel wake.

When May arrived on the ward I made every effort to make my serious request for strict pain relief and management clear and well understood. I don't know if I was shocked or expecting when the next day I found she had received no pain medications at all. When the nursing staff left I sat down with May and her sister and tried to explain that they can have pain medications and I will do what I can to help her even though there was little the hospital could offer. It was then that Mays sister motioned to a bottle under the side of the bed. The one litre bottle wore the hand written label 'oral morphine'. I snuck a smile and May responded with one slightly bigger. She had taken on her own devices and she was not suffering. Her sister explained how she 'drinks' from it through out the day. I don't know where she got it from but she was doing just fine.

Road accidents mostly involving 'boda-boda's' (motorbikes) keep Kagando hospital running day and night. Rovina is a 10 year old girl who arrived at Kagando late at night. I was called to see her and was told she had been involved in a motorbike accident. I made my way across the dusty hospital terrace strewn with sleeping friends and relatives with smouldering campfires and brightly coloured sleeping mats. Through the security gates and down the long tin roofed path, I arrived at the surgical ward. As I was waved in the direction of the room she laid in I was greeted by the most unsightly smell, dead Kangaroo I thought. I entered the patients room and Rovina's mother pointed to her leg as she lay motionless and distressed on the plastic wrapped stretcher. I am use to being welcomed with faces shinning in fear but as I

slid back the covers and my eyes fixed on her lower leg, blue, black, green and white I knew why she was afraid. Swollen and torn, her skin fell away from her, decomposing as if it was not attached. I felt down her leg and met her foot. Stone cold. Her entire leg from the knee down was dead. “When did this happen?” I inquired.

“Well 3 weeks ago we went to another hospital following an MBA and they put a plaster on her leg and wrist.” My eyes swung to her bent and twisted wrist that hung sideways and picked nervously at her hair. “We removed it because of the smell and came here”. She explained.

I examined her leg in an attempt to find a point where the infection stopped. Ascending gas gangrene can spread through the tissue planes and can be far higher than it seems. Just above the knee her leg curved sharply to the inner side and skin and tissue resumed a normal character and tone.

Against the fly screen, tucked between the broken widow panes, I noticed her X-ray hanging precariously. I rustled through films, all with poor exposure, off centred views and inadequate fields. But there was no mistaking the fractured femur just above her knee. The fracture was ‘off-ended’ and the lower part of her femur lay next to the upper part. This is what had severed the blood supply to her lower leg and no plaster would help this. What she needed was urgent repair immediately after her accident 3 weeks ago.

Now there was only one way to treat this and to save her from death- an above knee amputation. A tragic thing for a 10 year old girl only just discovering life.

I remembered the advice I had been given on amputations and what they meant for children in Africa. An amputee would likely never marry, work or have their own family. They often become outcasts and never accepted back into there communities. Many amputees also become orphans and are sentenced to a life of poverty. But there was no doubt about this case, and the decision to or not.

Rovina didn’t feel any pain in her leg, and was not at all uncomfortable. Her leg was far beyond sensing anything, but deep down she must have known what I needed to tell them, I thought.

I explained the surgery to Rovina’s mother and how high I would have to amputate her leg to clear the infection and dead tissue. I would have to leave the stump of her leg open, I explained, until I was sure the infection was cleared and was not quietly spreading further up her thigh and costing more precious inches.

Breaking bad news is hard for both parties. It's hard to explain the feeling you get, when patients are utterly devastated by your attempts to help them. But I know without a doubt how I would feel if someone was cutting off my leg forever.

As the nurses prepared Rovina for theatre I thought about the other patients I had painstakingly saved from amputation. Why did she come her so late? Why on earth did the other hospital treat her so poorly and why are children and babies constantly packed on dangerous motorbikes by their parents with no protection.

Rovina's surgery was reasonably uneventful apart from a few memorable features. The theatre nurses have recently changed rotations as all the nursing staff in Kagando have. This has been a positive in freshening up the environment and a chance to run through all the systems that should be in place. However some of the nurses have never worked in the theatres before. This soon became evident. As the blunt saw finally tired of resisting cutting and made its way through the last of the bone, my assistant was left holding a detached limb. She started screaming rhythmically and juggling the leg as if hot from hand-to-hand until finally dropping it on the other side of the theatre floor. There was a scramble to pick up the limb but the crowd of local nursing students couldn't gather the courage to touch it and it laid there with the attention of a stunned surround.

Rovina has steadily improved and there is no signs of infection anywhere, which means the final stages of surgery are now due. Please remember in your prayers that she will remain free of infection and her healing will carry her through to a prosperous life.

I am often called to the ward for many and varied things. Mekera is 16 year old boy who received surgical treatment for a Caecal volvulus which is a twisting of the bowel, obstructing the bowel contents and twisting off its blood supply. Mekera has been recovering well but had experienced some abdominal pain and distension throughout the afternoon and although not greatly distressed his doting family were a little concerned.
The family and friends had gathered around his bedside and even more rose from their seats when I came to attend. As I turned and twisted through the crowd I made my way to Mekera's side. Gently I palpated his abdomen. Each of the four quadrants felt soft and did not elicit any tenderness or reflexes. I carefully laid my stethoscope on Mekera's abdomen and listened. His bowel sounds were present and everything looked fine. As I continued to listen they began to escalate into an angry tone. Mekera's abdomen tensed and rose and I noticed all eyes dart to the foot end of the bed. Before I knew what was happening there was a tremendous thunder beneath the sheets. I pulled a quick step back level with the crowd and witnessed a storm which seemed to last minutes. A few moments passed and then all eyes turned to me and then to each other. Heads rapidly nodded in a convinced way and everyone smiled "thank you doctor"… "very good"... "He is fine now". "you have fixed him"…

I left nodding in return with a perplexed sense of accomplishment.

It really takes time to settle into work and life in another culture of stark difference, and from this I have gained a lot of understanding for our immigrants and over seas trained doctors in Australia.

It really is a privilege and after four weeks I finally feel at home and love working here. The time taken has not just been for me but also for the people I work with. Time for them to get to know me, trust me and time for us all to overcome our cultural deficits to meet somewhere halfway that is sustainable for both.

The changes I have seen over the last week have been anything but slow. Revolutionary would be a good word. Following more meetings at the end of last week, change really has happened. I have had a formal orientation, introduced to all of the systems that 'should' be in place and who to talk to if they are not working. I am not the policeman but I know who is in every aspect now.

In the theatres things are operating like a smooth machine. With the staff change over, sister Iris has been put in charge and I can't believe the difference. We get along well and she is always one step ahead of me so that my day runs smoothly. I don't think I could work any harder now. Before there was no communication with the ward and patients weren't ready or sent for and the theatres were not coordinated meaning there was huge patient delays and never anywhere cleaned or ready to operate. Now I can't complain, we are all communicating well and we have all 'clicked'. There is no doubt we are on the same team, with the theatre-staff ready and willing to support me in working hard and me ready to relax a bit more and enjoy working with them.

"Yes, yes the patient is ready, but even Jeffrey let us all have some breakfast together first and then we shall start"…
(I'm not sure why sentences or addresses always begin with 'even')

Likewise on the wards, the head nurse now comes with me on ward rounds and things are really getting done. Amazing. God is great. I really am overwhelmed by the changes here in such a short time.

Dr Frank has decided to stay on Mercy ship for another month because the general surgeon on board fell sick with 100 patients still awaiting surgery. I must admit being acting director of surgery is quite a jump for me but it is amazing how God gives you what you need and I have no doubt he is part of this. I feel grateful that Frank can stay and see all those patients in Togo who would not otherwise have been seen, and that I can be here to help when there is no one else. I am really loving the work and being part of this hospital and also being part of healing Gods children here who are forgotten.

Cultural differences are everywhere here. I have never seen a person even rise to a trot in Kagando. Not a single person runs here and the looks of utter shock and perplex are a daily occurrence. People point and stare, laugh and joke and make fun of me every time I run. I don't mind and it is fun but very different to the peace and quiet time I am use to in the mornings. Attending the markets is much the same except we are often met with curiosity or preconceived ideas. I do see these things in good spirit, but if you take it to heart it would soon tire the best.

The same must be felt by immigrants to Australia, unable to speak the language, judged by their dress, behaviour, hobbies, likes and dislikes and met with racist jeers or curious prods. We are often critical when our immigrants cluster together but this is exactly what we did when we first arrived. To be around people who understand us, who smile and laugh the same as us, who like the same food and who have the same history, connections and experiences brings us comfort.

The cultural difference extends to the work place as much here as it does for OSTDs in Australia, miscommunications are frequent. Should, should not, can, cannot, do, do not, must, must not, are always mixed up.

When we relate to our patients here in our 'own' culturally appropriate manor our personalities and hearts often don't translate and often we don't seem to give off the same likable or friendly vibe that we would at home. I know this because we are often greeted with questioning looks and stares and unfortunately we can't use our words to make up for it or fill in the unknowns. I just wish I could talk to the patients, but there is one thing that always works. Smiling and hugging babies never fails.

Church has a similar feeling too. It is difficult to understand the English that is spoken here. The African dialect has had time to form since the British colonial influence forced Uganda into a English speaking country, and whether it's the local language or English I cannot understand it. The same is true socialising- it is a big effort on both parts to communicate and often people aren't sure if they should approach us or not. I think it has reminded me of the difficulty that immigrants face in our churches and the effort we should make to include them, approach and welcome them.

The continued effort on our part has paid off though and we have a nice network of local friends and the African style of worship, although not quite like the power and emotion of West Africa still makes your hair stand on end. Angela is often greeted in the street with arms stretched out high, waving with excited force "my friend, my friend" they bellow with joy.

To slowly tuck your way into the culture takes time but we have found it rewarding, the super slow pace, easy-going, get-there-when-you-get-there, no sense of time,

family centred nature appeals to me as much as it infuriates me. The sustainable small communities and simple life makes so much sense.

"We live...dying, and yet we live on; beaten, and yet not killed, sorrowful, yet always rejoicing; poor, yet making many rich; having nothing, and yet possessing everything"
2 Corinthians 6:9,10
Wish List

Equipment
- OR
Oxygen concentrator
Suction machine
Anesthetic machine and monitor
Diathermy
- Ward
Portable Sats monitor
Portable automatic Obs machine

Supplies
MEWs Obs charts
Wound suction drains
Any surgical wound dressings
Steri strips
Colostomy bags
Burns cream / dressings
Medications
Ceftriaxone
Local anesthetic

Money
For individual poor patients and charitable fund

06 July 2010 17:59

Week Four by Angela

I have been finding a lot of joy and humor in the questions I am asked on a regular basis in Africa. Conversations typically go something like this:
"I am here for 6 months with my husband…"
"Ah! (a frequently heard high pitched exclamation) You have a husband? How many babies do you make him?"
"Oh, we don't have any babies yet."
"Ah!! (an even higher pitched exclamation) Why not?!"
"Well, we just got married, just two months ago."

"Ah! You are newly married. How much did he pay?"
"Excuse me?" I asked, confused.
"How much did he pay for his dowry?"
"Ohhh, no, no we don't pay dowries in my country."
"Ah!!!! (disbelief) Now dowry? You mean, he did not pay? Ah! He just took you? Ah!!"

I came to learn that here men must pay a woman's parents, with money or more typically with cows or goats, before taking his bride. When I asked my friend Ruth whether her husband had paid she replied with a wide grin, "yes, very much for me."
"Is that because you are very beautiful?" I asked.
"Eh!" she blushed. She explained that a dowry can differ depending on what clan you are from.
I find it funny that this conversation has now happened on several occasions. How many cows would Jeffrey have had to pay for me?? J

The class I am teaching at the Kagando School of Nursing and Midwifery has been a great challenge and has also provided some good laughs.
"Wabuchire (good morning) class, today we will deescuss da pelvees. Bolo bolo (sorry) if you do not understand my English, I will try to speak Ugandan" I explained in my best African-English accent.
Last week I got blank, confused looks from forty nursing and midwifery students as I attempted to teach them the structures of the pelvis and I was told "Sister, we do not understand your English!" As embarrassing as it was the first week to realize that I firstly did not know how to teach Obstetric Anatomy and that secondly I would not be understood without changing my words and intonations, I found myself enjoying the class today. Perhaps it was because I accepted the fact that I would make a fool of myself, a white girl trying to speak like an African. Perhaps also it was because I was starting to make friends with these people. They have such a curious and helpful nature, willing to do anything for you. They want to do many things with me/for me, including dressing me up in the traditional African dress (after making me fat, which they informed me was much more beautiful here). J

I was blessed to experience the African generosity and hospitality when I visited the home of my friend Ruth. I'm not sure why she befriended me, to be honest. I am one of the many white faces that is passing through Kagando. But, after having worked with her for a few short hours at a well-child clinic, she has persisted to seek me out, greeting me with a great smile and hug. "My friend, sister, I have missed you. When will you come know my house? I will show you my garden of coffee, mango, banana, kasava, and will teach you to make African foods!"
I was excited to visit her this weekend. We were to meet at 3pm by the chapel. I arrived right on time bearing a few small gifts for her children. I was eager to be culturally sensitive and determined to have a relaxed approach to the afternoon, letting go of any time schedule. This proved to be a beneficial mindset as 3pm turned into 4pm and she still had not arrived. She came soon after and we strolled together to her two-room mud-brick home, nestled in the hills just above the main road. Her children came running out one by one from who-knows-where (bushes? Paths? Friends houses?) to join us in our walk home. Our stroll soon became a parade of loud and friendly children. I realized then that I really enjoy how much the community

raises the children here. At times they will not return home until dusk but the parents are not worried because there is another mama looking after them somewhere.
Once I was seated on the floor mat with Ruth's four-year-old boy climbing on top of me and her beautiful girls seated next to me I pulled out the coloring book I had brought. This was a hit! One of the girls disappeared for a few moments and returned with a store-bought bottle of cold water for me to drink. The little boy looked at it as if it were pure gold, trying to rip it from my hands despite his sisters' reprimanding. I can imagine these kids would rarely even drink purified water, let alone cold water! I couldn't believe they would spend that money on me…
The afternoon was spent mainly with Ruth's children as she disappeared to do the cooking and her husband was suffering with malaria in the next room. These children gave me their undivided attention for hours, even performing several little songs, complete with clapping and dancing, that proclaimed "You are welcome our visitor, you are welcome…" The elder girl was a natural born teacher so I used this as an opportunity for a lesson in Mikonjo, the local language, and learned many useful phrases.
I had been sitting on the dirt floor for probably three hours and I couldn't tell if anything was happening. Often they don't eat dinner here until about 9pm. Surely they did not expect me to stay that late…? My question was soon answered when Ruth reappeared and apologized profusely.
"I am so sorry. I had wanted to share this meal with you but my mother is very sick right now and I must bring her to the hospital. I will send the meal for you to share with Jeffrey. Greet him for us."
I had no idea that poor Ruth had been nursing her acutely ill mother out back while also preparing an elaborate meal for Jeffrey and I to enjoy. Her daughters helped me carry the bag laden with food home. Jeffrey and I were shocked at what we found. Pots full of potatoes and spaghetti, plantains, fried cabbage and, the most prized item, chicken. Jeffrey and I agreed this is the best meal we've had in Africa! Meat is very expensive and you are normally served a small scrap of meat, if any. But this time Ruth had piled breasts and drumsticks, all prepared deliciously. I felt a tinge guilty, wondering if she had saved any for her family to enjoy. This, however, is the generosity and hospitality that is so rare in our own cultures. Giving, not out of your excess but out of your need. What a humbling reminder!
This has been the single greatest joy of my week: realizing that I am building some friendships here. Thank you Lord! It is an answer to prayer as I have struggled at times with feeling lonely and purposeless. Fitting in as a nurse is still a challenge and I would appreciate your prayers for that role. The pediatric ward has been unbelievably busy, with 160 plus patients. There are often two to three patients per bed and kids lining the floors/halls. I have not had much success working in this ward so continued prayer for wisdom would be great! (And a prayer for more pediatricians to come… J)
We are praising the Lord that the operating theatres and surgical ward are running a bit more smoothly now as Jeffrey has had time to establish his leadership and authority. Jeffrey is learning how to communicate and work with the staff, being an efficient and loving leader. I have really enjoyed participating in the care of some of his sickest patients, helping with their treatment when I can and praying for their healing. Our hearts have truly been touched by some of the patients that Jeffrey described in his previous blog. People here are so brave and tough!!
Jeffrey and I are doing a Bible study together which has been reminding us that no matter where we are we will face difficult people and various challenges but that the

key is learning how to rise above those and imitate Christ. These past weeks I have been clinging to Philippians 4:4-7 “Rejoice in the Lord always, again I say rejoice. Let your gentleness be evident to all. Do not be anxious about anything but in everything by prayer and petition, with thanksgiving, present your requests to God. And the peace of God which transcends all understanding will guard your hearts and minds in Christ Jesus.” I’m sure we can all apply this to wherever we’re at in life…

I love Africa. I love that I can get a succulent pineapple, several vine-ripened mangos or a huge bunch of bananas for fifty cents. I love that I can hold chubby little black babies whenever I feel like it. I love that I can help Jeffrey with an operation until 3am without thinking once about overtime pay or a night shift differential. I love that when you think you need something to be comfortable, you probably don’t. I love being Jeffrey’s wife and I love sharing his calling. I love that the joys and challenges of Africa are setting amazing foundations for our marriage. I love that God is so evident and active here. Sure, I’ve been really discouraged at times, wanting nothing more than to go home (wherever that may be), but if there is one thing I have learned this week it is that God is faithful. He will meet all our needs…just maybe not on our own time schedule. He is asking us to trust Him and obey. I pray you may be encouraged that God hears your heart’s cries and will satisfy you with His love. Thanks for praying!

11 July 2010 09:47

Week Five by Jeffrey

"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future;" (Jeremiah 29:11, NIV).)

Well, first of all, my wife is amazing. Angela just baked me the best chocolate cake I have ever had, in an old frying pan on a small kerosene burner. I’m not kidding- in a frying pan. Amazing.

Angela and I have enjoyed the challenge of being thrust into a sustainable living situation. Our day starts in the dark with a cold shower. With no power there is no fridge so we purchase in season foods from the markets most days. The food we eat from the ‘guesthouse’ is similar, and if a goat is slaughtered then that is all we eat until it is gone.

Our house has no windows and this allows great circulation of air with no need for a fan, so the house is always fresh and breezy. Bare cement floors make cleaning easy.

We have no garbage system either, only the large hole at the back of our house where the goats and chickens hang out. I must admit when your garbage doesn’t go away you very quickly learn not to throw things out.

We also live right by our work and do most things in the local village, so we don’t need a car. It really does make life a lot cheaper and simpler and we are getting use to

walking around, and doing most things with head lights on, and laughing at how each other looks. The village power is hydro electric and the use of fossil fuels here is almost zero. If we plug in our computers they might receive an hour or two power a day to recharge them, and boil the kettle but that is all.

Petrol or gas is the same price as the global market so is totally unaffordable for locals. This is overcome by the wealthy, sharing small taxi cars fitting around 10 people all sharing the cost, or motorbikes with 4 or 5 people. I didn't think this was possible until Angela and I shared a car with 10 people. The driver just kept on stopping and picking people up. No one seemed surprised or concerned and we just kept squeezing closer. I couldn't walk when we got out because the circulation to my leg was cut off for half an hour. Angela thought I looked really fun as I attempted to drag my dead leg along.

We have had a really fun start to the weekend. We were invited as guests to a one-year-old boys birthday party Friday night. I expected it might be a children's party. It was in fact a very formal, structured affair for adults.

It began with us being led into a large room, walls lined with chairs. The house was a communal house for extended family and many people sat around in the courtyard, which lay at the center surrounded by rooms. We were asked to sit down and it wasn't long before we were surrounded by people. I recognized a lot of faces from the hospital and local community. A very slow process of introduction then followed. Thirteen children, brothers and sisters, presented themselves and a brief life story. The Father, 'big man', was introduced by the eldest son, and there was no doubt he was the King. Sitting in a comfortable chair with everyone running about after him, treating him with honor. This strict hierarchical structure showed itself through out the evening. James the youngest brought a bucket around to all the guests and knelt before them helping each person wash their hands, as there would be no cutlery with dinner. The family was so welcoming and the youngest daughter served food and brought drinks. For the whole evening I didn't move from my seat. I was also surprised that I didn't talk much either, no one did. After the food was served not a word was spoken for 30mins, a densely packed room of total silence.

Cultural affection is different here, couples do not sit together and Angela and I receive inquisitive looks when we hold hands. However men are very affectionate and like to signify their friendship by holding hands, fingers interdigitated and bodies often hugging. The final address then followed and we were all asked to leave. I left feeling really welcomed, honored and accepted and part of a new family.

I have been waiting for the dreaded day and last week it finally came. I woke up feeling hot, very hot with strange dreams. The sweats started and then the fire. Through my whole body the fire burnt, every organ pained, every muscle ached and my brain was filled with fog. The fatigue and exhaustion was incapacitating and I spent many hours in fear that I might end up a patient of Kagando hospital.

I started antimalarials at the first sign and hour-by-hour I felt relief. A slow relief that soon gave me confidence that I would be well again, and not end up at the wrong end of the bed in Kagando.

My patients tell me they have had malaria 30 or 40 times when I ask them, just like catching a cold a few times a year only a million times worse.

I feel well again now, and very glad that it was not worse. Praise the Lord.

When I first met Joyce I noticed her abdomen was that of an obese person but her body was not. She walked with an over balanced gate and she was visibly uncomfortable with her skin stretched tight around her mid region. Joyce explained to me that she had been trying to find treatment for the ‘rock’ inside of her that had grown over the years. “No one will touch it and they have told me I should go home and die”. As Joyce lay on the examination room bed, her skin taut over the ‘rock’ with all of its characteristics and details now visible. The curves and creases and odd mounds pushed out from inside, her skin but a blanket covering. I gently began to examine Joyce. A huge, hard mass with a surface of irregularly sized nodules filled her entire abdomen. From her pelvis to her ribcage I could feel no end to it. The mass was mobile and turned and slid within her with her body following, falling side-to-side as her center of gravity was overweighed. What on earth would we do with her I thought as I viewed the ultrasound report- nothing visible but dense tumor.

The only other person to consult in Kagando is the obstetric registrar and his advice was the same, transfer her or send her home to die. I discussed the situation at length with Joyce. I explained how a tumor this large creates a huge blood supply for itself and can cause catastrophic bleeding during surgery and the hospital has no blood to even try to combat this. It can also adhere to nerves, vessels and organs, which could be badly damaged when removing it, and even if removed the body can have trouble compensating when such a large mass that was once compressing organs and vessels is now removed.

She told me she had no money and she could afford no more travel or consults- this was her last attempt.

So I decided to operate.

Joyce’s abdomen was like a tight drum skin and as I ran the knife from the bottom of her sternum to her pubic bone, it rose and dipped through the valleys and crests of her tumor outline. I pulled her laperotomy wound open tight and all that could be seen was a white and yellow chalk coloured tumor. It was a shocking site. How would this even fit out I wondered. I slid my hand as high as I could, right up to the diaphragm and I still couldn’t reach around it. Left and right sides, I made my way tentatively around the basketball like mass. At last I reached the base of the pelvis where I was able to palpate the left ovary and then the uterus and then the right tube, which ended on the tumor.

A right sided ovarian tumor. I continued to carefully dissect my way around the mass and with some careful maneuvering and a lot of strength from my assistant we managed to deliver it through the wound with a single pedicle of huge pumping blood vessels remaining, which attached it to the broad ligament of the uterus.

An enormous cavity remained as the tumour left its uncomfortable home and slowly the stifled organs began to slide back into their old positions and Joyce began to

breath a lot easier with the huge weight no longer compressing her lungs and large vessels.

Joyce didn't seem that happy the next day when I visited her. I guess I thought she would be as excited as I was. In general I find it hard to gauge how patients feel either way about things here, the communication barriers and differences in cultural expression make voice and body language void.

It reminded me though; of our psychosocial studies and the deep loss some patients feel when huge tumors that they have lived with for many years are gone. Like the loss of a pregnancy, or the amputation of a limb, the loss of something that our minds have become closely attached to. Or maybe she was just tired.

Joyce certainly brightened up over the following days and made a great recovery, heading back home a new woman, no longer a feared 'sick person'. As we wait for the pathology results, lets pray for Joyce and her ongoing management and recovery.

Elizabeth Kabugho has the 'door way bed' an extra bed pushed by the main entrance of the surgical ward. Tightly fitting in a small corridor that leads to a large green timber bolted door, where paint peels free. There are side room beds, which are like small prison cells, and standard beds on the ward, but the doorway bed is the cheapest.

I see her everyday as I enter to and fro, but she does not see me. Her eyes remain shut day and night. Elizabeth has been blind since birth and becomes anxious and frightened if she is not bound to her mother in a common sling.

Elizabeth is 9 months of age and seems blissful and at peace with her face warm against her mothers back. Her head is half shaven and a intravenous needle hangs from a vein in her scalp, a last resort as her veins are slowly lost in her arms and legs. Her fear of the dark world and separation of her mother is reinforced by me examining her. The only time she is separated from her mother someone causes her pain and most of the time that is me.

Elizabeth has resided on the ward since I arrived. Chronic osteomyelitis, resulting from a dirty IM injection in her thigh at 2 months of age, is all she has known. The infection filled her muscle and spread deep to her femur. The chronic infection in her muscle and bone has caused her bone to break down and scar tissue to form through her whole thigh, which is now 3 times the size of the other. We have battled to control the infection surgically and medically but Elizabeth hasn't given up and nor have we.

Her hospital expenses are now over 0.6 million Ugandan Shillings ($350) which is approximately one years wages or the cost of there home.

Elizabeth has another operation ahead of her on Tuesday, please pray for wisdom for our management and strength for her and the hard road ahead.

Adam was a shy young man when I met him in our 'surgical out patients clinic'. He otherwise looked healthy and well. So I sat drenched in sweat as I often am, waiting for him to explain his visit. Adam unbuttoned his baggy shirt and it suddenly became clear why he was here. "When did this start?" I asked as he re-buttoned his shirt in embarrassment. Four months ago he said. "It just keeps on growing and it really hurts. Can you help me?" Adam had grown a left breast. "I'll have to phone some experts at home Adam, we don't have the test here that we do at home and although very rare there is a chance you may have breast cancer and I need to work out how best to treat you here in Africa". Breast cancer is more common in African males than at home, but most likely it was gynecomastia, which can manifest as unilateral breast growth.

On the advice I was given I decided to do a mastectomy on Adam and send the completely excised breast tissue away to pathology for testing. If it wasn't cancer it would fix the cosmetic problem and if it was then we would hope it was completely excised, although the risk of lymph node spread or local invasion remained. Adam is pleased with the result and so am I.

Ryan is a 13 year old boy and has been laying in bed since January. He desperately wants to play outside with his friends, but he has two options. He could be outside playing again in 3 days time but never walk again or he can lay in bed for probably another year and maybe or maybe not ever get better, all the while costing his family all of their money and leaving his brothers and sisters in poverty, forgoing education and opportunity.

I finally agreed to his family's pleas to amputate Ryan's leg. The anterior half of his leg gaped open and had no skin or muscle to cover it. His tibia completely gone, wasted by infection and nothing but an out line of what once was a bone, surrounded and filled by a pus stained cavity. Ryan sustained an open fracture of his tibia in January, which became infected. Multiple operations to core the infection out of the bone, and repeated bone grafting had failed to cure him and the bone and tissue loss continued.

Ryan's face lit up when I nodded my head reluctantly. He knew he would finally be outside again. The traction would be taken down, the intra venous needles, which he pointed to, had left ulcered holes in his arms, while the potent antibiotics hardened and scared his veins. It was finally all over for him, he would be free again. The dirty ward full of moaning and dying people, he didn't have to watch day and night any more. He would be free. He would go home again. Back to school and back to his pet goat named black. But he would never walk again.

I have found amputating children's legs the most horrible feeling in the world. I don't know if they understand the huge loss and the permanency of it, but I do. Days later they are smiling and laughing and racing around in wheel chairs, or hopping and diving along with sticks made by their friends. There little stumps quivering and motioning to the leg that was once there. Maybe that is a blessing though, the adaptability and acceptance children have. They are just excited to play again. But what a dramatic cost for their future.

Ryan's case wasn't the first that the extended family has been heavily involved in the treatment. Family is involved in the care of patients from the ground up. The nursing

staff tell the ‘compulsory patient carer’ how to give the drugs and fluids and the rest is up to them. I have been learning to translate the treatment plans to the family now so that they know what has to be done and what to ask for. When it comes to treatment decisions the involvement of the extended family has a greater level of complexity in Kagando. Mbambu is a patient I mentioned previously who presented with a ‘degloved lower leg from burns’ and required months in hospital with surgical wound management and grafting. This was when I learnt more about the family structure here, which would become a common theme. Mbambu’s husband had died 2 years ago her brother in-law David told me, and had been the head of his brothers and sisters and all of the extended family. “Now that he is gone, I am in charge, and the head of the other side of the family has decided to withdraw support for her”. The extend family appoints a leader here and they decide how to collectively manage large expenses and this includes who to invest health care in. David wanted her to stay and said it wasn’t about money, because he new that I had used church money to pay for her. What David was worried about was going against the other side of the family. It would be dishonorable he said and could destroy relationships. Mbambu’s family was visibly distressed and Mbambu even started to ask me to go home, something I had never heard from her before. I said that I thought she was being pressured by him and that I knew she didn’t want to go home where she would likely die of infection. When I reminded David of this he began to weep along with the rest of the family. He said he didn’t know what to do and he had to lead as best he could. I spent more time discussing how we could manage Mbambu’s care at home. The family agreed to return her to the hospital each week so I could give her antibiotics and dressings to take home and her daughter agreed to treat her wounds the way we had recommended from home. I think this is a reasonable compromise but it has highlighted to me the wider community involvement in every single patient here and also the opportunity to minister to a wide audience by the care shown to one person.

The family are incredibly grateful for the donation made to them and Mbambu’s daughter bowed and wept and sent a big thank you to our church for paying for their mothers care.

John’s family also decided to take him home. John presented with an abscess on the skin and underlying tissue of his left lower abdomen. John was a walk-in and a quick-last-minute-add-on to the theatre list. An old man who needed an I&D. An incision and drainage of a small abscess that was not improving. John was in so much pain when I met him and when I saw him climb onto the theater bed he was stiff and slow and every movement was delayed and pained. On reflection I remembered thinking at the time that he was in too much pain for what he had, but I thought his age and the systemic spread of infection was likely taking its toll. As I excised the roof of the abscess a swift fountain of pus evacuated itself. I examined the inside of the cavity to search for loculations, hidden cavities and connections, but it was a clean small area clear of the abdominal wall and did not extend anywhere. The wound was packed for revision and closure in one week and John sent to the ward to continue his antibiotics.

The next day, my medical students came to the theatre to tell me John was getting stiffer and his pain was uncontrollable. He can’t even open his mouth or swallow now. It all became clear. The pain and stiffness right at the start were the early stages of tetanus. “John admitted to cutting open the abscess with a garden blade 7 days ago,

he said he didn't want to tell us, but everything got worse after that" They hesitated. "His son has decided to take him home, because he thinks he is dying."

I headed straight to the ward to tell them to at least let us try to treat him. When I arrived, John was already on a stretcher, he lay there stiff as a board, with all the signs of generalized tetanus- lock jaw, facial grimace, opsithotonis (backward arching of the back), rigid limbs and on approach repetitive spontaneous spasm in response to the slightest touch. His son was already carrying him out the door. "Just wait and let me explain" I said. "The family has made our decision, he is an old man and it is his time to die. So we will take him home."

"But what does John want". I said.

"The decision is not up to John, as the eldest son, I am in charge of him".

"But this can be treated and even if all of the treatment is not available we can make him comfortable and manage his symptoms and he may recover" I said baffled. His son gave me a resolved expression. His mind was made up.

The course of tetanus lasts 4-6 weeks but some of the muscular affects can last months. In Intensive care facilities mortality is only 10-15% but here or at his home he would almost certainly die with a severe form like this and no mechanical ventilation.

We had already started the treatment for tetanus as part of our broad-spectrum therapy for dirty wounds. Preoperative tetanus vaccine, antibiotics and IV fluids followed by wound debridement, all of which reduces spores and the vegetative cells, which are the source of the toxin. But active tetanus, with which he arrived, requires Tetanus Immunoglobulin and intensive care.

I quickly consulted pharmacy but there was no Tetanus immunoglobulin in Kagando at all. Tetanus Ig binds the unbound toxin and reduces the severity and course of illness but does not remove the toxin already bound to nerves.

With Johns family insisting on leaving the only treatment possible was mild symptomatic with muscle relaxants and pain relief, but he would have no help for his breathing and blood pressure and the inability to eat and drink. Without intensive care he would not get the levels of muscle relaxants he needed to be comfortable either, as they may stop his breathing.

The only thing I could do was to prescribe these things and beat them to the security gates before they left. I intervened their departure and John's sons agreed to the treatment so I stood beside my patient drool leaking from his mouth and face contorted; I supervised and issued the first dose. He struggled to even open his mouth let alone swallow the tablets and I don't know if he even did, but I needed to try something. The excitement was too much for John, he needed to be nursed in a dark quiet room and as John's stretcher was lifted from the grass and he slipped from my clutches, he bounced a jeering with his son's strides.

I now watched on from the main gate where I leaned next to the security guard, and looked out onto the dusty street wishing I could do something more and still feeling baffled by the sudden rush of events. I felt so sorry for John and the painful time ahead of him, jaw clamped shut, starving, with muscles rupturing from tension and finally facing suffocation.

As I watched from afar, my patient being led home to his death, things became even more peculiar. John was being loaded onto a motorbike like a timber plank, vibrating in spasm.

Matthew is 14 and he was quite the opposite, he struggled to move or wake up at all. For days after his surgery Matthew has been grossly confused, and I have battled to investigate and treat all of the causes of post-operative confusion with limited resources. Matthew was a bright well boy before surgery, his family tells me, but I first met him on the ward having been operated on for a twisted bowel during the night. Post-operative confusion is a common thing and always needs investigation. The common causes are regularly thought through. But in this case I had a sad suspicion. We monitored his vitals, ensured his nutrition, hydration and oxygen levels, his kidney and liver function, blood count, investigated and treated for meningitis, encephalitis, typhoid and malaria. Monitored blood glucose levels, reviewed and changed his medications. Re-examined him over and over. No focal changes that might suggest stroke, brain hemorrhage or abscess just generalized confusion and decreased level of consciousness. Its possible Matthew has cerebral malaria, even though his tests are negative and it seems unlikely. Even if Matthew had a reaction to the anesthetic drugs it would have resolved after a week, but still no change. Everything pointed to hypoxic brain injury. Often there is no monitoring or documentation, which makes it hard to prove, but I have certainly witnessed patients not adequately ventilated throughout surgery and oxygen levels crashing. I will keep on treating and investigating but either way please pray for the anesthetic situation here and for Matthew once a well boy now with a brain injury.

Please pray for:

Children
Edga Asimwa a child I talked about who presented with a burst abdomen, he slowly recovering but due to severe malnutrition his abdominal wound is breaking down and wont heal which is a huge infection risk for his newly repaired bowel.
Michael- child who was burnt by his father
Matthew- brain injury post anesthetic
Mbambu- mother with degloved leg burns
Ryan- child amputee
Rovina- child amputee
Elizabeth Kabugho- osteomyelitis
Tembo Masereka- who has a huge jaw tumor and no money. I will mention him next week.

Palliative patients
May- breast cancer
Make- oral cancer
John- tetanus

Thank you for all your prayers. God is really giving me what I need to do this job and I feel that this work is who I am, and who I want to be. I think you can tell how affected I am by the patients I see though, and how much I feel the weight of making their treatment decisions independently.

19 July 2010 09:41

Week Six by Jeffrey

"So let's not allow ourselves to get fatigued doing good. At the right time we will harvest a good crop if we don't give up, or quit"   (Galatians 6:9, The Message).

I am still yet to meet the hospital physiotherapist, however without knowing it Angela see's him most days. One of the nursing students on a ward round this week asked if I wanted the patient to see a physio. I said all of my patients would benefit from this, but I didn't know we had one. After a long guarded conversation I finally found out more about this infamous man. It turns out our physio owns the local ' 'supermarket' ' and that's why I haven't met him. At least I know where to send the patients now.

I meet so many different characters here each day and I was pleased to meet the hospitals new anesthetic provider. Anesthetic's is one of the many 'biggest delay factors' in the theatres here and the hospital has employed another one to help with this problem. Henry loves to work hard, "Because it makes the day go faster and we finish on time", he says. He's my kind of guy, he sees the patients on the ward and asks how they are doing, and has a good sense of humor. I really like him. There is one thing that worries me though; Henry loves English dubbed Mexican Soap's. We laugh about this often, but Henry is serious, he doesn't miss an episode. Henry likes to have a laugh at me too. You see 6.8 is the average number of children a family has in Uganda and this is obviously a far cry greater than Australia. It is considered a mark of a man here to have a large family and a hugely fat wife; the usual bragging conversation revolves around how many children you have and how fat your wife is. I am obviously a dud. Angela and I tell them we have only been married for 3 months. "But so old and even not pregnant', Aahh?" They say in a high-pitched exclamation of shock.

There are many things that bring a smile to my face every day in Africa. I have been hearing about a book written by a missionary doctor who has set up many Ugandan hospitals, including recently the Kampala National hospital. His book is entitled 'The man with the key is gone' and that sums up most days here. When I am told, "No doctor, this is unavailable" It generally means it is not within arms reach. This response persists until you find the person holding it, and if they are not holding it that still presents a problem. The answer, 'yes I will get it for you' is a common form of escape, the person is never seen again.

Friday was another one of these days, a typical day in the Royal Kagando. It was another of the 'how badly do you want it' goose chases days.

I needed some cauterizing sticks for a nosebleed and I decided to take this one all the way. I knew this would take hours but this nosebleed had not stopped with inflatable packs so I needed one, and I was the only person who would get it. I started my enquires on the ward but they had never heard of them so I didn't invest too much of my time there, I thought I would go straight for the money- the operating theatres.

"Do you ever use cauterizing sticks in theatres?" I asked.
"Yes"
"So you know them?"
"Yes"
"Do we have cauterizing sticks in the theatres" I asked.
"Yes, even we have them"
"Oh, Perfect, could I have one"
"No"
"Why not?" I asked.
"I do not know where they are"
"Ok, do you know who does"
"Yes"
"Could you ask them please"
"No"
"Why not?"
"Even he is not here"
"Could you phone someone who knows"
"No"
"Why not?"
"Because this is my job today"
"But you don't know where they are"
"Yes"
"Do any of the other staff here know"
"Yes"
"Would you mind asking someone else here"
long pause
"Or maybe I can ask someone else"
"Yes"
No progress there…
"Do you know where they come from?" I asked.
"Yes"
"Where" I asked?
"I do not know"
"So you don't know where they come from"
"Yes"
"Maybe I should ask Pharmacy?" I said.
"No, they belong in the theatres"
"But no one knows where they are"
"Yes"

I headed off to Pharmacy and spoke with the pharmacist.
"Hi I'm Jeffrey, I think we've met, I'm after some cauterizing sticks?"
"Yes"
"Do you have any?"

“Even they are in the theatres”
“Yes, but they cannot find them”
“Auhhh.” High pitched shocked noise.
“But when I write scripts for them don’t patients get them from here?” I asked.
“Yes”.
“But you don’t have any”
“Yes”
“So how do they get them?”
“I give them to them, we are Pharmacy we supply the treatment on the scripts”
“Yes I realize, but you don’t have cauterizing sticks”
“Yes, we have”
“Could I have some”
“No”
“Why not?” I asked.
“Because you don’t have a script”
“Ok, so if I write a script for the patient who is currently in theatre then I can have one”
“No”
“Why not?”
“Because we don’t have any”
“Ok, do they come from the stores?”
“Yes”
“Should I check there, maybe I can order some more for you while I am there?”
“No Goofray, people come with script, then I order”
“Sure, of course you do. Thank you for your help”
“Thank you please Goofray.”

After circling between wards, theatres, pharmacy I finally made my way to the stores.

As I was making my way across the hospital grounds I ran into Dr Lythe, who joined me from here. David arrived this week with his wife. The Lythe’s are long term in Kagando and have been away with family on their annual holidays. David is a retired Urologist and General Surgeon and practices some Fistula surgery in Kagando. He has a long history in the region having been born and raised here, with his Grandfather being part of setting up the hospital 60 years ago when the locals still wore animal skins and carried spears. He has been dubbed as responsible for the local population explosion after the introduction of ‘Medicine’.

So just as I was growing tired with the chase David found a lot of humor in it and we both began to laugh at the funny frustrations of this little Kagando world.

We arrived at the store.
“Do you have cauterizing sticks here?” I said.
“You must get them from theatres?” was the reply.
“Look we know you have them here, we can’t get them from Pharmacy or theatres” I became insistent.
“But you must get them from there, not here”
“Could we speak to the store manager”
“No, he is in Kampala” he said.
“The store manger is away, really?” I asked

“Yes, we only issue when he is here”
“Do you know where they are kept in the store”
“No”
“How do you find things in the store then”.
“The store manager shows us”
“Can you phone him”
“No”
David searches through his phone.
“Ahh, I have his number, I’ll call him now”
David speaks to the manager who agrees that yes they are in the store, and the phone is passed to the one of the three store worker laid semi recumbent against a pile of boxes.
“No I don’t know where you mean” I heard the store worker reply.
“No, no, no” he went on.
Finally he mustered the strength to his feet and paced around the tiny storeroom.
“No I cant find them”
The phone is hung up
“You see” he said. “Normally the store manager issues things but he is not here.
“Yes I realize that, but we have just spoken to him and he said we could have it and that you just needed to grab it from the box over there that says cauterizing sticks. The one that we can see. Just there”.
“Do you have an order form”
“No”
“You must have an order form from your department to make a request”
The store manager is phoned again.
The phone is passed over.
“Yes, ok, yes” the phone is hung up.
“If you wait a couple of hours and then come back, that way I will find for you” He says.
“Well, we are in the theatres and are very busy, could you bring it to me when you are ready”.
“This is something we do not do” came the reply.
“Sure, so I will come back in 2 hours”
“No, I will bring for you”
“So you will bring it?”
“Yes, maybe after lunch. Thank you please”
“That would be very kind, thank you” I said unconvinced.
“Thank you for appreciating Goofray”.

This is how my day could be spent everyday, finding burn cream, dressings, and any medications that aren’t on the ward. Even getting investigations done follows a similar course. Thankfully the students share this fun.

It has been great sharing stories with David and hearing more about the development of Kagando, how it has endured many changes over the years, and survived wars and disasters.

Kagando developed from an old Leprosy hospital. When the British were asked for funding to set up a hospital here, the government said there was no need to build one, that they could use the old asbestos huts that remained.

The war in Congo saw the staff and patients moved across to Kagando and this is where it began.

There are many reminders of the instability and volatility of this part of the world and some recent tragedies in Uganda have brought this home. All of these things have a way of focusing my mind daily on how incredibly blessed and spoilt we are in Australia, and how much I wish it was like that for these people.

Two weeks ago a fuel tanker 40kms away on the Congo side of the border was negotiating some poorly maintained roads when it reached a small village and was reported to have tipped over. The locals seizing the opportunity to steal some petrol crowded around, climbing all over the tanker and siphoning what they could of the gushing spill. When the tanker ignited, it did with a cloud of thunder and hundreds were killed (220 killed, 110 injured). Nearby a cinema full of soccer fans were scorched. Victims were distributed between many hospitals through out our region for burns care, and we have treated some here in Kagando.

John (the children here usually have unpronounceable names or biblical names) was sleeping peacefully on his mothers back as she carried him through her daily routine. Sweeping, cleaning preparing meals and on this very day stealing petrol. John's mother, I'm told, was unrecognizable after this event, but her body shielded the front side of his face and trunk from the blast, saving his life, but his back was badly burnt. Over the last two weeks we treated John for burns. In Kagando this is so poorly done that I have sent him home. With cross contamination from a dirty environment and dressing changes that tear away newly forming skin, I have decided to manage John through my out patients clinic. We have purchased burns dressings and creams for John, but these are in such short supply and are desperately needed.

Then just yesterday a bomb was detonated in two venues in Kampala, the capital of Uganda. Kampala lies 300km from Kagando and suffered the terrorist attack just ten minutes into the world cup final. Since the bombing internet has been scarce and mostly unavailable, but the last I was told 60 people were reported as dead.

The instability in the region has a ripple affect with emotion spreading to even here. With the election approaching the public fear a change in government, despite the corruption of the current leader. They worry that Uganda will fall back into a war torn era ignited by the anger of a fallen government. They would rather not change anything. The bombings have increased an underlying fear and tension in the mood of locals.

The thought of war seems to heighten the senses and Friday night we awoke to a deafening noise that approached from afar. As it loomed nearer the sound became like the clatter of a freight train with a bellowing under tone. The roof rattling and shacking with the floor moving under our feet. Louder and louder and stronger it came. The door closed itself and my knees shock as I quickly dressed. We both looked at each other and as dust fell from the ceiling, urgency spread over our faces. My vision blurred with the vibration and all I could think of was a blast from a bomb, sending a rolling wave through the ground. We ran out of the bedroom and stopped in the kitchen. Where are we going to go? We stood facing each other wondering,

looking around the room and up again at the ceiling. Houses fall down here with out any help, how is this one any different, I deliberated.

I've never been in an earthquake before, but I have now. Kagando is prone to earthquakes and this was a 'big one' the locals said. My feelings were soon changed to relief when we decided that this was nothing to fear. The wave fading to a muffled distant sound.

I have mentioned some of the cases which have challenged me, or have struggled to recover and also those that have needed a lot of prayer. But there are a lot of routine elective and emergency operations that are done each week in Kagando and I have reached 100 operations now. These include, appendix, all types of hernias, gallbladder, thyroid, prostate, bowel perforations, skin cancer, lacerations, skin grafts, incision and drainage of abscesses, keloid scar excisions, amputations, and tendon grafts. It is very different from Australia where we work with strict supervision until we are specialist consultants. Where as here, I am it.

I have spent a lot of time deliberating about the ethics of operating here and because of this I have scaled back as much elective surgery as I can. This is in consideration of the balance of risks and benefits. The risks of elective surgery are generally very low in Australia, but here there is such a high chance of terrible infection and post operative complications that there is no doubt that the balance falls to not operating unless the risks of not outweigh this. I try as much as possible to use conservative measures.

To continue on from my typical day in Kagando, that is the Friday I mentioned. It begins with a ward round where we see all the new patients that have come in over night, check on the other patients and see consults which are kindly delivered from the other wards and crowded around the nursing station. I generally have 50 patients at a time. The students then see all the patient thoroughly checking that everything has been done and ask me questions through out the day, while I run my out patients clinic and beg the theatres to get started.

The clinic I run is located in the operating theatres. A building which has an entrance square in one corner of a large room. The entrance square is considered dirty and is demarcated with a cement gutter. The patients must not cross this line and I sit on one side of the line, the clean side, and lean over the line to the dirty side to examine the patients. Shoes must be changed or the patient striped naked if the line is to be crossed. Hand washing including theatre scrubbing is done with a piece of old soap and polluted water, but if you dare cross that line you will hear about it from everyone. The rest of the main entrance room has 2 theatre beds for minor procedures and the space is filled with pre-op patients and recovering patients. The windows are lined with tables that the theatre staff either sleep on or fold sterile gauze on. There are 2 theatres at each end of this main room. One is called minor and the other called major. The walls are covered in peeling paint, the doors hang ajar from their hinges and the roof often leaks. David tells me the roof use to stream right over where the surgeon stood- he quickly had that fixed. The tearoom adjoins the main room in its center and is where the staff rest and play computer games. Lunch is prepared everyday by Maria, a delightful lady who never forgets me and always puts something

aside. The lunch is brought over in large buckets and I am told when the rat plague was here last year, the lunch bucket was never lonely.

On Friday afternoon I returned to my clinic. The rest of my morning clinic had been dismissed with the goose chase and I had spent the remainder completing 4 operations. The first was a typhoid enteritis bowel perforation followed by an appendix, then a repair of an enterocutaneous fistula, and a face laceration where teeth protruded through the cheek. I returned to my 'clean seat', the one next to the sign that states 'You are being requested to be washing your hands' when I met my next patient- a wasted old man with a melanoma on the sole of his foot.

This was the largest I had ever seen and had all the features of an Acral lentiginous Melenoma. The guidelines suggest excising suspicious lesions over 5mm in size. This was 7cm across and filled with blue, black and white pigments with the rough surface ulcerating. As I examined him I soon realized that it had visibly disseminated through his whole body, local and distant lymph node were enlarged and rubbery, he had painful fractures on his spine and his weight had been pealing off of him. With full treatment stage IV disseminated melanoma has a <5% survival at 5 years.

He told me he had no money for any investigations. I pondered for some time, but had to tell him that there was nothing I could do. I arranged for palliative care to visit him and told him I would be happy to follow him up in the clinic. It's hard sending people away but this is something I often have to do.

The next patient was an old lady from Congo, who had traveled all this way to seek help form the famous Kagando valley. My interpreter could not understand this lady and nor could any of the other nurses.

The lady was an old robust hunched figure and balanced her self with a large cane stick and she began to remove her shirt to show me the reason for her visit. At that moment the anesthetist came over to tell me he had finished his lunch and was going to get started with the general anesthetic for the next patient, Ryan, the amputee that I mentioned last week. He is ready for revision of skin flaps and secondary closure.

"Moses, do you understand this lady?" I asked.
Moses spoke for a while with the lady and translated his findings. Before I could resume Moses returned again.
"Gooffray, the boy in the theatre, even I have changed my mind. I will not do a general anesthetic or spinal I will do something different, I will be ready in 10 minutes".
"Sure Moses". I said.
The lady explained that she had chest pain and that she had suffered from this for many years. One of the questions we ask is if the patient has had the same chest pain or whether it has changed at all. The lady insisted that the pain had changed over the years.
"How has it changed". I asked her.
"Well" She explained. "I use to see the village doctor and he had treated me for many years. The pain use to be inside the chest before his treatment and now it is outside".
"How did he treat you", I asked.

“Well, he used a hot iron spear and would cut and stab my chest until the pain went away”.
This was a novel approach I thought, one I haven’t heard of before.
“Did it work” I asked.
“Yes, very well, it helped a lot. It is just that the pain is now outside. I have these tight contracted scars that hurt and itch.
I examined her chest. It was covered in deep wounds and thick keloid scars, which spanned from one shoulder to the other, while others were large, round divots.

As I continued to examine her we were interrupted again, but this time by a bloodcurdling scream from the operating theatre. The type of scream that demanded attention and everyone rose to their feet. The outpatients stirred and peered over the ‘clean line’ while the ‘lined up’ pre-op patients, had a look of imminent doom on their faces. The scream seemed to last minutes before settling into an even full voice howl that sent a chill through the air. What was Moses up to now?

I continued my examination struggling to speak over the noise until interrupted again by Moses.
“The patient is asleep and ready”.
“He’s not asleep” I said “He’s howling like a pack of angry wolves, what have you done to him?” I said, as Moses smiled and hurried back.

I finished with the lady and sent her home with keloid topical treatment and follow up with the ‘Plastics camp’ in 2 months time.

As I entered the theater everyone had left because the noise was too great. So Man, the new medical student and I got started.
“Moses you have to put him to sleep I can’t bare this noise for 2 hours”
“What did you say?” He replied “The boy is sedated he doesn’t know what is happening just get started, it is fine”.
It was impossible to think or speak above the bellowing wale that did not weaken in the slightest over the next full 2 hours. If anything it increased. I had to leave the theatre to try and ask staff to grab gauze or instruments or sutures, no one wanted to be in there.

I think the worst part was after an hour and a half, when the howling changed into a repetitive full volume chant of; MY…GOD…SAVE…ME…
Staff from all corners of the hospital began to appear. Lurking in the doorway, peering through the windows. What was this horrible doctor doing?
“Please Moses, do something the boy is distressed. What will his father think” I said.
“I have given him Pethadine and Ketamine, he is fine” I could just make out his reply.
I finally closed and finished, my nerves in taters and walked out into the main entrance room. I stood there for a moment with my head spinning and thoughts in a jam, looking towards the dirty corner and towards the pre-op area, but it was empty. Everyone had left. Run for their lives it seems. The only person that remained was the boy’s father. As I studied his face I realized that I had never seen an African face look so pale, his jaw dropped in wonder and fear, his eyes glassy. What have you done to my boy, I imagined him saying.

I have to get out of here I thought, and with no patients left I went straight home, ears ringing.
"How do you like third world surgery Man?" I sighed.
"Its different" He said still speaking with a raised voice.
"Its different all right" I replied to the ground.

I have been praying for 'patience' a lot this week. Not the patients I always pray for but the emotional kind. This is something I have never struggled with before until arriving in Kagando, but here everything is a test of emotional composure and endurance.

A bizarre twist is that I found Patience only hours later. On arriving at our 'weekend away' destination we were greeted by the owner.
"Hello, I am Patience."
Week Six by Angela
19 July 2010 09:40

Lillian is a ten year old little girl like any other little girl, except she is HIV positive.

I met Lillian in a small community up in the Rwenzori mountains when I joined the Kagando hospital HIV team on one of their outreach missions.

Kagando hospital runs programs that focus on AIDS prevention and treatment, including detection in pregnant women, and subsequent treatment to prevent transmission to newborns. These efforts take place not only at the hospital, where patients can come to be tested and assessed but also out in the rural villages. The team travels to a certain community every month and those patients who are being treated for HIV/AIDS congregate at the village center, ready to receive their next month's supply of medications and nutritional supplements. The nurses collect data from the patients, including current weight, vitals, and information regarding their adherence to the medication regimen. They are then each assessed by the public health clinical officer to discuss any health issues they may have before being given a supply of medications.

Uganda is often held up as a model for Africa in the fight against HIV and AIDS. Government leadership, broad-based partnerships and effective public education campaigns all contributed to a decline in the number of people living with HIV and AIDS the 1990s. Free antiretroviral drugs have been available in Uganda since 2004. There are still, however, an estimated 1.1 million people living with HIV in Uganda, which includes 120,000 children. An estimated 61,000 people died from AIDS in 2008 and 1.2 million children have been orphaned by Uganda's devastating epidemic. There is always more work to be done.

We arrived at a building in this small village that was already surrounded by people. The team ran like a well-oiled machine, quickly setting up different stations and quite efficiently siphoning people through. Each patient presented their chart, which was really just a tattered card that announced their fate: HIV positive. Within two hours every patient had been seen and, most importantly, given their medications.

Lillian was a little girl that caught my eye. She had a beautiful smile and such a peaceful presence. After they had been assessed, I gave the kids a balloon to play with. Lillian's eyes grew wide and this small gift had won me her loyalty for the next several hours. She quietly held the balloon and did not leave my side as we waited for our ride to arrive. She sat staring at me and in a quiet voice practiced the only English phrases she knew
"How are you? I am fine, I am called Lillian."
Ever so shyly she worked up the nerve to gently stroke my hair and even hold my hand. She would not even let me use the "toilet" alone but instead squatted right next to me behind the building although she obviously did not have to pee!
Lillian appears healthy now but her body is suffering. Praise God for the free supplies that are available to help prolong the lives of those infected with HIV here in Africa. I only wish there was more that could be done.

One of the greatest joys of my day is getting to be part of Jeffrey's surgical ward round. I learn so much as you see many things that you would never see at home but also get to help teach the nurses and students as we strive to optimize the care of our patients. Please be praying as I prepare for an in-service on medication administration. Because IV antibiotics are given improperly many of the patients' veins are ruined, leaving horrible scars. Pain medications are not well understood either so kids that have just had their leg amputated are often left screaming in pain. Hopefully education will begin to bring about change.

I love having daily contact with our surgical patients and the work is never boring… Yesterday Chris (a medical student) and I were called over to the bedside of a patient that Jeffrey had put a drain in. Jeffrey had drained off two liters of pus from an infection around this patient's femur! The patient is recovering nicely but the nurse and mother were appalled at what they found coming out from the drain site. They were staring intently at his leg and reported not blood or pus oozing from the site….but maggots! They had kindly kept a couple of the creepy-crawlers for our inspection. We could not be certain that these bugs were not just crawling all over his unkempt, dirty bed but, to be fair, the maggots could be doing a service in the healing of his wound! (We use them at home sometimes to help "clean up" a dirty wound).
I had to take another patient to the operating theatres, this time just for help with placing an IV. The patient was a severely malnourished two-month-old baby and again, IV antibiotics had ruined what few veins she had left. A staph infection had ravaged the skin and flesh off half her tiny body which, complicated by malnutrition, refused to heal. As I sat in theatres waiting for assistance I began chatting with Moses, the anesthetist and learned a bit about his family. He seemed to enjoy telling me how fat his wife was.
"Oh my wife, she is very fat. She is like you….times three!" Not knowing how to respond, I said "Ah, she must be very beautiful."
"Yes. She is fat. … She is fat like this woman (he pointed out a very large woman in the waiting room)…only fatter! I keep her fat."
"How do you do this?" I asked.
"Well you know, I feed her and I keep her happy and at peace, so she is fat. A happy woman is a fat woman" he responded. Now what would happen if our culture adopted this mentality?? J

Jeffrey and I have been blessed to escape this weekend but not without a bit of adventure. We have found it healing and restorative to get off the hospital compound for a couple days every few weeks, away from the constant demands of Kagando life. With a bit of research we found a peaceful resort that sits on one of the Crater Lakes, supposedly only 2 hours from Kagando. We knew that once we got there we could enjoy a relaxing weekend but the challenge in Africa always seems to be transportation. I tried in vain to find a driver who would take us to the hotel for a reasonable price but the cost of petrol is high and it just was not affordable. So, after a long day of work, Jeffrey and I mustered up the energy to pile into a shared taxi where I sat on his lap with my head crammed against the roof of the car for the first leg of our journey. By taking public transport our journey had three legs, each of which seemed to get more and more complicated. Our driver stopped about every ten minutes and could not accelerate over 30km/hr as he had hundreds of pounds of bananas tied into the boot of his car. We realized this journey could become an all-night affair.
Four hours passed and we had finally finished the second leg of our journey…but now what? It was about ten pm and pitch dark. We were dropped in the center of town, left to negotiate a ride up into the mountains to our lakeside resort. After a bit of hassling we decided the only affordable method was to pile onto a motorbike with all our bags, entrusting our lives to this man with a run-down motorcycle.
Going twenty kilometers uphill on a dirt road in the middle of the night, clinging to the rear end of a motorbike with nothing at all to cushion our bums definitely made us nervous. My grip around Jeffrey's waist only tightened, though, when the bike's headlight started flickering on and off and the driver drove blindly into the dark. Let's just say much praying was done during that ride!
I am so thankful for who Jeffrey is and for his sense of adventure and humor. He had already worked incredibly hard that day and was exhausted but was still able to find the humor in the situation and because of his lighthearted nature we really enjoyed the beautiful African night sky and the fresh air. We did finally arrive safely and have been relishing the peace and serenity of this place.

We are keeping all of you at home in our prayers and are so thankful for your support and involvement here. We can truly see your prayers at work and want to thank you for giving us the encouragement we need to stay here.

Please keep praying for Edgar (Jeffrey has told his story). We really love this little boy and he is near death but we may try another surgery this week.
Pray also that I can find a place in Uganda that will make a decent prosthesis for Rovina, a little girl who had to have her leg amputated.
For the medication in-service, that I would know what to teach and how
For Jeffrey's studies as there are many demands on his time
For continued fellowship and community with the people here.
Thank you!

27 July 2010 17:28

Week Seven by Jeffrey

If people can't see what God is doing, they stumble all over themselves; but when they attend to what He reveals, they are most blessed" (Proverbs 29:18, The Message).

1:32,000 is the doctor to patient ratio in the province of Kasese, which includes the town of Kagando. However I am not sure this statistic takes into account that most of the doctors have left. The numbers continue to decrease and with the obstetric registar on holidays I am on call for C Sections as well as surgery at night.

Chris is a US student who is here to study the health of Kagando. We have been investigating demographic parameters in our research on Typhoid enteritis gut perforations, which includes reviewing local government health statistics. Chris and I were interested to find the Kasese government has a far better detailed consensus on livestock than people. You can find out everything about livestock health. Whereas all human abdominal pathology is all lumped together.

Seeing the widespread burden of infectious diseases here in Uganda, really brings to mind the hard work of public health and primary prevention teams in Australia who fight to keep high standards of sanitation and quarantine and actively keep diseases like Malaria out of Australia and drive immunization programs. It is easy to forget how devastating the conditions we are immunized against really are, and it is worrying to think what might happen if we lose herd immunity and old infections flourish again, gaining mutations and resistance.

To see the devastating effects of Typhoid everyday is heart breaking.

There are 17 million cases of Typhoid fever each year around the world and 600,000 deaths. It is a disease that affects the whole body and is characterized by fever >70% and abdominal pain <40% and is caused by Salmonella typhi. There is no known host other than humans so the bacteria is passed from human to human through water or food polluted with urine or faeces. It therefore is a disease of the poor and the countries most affected can be predicted. It could theoretically be eliminated if this cycle is broken, but with poverty it will continue.

It can take from 3 to 21 days before symptoms become apparent depending on how 'much' dirty water you drank. One of the main defenses is the acidity of the stomach. So all the patients we treat for peptic ulcers with anti-acid medications such as ranitidine and omeprazole are now at high risk of Typhoid. One of the rarely seen but exciting early diagnostic features is 'rose spots' which are faint salmon colored spots on the skin, which blanch. This is one of the early signs in the first 2 weeks, along with fevers, swelling of the spleen and liver, headaches and a slow heart rate inverse to spiking fevers. People occasionally become confused and delirious in the third week and abdominal symptoms become marked with 'pea soup' diarrhea and distention. However we mostly see patients who present in the fourth week of the illness where late complications occur including intestinal hemorrhage and bowel perforation. The perforations occur in the same place. The Ileum. The Ileum has 'Peyers patches' where lymphoid follicles are grouped rather than dispersed. This is where S typhi undergoes multiplication together with the mesenteric lymph nodes.

Apart from blood cultures, which we do not have, there is no specific test for typhoid fever. There are antiquated tests such as the 'Widal' blood test but this has high false positives and negatives and although routinely done, is useless.

Typhoid can be hard to diagnose but is easy to treat in the early stages. Predictably resistance to antibiotics is becoming common. Some people survive without treatment and harbor the infection acting as asymptomatic carriers. Interestingly the gallbladder is a common site of chronic infection and from here their owners continue to shed the bacteria and spread it to others. S typhi can also hide in the Schisto parasite and reemerge when antibiotics are completed.

Our surgical ward always has at least 5 people with Typhoid fever, suffering from bowel perforations and hemorrhages. There are 120 cases a year in Kagando which is much higher than other regional hospitals which see about 25 a year. This is a real surgical battle, in a patient who has already suffered four weeks of illness. It is just so sad, a totally avoidable condition. Through clean food and water, early antibiotic treatment and immunization this could be eliminated.

Our project aims to determine the demographics of the typhoid perforation cases. Such as where the patients live and what water supply they use and map these findings. We also hope to isolate the organism though surgical biopsies. It is thought that there may be a new strain that is affecting people in this region and more likely to result in 'gut perforations'. Hopefully this will help us target the people that need primary prevention and immunization the most and determine the best antibiotic treatment.

It is interesting though how when left alone resistance forms in the human population as a whole though mutation. This is however a slow process and requires a lot of people to die. For example a pathogen uses a receptor to enter a host, and selective loss of this host receptor may confer natural resistance to an otherwise susceptible population. In West Africa 70% of individuals lack an antigen called the Fy antigen, which makes them resistant to Malaria (P. vivax). While Salmonella typhi uses CFTR2 to enter the lining of the gastrointestinal tract after being ingested. The CFTR gene mutations are responsible for cystic fibrosis, but a carrier state of this mutation is responsible for decreased susceptibility to S. typhi infection. 5% of people with European ancestor have this carrier state, which suggests a survival advantage over a once endemic pathogen, pre sanitation, pre antibiotics.

Apart from Typhoid, I have discovered there are many things in Kagando that I cannot get anywhere else. Things that I will miss. Things that will be lost from my life when my time here ends. These things include Stoney's Tangawizi. Angela thinks I just like the name Tangawizi. This is true, but it is also the most satisfying sweet, full, ginger ale, and it is served in an antique dinged and chipped bottle, no doubt recycled for many of years. You wont find this stuff anywhere. Pineapples are truly life changing, so juicy and tangy, they electrify your taste buds and are as big as a football- a steal at 50c. Gum balls, the sort that stains your tongue and skin for the rest of the week and leave a toxic after taste are truly irresistible. Avocados are never hard or woody, but always ripe, smooth and succulent- while tea is incomparable.

Last weekend Angela and I traveled to one of the major tea production areas in Uganda. Fort Portal is 3 hours drive from Kagando and is where the beautiful crater lakes are located. Green rolling hills as far as the eye can see. Millions of 'cash crops' fill the hilltops and valleys. The locals work day and night carefully plucking the precious leaves. Chimpanzees are everywhere and can be seen ducking through fields and crossing roads- a real treat. The particular Crater Lake we visited carries the local name for frogs- and yes there are thousands of them.

Kagando has a number of visiting specialist camps, which are advertised on the radio and bring patients from far and wide. The hospital by no means has the staff or facilities to cope with day-to-day work and camps, as much as they are needed, put a strain on a system already in crisis. In the last two weeks a psych camp has been held in the area. The aim of the camp is to raise awareness of 'epilepsy' and 'mental health disorders' two conditions, which have a strong stigma attached to them and are poorly understood and poorly treated in Kagando. With a lack of education comes fear of these conditions and the patients who live with them.

The psych camp has attracted many visitors to the area of Kagando. People travel for weeks and miles for the camps that are held here which include at other times, Urology, Fistula, Plastics and Orthopedics.

Unfortunately one of the new visitors, David, arrived on the surgical ward with a diagnosis by the clinical officer of query acute abdomen / perforation. The ultrasonographer agreed and the nursing students relayed a fitting history to me. On examination he had an exquisitely tender distended abdomen. Concurrent malaria can mimic many things, but with his fevers and pain only worsening I decided to explore his abdomen surgically. Ultra sound and Xray are unreliable in Kagando. The ultra sound technician is not trained and the Xrays are either all white or all black, and generally nothing can be seen. There are no other imagining tests which can be done and it can be a really hard decision whether to operate or not. So far things have been fine.

I made a small incision in his lower abdomen and explored all of his intra peritoneal organs, only to find nothing at all wrong- at worst mild constipation- completely normal.

After the surgery I spent a lot more time talking to the family, battling with different interpreters to work out what went wrong. I found out that David has sat in bed for 10 years and will not speak to anyone- he panics if anyone touches his abdomen. The carer, who was present previously had not known this. The family went on to explain that David had been sexually abused as a child and had never recovered. My heart really broke for this poor guy. This disgusting trauma had destroyed his emotional framework and he was left as a shadow of pain. As he recalled the horror of these events it totally debilitated him, manifesting as crippling abdominal pain.

The family were visibly grieved by this as they divulged more about the deep pain that had destroyed their child. This is a desperately sad mental health issue and it was a shame it required surgery for it to all come out. This is one of the real negatives with not having adequate investigations or being able to take an accurate thorough history or have access to psychological services. But it is a real blessing that he is here, just in

time for a camp that will hopefully steer him in a long, slow direction of healing and recovery from his trauma and subsequent mental health issues.

There are many satisfying moments, when a solid clinical diagnose is made by examination without any supporting investigations, and this is always rewarding. In Africa patients often present so late that the clinical picture is well formed and all the 'classic' signs are present- a feast for medical students.

Friday was another tough day for me. It began with a bus crash. Yes, a mini busload of injured passengers was delivered to Kagando hospital.

Kagando has just received an Ambulance service. It consists of a large van, a boda boda and a pushbike, and our new driver has been enjoying practicing all week. Sirens in full cry, engine roaring he practices up and down Kagando road. Angela asked him how he likes his new job.

"Yes I am in love with it, I have had a drivers license for 2 weeks now, and I am very thanked to be starting".

"What equipment or staff will be in the van?" Angela asked.

"I am sorry, what do you mean?"

"I mean, who will look after the patient or treat them on the way?"

"You are not understanding, I pick up sick patient and bring to you. You treat them."

"But what if they are bleeding?"

"I bring to you."

At best I am hoping it might scare away the black Herons which nest in our tree, screaming and squawking all day, all night.

Kagando is not equipped for emergency services and the staff do not understand triage or protocols. However I am told the main purpose is 'patient transport' to send patients at their own expense by 'gas guzzler' or 'peddle power', depending on budget, to far away hospitals.

So eight patients filled the already full floor space when we arrived on the ward early Friday morning. It was like an ATLS (advanced trauma life support) exam scenario and the students and I worked fast to prioritize care.

P1 had left flank tenderness, threatened limb- a crushed hand, and widespread lacerations
P2 had full thickness head and face lacerations and an open compound fracture of her tibia and fibular also potentially limb threatening but currently not.
P3 had an open Tibia fracture and facial fractures
P4 had a shoulder dislocation and fractured scapula
P5 had a closed fractured femur

The others were cleared.

This was a busy edition to our 50 patients and a full theater list. As Man prepared P1 for theatre I quickly reduced P4s dislocation and put a temporary plaster on P2. Then we worked through the list.

The distal part of P1s ring finger was hanging by a thread- a mattered mess. It had to be amputated but the remainder could thankfully be reconstructed. P1 also had an irregular superior border of his spleen and small free fluid on ultra sound. The ultra sound technician reported a small laceration of the spleen. Enlarged spleens due to Malaria are very fragile and with this sort of mechanism, a roll over at high speed, he could certainly be correct. But operating based on what an ultra sound technician says is a big call. In Kagando they are always wrong and Ultra sound results are directly related to the experience of the user.

The patient was 4 hours post injury and stable, so I decided to delay operating on his abdomen. The nurses promised to do hourly observations, repeat his blood tests and call me if there was any change- predictably this did not happen, not even a single observation recorded. I accepted that conservative management was not possible so I decided that the only way to know would be surgically. So I performed a DPL (diagnostic peritoneal lavage) the insertion of a drain into the abdomen to look for blood. Thankfully this was negative. P1 was spared a splenectomy, which is a real blessing because the spleen is an asset in surviving tropical diseases. One of the biggest mistakes, I have since read, in managing splenic trauma ‘in the third world’ is delaying surgery. At home we try to mange small splenic injuries conservatively but this includes ICU and repeat CT and US scans and blood ready for transfusion. None of this is possible here and if the patient deteriorates in anyway there is no recovering them. It is a real challenge adapting to function in a flawed system. But also very rewarding to understand disease and its management from a whole different perspective.

As we continued through the list, fixing fractures and closing lacerations, we were informed that we had two new customers. Two typhoid gut perforations had arrived, and we added them on the end of the theater list. They were stabilized through out the day and ‘worked up’. It was now 8pm and the whole list had finally been completed.

Man and I left the theatres and Angela asked me to review a child I had been treating for abdominal pain. Like all children in Kagando Brenda had a sore belly. Most of the time we find it is just because the capsule of their liver and spleen is stretched over the hard working, hugely expanding organs as they fight the tropical diseases. But the serious conditions always need to be ruled out. In her case her bowels and urine output had been reported as normal, her heart rate and blood pressure were stable, she had been eating and drinking and her blood tests and ultrasound were also normal. A normal blood count in Kagando is a Hemoglobin of 40-50, three times less than mine. Brenda’s was 90 a high number for here. I had asked for her blood tests and ultrasound to be repeated to see if there had been any change but this was not done. The family and nursing staff had been pressuring me to operate on her. “She is perforating, cant you see it, she needs an operation.” But up until this point there had been no indication.

It was a crazy day, I was exhausted and unable to block out all the noise. The only differential people have her is 'gut perf' they don't know about anything else. But then again I have no useful investigations here and any I do have I can't trust. Her abdomen was becoming more tender and she had early signs of Typhoid enteritis on examination so I decided that I would make an incision to examine her intra abdominal organs and look for any disease complications that could be repaired early. Benda was bright and alert and her BP and HR were normal before the operation, she looked anemic but so does every child here and her blood count was normal yesterday. I didn't get my repeat tests, the lab and ultra sound staff had gone home. I went ahead anyway with no pre operative 'work up'.

The anesthetist was struggling to ventilate Brenda, but he always struggles.

"Just get started, she is fine"

I made a small incision to explore her abdomen and as soon as I did I saw that her bowel was white.

"She's not perfused very well, what is her blood pressure… Does she even have a heart rate?" I asked.

"Just keep going the monitor is playing up" he said.

"Look I can see inside her and there is no pulse, I have no doubt we need to resuscitate her".

The anesthetist tried to argue that she was fine. But I insisted that she clearly had no cardic output. I couldn't believe it, the next thing I know he turned around and walked out the room- he just walked out and left us. So Man and I commenced CPR. Angela went through the standard drill of drugs and fluids in advanced life support. Emergency blood was taken from other patients and we fought and fought with staff to help us. Normally, I'm told, if anyone arrests here there bodies are quickly removed, this sort of radical treatment they just couldn't cope with- Large bore needles put in the femoral and jugular veins, CPR, cycles of drugs. The staff all walked out and Angela and I continued, with the students called in to help us.

We didn't get Brenda back. She passed away at 10 pm. Her bowel was full of blood. She had acutely hemorrhaged inside her bowel and it was too early to see any signs of this when examining her before surgery. Her blood pressure and heart rate were even reported as normal by the anesthetist when starting. Typhoid enteritis from which she was suffering can cause gastro intestinal hemorrhage. Her bowel had not perforated but she had suffered a different complication. She was in a fragile state when we took her to theater. This had not been recognized because of poor monitoring, no investigations, and my fatigue. The induction of anesthetic had pushed her over the edge and her heart stopped. Its impossible to know exactly what happened and no systems in place to find out.

I have learnt so much from this case and a root cause analysis would show a minefield of system errors that lead to her death. But in the end she is my patient and she died and I feel terrible. To prevent this happening again would require so many major

changes in this hospital. It is impossible to accept that this is how it is here. You can't do anything thoroughly, you can't treat patients how you know you should and there are no tests and no staff to help you. At home we have so many safety nets developed into systems but here it is one man walking a tight rope.

But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint"   (Isaiah 40:31, NIV).

It's a great reminder living amongst poverty and lack of how much we need God. This, I think is a true blessing and a gift to the poor. Their simplicity and easy acceptance of death is in a way refreshing. I often think that the disease of prosperity is perhaps worse, where it is impossible to see a need for God and find his peace. Our day visit to Monaco with its arrogance, opulence and waste, left me with a feeling of emptiness and inadequacy but here despite the sickness, frustration and hopelessness- all I see is hope.

The Lord is close to the broken hearted and saves those who are crushed in spirit. Psalm 34:18.

It is easier for a camel to pass through the eye of a needle than for a rich man to enter the kingdom of heaven. Matthew 19:24.

05 August 2010 22:12

Week eight by Jeffrey

"For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do"   (Ephesians 2:10, NIV).

"The Spirit of the Lord is upon Me, because He has anointed Me to preach the gospel to the poor; He has sent Me to heal the brokenhearted, to proclaim liberty to the captives and recovery of sight to the blind, to set at liberty those who are oppressed..." (Luke 4:18)

You can hire a prisoner in Kagando. Dressed in yellow, fit and hard working- you can have one of your own. If you need a house built a fence erected or a hole dug, then they will do it for you. It is an interesting form of 'hard labor', but seems very well accepted.

The prisons here are so filthy and the in mates are treated in the most abhorred way that I imagine a day out digging holes would be a blessing. Another blessing is that St Lukes church which resides at Kagando hospital has an outreach program which sees a church service performed in the prison each week and offers support for the communally punished outcasts.

If anything could be communally punished outcast though I wish it were safari ants. I arrived home from work into a pitch black house. There is not even the warm radiance of street lights here. Just black. Pitch black. I fumbled for my headlight which gives off a spluttered dull glow, but before I knew it my legs were crawling, itching and paining with vigorous bites. To make matters worse the cistern had flooded so I was splashing about wondering what I had just walked into. The light came on and all I could see were ants. Millions of them, covering the walls, the floor, the benches and… my legs! Safari ants all bite at the same time, they are a single organism which flows as one. Large thick expanding and contacting streams ran like rivers over the walls and ceiling. They had decided this was their new home. Dr David had warned me about them and their occasional visits and the fact that they should be feared. I took quickly to spraying and carelessly hosing them in a rash attempt, and with in no time I saw their collective decision of conquer and destroy change to that of leaving. It was quite amazing the wide rivers of ants all changed course at once to the ventilation port beside the door and the house was drained of ants into the gutter which joined my house to Dr David's. I finished mopping the casualties and examining the damage before being interrupted by a knock. Dr David had come to see if I was awake.

"Just wanted to warn you Jeff the Safari ants are back and they are filling my house. I've just been attacked on the toilet. Didn't want you to be eaten in your sleep. Just keep a look out for them, they-are-dangerous. Ok."

Johanna arrived just as we were finishing our day. Chris ran to the operating theatres. "Jeff a gun shot from Congo has just arrived on the ward. No one has seen her yet, the nurses asked me to get you."

I entered the long corridor- the back entrance to the ward, which passes the side rooms, and the closet, which we use as an office. There was no missing Jo her bloodied body was a vision of war and panic, she had an electric look about her. Jo wailed and clutched at her left arm which hung at an angle that it shouldn't. Her hair was mattered with a paste made from soil and blood and met a bald area where clumps were torn from their roots. Her eyes were shot with a tortured look.
"Does anyone know what happened?" The nurse looked up from her coffee and shrugged.
"…something about a robbery in her house a couple of hours ago"

"Ok Chis, you get the other guys and I'll get started"

Chris ran to get Jack and Kate, two Cambridge students who have been an integral and valued part of our little Kagando surgical team.

Jo had rags tied tight around both arms along with her left leg, in an attempt to contain bleeding. The rags were thickly stained with old blood and her clothes were torn and hung from her in defeat. Splinters of teeth were missing from her mouth and seemed to be labeled with dirt. Her hands and nails were filthy with deep gouges filled with dirt. I imagined her clutching and gripping at the ground as her life was dragged from her, scrambling and fighting for survival. Biting and clawing for safety. Her mouth and hands buried in the earth.

“What on earth happened to this poor girl” I thought.

Jo was breathing ok, her chest and abdomen had not been affected but she had bled a lot. We started fluid resuscitation and thankfully it was a day when blood was available. A truly life saving gift which Jo owes her future to. We transfused Jo and prepared her for X ray and theatre.

As the anesthetic was drawn we placed a tourniquet cuff around her arm. This would allow us to remove the pressure rags and examine the damage fully without loosing blood. The X ray had demonstrated a multi fragmented fracture of the proximal 10cm of radial and ulnar bones. Just bellow the elbow the bones were blown into a million fragments, which darted through the muscle and skin interspersed with the remnants of a bullet. As I removed the rags and began my examination, I could see the path of the bullet. A clean burnt entry point and a ragged cavity, which ended in a blown out exit point. The tumbling bullet had left its mark. Filled with glistening white bone shards, bright red blood, black burns, dusky dead muscle, brown dirt and grains of glass and metal, which crunched in the jaws of the dissecting scissors.

At that point Jack arrived.
“I’ve found out more about the events surrounding the shooting”
Jo was visiting her mother in Congo and was aboard a crowded bus. It turns out a group of rebels in Congo had set up a roadblock to attack the local military. The military had found out about this and taken a different course. Hungry for fighting the rebels set upon a civilian bus and opened fire, fiercely attacking all on board. Fifty people were killed but Jo escaped. She had scrambled though the firestorm and survived, but had been beaten and shot along the way. A friend had driven her to safety and 12 hours later she was here”.

It was amazing that Jo still had a strong pulse in her wrist, everything just bellow her elbow seemed to be destroyed except for most of the major arteries and nerves. I could identify the ulnar nerve, median nerve and radial artery. The ulnar artery and radial nerve were lost with the damaged bone and could not be reattached. I resected the dead skin and muscle and removed all the bone shards, metal, dirt and glass. The aroma was like burnt metal, the smell from a grinder or welder. Washing and carefully debriding, preserving the vital remaining structures. It was the first stage in saving her arm.

The bullet wounds in Jo’s leg and right arm were glancing blows. Gouges and burns alongside glass cuts and dirt grazes. Jo really needs prayer for her arm. If it heals and remains free of infection she may have a chance at internal fixation and a reasonably useful limb.

I sat by the side of her bed writing my notes and waiting for her to wake up from her surgery and it just blew my mind to think that someone would do this kind of damage to someone else- to intentionally cause someone to wail in pain and be disabled forever- to tear hair from one- to shoot and torture another. As she slowly woke she pleaded with me to make her better. What a cruel act of hatred to cause this kind of horror to the innocent. How do you become like that? How does someone do that? It is so hard to understand.

Therefore, just as through one man sin entered the world, and death through sin, and thus death spread to all men, because all sinned... (Romans 5:12)

One of the joys of working in Uganda is the delightful, bright African children. They are always laughing and smiling and so active and playful. Sometimes its nice just to sit next to them when I am writing up my notes, and they smile and laugh every time I look up. Muzoongo… Muzoongo… (white man, white man).

Regan seemed like another of these delightful children. A normal 3 year old boy who had a small squint, which made him look even more doughy and innocent. Regan sat on the theatre table as calm and peaceful as though at home. His thumb was busy in his mouth, not a care in the world. Eyes fixed, one at the ceiling the other out the window with an aura of peace radiating from him. I stroked his fuzzy hair and commented on how cute he was. The only thing to do now was to inject a sedative into his vein and he would slip off to sleep as peacefully as he was now. Man, my medical student, was busy preparing instruments to open a abscess that overlaid his Trapezius muscle. He reexamined the area and planned his incision. Regan held gently to my hand with a calm soft touch.

I reached for the syringe as I sat on the stool beside him. He already had a needle in his hand and I had just removed the fluids that ran into his vein. Just a gentle squeeze of medication was all that was needed. As the syringe approached Regans hand a transformation occurred with such lightning speed that neither Man or I had time to react. Regans face turned into that of a savage monster, his snarling teeth bared, nails drawn and arms whipping with ferocious force. He had sprung to his feet with a keen agility as if propelled and let out an almighty growl. With the strength of a Lion he bit my arm 3 times. His dripping fangs lunged for my neck before I could to throw him towards Man- who wore nails and teeth from all angles. He hissed and roared and his little fists pumped like a boxers while his claws dug like poison arrows. His head changed course so fast that he could bite in both directions at once. As we both laid on top of this monster child, unable to contain him an onlooker followed instructions at a pace quite different from Regans and after some time our former friend was fast asleep. The same tranquil face slowly appeared again and by the time we were done I had almost forgiven him. Almost forgotten what laid beneath that peaceful lost gaze- lulled once again into his innocence.

I sent Regan back to the ward when we were done. He met his parents with a look of betrayal and resumed his bed space next to Juliana. Thumb back in mouth. I wasn't sure if Regan was possessed by the devil, but perhaps I have not yet had enough experience with 3 year olds to know. From now on I would keep my distance regardless.

Juliana Biira is an 8 year old girl who sleeps next to Regan and was transferred to the surgical ward from pediatrics. There are no doctors on the pediatric ward, so often children are sent to our ward for review. The ward currently houses 160 children, with three to five per bed, not to mention those who sleep under the beds and hang from sheets suspended from the ceiling. So I am more than happy to take children from them and I usually tell the nurses that they have a surgical problem so they are not sent back. In this case Juliana did have a surgical problem but not one I could fix. She had arrived with a very common presenting complaint. 'Picking/stealing bananas- fell

from tree'. Juliana sustained a fracture dislocation of her cervical spine, which was partially compressing her spinal cord. This however occurred six weeks ago and the healing had not been kind. When I met Juliana I immediately grieved for her state. A stale smell of urine and faeces hung over her like a cloak with hair falling out in clumps from malnutrition. Her neck bent to the left, ear pressed firm against her shoulder and right arm hopelessly lost in movement. As I read through Juliana's notes I tried hard to put myself in her life. I wondered if this was me- if this was my world. I wondered why this wasn't the life that God had chosen for me. Her mother died last year and she had been passed between carers. She had developed personality problems, withdrawing from social settings and then not speaking at all for months before the accident. Juliana I learned had HIV to make matters worse, and was only just being reviewed for commencement of treatment. Could there be anything else wrong I wondered. Oh yes, she is incontinent following a traumatic assault, Malaria and pneumonia. How on earth could this be? The nursing staff, the students, the relatives and I all stood in silence. Everyone was just stunned at how terrible her life was. Juliana grimaced and drooled as I tried to examine her, she had no luster and her eyes sunk into her deep dark face, a void of sadness- an empty soul. Where would I even start. The nurses seemed similarly moved by her situation and suggested we cross off her bill. Something I hadn't heard form them before and something which made me feel immediately united. We decided to take care of her with medications for HIV, Malaria and pneumonia, high calorie supplements and arrange to send her to the 'big city' for CT scans of her head and neck that would hopefully set her on a path for spinal surgery at a later date- nothing happens fast here.

I fear that her departing will see none of these things happen though, and it makes me really pray that God will have mercy on her when she leaves our care.

There is another patient who makes me feel this way. Ranet is a tiny baby, premature and failing to thrive, she developed boils that covered her body. Over time, untreated these boils enlarged and burst leaving a crater of delicate, sensitive tissue behind. On her head, her chest, her buttocks and arms; they cover all of her and she cannot find any comfort in her position. Like a hole in a loose shirt sleeve Ranet's elbow pokes through as if not attached. Every movement produces a whimper and her body screws up into a painful ball. I asked the nurse doing the dressings today whether he would prefer having dry gauze torn from the tender fresh open wounds without analgesia or soft Vaseline coated dressings that I have given him and asked him to use. I feel sick examining Ranet, the wrinkled little soul hanging on the edge of life.

Her infection has now cleared but the deep, tender wounds remain. Soon she will be ready for grafting, and then a lot more. Angela has been amazing looking after her- something that I am finding difficult to do.

"Father of mercies and God of all comfort, who comforts us in all our tribulation, that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God" (2 Corinthians 1:3-4).

For I consider that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us...

And we know that all things work together for good to those who love God, to those who are the called according to His purpose. (Romans 8:18, 28)

"And God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying. There shall be no more pain, for the former things have passed away." (Revelation 21:4)

11 August 2010 09:38

Week nine by Jeffrey

"Come to Me, all you who labour and are heavy laden, and I will give you rest. Take My yoke upon you and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls." (Matthew 11:28-29)

You will show me the path of life; in Your presence is fullness of joy; at Your right hand are pleasures forevermore. (Psalm 16:11)

Transport is different in Kagando. Yesterday I decided to take a taxi car rather than a bodaboda. Taxi cars come in all shapes and size but have one thing in common, they are old, very old and full, very full. I should have known better than to step into Josephs car. It use to be a Toyota but was clearly bought from a demolition derby. Joseph wore a t-shirt which instructed that he was the master of lovers. He proved to have an attitude and driving style to match. The front wheels had been replaced with tiny yellow emergency spares, which left the front bumper unable to clear the ground. I climbed into my seat in the rear, which was made of timber boards and Joseph shouldered the door with a thud- there were no handles. As the engine spluttered to life it was met with a severe knocking noise and numerous shudders and squeaks, which shook the car violently. There seemed to be no clutch either as the car leapt forward from here on its own.

Every second or third weekend we try to get away to rest and recharge. Angela was away for exams for one week so it was just me this time, and I was now on my way to Kingfisher lodge, a 45min drive. As usual Josephs car had no suspension, which meant every pothole and crevasse was met with me being ejected into the ceiling. But this didn’t worry me so much as when I spotted the hole surrounding the gear stick- there was smoke billowing from it. I reached for where the window winder would be but to no avail. Was his car on fire or had the exhaust pipes been plumbed into the cabin. There was no clue from the gauges either, they all rested under the dust- the electrics a long forgotten luxury. How his body endured this punishment everyday I did not know. Surely this must be how people gas themselves.

Josephs driving technique was common to the region. As much speed as possible is gained on the descents, the engine is shut off and then a free glide occurs until the car reaches a stop. When I say free glide I mean it- on the road, off the road, wild frantic veering, anything to hold speed. I’m not sure this is an efficient form of driving but it

is the only acceptable way in Kagando. On this particular day however, there were monkeys on the road and they were not moving for anyone. Joseph pressed on the brake pedal, only it did not cause the car to slow in anyway. It simply increased the already deafening scrapes and jolts to a shrill of metal on metal that you could feel in your bones. The monkeys were not so lucky, but Joseph was not concerned, he maintained the same grey, poisoned look and jerked and punched the steering wheel into submission- we continued.

When I did finally arrive at my destination I stumbled out of the car with a foggy sense of achievement. My eyes stung like fire and a thin layer of oil had formed on my skin and the inside of my nose, but the air still smelt so fresh as I sucked it in.
"Thank you please, even shall I come to pick you up?"
"Goodbye Joseph". Now I can rest.

Kagando teaches us everyday that God is the only place that we can truly find rest. There are so many difficulties and struggles working here but Angela is wonderful in helping keep our focus on God and this brings great rest. With Angela away this week I have certainly found the daily struggles and emotional burdens much harder. Our time together with God is always so refreshing and I miss that. It is a great reminder of how much we need each other, and how much God has made us for each other and how we can only achieve this task together.

Kingfisher lodge over looks the savannah plains of the Queen Elizabeth national park. It is an idyllic setting as much in its beauty as its contrast from the surrounding poor villages.
The densely vegetated cliff face on which it sits is lined with individual huts, which make up the lodge. They are constructed of pink, yellow and white cold stonewalls which hold up a newly thatched roof. On the peak of the thatching lies a cement plug, which stands high like a gnomes hat and deflects water from entering. The sound of rain on the thatching is freeing and peaceful and smell of wet vines has a tropical aroma. A pool sits beside the line of huts and also shares the cliff face where the water edge meets the expansive view. The villages, which add spots to the plains are always sending off a cloud of smoke and the horizon on a still day is hidden by haze. Large birds of prey sit motionless in the updraft as if asleep. Small thatched shelters surround the pool but someone decided to make the centre posts out of a curving pile of cracking and peeling cement, which spoils the effect.

"Do not be fearing gun shots" says the sign.
"Parks rangers are controlling beasts"
Thank you please.

It's a beautiful oasis, King fisher, and for the grand price of $40 a night it is an inviting weekend away.

On this particular visit I had the privilege of meeting the Arch Bishop and his entourage. Dressed like Royalty they reclined in the cushioned seats, water lapping beside.

Relaxing with the fine comforts of beer and cigarettes and course after course of Kingfishers finest food I wondered what brought them here.

The entourage mostly spoke on his behalf.
“Ah thank you please. We mostly are visiting the churches in the whole of Uganda. We travel and visit them. That is what we do”.
“That sounds great. I said. And where are you off to today?”
“First I have a question for you” He said.
“Are you the man that just slipped and rolled down the stairs into the pool?”
“Uhh, that was probably someone else…” I replied.
“Very well. We be going to fit ptaal today”
“Forte Portal, that’s just down the road isn’t it?”
“Yes, very, very far, we must rest?”
“Are you swimming today?” I enquired, intrigued by the thought of the bishop turning laps.
“It is time, time is the problem, I do not have time today”
As the Bishop motioned with his cigarette in great enthusiasm, he described to me all the finest hotels in Uganda that he travels between. What a great job I thought.
“Well, its very nice to meet you” I replied.
“Yes, in fact, I wish to have an acquaintance in Australia who can be flying me there. What is your email”
“Sorry I get asked this a lot, but I really cant do that. Anyway I must be going.”
It is true, so often I am either asked for money or for my email address so that I might bring them home as my friend.

I mentioned my excitement in finding out that the hospital had a physiotherapist. I have since been transferring patients on discharge to the Astra supermarket for physiotherapy. I never see them again and haven’t heard back but its nice to know he is there for them. I was equally excited to meet a plain clothed man on a ward round who claimed to be an orthopaedic clinical officer who could do all of the plasters and fracture management. What a bonus I thought. We had just had a whole string of assault cases and many had fractures.

The first was John a tender old man who sat in his allocated floor space in the middle of the isle- head slumped, moaning. The whole ward floor is now covered in filthy mattresses, which make a strange sensation as we spring and bounce around the ward. John’s neighbours took a disliking to him and spent their afternoon throwing bricks at him. He had a skull fracture, rib fractures and a superficial hand injury. I couldn’t work out why this kind looking peasant would be so unpopular.

The next was Judith. Her neighbour had decided she would prefer to use her frying plan to beat her across the head rather than for cooking. She too had a skull fracture but no other injures.

John was almost unrecognisable as a human being when he arrived. His head resembled a balloon. In this case a boda boda was the weapon of choice. His assassins had laid him on the ground and driven over his head multiple times, I’m told. John had multiple facial and skull bone fractures but he was the most chipper of the lot- only his lips were too swollen to enunciate.

Vincent was having a pleasant conversation with someone he described as a ‘madman’. The next thing Vincent new the man was approaching him at lightening

speed with his mouth wide open. He bit a great chunk out of his cheek and sped off leaving a large bleeding cavity. Vincent was unimpressed.

We then came to Dafni (correct spelling). She would be the first of our orthopaedic patients that I would need help with.

Dafni was ejected from a boda boda at high speed and had used her face and right arm to slow herself on the dirt road. On X ray her humerus was found to be shattered midshaft. I asked my new friend to put a ‘full length plaster’ on her arm to offer support and comfort until surgery.

We then moved on to the second and last patient that my friend would help with. Mehindo had been thrown from the roof of a building and his X ray showed multiple burst fractures of the lumbar vertebra. The neurological examination was not a rewarding one for Mehindo. It showed signs of a cauda equinae syndrome (CES). He was in urinary retention and had lost control of his anal sphincter and lacked surrounding sensation- saddle parasthesia. He also had reduced power and reflexes in his right ankle, foot and knee (Lumbar nerve 5- Sacral nerve 1). Mehindo required immobilisation and urgent transfer to Kampala for spinal surgery.

Cauda Equinae syndrome is an injury of multiple lumbosacral nerve roots within the spinal canal. Low back pain, weakness and areflexia in the lower extremities, saddle anesthesia, and loss of bladder function may occur.

The lumbar and sacral cord segments are small and are situated behind the T12 to L1 vertebrae. Injury or lesions at L2-L4 paralyze flexion and adduction of the thigh, weaken leg extension at the knee, and abolish the patellar reflex. Lesions at L5-S1 paralyze movements of the foot and ankle, flexion at the knee, and extension of the thigh, and abolish the ankle jerk (S1).

CES is commonly due to a ruptured lumbosacral intervertebral disk, lumbosacral spine fracture or hematoma within the spinal canal.

Conus medullaris syndrome may also occur due to injury of the lumbosacral spine. The conus medullaris is the tapered caudal termination of the spinal cord, comprising the lower sacral and single coccygeal segments. The conus syndrome is distinctive, consisting of bilateral saddle anesthesia (S3-S5), prominent bladder and bowel dysfunction (urinary retention and incontinence with lax anal tone), and impotence. The bulbocavernosus (S2-S4) and anal (S4-S5) reflexes are absent. While muscle strength is largely preserved.

Lesions of the conus must be distinguished from those of the cauda equina, the cluster of nerve roots derived from the lower cord. Cauda equina lesions are characterized by low back or radicular pain, asymmetric leg weakness and sensory loss, variable areflexia in the lower extremities, and relative sparing of bowel and bladder function.

Combined involvement of the conus medullaris and cauda equina can occur.

Mehindo likely had a mixed conus medullaris and cauda equina syndrome as a result of multiple lumbosacral spinal fractures and without a doubt required surgery.

After explaining this to my new friend, the orthopaedic clinical officer I moved on to the next patient.

Seconds later I turned to find Mehindo 'air cycling' to the instruction of my friend.

"Dr Gooffrey, come look. See his nerves are fine" They both laughed with relief as though the spinal fractures and nerve damage I had described were all a dramatic over estimation. I could barely contain my anger and frustration, and I quickly spoilt the mood.

The main transport option we have for Mehindo is the new 'gas guzzler' ambulance which costs 600,000 Ugandan shillings ($400AUD) to get to Kampala, about the cost of a small house or a years salary. Fuel is up to $2.30AUD per litre now in Uganda, which unfortunately makes it almost useless in a peasant village. Mehindo had no way of paying for this so was put on strict bed rest to limit the spinal damage until some other arrangement could be made.

It wasn't until later that evening that I received an up date to the operating theatre.

"Mehindo has no money and we just saw him leaving. Sob. His friends were trying to make him walk and his legs are now almost completely paralysed. He kept flopping to the floor. They just wouldn't work and he stumbled and fell all the way out the door. All the patients on the ward and the nurses were laughing at him. Anna couldn't stop crying. What do we do? We are so upset".

I couldn't believe it. I searched the ward inside and outside but to no avail, he really was gone and so was the orthopaedic officer. Dafnie was there though. However she did not have the plaster I hoped for. A short band of plaster had been wrapped around the middle of her humerus. What is this guy thinking!

The things that make me so upset that I want to leave are the very same things that make me want to stay.

As my eyes scanned the ward in disbelief I noticed Jefry Thembo. Jefry is a 4 year old boy who appeared on the ward with no introduction. After some time I managed to track down one of the nurses and asked that she help me find out why Jefry was here. There may be around 50 patient on the ward at any one time and for every new patient I always need to take a detailed clinical history, which is hard work.

"The mother says the boy has anthrax poisoning" the nurse told me.
"Ok, can you ask the mother how she knows this".
"I don't know why I just think he has it". replied the mother.
"So what symptoms does the boy have?" I enquired.
"The mother has told you, he has all of the symptoms of anthrax" said the nurse.
"Yes, but I would like her to tell me more about that, what specifically led her to her diagnosis. Usually the patient tells me the symptoms and we go from there"
The mother gave me a look as though I must not really be a doctor if I didn't know what she was talking about.

“Ok, so does the boy have any pain?” I said.
“No” she said.
Jefry was writhing around on the bed holding his abdomen and crying.
“No pain anywhere? He looks very uncomfortable” I said.
“Yes, he has a small mark just above his umbilicus that is painful”
Does it hurt anywhere else”
“What?”
“I mean is the boy painful anywhere else?”
“No”
“So it is not painful inside his abdomen” I said in disbelief.
“What?”
“Inside his abdomen, is it painful” I rephrased
“No” said the nurse.
“Is he eating and drinking, passing normal stool and urine?”
“Yes”
“Any vomiting”
“Yes”
“How often”
“He is not vomiting”
“So he is not vomiting”
“Yes, he is not”
“Any fevers?”
“Yes”
“How long has he had this mark and pain in his abdomen”
“He has no pain in his abdomen just the mark”
“But how long has he had it for”
“4 days now”.
“Has it changed at all? Bigger or smaller”
“No”
“So it just appeared like that? Was he bitten?” I said.
“No, it is getting bigger, but they don’t think it is a bite it just appeared, just like anthrax”
“Does the mother know someone who has had anthrax or something?”
“What?”
“What is the mothers experience with anthrax?”
“She has none, she just thinks that is what it is”
“But why?” I asked.
“Because he has all the symptoms of it” she said.
“His abdomen is quite distended, how long has it been like that?” I asked.
“No this is normal”
“Its not normal, can you just ask the mother how long it has been swollen for”
“Sigh. But even, I think it looks normal, it is just the anthrax mark that he has”
“Can you please just ask the mother? Anthrax lesions on the skin are suppose to be painless and he is writhing around and his abdomen in swollen”
“4 days, it has been swelling”
“Has he had it swell before?”
“No. The boy is fine apart from the mark on his abdomen, this is his only symptom. Can I go now?”
“No, I still have more questions”.

I asked a series of questions but still the only symptoms were an apparently painful 2cm punched out defect similar in size and appearance to the umbilicus and just above it. It did in fact look like an anthrax mark would look, with a typical black base. I have never seen one but it did look like a textbook picture, only it should be painless and I wondered whether the base was the typical black base of an anthrax lesion or was it just his black skin. Any way, I thought, would it really be anthrax? I also had to consider that a 4 year old boy may not be able to differentiate or describe abdominal pain as inside or out well enough to be reliable.

On examination his abdomen was clearly distended and he had shifting dullness on percussion. Suggesting free fluid within the abdomen but outside of the bowel. There was marked tenderness and signs of infection within the abdomen and his stool showed blood staining, while the gastric contents were normal in colour on naso gastric aspirate.

The ultra sound showed some distended thickened bowel loops and free fluid and the other organs appeared normal apart from uniform enlargement of the liver.

I decided to operate on Jefry. The pain and distress that he clearly had was out of proportion to clinical findings, and this can be a sign that the blood supply to the bowel may have been affected as well as the infective features. He also had gross free fluid on U/S and his bowel wall was abnormal. Finally If he did have anthrax then it may cause haemorrhage, perforation or blood clots in the bowel which could be repaired surgically.

His vital signs were stable and blood count was high so we prepared him for theatre.

I arrived at the theatre with my patient. Here my job description includes porter and pre operative nurse. I think the feeling is, if Gooffrey wants it done bad enough he will do it himself otherwise it can wait until tomorrow because I am not budging.

As I got dressed for theatre I noticed the Anesthetic provider getting changed to leave.
“Moses, we have another case. Where are you going?”
“No Gooffrey, I have reviewed the patient and it can wait until tomorrow.”
“No he must be done now, it cannot wait”.

The anesthetic providers here are amazing. They can review a patient from across the room. Just a glance is all they need. A fleeting glimpse is enough as they walk out with their bag on their shoulder. They are so good in fact that they don’t need to know anything about the patients history or condition to make a diagnosis. They don’t even need to examine them. They are always rock solid confident in their diagnosis too, there is no doubt and no tests are required either.

“Sorry Gooffrey, I don’t have time to talk about it, I am sure he is fine we will do it tomorrow.”
“Moses, this is unacceptable. This is my patient and it must be done now.”
“Well we have a Caesar coming and there is not even many staff on.”
“It must be done now”
“Can it wait a few hours, the power is bad at the moment, just call me at 8 and we do it then”.

Moses fumbled for excuses.
“You always say this and turn you phone off, this cannot wait”

It is a tough situation here. I don’t want to operate without the staff onside but at the same time their desire to not operate is not about the patients interests. I can feel that seeds of anger and bitterness are beginning to grow in my heart towards the staff here, which is something I do not want and something I need prayer for, because it is impossible for me to show Gods love if this is happening. When I reflect on the genocides of Rwanda and Congo and the wars in Uganda I realise that having a hospital here even if it is primitive is a huge step forward from where this region has come from and I really need to remain positive.

At that moment just as Moses was leaving a friend called him and told him the patient was his brother. Suddenly I had two anaesthetists running the patient to theatre faster than I have ever seen any theatre staff move. Careful with this, quickly with that, it was all happening as it should.

As I opened Jefrys abdomen 2 litres of fluid flooded out. It was clear fluid like the type from ascities. As I examined his bowel and saw its condition I was thankful that I had operated. I found that there was no twist and no bowel obstruction, but the bowel walls and veins showed a different story. All of the mesenteric veins of the whole small bowel were densely clotted with blood right up to the superior mesenteric vein, as far as I could feel. There wasn’t one part that I could resect. The bowel was blue and swollen and was cold to touch. There were points of haemorrhage and severe oedema of all of the bowel and mesentery. It was too late. At home because of the availability of TPN (total parenteral nutrition) where all of the nutrients “food” is given through a vein, it is possible to resect a large amount of dead small bowel and survive, but in this case regardless his whole bowel was dead. It was too late to do anything. I thought again about anthrax and how this is exactly how the bowel should look if it was that.

I had to break the news to the surrounding theatre staff.
“It doesn’t look good, all of the mesentery is densely clotted, the whole small bowel is dead and I’m afraid I can’t do anything”.
“I pointed to the bowel to show them”
“Is that the lung?” asked the nurse.
“Even Gooffrey, with this one, you just have to understand that this one will recover. Just give him some antibiotics and blood and it will recover, just take my advice” said Moses.

It was a heavy mood in the theatre closing his abdomen, knowing that it was too late to treat medically or surgically. Knowing that he would not survive. Jefry died two days later and I was left wondering whether the severe bowel infection really was or wasn’t anthrax.

I called Angela who was away to tell her about my day and explain the case to her, but the phone line was so bad that we couldn’t speak long.

It wouldn’t be until Monday that I would be closer to an answer. Angela arrived home from her exams in Kampala and asked if I had heard the news about the dead hippo’s?

“There have been 80 hippos reported dead and they are all positive with anthrax. The locals have been feasting on hippo meat and the radio has been hot with messages telling them to stop”

It is not abnormal for locals to eat hippos. I have since asked all my patients about it and my favourite interpreter Manfried finds this question, along with most of my questions, thoroughly amusing. Most of the patients report growing up on hippo meat and how delicious it is.

In 1960 the eating of hippos was a compulsory part of controlling the growing population. In Queen Elizabeth National Park every evening 15,000 hippos left the water and trampled up to 6km inland destroying all of the river banks and associated fertile land. An extremely controversial decision was then made that half of the parks hippos would be killed. By 1966 7000 animals were shot dead by ‘Cyclops’ a Land rover fitted with spotlights and weapons.

During the operation 40,000 villages ate 1,400,000kg of hippo meat. Butchers bought the carcasses to sell fresh meat as far away as Fort Portal, while dried meat was exported to Congo. The biggest fight was over the intestines and thick fatty skin. Researches wanted them for samples while locals prized them as a delicacy. In one area the Mweya peninsula the sole remaining hippo was joined by an eightfold increase in buffalo and three times increase in water buck. The reduction in erosion and hippo numbers was short lived but the appetite for their steaks only increased. Today there are 4500 hippos in QENP and it has been an ongoing focus of active conservation with many lessons being learnt.

Hippos and other wild or domestic herbivores are frequently infected by Anthrax. Infection is caused by B. anthracis, a gram-positive, nonmotile, spore-forming rod that is found in soil. The stability of the spore and indestructibility also makes it an ideal bioweapon, which is what most people think of it as. Spores can remain viable for decades, but can be destroyed by boiling water for >10 mins and 10% formalin for 4 hours.

There are actually 4000-8000 human cases each year. Humans acquire anthrax by contact with diseased animals. Usually by eating or skinning carcasses something the locals have been doing a lot of.

Anthrax infection comes in three forms, respiratory, skin, and gastro intestinal. In all forms anthrax if untreated can lead to toxaemia and death.

The inhalation form is also known as ‘wool sorters disease’ as the spores may be exported in animal skins and inhaled by workers. Patients present with malaise, fever, cough, nausea, drenching sweats, shortness of breath, and headache. This progresses rapidly to hypotension, cyanosis, and death.

The skin form gives the origin of the name anthrax- a Greek word for coal. The lesion begins as a pruritic papule, which develops within days into an ulcer with surrounding vesicles and edema and then into an enlarging ulcer with a black eschar. Significant oedema and sepsis may develop.

The gastro intestinal form occurs when spores are ingested and consumption of animals which have died of anthrax is the worst. The bacteria causes a serous hemorrhagic inflammatory reaction in the bowel wall resulting in pain, bloody diarrhea, sepsis, shock and huge fluid shifts leading to ascites.

Anthrax is most commonly known by the general public as a bioweapon and Nixon put a stop to its research in this respect in 1972. The Soviets were known to have stored hundreds of tons of spores in direct violation of the biological and toxic weapons convention treaty until its collapse. Historic cases of mention are the Aum Shrinrikyo cult in Tokyo in 1993 who released anthrax as an act of terrorism. Only the spores were by mistake a nonpathogenic strain. While in September 2001, the U.S postal system was used to deliver anthrax spores resulting in 5 deaths.

It is so strange to encounter forgotten infections and diseases in the natural world. The third world really is a different and fascinatingly strange, painful world.

18 August 2010 12:26

Week ten by Jeffrey

I found these verses helpful to reflect on after the challenges of last week. Well, every week actually…

“But the fruit of the Spirit is love, joy, peace, patients, kindness, goodness, faithfulness, gentleness and self control. Against such things there is no law.” (Galatians 5:22-23)

“If I give all I possess to the poor and surrender my body to the flames, but have not love I gain nothing.” (1 Corinthians 13:3)

“Therefore, as Gods chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patients. Bare with each other and forgive whatever grievances you may have against one another. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity.” (Colossians 3:12-14)

The safari ants I recently encountered have not returned but I thought I would find out more about them in case they do. Also known as soldier ants but officially as Siafu, they are carnivorous insects, which roam the forest looking for small creatures or carcasses, which are detected by the CO_2 they give off. The ants swarm over and devour the animal stripping it to the bone, without a problem.

They are usually seen while on periodic migration from an old nest site to a new one. Columns of 125m have been measured, with an estimated 325,000 members, equivalent to a line of people six abreast and 50km long. Quite the force.

Of the work force in Kagando there are a number of nurses that I love to work with. They stand out a mile from the crowd and are hard working, committed and helpful. They certainly deserve praise. Ezta and Iris in the theatres, are so helpful in coordinating staff and patients and when they are occasionally working it makes for a great day. Manfred and Cabala on the ward show a shared responsibility for the patients, which leaves me with a sense of peace knowing that the patients will be watched out for.

Manfred is especially fun to work with and we always smile and joke. Manfred loves taking histories from patients with me and finds all the questions thoroughly amusing. He always looks back to see if I am actually joking about a question and tries to catch me out smiling. Initially though, there were a few miscommunications.

This involved Christine Kyarukunda a 20 year old female who had been transferred from a government hospital. Christine had a pelvic cyst that had been removed surgically 3 weeks prior in another hospital. Only the operator had cut every bit of bowel between the abdominal wall and the pelvis on his way. Christine had presented with a burst abdomen. The damaged bowel leaked faeces which had filled her abdomen and burst the fresh surgical scar open. This pleasant once vibrant young lady presented in a terrible state. Her abdomen wall hung open, feaces pooled and spewed out and she was sick from infection. She was segregated to a side room, which was clouded in a noxious, sickly scent.

It was a terrible case to manage. At home we could put Christine on TPN where she would be fed all of her food and nutrients through her vein and her gut could be rested for months until properly healed and then the fistulas / leaks if not healed could be carefully repaired with an all day operation by an expert. In the mean time it would be treated with specialized dressings, drains, and bowel bags. Here none of this is possible and the patient must eat which means the bowel contents will continually leak everywhere until repaired. It was also very difficult in that the bowel was densely adherent to itself. It had stuck together and formed a solid ball of leaking bowel. I have been advised that when the bowel is stuck together like this that the adhesions in the first 6-8 weeks are so strong that the bowel cannot be operated on without causing more damage. This is actually a terminal condition for Christine.

It was a difficult decision but I decided to operate to explore the damage and see what could be repaired.

I struggled to mobilize the three main leaking segments and was able to repair them, but there was no way of accessing the deeper bowel in the sigmoid and rectum to look for leaks. I cleaned up her abdominal wall and resected all of the infected skin and did the neatest closure I could do to try to make this awful disaster not a cosmetic disaster too.

I left drains in her abdomen and after 3 weeks there were still no leaks and apart from a small infection her wound had healed with almost no scar. I was so happy with the result but it was still a dangerous time for Christine. She would really need a miracle for the repair to hold up and I didn't want her to go home yet because if the small wound infection worsened or things went bad with her bowel they would become very bad for her and we would not be able to detect and resolve this from home.

After all of the hard work, Christine was tired of hospital and insisted on leaving. I was really disappointed in this. At home patients are required to sign a 'discharge against advice' form, a legal form, which the patient signs to say that by leaving they understand that they may suffer complications, which could result in permanent disability or death. I went through this with Manfried and the patient but still she insisted on leaving.

I said to Manfried, how disappointed I was and if things went bad I was sure she would wait until they were so bad that it would be almost irresolvable. I also said in disappointment that I hoped she didn't come back because I would have to battle to fix it, all because she wouldn't listen and stay.

The next moment I observed Manfried giving her an epic speech. He was using all four limbs, fingers and fists waving, gyrating and gesticulating with the full force of his body.
"If you leave now then I don't ever want to see you again. You walk out and its over. After all we've done for you! You must never return to this hospital again! Don't you dare come back! Ever! Do you understand?"

Manfried was looking over for approval but it was too late for me to intervene either way, she was walking out.

"I really hadn't meant that Manfried. I was just disappointed that's all" I said.

I managed to catch her to say she was always welcome back but she was not scared or fazed. She was on her way home and felt great. Christine really needs ongoing prayer for a catastrophic bowel condition that she is very early in her recovery from.

Like some of the nurses here there are patients who make my day every day. I like having them around and it's just as well because they don't appear to be going anywhere. Muhindo Bijuraya is a 50 year old man who presented with a huge inguinal scrotal hernia. Where the bowel slips into the scrotum through a passage, the process vanginalis which has failed to close. This happens over and over for many years but eventually it may get stuck. Muhindo's bowel was trapped and obstructed and the blood supply cut off. In the natural world this is a death sentence. I surgically repaired the hernia like I have done so many other times here. However this particular case was memorable to me as I completed the entire operation in the dark. This is becoming more and more common as the power situation gets worse. As the dry season progresses there is less water to power the hydroelectrics and the diesel powered generators are just too expensive to run all day.

Muhindo reminds me of his joy every day with a huge smile and a big thumbs up. He may have got that from me because seeing him makes my day. Muhindo appears to now live under a tree beside the surgical ward, and always greets me on my way. Its uncertain how long he will remain here, but he will likely be held captive until he pays.

Normally in Australia a patient is transitioned from hospital to a comfortable home with a carer and rest from work, but here it is hospital bed Þ living under a tree and

working hard to find some food. I love having him around though and he reminds me of why I am here. Muhindo is such a blessing.

Just like Muhindo, Simon Syaipima also lives by the surgical ward, a captive of Kagando. Leprosy has ravaged Simons body, his feet are but stumps as are his hands. I treated him with skin grafts on his lower legs for chronic ulcers which have healed well. Ideally in a patient with delicate skin grafts who is at high risk of graft failure you would want a clean house and special nursing care for recovery, but not here. Simon sleeps in the dirt, with no facilities for bathing and cleaning. But he always sits up to give me a nod and a thank you. I really like Simon.

Simon is an example, and a reminder to me, of the chronic effects of Leprosy.

Leprosy is disease that still holds much stigma in Kagando and many parts of the world. It is a chronic inflammatory disease caused by Mycobacterium leprae and affects the cells which line peripheral nerves called Schwann cells.

The disease is all about the immune response to the infection. 95% of people have an effective immune response and clear the infection. The rest either have a really strong but ineffective response and are catagorised at this extreme as TT (Tuburculoid) patients, while at the other extreme there is immune anergy and no immune response is made, these are LL (Lepromatous) patients. There are also those who are in between. Those in the LL group have the highest bacterial load and the worst nerve damage.

Untreated patients discharge Bacilli from the nose. These bacilli can survive for several days in the environment and may then infect another person by entering their nose. The infection then travels through the blood to the nerves. It can take 2-5 years for TT cases and 8-12 years for LL cases to become clinically evident which is quite a long incubation period. However with treatment a person with Leprosy is no longer infective after 72 hours and 6-12 months is curative and they can live a normal life in the community. The medications are available as per the world health organization and there are 11 million people who have received this treatment.

Leprosy patients have large swollen peripheral nerves, which may be painful, dry skin patches and may also be blind. Weakness and sensory loss is variable depending on location of the affected nerve and type of immune response. The ulceration and loss of digits and limbs are all due to secondary trauma to the numb limb, like burning your hand or stubbing your toes, which is unnoticed without sensation.

Unlike Muhindo and Simon, Rovina is actually a long-term patient. Her amputation has healed and she is bouncing around the wards. Initially she cried just at the look of me but now I get a hesitant, soft smile and giggle as she peaks from behind her mother- I think she is coming around. She will go home next week and return in 4 months for a custom made leg that Angela has arranged to be made and delivered from the UK. When I remember the state of Rovina when she arrived, in septic shock with ascending gas gangrene from a fractured dead leg and I see her now a bright healthy happy girl ready to go home, I feel so thankful to God.

The hospital system here always brings opportunities to help in different and unexpected ways.

Angela works together with Anna and Karen at the moment, two medical students here for a third world elective. These girls make a huge difference in the surgical department. Whether it's the small or large things they do the difference is remarkable. One impressive example is the case of David.

In Kagando it is compulsory for a patient to have a carer, which the nurses call an attendant. The nurses tell the nursing students what work to do and the students then pass this work onto the carer. They are the hardest working people in the hospital. They dress, clean, wash and feed the patient. They give IV fluids, drugs and do dressing changes- everything that a whole ward team should do.

David claims to be 102, and presented with a fractured hip. He does not have a carer and I did not realize how important this was. I thought the nurses would do it instead. But the next day on the ward round we saw David laying on a filthy mattress in the middle of the center aisle begging us for food. Yesterday when David arrived we had assessed his hip fracture and decided it needed surgery. There are no 'hip screws' or hip replacement kits in Kagando so David would have to be transferred to survive. We tried to arrange for him to be transferred by motorbike stretcher to the city because he could not afford to go by the 'gas guzzler' Ambulance, and I was surprised and disappointed that he was still here. We went over to him we found faeces covering his shorts and shirt and a sheet drenched in urine. David was hungry and thirsty and moaning in pain, with his leg bent and rotated.

After a lot of convincing I managed to round up all of the staff and asked them to explain the situation and hopefully come up with a way of helping him.

"He is a loner. He has no attendant, so we cannot do anything for him. He shouldn't even be here without an attendant"
"But what if he was your Father?" asked Anna.
Laughter broke out.
"He is just a peasant. If he has no carer then we cant do anything for him"
"Look, I just wanted you to see the state of him. The girls have just said they are going to buy him food today. All I am asking is if we can just remember him and treat him, like Anna said, as your Father".

The way Angela, Karen and Anna cared for him was beautiful to see. They carried him to the shower, washed him, smuggled fresh clean theatre clothes for him, fed him, changed his bedding, gave him his medications- the ward staff laughing at them and protesting all the while. I hope their amazing example shows the staff Gods love, because it really does flow out of them. Three high achieving, intelligent women who would do the bare basics for someone in desperate need. The care they showed this man and the care they show all of the patients is inspirational.

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me". Then the righteous will answer him, "Lord when did we see you hungry and

feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?" The King will reply, "I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for Me." (Matthew 25:35-40)

David is now telling the girls he would prefer fish instead of chicken for dinner. We had a laugh about this but I think we can all be accused of this type of thing, like every time we demand silly things from God when he has given us so much already.

I was reminded of the case of Bashir this week when he returned to visit me in the surgical outpatients clinic. Bashir is frightened of me in a big way and I would be frightened of me too in his case. Six weeks ago Bashir had presented to the hospital in urinary retention. He had not passed urine for two days and his bladder was ready to burst. Bashirs eyes revealed this fact. It was a regular problem for this poor boy and it was because of an abnormality in the glans penis. When we first met, his Father explained to me that four years ago, while away for work his wife had arranged for the son to be circumcised by a man who has since fled to Congo at the threat of death. This man had offered a special price and Bashir got a lot more than he bargained for. Along with the foreskin this man took off the end of his penis. Now a scarred and shriveled painful mess, Bashir lets out screams of terror and panic whenever anyone goes near this massacred area of his body. It's a thought that makes you cross your legs and cringe. There had been frequent attempts at agonizing dilation in the community and other hospitals but no one had tried to fix it.

The meatus is where the urethra meets the world and where urine exits. In Bashirs case there was only a scar with a pinhole that allowed urine to drip under pressure through out the day. Urine would frequently back up causing infection and painful swelling of the kidneys- hydronephrosis.

I had performed surgery on Bashirs manhood. This was an operation which involved reconstructing a new meatus out of the underlying urethra in the remaining glans. This had worked well and Bashir had spent the last 6 weeks with a catheter in to allow healing and prevent re-closure. It had been a success, and with healing complete Bashir now had a good strong flow. It looked a lot better too.

He did not share my joy at all, but at least I know he is better off now. Bashir would not have frequent painful urinary retention, urinary tract infections and kidney damage from hydronephrosis anymore, but most of all no one will need to go near him again.

Another patient I caught up with in the Outpatients clinic was Adam.

Adam Thembo had presented for advice on a growing left breast. I had treated this surgically with a mastectomy and Adam was looking great. I was pleased he was back so that I could share the good news that the pathology report showed the breast had not been malignant and he would need no more treatment. Adam was pleased but his main reason for visiting was a request for more time off of work. He looked fighting fit and I wondered why. He told me that being in the army was very hard and tiring and he wanted to build his fitness back first.

I am used to people asking for extended time off of work anywhere I am, but Adam was asking for a year off! This was not the first time either. A primary school teacher only one-week prior had said to me after a hysterectomy. “Doctor I will be needing at least a year off of work for this, please write this for me, those children, I can not cope”

I also finally caught up with Muhindo Joyce, who had presented with an enormous abdominal tumor. The pathology report of the 8 kg ovary showed low-grade malignancy and complete excision. The reports don’t say a whole lot here but based on this she would need ongoing follow up and monitoring for any signs of recurrence. Chemotherapy is not possible, but I am often asked if this is something I could write a script for and if it is available from the supermarket or local pharmacy.

Every day in Kagando is filled with an emotional heaviness. It is not just the long hours and hard work. Dying patients are turned away, children suffer at the extremes and surgical problems are never an easy solve. There are constant fights to get things done, and there are always disappointments when tasks are not completed and no progress is made. It has brought us to the time when we need a break. We are starting to feel burnt out and it is just as well Dr Frank has arrived back from Mercy Ship and we can take a week away together to refresh ourselves.

The medical students have been doing a bible study together with us on suffering and it is also a good time for them to take a break so that we can all spend time together in a different environment talking more about the extremes of suffering we see here and the difficulties faced in working amongst it every day with staff who don’t see it as a problem.
We are also using this opportunity to focus on fund raising, study and planning for the rest of our time here.

“When I said, my foot is slipping, your love Oh Lord supported me. When anxiety was great within me, Your consolation brought joy to my soul” (Psalm 94:18)

“But as for me, I shall sing of Your strength; Yes, I shall joyfully sing of Your loving kindness in the morning. For You have been my stronghold and a refuge in the day of my distress” (Psalm 59: 16)

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Week eleven by Jeffrey

"…His compassions never fail. They are new every morning; Great is Your faithfulness" (James 3:10, NLT).

Anna and Angela made a lot of phone calls in search for somewhere to stay. We had all decided to go away for a long weekend to spend time in fellowship and debrief

from the challenges of Kangando and Angela and I would then stay on for another 10 days.

“We are looking for accommodation, could you tell us about what you offer?” They asked.
“Yes please”
“umm, so what sort of facilities do you have?”
“Yes, when would you like to stay”
“We are wondering if you have a pool?”
“Yes, very much, thank you”
“Is it a lap pool, can you dive and swim in it?”
“There is strictly no diving”
“But can you swim laps?”
“I do not swim, thank you please”
“We are just trying to judge the size of the pool”
“Yes it is very big thank you”
“But how big?”
“Yes, thank you, it is big, very hard to describe”
“Ok, we have heard you have horses?”
“Yes, please”
“Can we ride them?”
“The horses are very old, you can ride them a little”
“How long can we ride them for, can we take them on trails”
“Only very small ride, they are tired, very old”
“But what is a small ride?”
“Very hard to say, just small small”
“But how long is small small, could we ride them for 5 mins”
“A little longer would be ok”
“Maybe 7 mins?”
“Yes 7 mins is fine”
“Well, thank you, we will think about it”

In the end we decided to stay somewhere that was highly recommended by Dr David. Bushara Island, Lake Bunyonyi ‘Place of the little birds’. Bushara Island camp was developed by the church of Uganda and Canadian Missionaries to raise money for local people and the church.

The lake lies in south western Uganda between Kisoro and Kabale close to the border of Rwanda. The depth of the lake is up to 900m making it the second deepest in Africa. There are 29 islands clustered together on the lake and it has a cool climate at an altitude of 1,950 m, while surrounded by hills that are 2,200 to 2,478 m high. The lake appears on the 5,000 Ugandan shilling note under the title "lake bunyonyi and terraces".

Dr David has a lot of history in this area. His great uncle was a missionary who set up a leper colony on a neighboring island and also built the first ‘white house’ on an adjacent private island, which his wife gardened immaculately.

Leprosy was very common in the local area of Binyonyi up until 1960 when treatment became available. There were over 100 people on the Leper Island and they were all

outcasts. The island was closed in this respect in 1969 and became an exclusive private boarding school, which it remains today.

We set off in the usual way for a long distance trip. First beginning with a phone call to Milton.
"Milton what is the price to Lake Binyoni, do you know the place"
"Yes, I know very well. Very far and very expensive"
"Milton it is not very far"
"Please it is far-far"
"But how much Milton?"
"I will have to call you back, fuel is very expensive this week"
"Are you sure you know the place?"
"Yes this I know very, very well"
"But last time we went the wrong way for 2 hours and you insisted on more money because it was further than you thought, we just want to know if you need help working it out"
"No, no, last time was very, very different, this one is ok"
"The other thing Milton, this is a private hire, last time we had very many people sitting on our laps, we don't want you to do this again"
"Yes, yes last time my friends were very desperate for travel, this time is ok"

After agreeing on a price we were on our way, but not before an 1 hour detour to Kasese to have new tires fitted and balanced and the car refueled.
"Please trust me Kasese is the only place this can be done and it must only be done today, and please we must have the money upfront for the tires". They never give up.

This time we would only spend one hour back tracking near the end of the journey but many, many hours stopping for directions. Every man on a pushbike was considered an expert and we would deviate up and down side streets, reversing and climbing, skidding and turning in reaction to every varying suggestion. Just a point of the finger and the car was heading up footpaths with wheels spinning. Roads that were clearly not the highway we were looking for. The only bonus was today the young rally driver which Milton sublet his van to would go full speed airborne over all of the speed humps that littered the highway. Milton would always arrive at a full stop and hang his body out of the window up to his waist and carefully inspecting front and rear wheels, front and back, front and back, while driving carefully sideways over them using the entire road. So we were probably not that far behind time.

When we did eventually get there, the inside of the van and our bodies were thickly covered in dirt from 6 hours of treacherous unsealed roads filled with trucks churning clouds of dust.

The lake was a picture of peace and tranquility- stunning. We were greeted by a man with a large timber canoe, who seemed to be expecting us.
"This is the way to Bushara island thank you please".
The sign on the boat read 'Welcome to Bushara, please ask for a life vest when you need one" There were no life vests but it was a nice thought.

"We are out of crocodiles, out of hippos and out of snakes, so our lake water is not unsafe. No need for the safety jacket, just we only give when you need, ok?" said the boat operator.

The sun was setting like bright orange brush strokes on the horizon of the Rwanda mountain ranges and a mist had formed over the glistening still dark green lake. The Island came into view and the first thing I noticed were the tall Eucalypts.

"Please, you are most welcome" came our greeting.
"We spoke to you on the phone yesterday" Angela said.
"Yes I remember very well, you are Angela"
"Yes, we have booked 3 cottages"
"Thank you please, but even the cottages are unavailable" came the reply.
"But we booked them and you said they were available"
"Yes, that is why we have put you in tents" she said decisively.
"But we booked the cottages"
"Yes, thank you, but they are unavailable"
"Ok, so I guess we will stay in the tents" we replied.
"So four tents" She said with matter of fact.
"No we are married, we would like to share, so that will be three please"
"Are you sure, we have four available"
"Yes very sure"
"Ok, thank you please, but you must order dinner now"

Having eaten in Africa for a while now my first question is always,
"What do you have available?"
"Please look at the menu and you can choose"
"So you have everything"
"Yes please"
"Could we share the roast chicken please"
"Oh, the roast chicken. This takes very many hours to be cooking it. It is far too late, we need at least 12 hours notice to order this"
"I see, and what about the stir fry chicken?"
"Well, today we have no chicken available so you must choose something else"
"No chicken. Ok. But do you have fish?"
"Yes very, very many fish"
"So you have the grilled Tilapia then?"
"No, this is something we do not have"
"So as I asked before what do you have today?" I regrouped.
"Yes but everything else we have"
"What would you recommend?" I rephrased
"Today is a special day for crayfish, we do have crayfish today"
"Fantastic I would love to have that, could I have the crayfish salad?"
"We are out of avocado so the salad is impossible"
"Perhaps the salad minus avocado"
"No this is not possible"
"What sort of crayfish can I have"
"You can choose from the menu"
"Grilled with vegetables please?"

"Yes, today we can make this, and please tomorrow we will have one chicken available, maybe."

No matter where we order food in Uganda there is this common dialog that one must go through and there is no avoiding it.

It was probably just as well we didn't have the chicken. Chicken in Uganda is not the plump, juicy, tender, hormone fed variety we are use to. Think of a roster that has run around a dirt paddock for 4 years and that would be close to the mark. You would have an easier time eating your shoes.

The food here was the best I have had anywhere in Uganda. The crayfish was amazing and at $2.50 it is hard to beat.

Nile Tilapias, Clarias fish, Mud fish, Cray fish and Mirrowcarp are all present in lake Binyonyi and are part of the subsidence diet of locals and cheeky otters we have been lucky enough to spot.

Nile Perch and Telapia have been introduced to all of the lakes in Uganda, and have devastated local Telapia and existing biodiversity. It has been described as akin to releasing Tigers into local villages. Fortunately they do not do so well In Binyonyi due to the steep banks and deep water. In fact all fish struggle to grow here and in 1919, according to the late local historian Paul Ngologoza, there was nothing but encere, edible frogs. Efforts followed to stock the lake with other local species but due to the deep water Perch and Telapia often died out. A temperature inversion in water layers was believed to be responsible for all of the fish dying in 1950 and the entire lake was floating with fish. Ongoing efforts in preservation and restocking have been successful.

The analog of releasing tigers into villages is not such a far-fetched one I have since read. In 1960, 6 Tigers were offered from India to be released in Toro-Semliki wildlife reserve Uganda for the joy of game hunters. At the last minute this was abandoned only by the suggestion that it may affect other game predators and actually reduce game hunting. This was good news for the local herbivores.

There has however been one death by a Tiger in Uganda in the 70s. This occurred in the zoo though, when a keeper forgot to close the Tiger hatch when delivering dinner. He found himself locked in a cage with a Tiger holding its meal. The Tiger had not been presented with this dining option before and unfortunately for the keeper the Tiger decided it would prefer to eat him. Predictably the President at the time Idi Amin ordered the Tigers execution by machine gun fire and the heart brought to him for supper.

Bushara is a beautiful taste of home. To circumnavigate the island takes all of about 15mins, but it is worthwhile. The Eucalyptus trail hugs the waters edges and is covered in rolling gum nuts. Gum leaves spiral through the air as they fall to the ground and are accompanied by a beautiful aroma. Reeds and water lay on one side and magnificent white gum trees, just like home, on the other. Areas of the island are shaded and cool, covered in moss and temperate rainforest and just like the Queen Elizabeth National Park the bird life is amazing.

The gum trees here are not filled with the sort of birds I am use to seeing them filled with. Exotic African natives replace Kookaburras and Magpies. We saw many beautiful bright yellow Slender-billed weavers, which because of their high numbers are thought to be responsible for the name ‘place of little birds’. We also saw Sandpipers, Plovers, Common Buzzards, Black Kites, Kingfishers, Bee-eaters, Flycatchers and Firefinches.

The lake is deep and the water clean and clear. I have been so excited by the thought of going swimming, something I miss most days. This is made worse by the fact that there are so many beautiful, inviting lakes in Uganda, which are all unsafe for swimming.

The main problem is Bilharzia otherwise known as Schistosomiasis. Lake Binyonyi is one of the few lakes in the region that is genuinely free of this and safe for swimming.

Schistosomiasis is a mammalian blood fluke or trematode and there are mild to serious subtypes. The infection affects 200 million people worldwide and is second only to Malaria in infectious disease socioeconomic importance. Humans are the definitive host but snails are required for the fluke to complete its life cycle. Infection occurs when a human is exposed to water infested with snails. The schistosome cercariae released from the snail penetrates the human skin and enters the blood stream traveling via the lungs to the liver where they mature into adults, mate and produce eggs. The eggs are released in urine and faeces back into waterways they hatch and the larvae infect snails completing the lifecycle. The fluke does not multiply in humans so the load of infection is a chronic accumulative one. Eggs can collect in the liver, lung, bowel and brain and the immune response towards them causes a lot of damage and gives rise to the clinical features of infection. Initially symptoms are generalized fever, abdominal pain, cough and ‘safari rash’ over the skin. The symptoms then localize to different organs causing slow destruction and bleeding, accompanied by chronic fatigue. Schisto haematobium is the most common subtype in Africa and the organ most affected is the bladder, resulting in chronic pain and damage to the organ.

Medication such as Praziquantel are available but this is not a solution for people who live in endemic areas. The best management is to control snails, isolate and boil drinking water and avoiding swimming and sewer drainage in lakes.

Next to the lake waterfront is where the tents are set in their own secluded location, hidden in forest. Large green army tents fitted out with fine timber furniture and at long last a comfortable bed. They sit suspended under a bamboo-roofed structure with an outdoor shower adjoined with stone floors and bamboo walls. Hot water is ordered from reception and arrives with in a few hours of the requested time. It’s amazing to have a hot shower firstly, and secondly to be outside amongst the gum trees and rainforest over looking the still, smooth lake and neighboring islands is really special. What is also amazing is that it is $7 each per night. I could easily live here.

I finally had my chance to swim and it was awesome. A green timber deck extends to deep water from a grassed landing and is fitted with timber reclining chairs. Further

out is a floating pontoon. We all spent Sunday swimming across to the neighboring island and flipping off of the pontoon.

After my swim I saw one of the local men sitting by the lakeside. He had been using an axe to cut a 'dug out canoe' from a fallen gum tree, and doing a fantastic job of it.

"Are you needing swimming for defense in your home too, I see you are rehearsing?" He enquired.

I asked him for clarification and he went on to explain that swimming is the best defense mechanism for the local people. By being fast swimmers they can flee from attack and use it strategically in battle. I hadn't thought of swimming in this way before.

I asked him about the 15 local schoolgirls that all drowned when a taxi boat sank 2 weeks ago, none of them had life jackets and none of them could swim. Every single person drowned.

"Yes but this one is different" he replied.

He changed the subject and pointed to one of the dug out canoes, which was completed and said that we could use it any time we liked. We spent the remainder of the day on an expedition around the island. This was potentially a great team building exercise. The large hollow log was filled with dinner chairs, which would be our rowing platforms. However a flat bottom with no rudder made direction a very difficult objective, and nothing seemed to work. We did manage to get around the island and eventually developed a system, which made small progress, but GPS mapping would have been comical.

Swimming, running, hiking, bird watching, 'dug out' canoeing, and lots of productive exam preparation, we are really enjoying our time in Binyoni. Definitely one of Gods masterpieces.

"How numerous are your works, Lord! You have made them all wisely; the earth is filled with your creations." (Psalms 104:24)

For what can be known about God is plain to them, because God himself has made it plain to them. For since the creation of the world God's invisible attributes- his eternal power and divine nature- have been understood and observed by what he made, so that people are without excuse." (Romans 1:19-20)
Week twelve by Jeffrey
29 August 2010 16:04
Uganda really has been a time of mixed emotions and great personal growth. The incredible contrasts of beauty and despair, of wealth and poverty define this place. Our visit to Lake Binyonyi has been simply exquisite. The nature here is as good as I have ever seen and we have also felt quite productive. It has been a great peaceful place for me to continue my preparation for surgical exams and we have also been able to arrange many purchases for the hospital.

We have Bibles being printed in the local language and surgical equipment and supplies on the way. We now leave feeling refreshed and ready to return and we also have plenty of adventures to reflect on.

Binyonyi has over 200 bird species that are regularly seen in the region and I have kept my 'Collins Birds of Eastern Africa' book close to hand.

One of our outings from Bushara Island included a visit to the Pygmy village, which Is located on a mountain range which borders Rwanda and lies on Lake Binyonyi 1 hour from Bushara island.

Angela met Mr Albert on a recent expedition to find a Chemist and he would be our boat driver and tour guide for the day.

"Are you still unwell" he inquired.
"No, it was really nothing, I feel fine now" Angela replied.

One of the interesting things I have noticed here is the communal approach to 'everything' and the lack of privacy. Having privacy is unacceptable. On Angela's visit to the chemist she had asked Albert to take her there and all the locals on the way had asked Albert where he was taking the Mazongo (white person) which usually happens. Albert replied to every passerby and every enquirer that Angela was very unwell and he needed to take her to the Chemist. For days people would approach us and ask how Angela was. It reminds me of the ward rounds in Kagando too.
"How are you today" I would ask the patient.
"He is much better" would reply all the neighboring patients with in range, all nodding and crosschecking in agreement.
"Have you used your bowels at all?"
"No" would reply the patient.
"But he is passing lots of gas" The neighbors would say from afar. Nods followed. Questions are also asked not just from the patient about their condition but also anyone who is standing within ears reach. It is all very strange and people crowd around pointing and staring at interesting cases, and running away to tell everyone what the doctor said. Like the boy I recently saw with elephantiasis.
"What is wrong with him doctor?" asks the accumulating crowd. "So swollen and ugly" They went on.
The crowd will even take photos on their phones. Which raises another interesting question. How does everyone in a peasant village seem to have a phone?

"Are you ready to visit the Pygmy's?" Asked Mr Albert.
"We sure are"

Mr Albert's timber boat was the best I had seen and surprisingly it was empty. Usually a private hire is exploited and friends and family crowd in for the ride, or at least 20 bails of hay a few chickens and some sheep. But not today. Today it would just be us. Another unusual feature of Mr Alberts boat was that it was water sound. The average ordinary boat in Binyonyi has a full time hard working water bailer who is an integral part of keeping a float. Albert had an almost registerable boat on his hands, and it was a nice ride.

We set off through the dense chop of a stiff morning breeze towards the wetlands of Binyonyi, which would be our first stop to see some of the regions bird life.

Bright shining ‘pink backed’ Pelicans were an interesting site in comparison with our own. Pied Kingfishers were many and probably my favorite to watch. Small, agile, black and white in colour the Kingfishers were supreme anglers. Hovering 10 feet above the ground with their long straight bills motionless, they keenly awaited a catch. The small Kingfishers hit the water like a brick but were always rewarded with fish.

Great Cormorants, Long-tailed Cormorants, White stork, Yellow billed ducks, black headed herons, Hadada Ibis, Yellow billed Storks, Wattled crane’s, common Moorhen, common Buzzard, African Marsh Harrier and Long Crested Eagle’s were all seen in action. Including the Ugandan national emblem the grey crowned crane with its fuzzy yellow head of hair.

I think my favorite birds so far would have to be the Grey crowned crane for its sheer spectacle of appearance. The Malachite Kingfisher for it’s daredevil aerobatics, but also its bright blue and orange colours. The Red and Purple-Chested Sunbird for it’s fabulous iridescence. The tropical Boubou for its song that Collin’s describes as a duet in the tune of a low, hollow, piping whistle- it reverberates through the forest. The African Paradise Monarch for its incredibly bright long tail. The Long Crested Eagle for its sheer presence. And the Cardinal Woodpecker, because I’ve never seen a Woodpecker before.

The wetlands were still and the wind calmed. The wide expanse of water was covered in lily pads with bright pink flowers standing high or sitting just bellow the surface. It was truly a magical peaceful world bustling with life. We skimmed through the reeds and grasses and reached the furthest point we could travel by water. The rest of the journey would be by foot.

As the boat scrapped high at full speed onto the dirt landing we were greeted by a young local boy. This boy claimed to be 5 years old and introduced himself as Gina Kazunga. He would hold my hand and repeat the words “give me money” for the rest of our journey.

It was a steep climb to the top of the ridge and every step would be met by more children, “give me money” “give me your hat” “give me your t-shirt” and for some reason “give me your pen”. The view was beautiful and the Lake truly looked best form this vantage. 900m deep I recalled- at least they won’t run out of fresh water in a hurry.

As we continued along the ridge the trail became ever drier and dustier and the grass more sparse the higher we went. The microclimate at water level had kept a softness to the air and maintained a green landscape in spite of the arid dry season, which fortunately is nearing an end. The light dust was like a fine powder completely devoid of water and covered the ground 2 inches thick, squeaking under foot. With ease it was swept up by the breeze and stuck and clung to every part of our bodies. This was not unusual but as always it reminded me of a particular ride on a boda boda on a particularly dusty road. When Angela and I stepped off of the bike I will never forget

Angelas face. Her entire body was completely covered in fine orange powder and as it contrasted her sparkling white teeth and bright blue eyes it looked just like a Florida fake tan. Very amusing.

“Just over here” pointed Mr Albert.

He pointed to a small village similar to many we had seen before. Straw / vine roofed mud huts, set haphazardly in a cluster a top the hill. Many people sat around a central area shared by starving dogs and shaggy sheep.

As we approached, the atmosphere heightened and most rose to their feet. Those that did began their staggered walk towards us. The sickly smell of alcohol floated over us as the blood shot eyes, empty lost looks, and slurred smiles came nearer. As I observed the hustle and bustle I noticed the village people were all shapes and sizes but none of them were truly short. Shouldn’t Pygmies be short I wondered? Isn’t that the whole point?

Admittedly there were a few older villagers who were very short, and were probably the shortest people I have ever seen. They proved to also be the most drunk of the lot. I felt quite empty when I saw what had come of this village and my feelings sank even lower when they performed their dance routine for us. We asked them not to dance because we were just there to visit and meet them and see how they live. They stumbled and fell, bumped into one another and fought over drums and sticks. It was a lust less routine, uncoordinated, out of tune and could only really be described as random. Angela and I took turns dancing with the elderly ‘Pygmies’ at their strict demand and also with the younger villagers who hunched very low at the instruction of a back hand, which I assume made them look smaller.

The dance finished with a lot of yelling and a lot of hands being held out in force. I felt quite surrounded and the amount of money they were asking for was ridiculous in any country, let alone Uganda- the cheapest place to live in the world. We were driven out of the village with a lot of hostile shouts. What we gave was not enough, but nothing would ever really be enough I thought.

“Shall we go onto the next Pygmy village” enquired Mr Albert.
“No I think we have seen enough thank you”

Mr Albert was probably missing out on further commission but either way I wouldn’t be convinced otherwise. It was time to go. As Ginga Kuzunga retook his grip of my hand and smiled at me, for a second I felt like I had one friend again but then he regained his voice and continued “give me money, give me money, give me money” the whole way back.

I took one last look behind and recalled the babies and small children I had seen laying listless in the dirt with all the features of alcohol induced developmental changes.

The boat ride back was once again beautiful and we revisited the wetlands and some neighboring islands to Bushara including the ‘white house’ island of Dr Davids late great uncle. We also briefly visited ‘punishment island’ where historically young

unmarried pregnant women were left to die tied to the trees at the mercy of 'birds of prey'.

I thought a lot about the Pygmies we had seen, and wondered if our curiosity like everyone else's was the thing that had destroyed them.

Andrew Roberts in his book on Uganda describes the Batwa Pygmies as once avid hunter-gatherers whose short stature was a great advantage in the thick forests and bushland. The Ntandi Pygmies have lived in the forests of central Africa for thousands of years and are referred to as Bambuti in the Congo and Batwa in Uganda. The largest communities live in SW Uganda in the Mgahinga and Bwindi forests, where the group we visited originated. Lake Binyonyi is one hour from the Bwindi impenetrable forest, which is also well known for its Gorilla populations.

Batwa moved from the forests as early as 1889 through slavery or hard labor work. They were employed in gardens and plantations in return for food and waragi a crude spirit, which complemented their traditional dope smoking habits. The corruption of their culture continued by early European explorers who considered them as a curiosity. Major Bright who surveyed the Congo-Ugandan border in 1908 recorded fantastic and uncomplimentary remarks in his description of them. In 1938 the road from forte-portal was built and early travelers to the region did a standard trip to the Semliki forest and to the Pygmies, which also resided in that region. From that time on Pygmies continued to leave the forest and dance for food and alcohol at the exploitation of local guides. In the 1980s tourism had elevated to overland trucks bringing the masses to see the Pygmies. Even then they were all but disappointed to meet short, stoned, drunk people shuffling through a parody of traditional dance and then aggressively demanding food and money unable to hunt or gather any more.

The Pygmies remain forest edge dwellers and have lost their greatest advantage, knowledge of the forest and hunting. Key historic figures including King Costa (Pygmy king) have died which has added further loss to their heritage. They are now unable to hunt and also unable to work as knowledgeable local guides. What's worse is the Pygmies are no longer short. They are still Pygmies but just not short ones. Which raises the question are they still Pygmies? Some describe them as Pygmoids.

The loss of height is attributed to offspring from non-Pygmy men. Some African men believe that sleeping with Pygmies will cure ailments and this has led to a loss of distinctive Pygmy features in off spring, including height. Apparently tourists don't want to see tall Pygmies, which adds further to their problems.

I wonder what the future holds for Pygmies? Hopefully their culture can recover and under the guidance of King Geoffrey son of Costa, with his formal education, they can use tourism to a positive outcome.

The daily feeling of joy and the daily feelings of hopelessness that we feel for Uganda is shared by so many people, including some we met during our time in Bushara.

Catherine a schoolteacher described her visits to local schools. She was encouraged by the slow growth but also disheartened by the antiquated, redundant teaching practices which were employed along with no regulation of attendance. Just as long as

the sponsorship money came in the teachers were happy. Her frustration continued as she went on to describe her visit to her Oxfam sponsor child. The house was well fitted with satellite TV. The parents did not need to work with the handouts, and their child was not attending school. What is the solution she asked? Do I stop sponsoring them? Is it just one case or many? Anyway we are so privileged how can we judge them for having a TV? There parents are uneducated and probably don't understand the value of education, so how can we judge them? She went on.

Michael a neurologist at Mbrara Hospital explained all of the same issues I have described in the past. The staff and patients do not understand the complexity and rapidly evolving nature of medicine, he said, and they function as 'concrete thinkers' with an outdated manner mixed with local traditions and dangerous superstitions. I hate to generalize but unfortunately my experiences are all to common.

We felt reassured by the challenges other missionaries felt but no less determined to help.

Angela and I have been interested in the impact tourism has on Uganda and the example of the Pygmies is obviously a negative one. However the example of Bushara Island camp is certainly a positive one.

Set up by Canadian missionaries in union with the Church of Uganda, the aim was to develop a community run business that everyone in the community could share the benefits of. All of the food comes from local farms, the fish from local fisherman. The boat operators and tour guides, the reception staff, cooks, cleaners, tradesman, grounds man and forestry managers are all locals and live on the island, which they pride as their own. Handcrafted goods are made by the disabled and sold on the island and orphans are also taken in and cared for by the staff.

We have enjoyed meeting and getting to know the local staff involved in this operation during our week here and have found them to be wonderful kindhearted people. We have even found the cultural frustrations experienced by visiting tourists amusing- as though we are now experienced locals or something.

"We have waited 2 hours for our breakfast and missed our tour". Says one. "Do you understand what a cold drink is?" Says another, unaware that an unpowered island has no fridge. "We ordered beef and this is chicken" They go on, not realising that you get what you are given here and your order is a 'preference'. They all sound so uptight I think to myself.

We laugh about this often with the staff.

"Everything is quick, quick, quick, they must have it all now. You people, your culture is all about quick" laughs Avis and Docus, our new best friends. "You see Uganda is slow, we like it slow."

"Why do you like it slow?" asks Angela.

"Because we are Africans, we just go slow-slow-slow, we do what we want when we want." They all laugh together.

Avis reflected on some of her recent experiences.
"I realized my mistake now". She said. "When they asked me to take them to see the otters, I failed to tell them that there was no chance of seeing them. They were very angry at me" She laughed.

I told them how at home some hotels will charge you per half hour that you overstay your checkout time. They found this thoroughly amusing.
"You can leave anytime you want." They laughed.

There are amazing benefits to this. Nothing is ever a problem and time is of no consequence. Like the evening I took a local fisherman's boat out for a paddle, by mistake, for 3 hours. This is one of the highlights here. Paddling a dugout canoe over the mirror still lake with the sun setting through thunderclouds over the Rwandan mountains, birds wingtips skimming the surface and local villagers playing drums as they make their way home for dinner. I had thought that I had taken one of the island boats but it was in fact not. When we arrived back at the place we departed I found a fisherman sleeping on the bank. He quickly stood when he saw his boat arriving and I was filled with guilt.

"I am so sorry." I said. "I had no idea"
"Oh, this is no problem at all. I needed a rest" he said.
"I really am sorry, it's a beautiful boat." I went on.
"Please, this is ok, do not feel bad. Good night." He floated away behind the reeds and into the sunset.
"Imagine if that happened at home." I said to Angela.
"You would never here the end of it"
"I know."

I once again met the same tensions I feel for the culture of Uganda with its contrasts of beauty and despair, wealth and poverty. I love this lifestyle, I love these people. I don't mind eating whatever, whenever they feel like giving it to me. I just don't know how a hospital can ever work like this, that's all.

Our trip home from Lake Binyonyi was as much an adventure as the trip there, including our detour via Ishasha Game Park to see Lions. But that's a story for another time.

06 September 2010 14:15

Week thirteen by Jeffrey

There are so many wonderfully interesting characters here, the full spectrum to the extremes. I enjoy working with all types and some give me quite a laugh.

Sister Iris is a delight to work with, she is brilliant at her job, a credit to her profession and nothing is too much trouble.

Sister Petal on the other hand…

Sister Petal is a genuinely lovely person, she just has her peculiarities and quite a different way of doing things, and 'outpatients' is a good example. She doesn't like to ask the questions I ask. She prefers to take her own history and deliver her impression. This often leads to surprises on examination. Like the case of Matthew.

This was just another day in 'outpatients'. Here I was seated beside Sister Petal and opposite my patient. I was in the clean zone and just partially leaning over the dirty line, into the 2 by 2 meter dirty zone where my patient sat by the door, but not too far as to upset Sister Petal, but just enough to have a conversation.

Matthew was the first patient today, a 52-year-old man whom Sister Petal bluntly described as having a hydrocele. A very small, recurrent collection of fluid around the testicle. This is a similar problem in cause to the hernias we see where bowel slides into the scrotum through a patent process vaginalis that has failed to close. In the case of a congenital hydrocele the cause may be that it is partially open and allows fluid to accumulate but not bowel. However this was not what Matthew had. As we uncovered the problem area, my medical student and I stood quite stunned.

Sister Petal had gone back to the dinning room now, her first job done. She had also, very appropriately, changed her shoes twice. Often at full stretch she is able to lean on the edge of balance and walk her hands down the door of the dirty zone and flick open the door just enough to yell outside to the patients to enter the dirty zone. But today she had not been able to. Today she had changed her shoes and walked in the dirty zone to open the door for the dirty patients. Then with the utmost care she changed them back again to sit beside me, back in the clean zone. As she does for every patient.

"Sister Petal" We called over. "Are you sure he said a hydrocele?"
"Yes, very sure". came the reply.
"Could you have a look please" we called across the theatres.
"No there is no need, he has a hydrocele"
"But this is quite different Sister Petal. He must have mentioned this to you, could you please come and ask some more questions"

Sister Petal came over to see what the fuss was about. She once again slowly and methodically changed her shoes as she left the clean zone and entered the dirty zone, the patient corner where we now dangerously stood for closer inspection. I could see the frown of disapproval already. Her eyes then enlarged dramatically as she looked down at the patient and then began a frenzy of speech as the history was once again taken.

"He says this has been here for many, many years"
"So is this why he is here, or is it a hydrocele?" I asked.
"Well, he is now telling me both things, but I am not sure"
"I see"

Matthew had a whopping cancer of the glans penis. A huge, stinking fungating mass, which hung from his body and was unmissable.

"I'm surprised he didn't mention this sister"
"Yes, me too" came the reply.

Tests were ordered and the patient was booked for follow up and operative planning.

Sister Petal changed her shoes again to enter the clean zone and collect some paper for the notes and investigations and then changed them back again to collect the next patient before changing them again to sit beside me. Each time with thoroughness, patience and the utmost care.

"Can we carry on with the next patient now?" I requested.
"Yes, I am now ready" said Sister Petal.

At that moment Angela arrived into the operating theatres. A picture of radiance and beauty. It was as though the sun had appeared on a dark and stormy day and the temperature in the room doubled. Her bright blues eyes sparkled and shone with vibrancy and love. Her soft blonde waves of hair floated weightlessly with the fresh breeze of summer air that magically appeared with her. Her glossy smile lit up the room and from her mouth came the most glorious melody of whistles and hums. I was overcome.

Sister Petal is very liberal with her stern frowns, growls and groans and not even Angela is immune.

"Who do you think you are?" piped Sister Petal.
"How dare you whistle and hum" she hissed and sprayed like a viper.
"Umm. Sorry?" enquired Angela with a miffed look.
"Women are strictly forbidden to whistle in Kagando. I do not want to hear this from you again" Sister Petal's frown had sunk so low that her face had now become a contorted mess and I wondered if she could even see through her features.
"Get out of my site and change those shoes" She growled like a rabbit dog.

Angela floated by with a wink- the definition of composure and cool manners. She was not buying into this, she had work to do and patients to see.

It wouldn't be until early afternoon that I would encounter Sister Petal again. She had delegated the 'outpatients' job to a student who did not speak English and we had battled through the rest of the morning. As Sister Petal approached me in a direct line my danger instincts turned to full alert, but as I studied her face her cold features had almost thawed. What was this I thought?
"Doctor please come with me to the dinning room, I have something to ask you."
She had a swing in her step and her manners were as sweet as she could muster. I followed her direction to a nice comfortable seat she had prepared for me. Sister Petal remained standing and hunched over pointing to a piece of paper that lay before me. Her eyes were warm and fixed on the words that filled the page. She licked her lips in anticipation, her mouth watering. Leaning lower over the table, she tilted her head with a look of enquiry, squinting her eyes as she searched for the right words. I

noticed that her hair sat as it always did, tight thick braids anchored to the top of her head and then sprouting like a fountain of barbs into the air much like the alien in the movie predator.

“I have been unable to find any other doctors in the hospital” She began.
“Oh, I see”.
“I would very much like you to sign this piece of paper”
“Yes, but what is it all about?” I enquired.
She hesitated for a moment and then gently tapped the page with increasing purpose and meaning, all the time leaning lower over the table.
“This piece of paper instructs the canteen to give all of the staff free sodas, candy and lunch for the rest of the week”
“Does it Sister Petal”. I caught my words with surprise.
“We would very much appreciate this” She blinked her eyes and her tilted face crinkled into a smile.
“Yes, I’m sure you would. But is this what you normally do?”
“Oh yes, we work so hard that doctors always do this for us”
“But the theatre supplies all of your meals for free anyway” I said in surprise.
“No, no. We are very hungry and the hours are so long”
“Sister I always buy drinks and treats for the staff on long days but this I don’t think I can do”
Her back stiffened as she stood up and the eyes that were momentarily warm returned to cold black stones dredged from the bitter depths of the ocean.
“You must sign this” her venom had returned.
“Sister I wont sign it”
Her back turned and in a cloud of ice she vanished.

I left the room feeling quite confused about the whole interaction and on to my next patient.

Solomon had presented with an enormous abdominal swelling. This 10 year old boy had the biggest, tightest abdomen I had ever seen and the sheer size of it made breathing difficult and painful.

“Doctor my abdomen is going to explode. I just know it.” He pleaded, but he didn’t have to convince me.

The ultrasound demonstrated a huge cystic mass, a fluid filled swelling originating from the liver with all the features of Cystic Hydatid disease. He also had associated swelling of the liver, fever and pain.

Cystic hydatid disease is caused by Echinococcus granulosis, a small cestode tapeworm that lives in the intestine of dogs and occasionally other carnivores like foxes and coyotes. which are the definitive hosts for the worm.

Eggs passed in canine faeces are infective to humans. Following ingestion, they develop into larvae, which penetrate the intestinal wall and pass to target organs such as the liver, lungs and abdominal (peritoneal) cavity. There, the larvae (oncospheres) mature and form an expanding, fluid filled metacestode vesicle, or hydatid cyst. These may be multiple and reach massive proportions.

Normally sheep, cattle, pigs and rodents are infected by eating grass contaminated by canine faeces rather than humans. When these animals are infected and develop hydadid cysts they are in the viscera and are generally not as bad, but humans may be an accidental intermediate host and may be infected by close contact with dogs.

The life cycle is completed when dogs eat infected offal and adult worms develop in their small intestine and are passed out in their faeces.

The main way to prevent this disease is by administering praziquantel to infected dogs, by denying dogs access to infected animals, or by vaccinating sheep. Stray dogs are a major problem in this area and limiting them would also be helpful. This is another example of the lack of important public health measures which we take for granted, which not only involve humans but also livestock, pets and pests.

The treatment for cystic echinococcosis is based on considerations of the size, location, and manifestations of cysts and the overall health of the patient. Surgery has traditionally been the principal definitive method of treatment. However if certain criteria are met with ultra sound staging, then medical treatment is preferred.

Solomon met the criteria for medical treatment, so the treatment of choice would be PAIR (percutaneous aspiration, infusion of scolicidal agents, and reaspiration). Which means very carefully putting a needle in the cyst aspirating out 30% of its volume. Testing the aspirated fluid for the presence of protoscolices and also bile (to make sure it doesn't connect with the billary tree of the liver) and then injecting something in the cyst to kill it. In this case hypertonic saline was the only scolicidal agent available. The patient was also pretreated for 4days with Albendazole, which would continue for 4 weeks after in case there was any highly infective fluid spilt within the abdomen during the procedure.

Thankfully Solomon avoided a major operation and went on to make a good recovery, with no signs of spreading infection. Repeat ultrasounds were also promising showing resolution of the cyst.

As I completed the Hydadid case I moved on to the next theatre case of the day and probably my favorite operation so far.

Mayo's admission notes were extensive. They read 'involved in BBA (bodaboda accident), jaw broken'.

Mayo had been riding at high speed on his boda boda when he collided with another. His bottom teeth had caught the handle bar of the other bike and he had sustained a butterfly fracture.

Bailey and Love Surgical Textbook describes these fractures as exceedingly rare. But I suppose anything can happen in Africa on a high-speed bodaboda.

The fracture occurs on both sides of the mandible, inline with the canine teeth and vertically extends full thickness through the bone. The segment of bone takes on the appearance of a butterfly. This allows the mental protuberance / chin to be free from

the rest of the mandible and it is pulled down and backward by the genioglossus and geniohyoid muscles of the base of the tongue. It is a nasty sight and his face and mouth were full of blood.

Mayo required an ORIF (open reduction internal fixation) of his mandible. I always enjoy using surgical power tools, so I had been looking forward to fitting the metal plates and screws he required.

However, the theatre staff were not excited about this. The anesthetic provider would have to put a breathing tube through the nose rather than the mouth which he doesn't like doing, and the nurses would have to find all of the drills, drill bits, screws, plates and wires, which is always a hard job with all the mess here. There are no plastics or maxillofacial kits so the job was quickly delegated to me. So I spent a couple of hours going through all of the incomplete orthopedic kits to make one up. Improvising has to become your middle name in Africa and I always find this challenge a lot of fun. It reminds me the TV show MacIver, when I was growing up.

Everything was met with objection, as usual by Sister Petal, but things got easier when she left for her afternoon long lunch break. I made up a kit and did find a lot of maxillofacial tools and plates, which was a real blessing for Mayo because it meant he would get an operation.

The breathing tube went in fine and I administered a number of nerve blocks with local anesthetic in the inferior alveolar and lingual nerves, to help reduce his post operative pain.

Karen would be assisting me today, a medical student from the UK. I had anticipated that a mouth full of blood, a disfigured jaw and lots of drilling might be disturbing. So I gave my usual speech about sitting on the ground immediately if any feelings of light-headedness, sweating, nausea or confusion came about. I have already had a couple of people collapse to the floor and I didn't want it to happen to her. Karen took it all in her stride though, and enjoyed it as much as I did.

All the tools were adequate in the end but not without a challenge around every corner. The power drill broke, the drill bits were blunt or broke from years of abuse, the drill chuck could not be found for the back up hand drill, and the bent artery clip I used instead just wouldn't make it grip. But with a pare of pliers holding onto a blunt drill bit I managed to turn it through the bone and each of the titanium screw then followed home tight, holding the plate in position. The oversized bent orthopedic screwdriver had done its job and I could now close the oral mucosa flaps back over the plates and finish the reconstruction. I had placed bridal wiring around the teeth first, like dental floss, threading them together until the natural bite position could be obtained. This could now be removed and thankfully the plates were confirmed on X ray to be in the right spot. Most people would have better tools in the garden shed than the sterile surgical instruments here, but the job always gets done.

Mayo looks like a normal person again and also feels like a normal person- he has normal sensation to his lower lip and mucosa. The mental nerve, which supplies this area exits through the mental foramen on the mandible only millimeters from the plates, and it had not been damaged in the surgery, which was great news. He is on

track to a good recovery now and he has also been incredibly diligent with oral hygiene and cleaning. We are all praying the plates don't become infected, a potential disaster that we are doing everything to avoid. So-far-so-good.

Everything is done here with a lot of effort and a lot of resistance but it is truly worth it when I see the results. Like Mayo smiling again, along with his wife, in his Astro man t-shirt.

I returned to the dinning room drenched in sweat after quite the work out, to find Sister Petal hunched in the same deceptive posture as before, only this time it was Dr David sitting at the table.

"But the staff get all of their meals free, this doesn't happen anywhere else in the hospital sister…" The conversation went on.

Dr David is a legend, and I have recently had the privilege of spending some time in his VVF ward, something I have wanted to do since arriving.

In the time I spent there I was able to meet a number patients and also their tragic stories. Phiona is a 20 year old lady and has already had 3 children. The third child however caused a number of problems during the birth process. Her baby was impacted in the pelvis and would not progress along the birth canal. It took four days of labor before Phiona was able to reach the hospital and her baby had sadly died. This is how many fistulas develop, when the impaction of the baby's head causes sustained pressure on the birth canal and a pressure sore develops. This pressure sore had eroded through the wall and into the closely neighboring urethra and also the bladder leaving a large hole 3cm wide that urine would leak out of day and night. Phiona had a permanent stale smell of urine and wet clothes. She was not able to work, look after her children or herself, and was shunned from society and painfully from her husband.

The women who sustain fistulas are rejected from society and it is hard to imagine but they often think they are the only ones. Many women are uneducated and do not have internet, radio, or television and they really do not know what is wrong with them. They think they are alone with their problem, which causes them to hide away as much as they are shunned. The lucky women live away from society in friends houses and are cared for, while others who are not so fortunate are hidden in sheds or back rooms and develop muscle contractures from not moving and starve along with their children in the stench of their bodies.

Other women we met like Elizabeth have fistulas caused by poor surgical technique. Many people who perform cesareans have little training in anatomy or have any surgical skills and often inadvertently cut things they shouldn't. In some centers the 'iatrogenic' cause of fistulas is 10-50% of all fistulas. That is someone cutting the wrong thing during surgery or child birth is causing 10-50% of all fistulas and leaving women in this terrible state. In Elizabeth's case she had gone for an elective tubal ligation, a simple form of sterilization, having completed her obligatory eight children. However, somehow the operator had caused 3 fistulas in the process, quite an achievement really. Fistulas are definitely not easy to fix either. Often they are very difficult. Many women on the ward have had four or more operations and if they

are finally repaired, without adequate understanding they may go on to have more children causing more fistulas.

Elizabeth had 3 operations until she was finally dry and able to reenter society and celebrate a new life. Hopefully she will stay that way.

The surgery for fistulas is a small part of the picture and like a lot of surgery in Africa it is simply ‘picking up the pieces’ and does not address the cause. Without education, roads, finances and antenatal facilities, women are unable to obtain care before giving birth. Women are not identified as at risk and delays in accessing facilities that offer cesarean section mean prolonged impacted labor, leading to death or fistulas. If they do make it to a hospital though, they may encounter poorly trained staff that may cause even more problems for them.

We often forget how many women would die in the past in our society or have had their babies die during childbirth, or suffer terrible complications prior to the systems we have in place. Maternal child health is still a major tragedy here in Uganda. But this is how it remains and this is why fantastic surgeons like Dr David are here working so hard to help.

Fistula surgery is a lost art in Western society; there is no need for it. But until the whole picture of health is complete here; food, clean water, sanitation, immunization, roads, education, employment, wealth, political stability and hospitals with well trained staff and antenatal care; then fistulas will continue, and so will the need for fistula surgeons.

I am pleased to provide an update on a few of our patients who you have been a big part of helping.

The first is Ranet, a premature baby who I discussed many weeks ago. When we first met Ranet her body was covered in boils and was grossly malnourished while she lay lifeless in her mothers arms. Her skin had fallen from her, ravaged by infection, and her elbow had stuck through her skin in a pool of pus. Angela worked so hard with her expert nursing care changing dressings and ensuring IV antibiotics were given daily. With special thanks to all our friends and family who raised funds that we used for her care and Lydia who provided the dressings, we can report that Ranet is now well. She was discharged from hospital with all her wounds healed. Her mother has also been educated extensively on nutrition and wound care and Ranet has left in safe hands.

I have also caught up with both Rovina and Ryan, two child amputees, who had both spent long periods of time in hospital under our care. I am also pleased to report they too have recovered and healed very well and will await their prosthetic limbs to be made and fitted in 4 months time.

Finally Edga, a small boy whom we have battled to save for almost four months now after he suffered a typhoid enteritis gut perforation. He had arrived at our hospital with a burst abdomen, flooding with faeces and on the edge of death. The repair that had been done at another hospital had failed in a terrible way. After performing the first operation on Edga, Angela and I had stayed up late at night with a number of UK

and USA students who had selflessly donated blood, ventilated and cared for him through the critical hours. Under our care Edga had undergone a series of further bowel and wound operation and we had struggled to repair the damage and also struggled to provide him with necessary nutrition. I had almost given up on him time after time as Edga was almost a skeleton in the recent weeks. But like no one I have ever met before he never gave up and refused to stop fighting. We prayed so often that God would either heal him or take him away, as it was so hard to watch the way he suffered and his body wasted. There were days that I didn't want to even look at him and days where I didn't feel like facing his mother, weighed down by a burden of guilt for his terrible state, but I had too. As 'Current Surgical Diagnosis and Treatment' states: "Typhoid is a lethal condition and complications such as hemorrhage and perforation offer a formidable surgical challenge". Then finally this morning he passed away and is now with the Lord. We have become very close to Edga's family over the months we have been here and also his village neighbour, volunteer nurse and cousin Manfred. They sat by his side day and night without fail for month after month. We will be attending the funeral this week and thanks to all of your fund raising efforts Edga's hospital fees have been paid for. It is not just the fact that the hospital refused to release Edga's body until the bills were paid, Edga is a special child, a true fighter, that we have sponsored from the start. The loss of a child is one thing but loosing your house and all of your money to pay for it is another. I regret that we were not able to cure Edga, and if I had his time again, I feel that I would have managed things a lot differently. But we are thankful that along with you, we could be part of helping him in his illness and also his family by releasing them from debt. We will also be traveling to their village with Manfred in the coming week to meet all of their extended family. There are special opportunities, relationships and friendships that can be formed in difficult times, and to us, this is a great example of that.
week thirteen by Angela
06 September 2010 14:16
It's already September, where has time gone?!

The past month has flown by and since Jeffrey is so good at illustrating what we are experiencing here I have gotten lazy in the blog-writing.

The past month brought both times of trials and times of restoration. The week after I returned from Kampala (I had to go to the capital city to sit an exam) was especially challenging.
It was absolutely wonderful to be back with Jeffrey after my short five-day absence. I realized in this time that being with Jeffrey and being his wife brings me more joy and fulfillment than anything else in the world. As we forged ahead into the busy week in front of us, however, exhaustion and discouragement began to set in. Being one of the sole doctors on campus at the time, Jeffrey spent all his hours in the operating theatres while still overseeing the wards and serving as educator to the medical students. Two of the students, Anna and Karen, joined me in Surgical ward and we worked tirelessly to ensure the patients were looked after. Unwilling or overworked nurses, power shortages which kept the scan machines from running, and dozens of bus crash patients or assault victims arriving to our ward all wreaked havoc on our nerves. How do you guard your heart from breaking for the suffering and injustice you see day after day? This was our week in a nutshell and to top it off, Jeffrey and I were both battling giardia and the flu.

I was blessed by the friendship and support of Anna and Karen that week and thought it appropriate to have them over for cake after a particularly difficult day. Unfortunately during their time at our house, Anna's purse was stolen from the guest-house where they live. This purse contained all her important belongings. We all felt so broken. What was God trying to teach us? We recognized the spiritual warfare at hand, that the devil truly did want to break us, and it helped to remind each other to stand firm in our faith. We realized that all these trials provided opportunities for us to glorify God and put our hope in Him.

"Consider it pure joy my brothers whenever you face trials of many kinds, because you know that the testing of your faith develops perseverance…" James 1:2-3

One good memory that came out of the robbery was our trip to the local police. Anna and I walked along the path that crossed a river and led to the neighboring village where the nearest "police station" is located. We could hardly contain our laughter and disbelief as we approached the station…a small straw hut with a single desk and chair inside. After the goats and chickens were cleared from the hut we were summoned to sit on the bench, which was already full of people, by the official-looking man at the desk.
"Sit here" he said.
"Oh, it is ok. We can stand" we replied, wondering how we would ever squeeze our hips between the people crowded on the bench.
"No! You will sit!"
"Oh, oh….ok"
He opened his record book, a tattered, ancient notebook, and began to ask a series of ridiculous questions, which included asking Anna whether she was male or female and whether she could show him the camera that was stolen.
"Brother, you do not understand. My things were taken, I do not have them!" I could tell Anna was getting exasperated. Tears of frustration welled in her eyes.
The policeman obviously understood a very small percentage of the English that Anna spoke and it seemed that the entire village had come to hear the story of the mizungu that had lots of money taken. Her iphone alone was probably worth more than their house. As our faith in the police system quickly faded, our main goal became to obtain some sort of police report that she could submit to her insurance company. Although we prayed that her purse would be recovered, our faith that this would happen was nil.

The week finally came to an end and because Dr. Frank was due to return, we seized the opportunity for a break. We tried to remind each other to praise and trust God amidst all the trials that week but if anything I realized how small my faith really is. Saturday morning, as Jeffrey and I and the medical students were packing to leave for Lake Bunyonyi, Anna came running up to our house.
"Angela, Angela….look!"
I ran out in my pajamas and couldn't believe what I saw…she was holding her purse! It was covered in mud but everything was still inside, minus the cash. We jumped up and down and praised God for his goodness. This was an amazing start to our weekend of rest at Lake Bunyonyi.

Lake Bunyonyi is a magical place. The air was cool and tranquil and we all enjoyed sunbathing and swimming, finishing our days with dinners by a roaring fire. God truly wanted to bless and restore us.
Our friends headed back to Kagando while Jeffrey and I stayed at Lake Bunyonyi for our "study leave." Jeffrey had been kept so busy at Kagando that he hardly had time to study. So, with a few pairs of clothes and a tent that we began to call home, Jeffrey was ready to hit the books. After the first couple days I began to get worried. What would I do to busy myself on this private little island? I did not have to do washing or cooking or shopping and our island was so remote that no internet tower reached us. I tried to canoe myself to different islands but gave up quickly once I realized that the only way I could steer the tipsy dug-out canoe was in circles. Although this may sound like a dreamy vacation to some, it was a bit slow-paced for me… until God began to work on my heart. The next couple of weeks were so good for me. I no longer felt as anxious about having lots of time to myself but found joy in learning how to "be still." I enjoyed jogging the 2km path around the island several times a day without getting laughed at or followed. I delved into all sorts of books, including the Bible, theology books, the manual of Tropical Medicine (why not?), and girly novels. I got to spend quality time with Jeffrey in the evenings where he would canoe me around the islands (somehow he mastered this beast) and we would relish in the peacefulness and isolation of the place. I also realized what a relational person I am as I began to befriend the staff on the island. Dorcas and Evas became my friends and we talked about everything from the Bible to the frustrations they had with other white tourists. I joined them on a trip into town, which was an all-day affair, in an attempt to help them write an email. Of course after all our efforts, we found that the power was down in town and that none of the internet cafés were working. Nevertheless, it was fun to no longer be a guest of the island but practically family.
One of my self-appointed responsibilities is to figure out modes of transportation from place to place as it is definitely a game of "who you know." I spent days trying to figure out if getting to Ishasha camp, a remote little campsite in the middle of a game park, was at all feasible. I asked everyone for ideas, including Dorcas and Evas, random motorbike drivers, internet café owners, and finally the Indian supermarket owner. This man was very helpful and offered Jeffrey and I a seat on his produce truck as it would be the most economical way of getting there.
To make a long story short, the produce truck fell through and we ended up hiring a taxi, which proved to be the best idea ever. The taxi itself hardly made it over the steep, muddy, mountain roads…and it didn't have dozens of people hanging on for dear life as the truck did.
Ishasha campsite was less than ideal but the game park was breathtaking! There we were, sleeping amidst the lions and elephants. I am realizing more and more what a wonderful thing it is to travel with a husband. Not only do I have my best friend with me at all times, making adventurous memories, but everything feels much safer with a man by my side! J

We have arrived back at Kagando in time for the rainy season to begin…we hope. Everyone is desperate for rain. Selfishly we are hoping that the rains will bring electricity once again, a commodity we have not had in nearly two months. We were also surprised to meet several new doctors that have come to work at Kagando. Praise the Lord! We have been praying and waiting in faith for more doctors to arrive as the shortage was exhausting all of the staff at Kagando. It is also an answer to prayer in

the fact that it will allow Jeffrey to focus on research now, something he has wanted to do since we arrived.
Settling back into life here means catching up with my nurse and midwife friends, cleaning out the mouse nests that have taken up residence in our house, meeting and welcoming the new medical students that are here, and learning how to cook more meals in my little kitchen for Jeffrey and I. I am helping with some of the projects we have going on, including the Bible project and the research on typhoid gut perforations.
This weekend Jeffrey and I attended a Ugandan wedding out in a remote little village (he will give the details of this) and today I invited some of the new medical students to join me in learning how to cook traditional African food at my friend Ruth's house. Although I have experimented with some of our favorite African basics, like matoke (green banana mash), I now have a new appreciation for how long it takes to cook food on hot coal!! Five of us girls arrived at Ruth's house at 10:30 this morning and were warmly greeted by her family along with most of the neighborhood children. She ushered us to her back courtyard where she showed us her purchases from the market: beans, matoke, peanuts (for the traditional g-nut sauce) and tomatoes. We figured that our requests would be quite simple as we did not want to learn to cook meat. This assumption was, well, wrong.
Preparations began right away where she sowed us how to sort the beans, throwing out shriveled or "bad" ones. Then the beans sat on the coals for nearly two hours while we peeled the matoke. To get the correct flavor the matoke has to be steamed inside banana leaves for two hours as well.
We enjoyed the communal atmosphere as ladies sit together in a circle on the dirt preparing the day's meal, visiting all the while.
Next we were to mash the g-nuts (peanuts). Ruth laughed as we struggled with the heavy mortar and pestle-like contraption. We were all exhausted and still the nuts were not adequately pulverized. These ladies are strong! Hours went by and the cooking process was slow as the coals had to be turned and heated every so often. Finally, at 4:00pm, we all sat down to a nice lunch, full of appreciation for how hard these ladies must work to feed their families!

We continue to praise the Lord for bringing us here and can't thank you enough for your prayers and support. I am sure the next couple of months will go by quickly and our time in this beautiful, sometimes stressful, country will come to a close. L Jeffrey and I are learning so much about God's faithfulness, though, and trusting him with each new step. We have been memorizing verses together and it's amazing how truly meditating on God's word really does bring peace. Please keep in touch as we pray for and think of our friends and family often.

16 September 2010 09:19

Week Fourteen by Jeffrey

So what makes a 'good doctor' in Kagando? A lot has been written about the therapeutic relationship between a patient and a doctor. What the patient expects from the encounter, and from this what the patient considers to be a 'good doctor.'

For a ‘good doctor’ dress is an important part of fitting an acceptable profile. A doctor must be well dressed in a socially and culturally appropriate manner. It is no good wearing, a torn tank top, short shorts and flip flops, or a Tahitian vine skirt or head to toe burker for that matter, apparently no one will trust you. In Kagando this is no different. Respectable figures in society wear baggy suits and very short flashy ties, they also carry huge stacks of keys. I’m not sure why the suits are so over sized or why ties are worn as they are, but it is quite an interesting and essential variant.

I dress reasonably appropriately in theatre scrubs, which are simple and easy to wear. The theatre scrubs are however variable in color and quality. There is no size order either and a bad day may see me wearing skin tight green trousers that extend a little bellow the knee, complemented by odd sized white gum boots and a seemingly tie died XXXL blue/brown top which would comfortably fit 4 of me. The final accessory is a custom made African fabric hat. This outfit may in fact be why so many people point and laugh at me through out the course of my day, but it is difficult to know.

The fact I don’t wear a suit may put me behind the mark from the start, but I must add that I did in fact try. I had a suit made here but no matter what I said the tailor refused to make it fitted. The suit was so big, that although socially appropriate, it simply looked ridiculous. Angela had a nice laugh seeing me in it though.

A ‘good doctor’ must diagnose the patient’s complaint and the diagnosis must be given a specific socially accepted name; or in other words the patient must receive a label, which explains their problems. The doctor must also explain the rational for this diagnosis in terms that fit with social understanding. In western society this explanation is given in scientific, biological terms. Here however I might as well be speaking Chinese. A lot of my explanations are not well accepted by the patient, because the socially accepted label and understanding of a condition is so different. The patients often see witch doctors for many years before they present, and these witch doctors always offer an acceptable label and explanation. They may have had their chest pain treated with a hot spear, in order to release the curse. They may have had hot reeds tied tightly around an infected limb to let evil spirits out, inadvertently cutting off the circulation. Or they might have had topical herbal potions put on fungating cancers of the skin or breast, which are believe to be caused by the birth process. Most patients simply have no concept of germ theory, or any idea of how their body might work or that tiny infective microbes even exist when interviewed.

Most importantly the ‘good doctor’ must offer a treatment. This treatment must be acceptable to the patient and the other staff involved; an accepted standard of care. Patients who arrive on the surgical ward have come for an operation and that’s that. Patients in the ‘surgical out patient’ clinic have also come because they would like an operation that will solve all their problems. However they will settle with medications, which I might add, they will promptly cease the minute they feel better. What they will not accept is no treatment.

“Gooffrey, the patient has paid a lot of money to see you, they must have an operation.” Pleads the interpreter.

"Look, I'm telling you they do not need an operation, I have clearly explained the reason why."

"Ok, ok, I have given them your explanation, but he is disappointed because he and his brother believe he needs surgery."

"But isn't the reassurance that he is well and does not have a serious illness good enough for his money?"

"Gooffrey, you must understand, patients here expect to be treated. If you don't treat him he will think you are a bad doctor, and the hospital will also look bad."

"Yes but cant you make him understand that there is nothing to treat, he will get better on his own?"

"Gooffrey, even just prescribe antibiotics so he feels you have done something for him, this is what we usually do. If people find out that he came to Kagando and paid all this money and received no treatment people will get angry"

"I'm not performing an operation he does not need. I'm not prescribing him a medication he does not need, and I'm not giving him drugs just to please him."

"But Gooffrey, he will just try to find someone else to operate on him if you don't- even a witch doctor. Please, even just some Paracetamol. He wont understand the difference"

There is a lot more to being a 'good doctor' in the eyes of the staff and patients than just making the right diagnosis, and giving the appropriate treatment. There is also a tension to change their belief, to educate them and prevent further propagation of mistruth versus building a relationship, accommodating their ideas and working with in their belief systems. Its hard to know which angle to take in a busy setting, when often you don't have time to work slowly at understanding each other.
It can be disheartening but at the same time it is a thoroughly interesting and educational experience.

But its not just interesting and educational, this sort of practice is part of the many pharmaceutical problems in Uganda and one which contributes to antibiotic resistance. Inexperienced or inappropriate administration, expired, counterfeit or adulterated drugs all play a part in resistance and add to the burden of disease in different ways. Antibiotics may be given as a placebo for a problem that does not require antibiotics or they may not be given for the appropriate duration required promoting resistance. They may be expired making them weak or ineffective in their action. Expired medications are often repackaged or relabeled before being sold, which make them hard to detect. The WHO is tightening down on the tax and liquidation incentives that motivate pharmaceutical companies to donate expired medications, which often cause more harm than good to the patients. They may be counterfeit and have no active medication in them at all or have cheap versions of chemical components, which have toxic side effects. For example substitution of ethylene glycol for propylene glycol in pediatric paracetamol formulations has caused

many deaths in Nigeria, Argentina, Bangladesh, India, and Haiti. Approximately 65% of the 751 instances of counterfeit pharmaceuticals reported to WHO or to Interpol from 28 countries in the past 15 years were produced in developing countries. Fortunately one benefit of the powerful multinational pharmacuatical giants is that they heavily police counterfeiting to protect their own income. Medications may even be adulterated such as with many herbal medications issued by witch doctors or traditional healers, they are mixed with different antibiotics and steroids.

Whilst living in Uganda I've already been told not to buy the antimalarials 'made in India' from the chemist, because 'no one gets better on them'. It adds an additional level of complexity to the already complex problems here when you can't even trust the medications will work.

Another thoroughly interesting and educational experience was our trip to Jolly's 'give away' party last weekend. Jolly's is the housekeeper and cook at the guesthouse where we first lived when arriving in Kagando. She is a bright and bubbly character and this was the first party in the process of marriage, Kagando style.

A give away party is where the families first formally meet each other, the dowry and other gifts are exchanged and the blessing is given from different family members. A dowry is the norm and a standard part of an arranged or semi-arranged marriage here. Angela is often questioned about this and about my dowry. To marry into a 'good tribe' costs a lot of goats and sometimes even a cow. Women will boast about how many goats or even how many cows her husband's family paid for her. When they hear that I paid nothing for Angela their standard dead pan facial expression are animated with grieved, mortified and curious contortions.

"What! Ahhh! They say with a high-pitched tone of shock. "You just left with him, and he did not pay? Ahhh!"

This was an exciting opportunity to experience a Ugandan wedding with its customs and traditions.

"Gooffrey, will you be coming with us tomorrow. I have preserved a space for you and your beloved in the hospital car."

"Manfred, great to see you, we would love to come to Jolly's wedding. Are you sure there is room?" I said with excitement.

"Ahhhh. Geoffrey. You ask is there room. Ahhhh. We can always fit. You know this." He laughed.

"Yes of course." The images of pick ups loaded high with people filled my mind.

"Manfred what time will we leave?"

"Nine Zero-Clock in the morning. This is ok?" He enquired.

Like most events, the event of getting there is just as much an event as the event itself, and this was no different. My friend Chris the typhoid scientist from the US, along with Angela and I were in for a fun day.

I'm not sure what we did to deserve an 'inside seat', but I felt honored and we were sure to let everyone know. You see the rain has begun to pour in Uganda as the wet season resumes, but not yet enough to settle the dust on the roads. I felt sorry for our compatriots in the back of the hospital pickup, but to be honest I think they were too densely packed to be affected. The journey was on par for Kagando. Everyone stopped at their own villages on the way to say high to friends, buy a drink, some lollies or pick up last minute presents on the way. Anything they felt like doing was no problem at all and was richly encouraged by the other occupants. Manfred would climb down from the back and ask me to get out and stretch my legs as he showed me around at the 5 minute interval stops.

It was a great time seeing all of the surrounding villages where our patients come from and the staff live. A rare opportunity to see village life as a friend, guest and coworker rather than as a tourist.

Our final stop would be just near Manfred's home village, and the village that Dr Bazooka, a senior medical officer and assistant director of Kagando grew up in. The village was deep in the mountains of Uganda on the border of Congo an area that no white person would travel too. The whole community flooded around us as we entered the rural market square. A large dusty expanse with the odd banana leaf shelter and piles of rubble and bricks filled the space. Children ran and screamed or stood and stared at us in amazement having never seen a white person before. The very bravest would shake our hands and then run for their lives, laughing with their friends. Parents brought their children over and pointed for them to see the white person. Small mud brick shops surrounded the square, and they were all just opening for the Saturday markets. The commotion was exciting for all but clearly not as exciting as the new visitors.

"This is my brothers shop" pointed Bazooka as he shook his head and marveled at the progress and change in the village. "This was just trees and bushes when I grew up, my tribe would meet for the market day just here under the trees". He tapped the ground with a stick. "Now there are permanent buildings and the schools and houses have been pushed up the hills; so many people now." He nodded and beat the air with his finger as he emphasized each word and laughed hysterically for no apparent reason.

It was interesting seeing progress from a different perspective and through a local tribesman's eyes. He was right though. Chris explained the population explosion in the village and the impact plantations, farming and living on the heights of the mountains is having on erosion and pollution of the water source.

"My professor is right into ecology and says, in 10 years the erosion and sediment will fill the valley and the river will be completely blocked. The pollution here is already significant with a lot of typhoid cases coming from this village."

I recalled Dr David explaining how the young lady who works in his house comes from a family of 25 children. A population explosion in itself, and not an uncommon situation.

As we returned to the car with everyone carrying pineapples, and an array of gifts including a mattress, we were told that the rest of the journey would be by foot and we should grab our bags from the car.

There was a restless mood for a few moments as we looked around us; as far as the eye could see were shear mountains. The air was thick with heat and humidity, which clung to us like a heavy coat and suffocated our breathing. The first rains had already been here and left a thick layer of moisture on the local terrain.

We were all dressed in our best wedding clothes along with hard shoes, and I had even worn my oversized suit pants to fit in. We gathered ourselves and our motivations and set off. On reaching the first peak, drenched in sweat I had somehow assumed we were there. I pulled to the side to wait for the others and cast my eyes over the steaming jungle terrain. It was a marvel to watch the local villagers descending a winding trail down the mountains like ants in the distance or packhorses up close. I lost myself for a few moments as I watched, captivated. They were as strong as oxes and the hardest people I have ever seen. Old ladies loaded their backs with huge sacks of potatoes, beans, Matoko (savory bananas), animal carcasses and bails of hay. They were all on course for the markets, and it was just another day for them. As I stood there in awe I realized I was in fact witnessing something very special. These old ladies were the survivors, the toughest of tough. A lifetime of famines and poverty, unassisted childbirth and isolated living had not affected them. In fact what I was witnessing were the real Lance Armstrongs. They didn't need a team of doctors pampering them; they have never had any medical care or treatment. They just eat a plate of Typhoid for breakfast, a cup of hot cholera and a side serving of Malaria. After this they load 100kg on their backs and trek through the mountains all day, day after day, all with no shoes and certainly no help. Wow. And to top it off these women have survived wars, not just any wars, but Congo guerilla warfare and genocide. Respect.

"Gooffrey, I am not use to this system of climbing." Puffed Manfred as he approached. "See that tower over there" He gasped and pointed to a distant figure which was three peaks away. "That is the boarder of Congo and this is where we shall go." He placed down the mattress from his head and beat the air for emphasis. "My village is in the valley and we never go into these mountains. I am not a climber like these women" He threw the plastic wrapped bed back on top of his head and then hustled us along.

It was an interesting outburst but I didn't explore it any further. I simply regrouped and accepted that this would be a long sweaty hike through the mountains. I no longer fought to prevent myself sweating or the creasing of my clothes, I just untucked my shirt, rolled up my sleaves and enjoyed it. The cheap cotton grated my legs and Angela's shoes blistered every inch of her feet but what a beautiful hike it was.

The single laned silt road was broken and bent and winded steadily up the side of the mountain. Thick vegetation narrowed the road and small mud hut villages were met

along the way, some skinned goats, or grinded coffee beans. Others followed sheep, harvested bananas or hand ploughed their shear fields. Everyone looked in amazement at the white people and greeted us with kindness and friendly faces. The uncorrupted tribes people held out their hands and laughed and smiled as we greeted them in the local language. It was a great joy to meet friendly faces deep in the mountains of Uganda and Congo.

As we approached the final peak, the music of the party could be heard. We stopped for a moment to look back at the rolling mountain ranges, back to the valley where we had started. The busy market square was out of sight but puffs of smoke and small buildings directed our eyes.

As we turned to face the final climb crowds of people ran down the hill to greet us and take our gifts and carry our load.

“Welcome, our friends, welcome” They shouted.
“Come, come, please, this way”

We were directed immediately to the finest seats in the party. The clearing on the mountain peak was filled with the whole village. Large tents had been put up and all surrounded a dirt arena, which would be reserved for the formalities. Chairs were place front and centre of this arena and these would be ours. We were announced as guests of honor and everyone turned to face us and clapped at our arrival.

The music blared as it always does at events here. So loud and distorted that nothing could be understood. They were having a party and the world needed to know it. We could not communicate above the noise and the screeching and squeals of interference rattled and pierced our eardrums.

Children crowded by our feet. Hundreds of children stood and sat before us starring in amazement. They had never seen white people before and they poked and touched us and hid their faces when we smiled. We shook their hands and brushed their hair and they danced and laughed with joy. I did all-of-the eyebrow raising and grunting that the locals do to communicate and they found this hysterical.

Everywhere I looked eyes were on us and the bravest or more distinguished of the guests sat next to us for photos. Each took their turn, adjusting their shirts, ties and hats until perfect. An African man with a very long bright blue coat held a 1960s camera and coordinated this process. He only had one eye and took quite some time to lie this up with the camera and then with us. I felt like a special attraction, sort of like a jumping castle at a children’s birthday party, or when a zoo has a white lion or new animal on display or when an early explorer returns with a strange new creature. Manfred sat next to us with pride. He had brought something special for the locals and this party was now an unmissable affair. I tried to imagine what everyone was saying as they whispered to each other. “What are they doing now, what are they saying now”. I also imagined what it would be like to be a movie star or the prime minister, everyone watching and critiquing our every move. When I walked off to find a toilet in the shape of a tree, people stood and followed and children scattered around me. I had to travel a very long way to find some privacy. It was a fantastic and strange

experience being the center of attention, but it was also a great honor to be welcomed and treated so well by this village.

As I returned to my seat I looked across at a gentleman dressed in long grey pants and a bright yellow floral shirt buttoned tight to the neck, I realized he was still smiling at me. He previously sat next to me, albeit for a brief photo, and I recalled shaking his hand; then it came to me. I knew exactly who he was. As my mind cast back I continued to look across at him sitting comfortably next to his wife, five children distributed between them on laps, shoulders and feet. He nodded again and as I realized who he was I gave him a big wave and he nodded in approval. His wife too nodded and motioned with her hand. I had not expected to see any patients of mine here, but of course I would, this is where they so often come from. I remembered when I first met him. How could I forget? He arrived at 1 am with an inguinoscrotal hernia, which was obstructed and incarcerated. A lethal condition and a surgical emergency. His scrotum had been the size of a basketball and he writhed in pain as I attempted to examine him. It had been an epic journey for him by bodaboda down the rocky rough mountains trails to the Royal Kagando and I really felt for him and the suffering he had endured getting there. In fact I couldn't get it out of my mind, the poor guy sitting a stride a bouncing motor bike with a basket ball of agony between his legs. If someone arrives at that hour of night having been through such a feat they deserve to be seen immediately, and that's why I was there for him. I had called in the theatre staff and taken him to surgery. Fortunately all of his bowel had been viable and did not need to be resected. The operation had gone smoothly, the lights had stayed on and I remember enjoying the silence of that particular operation. The usual chaos had been replaced by peace and tranquility. The staff had not spoken, the radio did not play and the only noise was the women outside the flyscreen theatre windows whispering and giggling behind their hands as they stoked their campfires and cooked their dinners. I remember this because I found myself wondering why on earth everyone was so quiet that day and most of all why they ate so late. However I am yet to be rewarded with an answer. It was a special feeling looking across at him with his family, enjoying the party, sipping his drink, laughing and smiling away; a picture of health. The thought that I was part of saving his life crept over me at that moment and it really struck me. I was overcome with thanks to God that by his grace and guidance I could be of some use to this world. Although not an original thought, it was just a special moment because it was him, sitting with his family, smiling across at me.

In true African timing the centre arena was only just being set up when we arrived. We were not early I might add and the place was at full capacity with guests. The progress continued and would not be completed for another 3 hours. During this time we sat in our seats, smiling and waving at people and playing with the children who sat at our feet. The DJ felt he needed to talk and dance the whole time and his distinctive style was very familiar by the end. A hunched posture began his act, then a slow motion duck like walk with elbows jotting out followed. His lips pursed, eyes closed and head flicking from side to side. A few spins and what I made out to be a pretend spear throw and then back to the same song again. No one seemed impressed but this did not slow him in the least. I envied his confidence and self assurance and repeatedly suggest Chris join him on stage, but to no avail.

We were starving after the long morning journey and the food sat in huge pots, tempting us hour after hour.

Manfred seemed to hold a lot of weight here, whether he normally does or whether it was because he brought the white people I don't know.

"Ahhh. Gooffrey, you are yawning, you must be hungry."

Here people associate yawning with hunger and as soon as Manfred saw us starting to yawn he ordered the food to be served immediately. So like weary explorers visiting from afar and with hundreds of guests watching we went up on stage to be served our food, first before anyone else. Hungry children sat at our feet and the same old man with a stick came and shooed them away as he had done hour after hour before. Surely there wasn't enough food for everyone I thought. I neared the end of my meal and the children's eyes lit up, I now understood that this was their only chance for a meal. I wasn't sure if I should or not but as Manfred sensed I was finished he nodded in the direction of the children with approval. I didn't want to offer my plate to someone else's child, that would be very odd, but with encouragement that is what I did. Their hungry mouths were filled with handfuls and all the children passed the plate to share around cordially. The duck neck I had left, and the pieces of bowel were swallowed whole. The remains of the delicious matoko, beans, potatoes, rice, ground peanut sauce, cabbage, watermelon, and boiled eggs, they enjoyed as much as I did. I gave them my soft drink and everyone had a sip, their eyes lighting up at the sweet flavor. I hadn't had this much joy out of a meal in a long time and it was great fun sharing it with them. I noticed other people too doing the same. Here the adults eat first and the children frenzy over the scraps; I wished I could give them all a good meal.

Not long after the formal procession arrived and a white piece of silk fabric, which had carefully been attached to the dirt ground with nappy pins became the centre isle. In a bopping rhythmic walk the procession swung step by step into the centre arena. The colorful fabrics in the form of hats and dresses and wraps lit up our entire visual field. The sun came out on cue and the sparkles and drums, cakes and ribbons shone even brighter.

The bride and groom met each other as though for the first time and after loosening their embrace they slowly walked, knelt and then bowed before the groom's parents. As they placed their gifts before them they were touched on the head by the father and the crowd roared with approval. Tears flowed but it was not time to celebrate yet, this was only the first of many they had to appease. Next would be the brides parents. A goat was presented along with 10 cellophane wrapped, fruit baskets, a dangerous and volatile combination if you ask me. The goat was restrained just enough for its snapping teeth to just keep missing the food but not without increasing effort.

The final and most important approval lay before them now and would be kept for last. Five sisters stood menacing the crowd. All immaculately dressed in bright laces, and sparkling fabrics. A radiant formidable presence, the most important leaders and judges to pass- the aunts. The aunts decide when a daughter is ready to marry and the decision is final. They faced the bowing couple with the seriousness and aptitude of a firing squad. A look of decisiveness and solidarity projected in their stance. A long pause followed and as the tension heightened they began to slowly lean forward as a collective, unified body. Then with the strike of their hand they announced their

approval. The crowd erupted and the goat circled in a craze; the deal was done. Now they could celebrate and receive their gifts from the crowd. One by one the flow of gifts would be received from all the guests and then in an abrupt, matter of factness the party would end.

Our walk home was made much easier with the change in weather. The rain had brought with it a cool breeze and patches of thundercloud slowly formed sneaking over the mountain top ridges and flooding wide and thick over the valley. Bursts of sunlight stabbed through the black clouds and all shades of green, bronze and gold lit up the farmland of the lowering hilltops. The sun fell from view. Happy travelers were returning home from the markets and greeted us on our way. On arriving back at the car we would now get to experience the markets in their full glory. The square was full of people, everyone of which turned to face us. A butchered cow lay in the dirt covered in flies and mud. A pick up was loaded with pungent fish and crowds battered for their purchase. Women sat in long rows lined with beans and seeds of every colour. Fruit and vegetables were carefully displayed on mats which lay above the dirt. There was laughter and life in the air, a bustling community who seemed to relish in their friendship and twice weekly meeting in this place. Angela bought fruit and popcorn, while Chris bought souvenirs for 10 cents and red bananas for a fraction more. I had never seen these creation before, but were indeed amazing. The bananas here are as sweat and soft as creamed honey but these also shared the flavor of grapefruit.

“Everything here is from the persons back yard, this is why it is so cheap. This is a very poor village, 10c is very much money for them.” Manfred explained.

Chris offered his fruit to the children and again it was great to see the joy in their eyes when we shared our food with them. They didn’t demand money or shout at us, it was a really nice time and a really nice village, they just enjoyed our company and we enjoyed sharing what we had with them as they did with us.

A drizzle of rain had formed and the light was fading as it became time to leave. The Marabou stalks that had patrolled the market also began to lose interest, and with long slow wing strokes they effortlessly departed.

As we rode home together crammed in the back of the church vehicle somewhat etiolated, my mind basked in the events of the day. The colors and fashion, the smells, flavors and African delights. The laughing children, the huge families and bustling community. The wedding procession as it bopped and swayed with congenital rhythm; what a wonderful culture to be part of. My mind then flowed and contrasted to the markets, in quite a sobering way. The near rotten meat sitting in dirt, the heshen bags that tattered with age and stained with reuse, the old pickups that delivered them with blood dripping from the water seals, an antinomy of hygiene and sanitation; hand washing and refrigeration a world away. I thought about how all the rules at home did not seem to apply here, they had been bread tough and this was the way the tough lived. How they must be made of steel I thought to myself, surely we would die if we ate this stuff. Then it dawned on me, with some surprise I might add, that all the food I had eaten today came from that exact market. I then recalled Manfred telling me how food at Kagando comes all the way from markets just like these. Oh dear.

It would only be two days later that I would be riding in the hospital Hilux again. I had never thought much of the Toyota slogans regarding the tough Hilux utes; until now. This indestructible weapon frequently carries more than semi trailers do at home. We had set off to our favorite little boy Edga's funeral and we had picked up a few visitors along the way. When the locals heard that the white people had put fuel in the hospital car and were going for an outing they came from miles. I couldn't actually see how many as the rear tray was out of view, until the tire punctured and we all stepped out. A quick count made twenty one people in the back and we suddenly formed a very large crowd on the side of the road. I couldn't believe we had all come from one car but it was certainly true. I felt for the tire, it's rating had been exceeded a hundred fold and it stood no chance at all, but a shoddy spare would do the trick and we were soon loaded and away.

"Edga's house is the very next door neighbor to me" directed Manfried. Actually we are at the very edge of Uganda, the river ahead is for Congo."

We snaked though banana plantations, with goats, pigs, dogs and sheep scurrying out of the way. The hilux slid and bumped through the huge cavities and ridges that coursed the road. The rains had added an extra challenge for this beast but it was not slowed in the slightest. Mud huts and leaf shelters guided our course through the fields and thick jungle and before long a clearing appeared packed with the village occupants.

"Gooffrey, please, we have arrived. Christopher, Angelica we must go this way" Manfred took our hands and led us to Edga's house, his very next-door neighbour and where the funeral would be held.

A frenzy of activity followed and chairs were pulled from those who were once sitting and run at speed in our direction. At the very front of the crowd with in arms reach of the casket our chairs were placed. I perched at an angle, the rear leg disappearing in the mud and waited for what would be next. Edga's mud brick house was the backdrop of the stage and from it an old tarp from the school had been erected and covered the stage area where we sat just short of. Behind us the entire village assembled in rows, bright, colorful and orderly. A road passed by our left and a mud brick out house to our right, where Edga's mum would remain until the grieving process ends. Edga's class mates were also amongst the crowd in their clean pressed school uniforms.

"Actually". Began Manfred squatting before us as our commentator. "The bishop will take the service, then so will the school head master, village director and then it will be over to you Gooffrey"

"Over to me, Manfried. What do you mean?"
"Actually, the village will be requiring a speech from you. This is ok?"
"Yes, yes of course".
I wrung my hands and searched for the right words. Trying to mix some local language in amongst it, a bit of medicine, a tribute to Edga; the fighter he was and the unending care and love of his family. What do they want to hear I wondered.
"Manfred, do they want to know about Edga's condition what will they understand?"

"Gooffrey, actually they should know about his diagnosis and treatment. These services go for all day, so they need to know everything. Unless you are under time pressure, then we can make the service shorter."
"No, we have all day, they don't need to change anything for us. It's fine."

Manfred crouched before us leaning on my thigh and led us through the service until it was time for me to take over. Fortunately Manfred was translating through out my speech and this gave me pauses to think and time to judge the crowd's, Ahhhs, Umms and Ohhhs, tailoring things as required.

The speeches that followed were very touching, and paid tribute to the wonderful boy he was. I realized that every child here who dies is met with the same grief as at home. Somehow it's easy to think that just because so many children die here that somehow the community is less grieved by it. Although they are more accepting of death than our society they are no less upset by it. The whole community had stopped work for the day and gathered and mourned together for a full day formal burial.

All of the following speakers also sent many kind words in our direction. The donated money we had slipped in his mothers hands in secret on the wards, seemed like a small gesture to us, but to them is wasn't. The whole community knew about this and directed enormous thanks to our friends and family at home for the love and support it had shown them. Everyone knew the exact figure given and we were accepted as members of the family and village at that moment forever.

Wailing, sobbing, drum beats and singing filled the air with a choir of sorrow. We were led in procession to a plot amongst the banana trees where a hole had been dug. The bright purple casket was lowered and the choir heightened in volume and tone. The drums beat louder and louder and women laid their faces on the ground with tears streaming, while the bishop spoke amongst it all. I looked around at the house in the distance, the mud we stood on, and the banana trees that surrounded us. They all came from the ground right here and so did Edga, and that is were his body would now return. There is something so simple and so logical about how the people live and grow up here. The minimum of harm or destruction follows their days and they live sustainably with nature until with great acceptance and trust in God their body returns to the ground and their soul returns to heaven. I can really learn a lot from them.

The mood seemed to settle as we returned for the final speeches under the canvas and an air of community and celebration began to rise. Edga had brought so many people together in his short life and allowed everyone to show Gods love and care for each other.

We spent the remainder of the afternoon touring the local village, hundreds of smiles and waves mixed with a lush garden-of-eden like landscape. Pineapples, mangos, bananas, plantain, tomatoes, kasava and all sorts of tropical crops and trees paint the horizon. We walked as far as the Congo River and the boarders of the village.

I envied the simplicity of life here and paradise that the villagers share.

"Many of the crops here the government will give for free. You just need the land. It is the 'end poverty project' and we love it" he laughed.

We stood for some time by the river and looked up at the magical shear mountains of Congo. Studded with villages and houses. A mud hut faced us from just behind the reeds; a fire blazing from within. Clouds began to build and rain gently fell from the sky. The cool wind that followed whipped the thin streams of smoke from the chimney into a ragged haze, which carried the glow of the flames.

"Is that where the Militia are?" I asked.
"The what, Gooffrey?"
"You know the Congo guerillas"
"Ahhh." Cried Manfried. "Gooffrey, these are our friends, they are not Militia" he laughed. "No we have a good relationship now. We have forgiven them. They killed and ate my cow and destroyed our village, but now it is ok. We are piece by piece recovering."

Our slow walk back ended at Manfred's house just in time for lunch. The plot which Manfred shares with his fathers (his father and uncles) is a haven of biodiversity. Sheep, chickens, goats, cows wander free, while a timber pen houses the pigs off of the ground. Three piglets had broken free and the children fought with the goats. Acres of crops surround the mud brick house and next to it lay the cooking area; an outhouse where all the delights of lunch would come from.

Inside the spacious mud hut a dining table stood with our meal placed below an elaborate silk lace. The local food was a colorful display and lit up the air with an array of scents and smells. The things I did not like so much when arriving here I now love, and here was all of my favorite things. I think I even prefer to eat with my hands now too. Bundo is the prime dish, made from kasava; such a prize in fact, a local African man will tell you he went to bed hungry if he does not have it with every meal. It is a smooth dough, which is rolled into a ball and given a small dimple with the tip of your thumb; catching and complementing the pink ground peanut sauce. They work together like a team and the texture is soft and comforting. Bright green kasava leaf soup and stew holds the flavor of spinach but gives off a soft tea like aroma. Seasoned and roasted beef, salty and chard to perfection on a bed of rice and banana finished things off.

It was our final goodbye that would follow; one last visit to Edga's mud hut. His mother lying on the unfinished dirt floor, carpeted by banana leaves and holding up a small stove in the corner. She wailed and moaned. Her youngest child followed and the tiny baby with deep unyielding brown eyes shared her mother's pain; two jagged lines extended down her face and dripped tears onto the floor. It was a sad setting and we left them with messages of prayer and hope.

"Please, friends, you must stay with us tonight, you are family now." The father pointed to the spare room extending his hospitality to us and offering us everything they had. But it was time to go and there were 21 people waiting by the HIlux ute.

We have really enjoyed visiting the local villages and becoming more and more 'part of the community', and this is something that we will have the opportunity to do a lot more in the final two months of our stay here.

I arrived with three goals for my time in Kagando; Christian mission, surgery and research.

1) Our mission work has been not only in our direct patient care but also in the shape of Bibles and we are working hard with the Bible society to provide these for patients and locals.

2) Although the last four months have been a very challenging time, I am very thankful we were here when the hospital was in a state of crisis with no surgical team and in the height of a confirmed typhoid epidemic. Now, in answer to all your prayers we are pleased to report that we have an overwhelming number of local doctors and medical students in Kagando. Amazing.

3) This has now allowed me to spend a lot more time working with Chris in the area of typhoid research. The project is now at the level where we are working together with the Center for Disease Control International, and we are about to start some fieldwork. This is something I am excited about and it is an awesome opportunity to support Chris in his great mission- much more to come.

18 September 2010 14:59

Week Fifteen Uganda by Jeffrey

I don't know how Angela does it. One of the great benefits of living in Kagando is that I get to work with Angela, and if not we still have lunch together everyday. When Angela has time, what she can do with an old frying pan and a small sandwich oven with intermittent power, and no ingredients is a wonderful miracle. Our lunches together are something I spend all morning looking forward to and as I make my way up Kagando hill on course for our old, green, tin-roofed house, I wonder what amazing creation she would come up with next; Tacos one day, hamburgers the next, spaghetti bolognaise, fish curry, toped off with soft chocolate biscuits, Cinnamon buns or hot fudge cake. A mouth-watering feast that Angela takes pride in; a lesson in adaptability and a huge improvement on what we initially ate here. Angela travels far and wide on the back of trucks and motorbikes and even in bread delivery vans as far as the Congo and Kassese in search of supplies; genius if you ask me. I don't think I could survive on the local food alone and on Fridays Chris also gets to sample Angela's incredible creations as well, and we enjoy his company.

In our lunch time conversations we have all spent much time discussing the ethics of how to help the poor in the context of our work here. Which has led me to reflect on a book by Bradshaw, Bruce. Change Across Culture; A Narrative Approach to Social Transformation.

In one chapter: The Media of Ethical Inquiry it discusses the example of a successful immunization project in East Africa. Its purpose was to reduce infant mortality and it achieved that. The context of the village in which they were treating was that for every child that died an older woman was killed. They believed that the death of

children was due to a curse from older women. The outcome of the projects success was a reduction in child deaths, which also meant a reduction in the deaths of older women, which went on to cause a population explosion. The population explosion they discuss as a result of medical care is much like that found in Kagando and surrounding areas and thus relevant to me, and as our research is aimed towards directing immunization and clean water programs to areas of need this discussion is very relevant.

Population explosions are known to cause increased poverty, infectious disease, reduced resources and starvation. This sort of scenario is something I have been struggling with. However the author went on to say that when we view ethics from an economics or functionalist framework we might see this project as a failure. In fact a paper by Cook et al on the cost effectiveness of Typhoid vaccination in the slums of Kolkata found that it was not cost effective but should still be considered as it reduces mortality risk and pain and suffering.

When we draw from the inspiration of the biblical narrative of God's concern for all human life, this affirms to us that the survival of both young and old is good. The project was participating in God's redemptive work in creation and thus confirmed that their pursuit was ethical and worked to transform a major moral aspect for the community. By teaching the community to value all life, both young and old, they were extending the narrative of God's redemptive relationship with creation into that village in a comprehensive manner. The top down effect of this was to bring about a Christian ethical framework to the community leaders and in turn the community and culture. This new cultural narrative would influence the characters of individuals bringing about change on a personal level to live Godly lives that value life.

The decision of change in character has to do with ethics "theories of morality" which seeks to maintain the integrity of the narratives through which people live. It demands people take responsibility for shaping the nature of their cultural narratives. With a lot of our ethics being derived from culture it reinforces the top down approach and the benefit the program has on influencing culture, ethics and character. Establishing redemption should be the ethical basis for managing cultural change and this redemption is that of the salvific work of Christ. The Ethics of what we do should be tested against Christ's model of redemption.

This has helped me to weigh the motives and rational for the work we are doing here.

Through the redemptive work of Christ, God reconciles, reclaims and frees creation.

"The creation itself will be liberated from its bondage to decay and brought into the glorious freedom of the glory of the children of God": Romans 8:21

It also helped to show me that mission work that does not directly involve scripture is still part of the redemptive work of Christ. Like feeding the poor. Historically this has been challenged by some functionalist anthropologists, and an extreme example which relates to a 'stand off and don't interfere with nature approach', says that "missionaries upset the balance of life by feeding the poor, who would have otherwise died and made fertilizer for the trees". The author contrasted that the interpretation of any ethical action as bearing witness to the redemptive work of God through Christ is

the theological basis of evangelism through development work. Christians who engage in such work can give it an evangelistic intent by interpreting their work as part of God’s overall redemptive work in creation.

Christ really is our model, our peace and our guide in the work we do. “The sphere within which all creation takes place, all the laws and purposes which guide creation and government of the universe reside in him” which the author states is based on the vision of Isaiah and his description of the new heavens and the new earth. The ultimate harmony of creation is the proper theological meaning of peace. He brings the first example of infant mortality and the death of adults into the context of Isaiah.

Isaiah 65:17-25 "Behold, I will create new heavens and a new earth. The former things will not be remembered, nor will they come to mind. But be glad and rejoice forever in what I will create, for I will create Jerusalem to be a delight and its people a joy. I will rejoice over Jerusalem and take delight in my people; the sound of weeping and of crying will be heard in it no more. Never again will there be in it an infant who lives but a few days, or an old man who does not live out his years; he who dies at a hundred will be thought a mere youth; he who fails to reach a hundred will be considered accursed. They will build houses and dwell in them; they will plant vineyards and eat their fruit. No longer will they build houses and others live in them, or plant and others eat. For as the days of a tree, so will be the days of my people; my chosen ones will long enjoy the works of their hands. They will not toil in vain or bear children doomed to misfortune; for they will be a people blessed by the LORD, they and their descendants with them. Before they call I will answer; while they are still speaking I will hear. The wolf and the lamb will feed together, and the lion will eat straw like the ox, but dust will be the serpent's food. They will neither harm nor destroy on all my holy mountain," says the LORD.

Isaiah’s vision enumerates the true ingredients of peace, including the eradication of infant mortality and the early death of adults. Isaiah’s vision offers a theological and ethical basis for Christians who believe they can work ‘toward’ transforming cultural values that jeopardize human welfare. Including those who wish to participate in the redemptive work of Christ, which will come to completeness with his coming and the new heaven and earth.

I think aligning Isaiah’s vision with our work has helped my motivation as we continue our research.

This week we have visited many of the villages and homes our patients with typhoid bowel perforations have come from, armed with surveys. We have been collecting demographic data to determine what particular risk factors are present in these regions.

It has been great to see many of the patients whom we treated functioning well back in the community; like Immaculate. Immaculate is an 8 year old girl from Kanyombara who had a common presentation. Fevers, abdominal pain, joint aches, diarrhea and vomiting. Her school clinic had treated her for malaria but she failed to improve. When she arrived at Kagando I remember her tiny frame, bloated abdomen and beads of sweat trickling down her cheeks. Her wide eyes invited any help that would cure her pain and we did our best to do that. Like many of the patients we were

visiting this week we had performed major abdominal surgery on her to repair the hemorrhages and holes in her bowel. It was a joyous contrast to see her now in her school uniform amongst all her friends.

Chris and I had split up for the day and my translator who accompanied me would also wear the name ‘Jooff’. Jooff was an asset and made negotiating bodabodas and finding villages so much easier. However the process of finding Immaculate like all the other patients was not at all easy or fast. The only data recorded in hospital records is name, age and village. It’s hard to imagine just turning up to a village and asking around to find someone, but this is the best we could do here; and it worked surprisingly well. The villagers don’t hide away in their homes, they have a little open mud hut with no doors where they sleep but the rest of the time they are out and about, and everyone knows everyone. Our boda had left us at the town centre and by great surprise the first lady we asked, in the middle of her market day shopping, knew where immaculate lived. She left her days work behind and lead us up a winding trail into the mountains. As she pointed higher and higher towards the skyline, Jooff’s face drew signs of dread, but we were halted by her thoughts.

“Immaculate will be at school, there is no need to be going to her families fields. Let us visit her there.”

Wonderful idea I thought. We took a side trail and before long were surrounded in a sea of smiling children in green and yellow uniforms. Hundreds of little hands pointed to the principles office and we were soon swept in the right direction. A large white mud brick building covered in pictures of scripture and bible verses, which opened into a large centre passage. The children directed us to a tiny wooden bench that sat by the door of principles office and I began to sense that was the only way they entered this ominous room. I crouched down and sat, waiting for my turn. Chickens and goats strolled down the passage and a creaking in the floorboards warned me that the door would soon open. And then it did with a scrape and a jolt it swung open and we were directed to two more very small seats. As I again perched down the thick air of silence caught my breath. We were greeted with a stern enquiring manner, which brought back a flood of childhood memories. The thickset head master had a formidable presence and he raised his chin ever so slightly and looked down his nose in our direction. I knew how long it usually takes just to ask anything on these endeavors; first a long introduction, then a story about your family and life, then a process of explaining your intentions, and then the question. Which makes this task even more of a challenge.

A slow nod increased in frequency and the pursed lips broke into the usual slow stream of questioning.

“Who are you and what brings you to these parts white man.”

I fumbled though an explanation of our research and follow up of sick typhoid patients and before long an eyebrow raise summoned the assistant to scurry in search of our girl.

The tension soon evaporated as we sat again outside in the cool breeze with the sun warming our backs. When from behind the pigpen a normal girl, fit healthy and full of

life was lead in our direction. I couldn't believe it was Immaculate initially until she showed me her well-healed scar, what a wonderful transformation. She enjoyed our questioning and her moment as 'center of attention' and after a few photos we were again on our way to see Benso Bwambale of Kathasenda.

I enjoyed Jooff's company on this particular day. He was a cunning investigator and showed detective like qualities. On one occasion a man knew where the patient lived but would not direct us without money. Jooff relished in the fact that he had tricked the man into telling us the fathers name and a few landmarks as he pretended to negotiate prices for the distance he would take us.

"Jooff, these villagers, all they see is money when they look at you. I am sorry it is like this. But this is a child we have come to see, how can they take our money. We have enough information now to ask in the next village"

Jooff made it all so much easier except the endless trekking in the hot African sun. Our next patient was Franco he was 54, which made him much easier to find. Children have their grandparents name along side a name indicating their order of birth, which makes them harder to find. Everyone knows senior people and his father was a village leader in the past. Jooff knew we wouldn't have to pay to find a man like this. Our boda boda driver followed the lead and soon we were on his trail. We weaved through mud hut villages, across rivers, fields and plantations, running between long rows of bananas and tea and over numerous large embankments. Our boda driver was impressively skilled with 3 large men on board and no off road tires. It was a lot of fun and he hollered out to people as we passed and with a tinge of alarm they confirmed our direction with nods and pointing. Before long we pulled up at the back door of a mud hut in Katsungiro. There was no one there and we wondered what we should do. Then from within the trees came a shout. It was Franco and he was pleased to see us. He directed us to the front door. Strictly only family and friends enter the back door and the occasional ambitious livestock.

Franco's front yard was kept immaculately; the dirt was pounded flat and swept with a vine broom into a pattern of grooves. It reminded me of golf course greens with their crisscross mowing or Japanese gravel gardens. Franco's wife was just in the process now and she leapt to her feet to great us and guide our direction to the lounge room chair. Each chair was covered in white lace and fine ornate hardwood table separated them. I could tell Franco was wealthy by rural Ugandan standards. His house was tidy, his wife was fat and healthy and he had 10 bright, educated children, which he directed my attention to as we entered the survey form. But the thing that gave it away was his 'super elite rider' motor scooter, which leaned against the lounge chair and had to be moved in order for me to sit down. It was a bright glossy blue bike and like the clean pressed linen and bright coloured fabrics of his wife's dress I couldn't get over how they kept it all so clean. Muddy river water, he told me, is all they have access to, but I think we could learn a thing or two about washing form them; polluted river water plus no soap equals radiant whites and glowing colours- Interesting.

We were interrupted numerous times, not only from his wife who seized the opportunity of a visiting doctor but also three bright healthy chickens with 8 cute chicks each frequently entering the lounge area. Franco summoned them to leave with

a click-pssst click-pssst noise. It looked as though their little community also shared parenting, something that seems to keep all the mothers here relaxed and stress free.

After signing Franco's guest book and promising to post him a photo of us we mounted our boda and set off in search of our next patient.

The sun now blazed high on the horizon but it was eased by a cool breeze that swirled around the lead two riders and carried the fragrance of tropical mountain air. I closed my eyes and gripped onto the rear carry tray that I sat upon and dozed for a few moments. I thought about Franco's formal guest book, funny thing to have in a mud hut, but I thought it even more strange as I recalled the titles which preceded mine, Rev, The Hon. and Sir. The bumps were severe but the breeze carried me away in my thoughts. It was only about 10 minutes later though that I would be swiftly awoken as we were airborne over a ridge. The road had been left at speed as we crossed an excavated mound that led to our destination. I thought it quite skillful to jump a bike with three adults on it, but I was only impressed after I was safely off of it. We had arrived at Joel's school and we were now jetting across the football fields with children screaming out the way. I almost put a leg out; we were that close to the play. Our lead rider was on target for the office and hundreds of pointing children either directed our path or dived for cover depending on their position.

Joel attended a public school in Munkiny II, and the atmosphere was very relaxed and welcoming. We pulled up the bike inside the staff room and greeted a circle of happy faces. I often find amusement in transferring situations to the context of home; Zooming a motorbike through the school ovals with children diving for their lives and then parking in the staff room. Funny thought.

Joel was fun to interview and his father was one of the school teachers, which meant his English and comprehension were spot on. He giggled when I asked him if he defecated in his drinking water, but where else would I go he rightly questioned. Catching wind of our arrival we were also greeted by the school science teacher.

"What you need to understand, Jooff and Jooff, is that this school is the epicenter of typhoid in the area. We have 1029 students and 21 teachers all sharing a single toilet that runs into the river. No hand washing follows and all diseases are spread back into the homes and villages. The students don't pay fees and the government is ignoring us."

Mr Mehindo was right on the money and the school was home to many severe typhoid cases including 2 young boys whom we had just operated on. Joel and Peter were fit and healthy now and after the heavy context of visiting Edgas village it was nice to be welcomed in the context of victory, success and new life. The boys were fighting fit and they flexed their little muscles and slapped my hand with thanks.

The teachers I met were bright and friendly and they seemed to all hold good ideas about preventative health and education in the school. They were just hamstrung without funding. I felt that they would do quite well if given the opportunity; a possible target location for future immunization and clean water campaigns.

We mounted the bike and prepared ourselves to leave but the rider was not budging, he was protesting about the price, once again. His escalating tones brought the attention of the teachers and students who all had something to say to the rider in question. After five minutes of arguing I finally realized that it was all of 25c we were fighting about. The teachers and students thought the boda driver should stick to his word, as did I but in the end I agreed, because he had in fact waited all that time. Only it was not just that, boda riders and taxi drivers are constantly trying their luck, and I was getting tired of it.

As we visit all sorts of interesting homes that lie on the boundary of the Queen Elizabeth game park, and as I experienced the daily excitement of transport this week, it constantly brought my thoughts back to our homebound trip from Lake Binyonyi, and our unavoidable stop at Ishasha game park.

Ishasha literally means pain, and in many ways this is true. For one it borders Congo and for two it is home to the only tree climbing Lion population in Uganda, forty hungry and strong in total, and they allow no rest for the local kobs and buffalo. The park is separated from Congo by the Ishasha river, where the 'Riverside' camping ground lies. This is where we would spend one night.

Our journey from Binyonyi to Ishasha was as interesting as usual. Angela had made transport arrangements with the local 'Indian supermarket' owner. He had informed her that a fruit and vegetable truck would be coming by his premises at 9 am on Friday and that this truck always took a few passengers along with the cargo. We did make an attempt at this and in fact waited for 2 hours for the truck to arrive. But when it finally did it was so full of people that they hung from every corner and it was not possible for us to attach ourselves to the truck in anyway, even if we still wanted to. Our second option was by taxi. As I have described previously taxis are not the type that first come to mind. In this case the taxi would be a Hilux ute. The ute in question was filled with people, water tanks, grain bags and chickens. It was so tight a squeeze in fact that we could barely breath. After an hour of sitting in the ute wating for take off we were relieved to be on our way. The journey however didn't last long. Our driver circled the block, and after a lot of yelling and grunting, stopping and starting and loading and reloading more and more grain bags, we arrived back where we had started.

"We need very many more people before we leave. And you white man will have to stand up, you are taking up far too much room sitting." He spat on the ground and all the passengers laughed and grunted along, including it seemed, a chicken that was forging an escape while defecating on my bag.

The lady I sat beside continued to poke and pinch my white skin in amazement and laugh uncontrollably every time I looked at her. There she was, perched beside me ready to roar with laughter at the slightest excuse. We sat there considering our odds. I didn't feel safe as it was, let alone standing up in an overfilled ute along a renowned, treacherous, mountain road. That was it. I untied the string which had banished my suitcase to the back bumper bar, just short of the ground and walked away in protest.

"White man, come back, give me your money"

As we walked down the street back to our very first departure point, the Indian supermarket, we ran into Avis, our new friend from Bushara.

“Angel, Joof, why are you still here?” She questioned.

“Avis we cannot find a way to home, can you help us?”

Avis made a lot of phone calls on our behalf and again we were rewarded by the time rich, schedule poor, Ugandan way. Avis left her days work behind and didn’t stop helping us until we had found a ride home.

Before long we were on our way and the mountain road really was as treacherous as described. Each time we crossed a river or passed an overloaded, over balanced ute, swaying precariously in a cloud of dust by the cliffs edge, we thanked God our circumstances and our kind friend Avis had led us to where we were.

As our journey to Ishasha unfolded we observed the familiar site of hard working children on the roadside. Child labor is the standard rather than the exception here in Uganda and in this particular area it was mining. The shear slopes that sprung from the roadside and extended into the mountains were a popular site. Frequent rockslides and falling debris cause frequent serious injury leaving their trace and mark on the roads. Children scurry to collect falling rocks while others climb to heights chipping away at boulders. Others sit and break rocks. That is all they do, break rocks into smaller rocks. Day in day out, they break rocks and fill them into bags. Its hard to conceive of this; an acceptable thing here.

At home obviously no child labor is acceptable, however here, school and education is a luxury, particularly for women, and even in the church and hospital community people regularly have children who live and work in their houses. They act as cooks, housekeepers, gardeners and laborers. The justification is that they have been saved from poor villages, from starving or breaking rocks for a living, and it is the cultural norm. They are given food and possibly a little education from the household they live in. They are not however paid, and they are not given the privileges of a family member, just given board. It is not my place to question this or the justification, but when you live in a society that has a blanket ban on child labor and highly values education for all, it is hard to take. Child- slave, servant, laborer, housekeeper; what is the difference? The children do not get paid, they have no money and they cannot leave; are they child slaves or is it a culturally acceptable norm? It’s interesting when something is culturally inherent and culturally imbedded that all sorts of seemingly benign versions become accepted. Most people employed by the hospital have child slaves in their houses, only they’re not called that.

But does this make it all ok?

The UN Convention on the Rights of the Child (CRC) doesn’t think so. “The CRC stipulates that children should be protected from economic exploitation and any work that is hazardous interferes with schooling or harmful to their health and development”. The Uganda demographic health survey describes the most dangerous and exploitive areas of child labor as being commercial sexual exploitation, domestic

service, commercial agriculture in the form of cash crops including tobacco, rice, tea and coffee farming, mining, the urban informal sector and street work.

It was interesting to read the survey having seen it all first hand. It estimated that there are about 2.7 million working children in Uganda, giving an overall participation rate of 34.2 %. More than half of the working children (54 percent) are aged 10-14 years. A notable fact is that one third are less than 10 years old. It also found that 20% of all children in Uganda are orphaned. The survey does even include the invisible child labor that goes unnoticed which would push figures even higher.

These children especially the orphans are powerless to protest against low pay and dangerous conditions and this is compounded by the fact that they don't know what danger and negative consequences are because of poor education and normalization. This exploitation not only risks their lives and keeps them in poverty, it denies them education, which locks them to poverty forever.

A British tobacco sponsored study prompted by global criticism found risk factors for child labor to be – household poverty, low cost of child labor, ignorance of the law and its effects on child labor, HIV/AIDS, insecurity/internal displacement. British tobacco acknowledged that it occurred everywhere and that it was normative. The organization obviously made a list of recommendations to end poverty and educate children, but so what.

Child labor has been identified as a problem by many developed and undeveloped countries and a number of International and regional treaties such as the Convention on the Minimum Age for Admission to Employment, the Convention on the prohibition of the Worst Forms of Child Labor, the UN Convention on the Rights of the Child, in addition to national laws such as the National Constitution 1995, the Employment Decree No 4 of 1975 and the Children's Statute 1996, but still it continues to flourish in Uganda.

Even in Kagando where we are based we see it every day, with its culture of huge families it leaves so many children in poverty who are forced to work and feed themselves. The global corporations who we love to buy from, can't get enough cheap labor and along with the vast cash crops allows ample employment for those willing to be exploited.

The children continued to break stones and in a cloud of dust their little waves vanished and we left them on our way.

Riverside camp really is with in the heart of the Lion game park and as we stepped out of our vehicle and looked to the ground every large game print was freshly visible. Elephants, buffalo, hippo, kob, Waterbuck and Lion had left their mark within meters of our accommodation. It was an eerie feeling- totally unreal we thought.

As we made our way towards a dilapidated stand alone building in shades of sky blue and white we met a sign, which described it as the 'office'. Years of cracks and chips had been filled with wasp's nests which were accompanied by spider webs- evidently also full of wasps. While the tin roof allowed the breeze and all the flying creatures it carried to pass through unrestricted.

In front of the office was a small shady grassed area, which was taken over by nearly a dozen armed soldiers sat in a circle. They rocked on their chairs with cigarettes dangling from the corner of their mouths. At once their talk was silenced and they looked up from their card game just long enough to make me feel very uncomfortable. As their eyes fixed and squinted and they swung back on their whisky, I had a feeling that I had walked into something I couldn't get out of and an icy dread swept over me. I turned back to watch a trail of dust following our car into the horizon and then back again to face our uncertain future. The way they stared at Angela made me feel incredibly uneasy. A few of the soldiers stood and circled us, inspecting us up and down. Some drunken slurs and jeers were let off and then all their eyes at once returned to the card game which continued with slaps and screams and raucous laughter as it would for the rest of the night. The atmosphere quickly diffused, and we moved on our way.

"Oh, you are welcome visitor, this is the way to your room." A young man pointed from the office doorway while his sister led the way.

Two doors down in the same finely established building we found our room.

"Yes, this room will be $4.50 per night, thank you please"

I stared motionless at the interior, transfixed on what lay before me. It was as I had described but only worse. The windows were missing and the bars that stood in their place along with the sliding blot door made it feel much like a prison cell. Two collapsed beds stood askew in the centre of the room, while a used towel lay on the floor. Evidence of bats and birds were plain to see. As I entered the cell away from the gale wind that was blowing I regained my composure, only to be struck by a smell like no other. An overpowering stench that burnt into the depths of my nose. It was quite clear that this room had previously been used as a urinal and every animal in Africa had given it their best shot.

"Thank you we'll take it" we said with a croak of apprehension.

We put down our bags, bolted the door (with us on the outside of it) and set off to explore.

"It is not safe to walk around the camp site. In fact it is more than dangerous" came a volunteered remark as we set off towards the river.

It was exciting and scary to see so many animal prints and dung within the campsite and to hear the thundering orchestra of wildlife that sounded from the riverbanks. Late afternoon, in the heat of the day and the peak of the dry season, every animal in Africa was escaping to the fast flowing river, and they celebrated in full cry.

We timidly left the sights of our accommodation and walked through an attached mud hut village which adjoined the campgrounds to the river. We stood at the perimeter looking at the well trodden hippo and elephant trails that connected the village to the river. The pungent aroma of large herbivores filled the air, just like a zoo, I thought;

my only similar experience. Should we, shouldn't we? It's so hard to say. The temptation to see the river and animals was overwhelming but as much as I wanted to see all the animals, I also didn't. It certainly was not safe.

At that point we saw some native women following a trail with a small child in the direction of the river.

"Lets just follow them and see what happens." We agreed.

The thick over growth was a contrast to the sparse burnt plains that we had driven through. The atmosphere and climate in the thick was much more like a jungle saturated by the river air. Black and white Colobuse monkeys launched themselves with screeches from the peaks of the highest trees. Branches cracked and shook beneath them. The steamy air was mixed with the smell of wet hides and dung. Drums sounded in the background. I could sense tension in the air and Angela squeezed my hand tight as a hippo let out a deep grunting throaty roar that you could feel in your stomach. Part of me felt like running but the other part just wanted to see around the next corner. Just a little bit further. Baboons ran through the undergrowth and sent the children into screams while an Egyptian goose navigated the nearby airspace.

We arrived at the river bank and to a clearing which met the water with a shear drop. There was no access to the water at this point and the small cliff would make it unpopular for large animals. It was however a great place to watch from. Elephants trumpeted and splashed nearby and hippos stood and stared grunting with a their deep throaty bellows from the shallow banks across the way- their tails spinning and ears flicking in a funny way. Bright Malekite Kingfishers and Cormorants darted and dived through the densely overgrown banks that formed a connecting arch over the river. Congo, Uganda. Congo, Uganda. The largest birds I have ever seen, Vultures towered from large fig trees and the sacred crested Eagles shared with them alongside. There was no doubt about the next sound we heard. The roar of a Lion. We both froze and then we were away…

"Hello, I am Mustafa."

Mustafa had left his soldier friends and come over to introduce himself. In a drunken stupor he identified himself as an expert Lion tracker and Scientist. He explained to us how amazing he was and that we could come for a drive with him in the morning, if we paid for some petrol, while he tracked Lions. I have heard of people paying hundreds of dollars for this so the idea of just going a long for the ride was very enticing and we agreed.

"Sure mate, sounds perfect. So Seven am real time, or African time?" we enquired.

"I will be there" he laughed as he staggered and stumbled a diagonal path back to his seat."

We kept away from our room as long as we could and then holding our breaths we took a dive into bed and hoped we would pass out quickly. The bed was hopping with fleas and it was a hot, restless and itchy night. But by great relief the morning did arrive and our alarm sounded at six am. The music of the forest was way ahead of it

though and it was just incredible to hear the sounds of Lions and elephants, hyenas and hippos just out side the door.

We had the idea of returning to the riverbank before we set off but as my dreams would have it the journey was filled with snakes and crocodiles so we decided against it.

Mustafa was on time, and like a seasoned campaigner he was bright and sharp as ever.

There were a number of advantages to Lion trekking with Mustafa. One was that it was free. Two, he had GPS tracking of Lions and was in fact an expert at locating them. And three he did not seem to be restricted by any rules. Usually there are strict regulations on leaving the boundaries of the road and drivers are banned from ever returning if they break these rules. But this did not apply.

Just seconds from leaving the camp and almost exactly where we had been walking the night before we saw our first big male cat, stalking a field of kobs. Mustafa explained all the signs to look for and it was actually quite obvious where the Lion was. Every kob in the field pointed to him daring not take their eyes off, and he was also closely pursued by a group of Vultures who strongly believed in his abilities.

Mustafa pulled up the old diesel 4x4 right next to the huge male. We could almost touch him and it was a wonderful sight, but so very strange to see National Geographic happening in the real. The Lion sat for a while and then continued his slow calculated pursuit, keen to get his days work done before the heat soared.

We saw a number of Lions on our drive and each time they were within touching distance. A large female was also seen in chase and wow how those kobs can run. I felt sorry for them that they would be chased all day long every day and if ever they let their guard down or had a bad day, just one bad day, they would be eaten.

Angela and I thought we could learn a lot as Christians by the example of the kobs. When we talk about being on guard as a Christian the words are often empty but the kobs are dead serious. They work together as a team and never ever tire of keeping guard from the enemy.

“The highway of the upright avoids evil; he who guards his way guards his life” Proverbs 16:16-18. “Righteousness guards the man of integrity, but wickedness overthrows the sinner” Proverbs 13:5-7.”In the paths of the wicked lie thorns and snares, but he who guards his soul stays far from them” Proverbs 22:4-6. “Be on your guard; stand firm in the faith; be men of courage; be strong” 1 Corinthians 16:12-14. And also the comfort that we are not in fact alone, “For he guards the course of the just and protects the way of his faithful ones” Proverbs 2:7-9.

Mustafa could recognize every Lion, and which were in fact refugees or visitors from the Congo, including elephants too.

“Many of the animals from Congo escape from poachers and run to the park at the sound of gunfire. Many even have bullet wounds when they arrive”

I am starting to come to the conclusion that all things arrive from the Congo with bullet wounds.

“When the elephants come here they have been chased or attacked and they storm the fields pushing down all the trees and often they keep running out of the park and into the communities, reeking havoc.”

Elephants and Lions have no fences in the park and often enter the surrounding communities. Alternatively grazers are tempted by the fertile game parks and enter the perimeters with cattle and goats.

Unfortunately whatever the cause, the interaction of villages or domesticate animals with the wild is not pretty. Farmers never stop protesting about the cats who eat their fat slow cows, and in fact there have been 6 recent Lion poisonings on the park perimeters. A huge loss says Mustafa.

“Your lions, have done this, your elephants have done that.” The locals say to the park managers. Funny the dismissal of obligation or lack of acceptance of their own natural world.

“A single Lion in this park may have only six offspring in their life and there is a huge infant mortality rate here, so that number will take a long time to recover” he explained.

Attacks are not limited to the surrounding villages either. I learnt that the soldiers who drink and play cards all night are actually boarder guards as the narrow river is a popular spot for guerillas and escapees to cross. One of these soldiers was involved in a notable Lion attack. At five o’clock in the morning he was passed out drunk lying in the guards room with his head just slightly protruding from the doorway. The Lion passed by heading from the fields to the river and noticed his head. The big male let out huge roar which did not disturb his slumber in anyway. However it took a bite of his head and then spat it out in distaste. As blood rushed from his scalp wounds the lion continued on its way roaring and growling. The solider started yelling about a baboon that bit him. When his neighbor who had seen the attack and bandaged his head explained the circumstances to him he still did not believe it. The teeth marks in his scalp told the story however and Mustafa drove him to the hospital just in time.

Most attacks however are from hippos. A hippo can run as fast as a racehorse (50mph) and they are incredibly agile and vicious. I imagine hunting hippo would be a great way of angering a monster. However that is what many of the locals do, and this is how many are attacked. I had discovered this surrounding the anthrax case where locals had been feasting on dead hippos. Mustafa reinforced this fact and added his own experience.

“Because of my religion I am not allowed to eat hippo. But the time I did, I was fooled into it, I had no idea, but it was the juiciest most succulent steak I have ever had”.

“How did you not know?” I asked.

“The booze. It was the booze, that is why. I was fooled into it because you must eat hippo meat to be fertile. This is especially important for women. A father must feed his daughters hippo meat so they will be good wives and have lots of babies. The average number is 7 children per woman. You must have babies to be a good wife and no one will risk not eating the hippo.” He said with a serious tone.

A side note to this is that the WHO states that Uganda consumes the most alcohol per capita than any other country.

The early morning Safari was very successful in seeing, lions, elephants, kobs, water bucks, buffalo and baboons. However the lions generally climb the trees later in the day and we were unable to witness this mysterious behavior. It is still unknown why they do this but it is something that is cultural now and a behavior that is entrained in the young.

I was also thankful to see many bird species in Ishasha something I am starting to enjoy. We saw Hamerkop, black kite, brown snake eagle, African fish eagle, white headed and white backed vultures, helmeted guinea fowl, African crake, black bellied bustard, African emerald cuckoo, blue headed sunbird, grey back fiscal, black headed weaver, shinning blue kingfisher and a very popular one the long crested eagle.

The long crested eagle holds a lot of respect from local people and has a lot of superstitious beliefs attached to it. It is possible, I’m told, to ask an eagle where you will marry, how and when you will die, and what sort of luck you will have. Depending on which way the crest shifts will determine your answer.

The drive home from Ishasha was entirely through the Queen Elizabeth National Park and our adventure was not over yet. The road was packed with wildlife the whole way home. Large communities of baboons and kobs were frequently navigated through having taken over sections of road. At one point I asked the driver to go especially slow to take photos. A huge male baboon stood next to the car and approached my window, which I failed to close.

“Do not fear, this one is ok” said the driver.

I had visions of Malaysian monkeys who will hijack a car with ease, but I was reassured that it was ok, and thankfully the big male was happy to explore the car from the outside.

As we left the national park boundaries and arrived at kickorongo, 15 km from home we realized our adventure was still not over. A minibus had pulled off the road just in front of us and unloaded with cheering passengers who waved us down in their excitement. Right by the roadside within the village perimeter they had witnessed a large female lion chase down a kob. As we arrived the lion was just finishing the chase and was wrestling the kob to the ground. The jumping, cheering and dancing of the approaching crowd 20 m from the Lion was too much for her and she took off. Amazingly the kob bounced to its feet as if resurrected and shot back towards its family bleating with relief.

I'm not sure if that is where the story ends though. The lion was not heading home, she was still there, waiting and watching. This park really does have no boundaries and the things we saw that day inside and outside the park and even inside the kickorongo village were priceless.

Child labor report base on the Uganda demographic and health survey 2000-2001

Extent and Determinants of Child Labour in Uganda
Tom Mwebaze, Makerere University Kampala, Uganda
AERC Research Paper 167 African Economic Research Consortium, Nairobi June 2007

Report on the study of child labor in tobacco growing areas in Uganda, BRITISH AMERICAN TOBACCO (U) LTD 2002.
18 September 2010 12:03

"And without faith it is impossible to please God, because anyone who comes to Him must believe that He exists and that He rewards those who earnestly seek Him" Hebrews 11:6

26 September 2010 16:23

Week Sixteen Uganda by Jeffrey

Our travel to Uganda was entrusted in the safe hands of the illustrious Egypt air, a hazard in aviation. One benefit of this however was our stay in Egypt, where we could visit historic biblical sites and experience the Muslim culture. This is something I have been thinking a lot about this week. Our residence was in Cairo itself, a city which contains 20 of the 80 million people who live in Egypt. From there we had the privilege of visiting the historic Mecca, the Nile valley.

From our hotel we ran the gauntlet of taxi drivers and peddle pushers and dodged every form of hooligan and snake oil salesman on the way to the cheaper transport options. Crossing the streets was an impossible but unavoidable part of this and required us to stop traffic by waving our arms and stepping out bravely. We aimed for the black cabs, the type used by locals and steered by people who do not speak our language. This avoided us a lot of extortion but brought other challenges, like communication. Thankfully Angela in true multilingual fashion quickly learnt enough Arabic to get us by. The driving technique used in Cairo is in fact very much like that of Uganda, and I wondered if the technique itself may hold its roots in this ancient metropolis. The only variation was the torrent of noise and density of traffic that swarmed the streets of Cairo. Like a class 6 rapid the high-speed traffic weaved together in utter chaos and violence. With the added challenge and predicament of horse and cart, and donkey and camel amongst it all. The taxi catapulted along with fists waving and incomprehensible abuse exchanged between neighboring colleagues. Our driver exchanging cigarette for mobile phone with rapid shifts and beating his

horn with a fury that mirrored the commotion outside. Often a car would hit the anchors and slide across three lanes of densely packed traffic clipping bumpers and mounting curbs just to change lanes. I pictured this performance on the streets of home and amused myself at the thought of adopting these strategies myself.

On one particular day we set out to see Coptic Cairo. The smog was thicker than ever but towering at 450 ft high we could still make out the pyramids of Giza including Cheops, Chephren and Mycerinus that lie next to the Sphinx. These limestone creations lie 11 km southwest of central Cairo and are positioned by the polar star, aligned precisely 8.5' west of magnetic north. Thousands of years of erosion, looting and wars has seen immense destruction, but incredibly they still stand. Including the Sphinx at 66ft high, made from a single block of stone and built by Chephren son of Cheops. The restoration efforts are taking away from its original form however it is still a marvel of history and a connection to another time.

As our journey passed the 'Roman walls', we could see the two main towers which still stand and were once the gateway connecting the Nile to the walled Roman stronghold. The fortress was built by Octavian to secure his hold on Egypt after defeating Cleopatra and Mark Anthony. It would later be destroyed in the 19th century and the changed course of the Nile sees the towers no longer at the waters edge. They were built with formidable strength and still stand with the mighty presence they intended.

When we did arrived at the Coptic Cairo district it was not before a number of memorable sites and scenes. A winding course was made by our driver through sand storm covered back streets, peasant villages with camels and horses tied in the roaring heat of the day and the city cemetery, a city of itself which has a population of thousands of homeless. Women wore conspicuous and impenetrable black clothing, often including gloves and sunglasses leaving nothing visible. Shop fronts were stained with dirt and filled with local teas, coffees and breads. We also saw the Nilometer, which is situated on the southern tip of Roda Island and is the same site used since Pharaonic times. The high-water marks on the central octagonal stone column were used to gauge the extent of each season's floods, and therefore to predict the harvest. Taxes could then be set accordingly.

Coptic Cairo is the Christian centre of a 90% Muslin and 9% Coptic country. The 1% of Christians guard and protect the Misr el-Qadima quarter, center of Christianity in Cairo. This tiny region sits at a level bellow ground and is connected with a maze of small corridors. Ancient churches link these allies including the Church of el-Muallaqa, (also known as the hanging church) which is filled with Icons of the Virgin Mary which adorn the walls along side ivory and cedar panels. It is regarded as one of the most beautiful churches and also the oldest Christian church in Egypt. We also visited the Church of Sitt Barbara an 11th century church, which contains relics of the martyred St Barbara, who was executed by the Romans in the 3rd century AD.

However the church which we had come to see was that of Abu Serga which claims to be the site that the Holy Family sheltered, when Jesus was a boy after the flight into Egypt. At that time it was cave, which formed the crypt. It was a special feeling to walk amongst the towering stonewalls and regard the depths of history that they exuded. The thought of walking where Jesus walked meant a lot to me.

We waved goodbye to the soldiers who held automatic weapons, surface to air missiles, armed tanks and barbed road blocks and headed for the Egyptian Antiquities Museum.

Our journey would pass many of the sites we would go on to later explore. The Citadel district containing the Mohammed Ali grand Ottoman-style Mosque and Palace where Angela would have to adorn a Burka and the Military museum which relayed world military history in a version that I had never heard before.

The Antiquities Museum holds a colossal array of Egyptian and Pharaonic history. Tutankahaman and the mummies of Ramses II can be seen in the mummy room. Old, Middle and New Kingdom dynasties and Hellenistic-Roman relics are all on display in respective sections. It was overwhelming the size and magnitude of that on display. I was particularly intrigued by the full sized Nile boat, which had been salvaged from a burial site and the craftsmanship of its construction without nails.

There was no escaping the Muslim culture throughout our time in Cairo and when reading the local newspapers. Although a fleeting visit and not enough to form an informed opinion we still felt for the women we met, voiceless, powerless and carrying an air of defeat. There is no doubt however by the tension and debate in the media I read that this is how many feel. Angela was often approached, harassed and questioned if I was not with her.

"Where is your husband? Where is your guardian? Women should not be alone, do you have permission? Let me phone your boss" This I'm told is the position of women in this particular world, a male guardian and written permission is always required. Women cannot be employed unless with the authorization of her guardian. In one article the commentator described the position of women akin to that of children and the husbands love a pitiful one. However, these are more my thoughts of concern rather than informed statements.

As I said, I had been thinking a lot about this over the last week since meeting John and I have enjoyed reflecting on our time in Egypt and the experience of this culture.

John stood at the entrance of the gated residence compound of Kagando hill, which lies across the road of the hospital and chapel. John was hard to miss. He stood with arms out stretched and wore a genuinely massive suit. As I studied his posture and immaculate attire I confirmed to myself everything that I had thought about African fashion was indeed correct. As I smiled, congratulating myself in this confirmation I caught his attention. What was his capper I thought?

"I am John." He proclaimed. "What are you called?". After a few attempts at different versions we settle with 'Jooff'.

"Jooff, I am an evangelist. His fingers vibrated at the ends of long outstretched arms and with bulging eyes his face took on a look of severity. "I specialize in Muslims and I have taken the souls of 2862".

This man meant business, and I was not in a position to doubt his calculations, however I had one question that I could not resist.

“John, I didn’t know there were Muslims here in Kagando. Everyone I have met is Christian or a variant of this mixed with traditional tribal beliefs.”

John, became very unsettled and paced to and fro. On reflection I think in someway he probably felt I was doubting his integrity.

“Ahhh. Jooff! No Muslims? What is this you are saying to me? We have very, very many. He stretched his arms even wider to further emphasize his message. And on the tips of his toes he reached for the distance.

“Even we have one kilometer Muslim, two kilometer Muslim, three kilometer Muslim. As far as you can see, we have”.

“This is a great surprise to me John, I am really impressed with your work.”

I congratulated this great character and new friend of mine on his achievements and looked forward to meeting him again.

It turns out that Muslims make up 12.1% of Ugandans, trailing Protestants at number one with 42%, neck in neck with Roman Catholics at 41.9%. While only 0.9% claim to have no religion here compared to 20% in Australia. In many studies ‘type of religion’ has been found to be a factor in Typhoid infection and therefore something we are asking about in our research surveys. However it is probably related to where the different religious groups cluster, the different dietary requirements and the related socioeconomics rather than the faith itself.

A side note to this is that many patients dare not say they are not Christians and this is a topic that has been well documented by Christian missionary hospitals. Patients whose only experience with Christianity is the hospital, when interviewed, report that they call themselves Christian so they will be healed or so the medication will work. Many of them are not being deceptive but simply hold a misguided view by their limited exposure. They even remain with the label of ‘Christian’ so they will not get sick again.

I think my brief appraisal of Muslim culture is like that of many cross culture assessments. Which may assume we are right and pity the other. One funny example of this is that which was played out across the border in Bradshaw’s narrative ethics book.

In the polygamous community of the Pokot of Kenya, a senior wife, noticing the diligence of the Roman Catholic nuns, thought that one of them would make a good co-wife for her husband. She recommended that the village elders arrange a marriage, which could be done without the consent of the husband. Such was the position of the senior wife. The elders invited the husband and the Roman Catholic priest- who they assumed was the father of the nuns- to a meal to negotiate a bride price. The priest had to tactfully explain the Roman Catholic call to celibacy that he and the nuns shared. The Pokot people were completely unimpressed with a cultural narrative that

de-emphasized progeny. They left the meal feeling bad for the nuns and affirming the superiority of their own culture. The Pokot women, like the elders in the community who associated polygamy with generosity, did not see any redemptive value in the narrative of a religious tradition that valued celibacy.

This sort of variation in Christian interpretation and understanding of the Bible is something I have had a lot more to do with here than that with Muslims and it is something I have had to spend a lot of time thinking about, trying to sift out what is just cultural difference and what is the Bible really saying. Our interpretation of the Bible is so often emotive "I feel it means this" or "this says this to me" which are culturally slanted terms that wont find universal truth. But one thing I have certainly learnt is that the superiority view is common to all cross-cultures interactions and interpretations and something I must remain free of.

It has been interesting working, studying, living and worshiping in a culture very unlike our own. I have really learnt how much our culture frames our character, how we view, understand and interpret everything including scripture.

As I learnt last week cultural narratives explain why people behave as they do, and can provide social justification for their actions. However the redemptive work of Christ must remain our model of justification and this ethical model must override our cultural narrative. The problem is the lens we interpret it through is culturally imbedded.

Even the absolute truth of the Bible cannot escape the cultural lens in which it is viewed through and inescapably framed in. Vincent Donovan in his book Christianity Rediscovered suggests in his evangelism of the Masai people of Tanzania, that the gospel must come alive and become real and understood in any culture it is applied. The application in one culture cannot be superior to the application in another. Which has taught me how important it is to understand two different cultures; that in which the gospel is set, and that in which the person interpreting it is part of. Remembering that the vitality of Christian ethics, cross-cultural and otherwise, emerges from the reality that the truth of Christ is not relative to any one particular culture. It is perceived through the media of at least two cultures. The first medium is the culture from which it came, the second is the culture in to which we want to integrate it. Knowing that we cannot begin to perceive how the truth of Christ applies to our lives unless we begin to integrate it into our cultural narratives, only we must first discern this truth from the cultures that are delivering it to us.

I have found it can be very difficult to discern how the expression of truth translates from one culture to another. However the meaning of the original text cannot be unknown to the original author and a text cannot mean what it never meant. So there must be a single truth, which can be found.

One example, which the author sites was the Christian support of slavery in the American civil war because they believed it a biblical precedent in the book of Philemon. Our current culture would not use Philemon's story to support slavery and thus the cultural lens has changed which has shifted the interpretation. The author explained that this illustrates that our cultural narratives inform the way in which we perceive and construct our view of how the redemptive work God through Christ

influences us. The author went on to say that if we want our theology and ethics to transform our cultural narratives, we have to start with narratives rather than with the propositions. The narratives defining the context from which propositions are written; they define the issues that the propositions address and the questions we ask in developing them.

I guess my issue is that Christians from all backgrounds and all points of reference can interpret the Bible from any number of assumptions, with each culture and subgroup nodding together in agreement, making the Bible mean anything they want it to mean, causing various interpretations to clash and conflict. The author suggests that to solve this every interpretation must be rooted in the metanarrative redemption story of the whole bible starting with creation and ending with the final rehabilitation; Gods relationship with his people and his eternal plan, culminating in Christ. He suggests that we should refer to the fourth account of creation in Colossians 1:15-20 which acts as a platform for managing cross-cultural change and ethical enquiry.

One example I have seen here is that of Polygamy. Through our cultural lens it seems so obviously wrong and illegal. But I have learnt to first try to look though the African lens to understand why they may see it as okay, as well as the cultural context of the Biblical passages.

The Pokot people for example associated polygamy with generosity and like many could not accept the Christian teaching of monogamy because they claimed it was selfish and goes against a major virtue in their culture. Which raises the question whether any particular form of marriage is central to expressing the redemptive work of God though Christ in that Culture.

1 Timothy 3:12, “A deacon must be the husband of but one wife and must manage his children and household well”, and Titus 1:6 “An elder must be blameless, the husband of but one wife, a man whose children believe and are not open to the charge of being wild and disobedient”

Are both popular passages used to refute polygamy. However in the context of ancient Greece and Greek tradition the passages were addressing digamy as the Greek people were not polygamous. Diagamy was relevant to them as many men died in battle and it was a mark of respect for a widow to not remarry, such as in the classic The Odyssey. Many Africans in fact say the Bible is silent of polygamy. While others oppose this by saying the passages address all forms of plural marriage. For our culture like the Greeks it does not matter because we are not polygamous but for the Africans it is paramount and the lens in which they view the Bible through, and in turn carry out Christ’s redemptive work through and with in. First understanding the African culture informs us why they hold this value. Is it a surplus of women and an act of generosity to them, or is it men employing their power to exploit women justifying this exploit as to the benefit of women- something I have read often from women in African and Muslim cultures.

The creation account defines monogamy as the accepted form of marriage, stating that a man should leave his father and mother and be united to his wife, and they will become one flesh” Genesis 2:24. If people in polygamous culture become Christians, this passage is a challenge to justify polygamy as a valid expression of marriage or to

change the marriage laws of their society to be consistent with the creation narratives that they have joined.

I also found this culturally sensitive approach helpful in understanding other aspects of life here.

Many people do not have money so church collection is made in the form of fruit and vegetables, animals and livestock. However the church does not want a huge bunch of animals and vegetable so the offerings are promptly auctioned back to the congregation. Hours may be spent in this process and what might be seen as an abomination at home and conjure images of Jesus destroying the church that became a market, here it is viewed as acceptable.

Similarly it has helped me understand why all the preaching here is focused on sin; doom and gloom, fire and brimstone; you will all burn in hell unless you repent; it has not rained because you wicked sinners fail to repent; the style of teaching we hear everyday at chapel (it did rain for the first time that afternoon, I might add). In fact the outreach, evangelism weekend not long ago was based on Jeremiah chapter 22. As it turns out the New Testament was the first translation the local people received. This orchestrated a preaching of hope and salvation as God's redemption through Christ was carried out. However later they received the Old testament translation, the prelude to redemption, which is in fact very close to the culture they live in and they embraced it with open arms; Plagues, famine, poverty, slavery, evil spirits, sacrifices, curses and polygamy. They found themselves relating to this teaching and Gods call to his people to sacrifice and repent, loosing focus on Christ and the complete picture.

Remembering also that the origin of Christianity and the first mission efforts in East Africa 100 years ago were embedded in slavery helps me understand their background too. East Africans lived an orderly and stable way of life until the Arab slave traders with their European backers stormed every part of East Africa causing anarchy, havoc and unimaginable suffering. In desperation, slaves were bought by missionaries in the thousands in an attempt to free them from the cruel market and they were set to work on self sufficient missionary plantations and indoctrinated. They were not beaten and they were looked after, but their lives were not a whole lot better than other slaves and they were certainly not free. One wonders how fighting the trade by buying its product and building a church on purchased slaves, would solve the problem; Vincent Donovan in his book Christianity Rediscovered questions. But what else could you do at the time? Christianity waned in the post slavery years, given its foundation, when it should have boomed if according to a normal rate of progression. Colonialism followed and was tied in with mission, which may have also made it unsavory, based on Dr Livingstone's three C's "Commerce, Civilization and Christianity must go hand in hand". Tribes were mixed together, borders changed, culture dismissed and a new way of life imposed. In fact the Congo boarder, which is demarcated by a river in this area, divided the local tribe in two. They could no longer see or speak to their relatives across the river as French was imposed in Congo and English here. Subsequent mission efforts, which centered on school education, medicine, agriculture, politics and aid did their best to address this distorted and shaky foundation. However the current age of corporatization and the African Renaissance disrupts things even further.

When I learn about their history, when I hear leaders resenting our help, when I see patients who have been publically stoned, prisoners sent for hard labor, children in slavery, women mutilated symbolically, and co wives fighting to death, I realize I am living in a different world and I better try to understand it.

Understanding the culture is one of the reasons I have enjoyed our fieldwork so much. This week we have visited 50 'typhoid enteritis bowel perforation' patients in their villages and homes. It has been great to see how they live, offer further medical assessment, advice and education, and learn about the risk factors they hold.

I have still been working closely with nurse Jooff a Kagando student who has been so good about explaining culture and family life to me; including his own.

Jooff explained to me that men need to marry very late in Uganda now. Traditionally it was as early as 15 but now with education it is important to wait. He said that with so many children in the family the parents must invest all their money in the eldest son and after that they are broke. Once the eldest has completed his education he must support his siblings in their studies as though he were their father. He cannot afford to marry and have his own children until he has first brought up his brothers and sisters. Jooff plans to marry at 30. He said as the second oldest male, with a sick older brother his parents money is all gone and he feels a lot of pressure in his studies and work as a father would for a large poor family. He said he could choose to reject his family and marry early but he would feel the weight of their failure and the pressure of his own family to support.

"Before education and expensive healthcare, we had no costs that could truly cripple a family. Before with the abundant climate here you could have as many children as you liked and there would always be food for them. That was the only cost, the food that you grew yourself. It has all changed now."

"Another thing Dr Jooff it is not only this cost, it is also the cost to buy a wife. If you need a good wife dowry is very, very expensive. Before it was food and goats but now it is big money. So I prefer to be waiting for a nice one too." He laughed. "It is also important for the wife to be much younger so she has many fertile years and also so that she looks up to me as a leader and a wise man."

I was impressed by the family loyalty that not only Jooff but also my friend Manfred described. I recalled how Manfred spoke of his father's, his uncles and natural father who were all equal in this role, and cousins and brothers who were not distinguished between. Manfried also described himself as having many mothers (aunts) who all lived together, his maternal aunts shared his parenting, when one was in the field, the other was cooking, while the other was at the market and another attending business while the other a herd of children; seems to make life very easy for them.

I have enjoyed reading 'The people of the Rwenzoris by Magezi et al.' which helps me understand further all the fascinating cultural differences which I meet everyday.

One memorable trip nurse Jooff and I did together was to visit a small mountain top community deep in the Ruwenzori's. As we all arrived at Kurumba trading centre, Chris and our interpreters dismounted our bikes and regrouped to make a plan. We

divided up the patients with one group visiting the valley villages and the other “up-up”.

The boda driver looked very concerned as nurse Jooff proposed where we would like to go.

“No, up-up, very too steep. No possibility”

He pointed to the misty peaks, with soft wisps of white cloud tumbling over the ridge and engulfing the high altitude villages. Jooff turned to another boda driver. He had appeared with a flock of equally keen riders ready to discuss where the white men were going. This seemed to re-spark his interest as the other hungry riders begged for our attention.

“Please, please listen.” He grappled for our attention. “The trail is not made for the bike, but yes we can do this one.”

We had finally made our negotiations but with a sort of relief I listened to Jooff’s frustrated comments; it wasn’t just my imagination. “Doctor Jooff, I like you very much, BUT, walking the streets with you, negotiating drivers with you, shopping with you is just so, so hard. Everyone is harassing you, they are trying to rip you off, they are trying to steal from you, they are laughing and abusing you, all they see is a fool with money, I am sick of it. Please next time can you just wait in the bushes and I will just say there are two of us.”

Soon after, we were at the local mud hut mechanic who shook his head with wide eyes and a face of alarm. He pumped up the tires with an old bicycle pump and circled, checking here and there, kicking this and that, inspecting high and low. The looks of concern soon changed to that of a serious campaigner and once again I was gripping for my life on the back tray of a boda-boda.

The climb was treacherous and near vertical; part of me felt it would actually be far less tiring to cycle or run up it. My sweaty palms anguished as the rocks, grooves, rivers and silt made for an epic ascent. I was bounced high off of my seat and knocked against trees and branches and I often slid clean off the back as first gear was engaged at maximum revs and full speed corners shuddered to hold speed. The bald front tire under-steered with the driver leaning at full extension over the handlebars and the rear wheel bounced and swum for traction. However, all I can do is commend this guy for navigating a technical single-track mountain trail with 3 men on it to the peak. He was in class of his own and flung the bike around as though it were a ragged extension of his body.

When we arrived at the summit it was a glorious site and the relief of our escape from harm added greatly to my elation. A sea of banana trees swept down from the misty peaks deep into the valley. The glow of greens was met with a rocky waterfall and thrashing river which plunged deep out of site. Colourful fabrics covered local women who went about their coffee harvesting, while the hot pink school uniforms contrasted everything.

The last couple of miles were made on foot and a rickety bridge covering a well-supplied waterfall laid between us and the village. We clambered the last few meters over the bridge and entered the town square; we had made it. The village square was packed with people. The town's men sat on long benches drinking banana wine and over seeing the women and children who worked tirelessly loading, unloading and drying coffee beans. A line of mud huts surrounded the square and we were invited into the one they had named, the bank.

The bank was also a mud hut, which had 3 tiny stools inside, and this is where I would spend most of my afternoon. People from far and wide came to see us there and we would have to do no more riding and no more hiking; a great relief.

At this point I was desperate to use the toilet and I was most amused as a 20 minute process unfolded to locate a man with a key who guided me along a winding trail to a mud hut which carefully secured a hole dug in the ground; just a hole, with all that security.

The first patient I caught up with was Mehindo Surgeon. He was the first bowel perforation I had operated on in Kagando and it was a great moment to see him again. His only complaint was some ongoing abdominal pain. As I laid him down on the grass half way between the pit latrine and the 'bank mud hut' I examined his abdomen with some relief. There was no hernia, no abscess, no infection; the wound looked great and there was no point tenderness, just a generalized ache. I asked him more about his pain.

"Doctor I start work in the field at 6am and I finish at 6pm. We live many miles from the market and we carry all our produce there. When I lay in bed at night it is fine, but just when working my muscles ache."

Mehindo did not rest after the surgery, he went straight back to the fields as soon as he arrived home, and he has not stopped since. I explained the usual process of rest, which allows the abdominal wall muscles to heal, but he laughed at the thought of it.

"Do you have some tablets to fix this? I am taking these herbs but they are not helping."

"Mehindo it's pretty simple, your entire abdomen was infected with Typhoid and you had a huge cut in your muscle wall which needs time and rest to heal. All I can do is offer some supportive advice to help, like pain medications and a belt to take the pressure off of your muscles, but rest is really important."

Mehindo was happy that all was well, and so was I, but thinking about it he was probably the first patient I have ever met who would rather do hard labor than rest, but when you have to you have to.

Another delightful character was Joyce Masika. She was bawling with laughter the moment I met her and so was everyone else in response. Everything she said was interspersed with a comical rumble of joy. I realized she was the village comedian and it showed me that the tonic of humor and laughter could be found everywhere, even in this mountain top village of Africa. Joyce was a 'control'; a person we interviewed

who had not been sick. She described herself as a peasant farmer and her clothes were ragged and stained with fresh mud as was her skin, but she carried herself with an air of beauty. Her waist was bound and tied with multiple scarf's and the fabric wraps that are used as a sling to carry loads including babies on the back or head, and also to keep warm. They have all sorts of harnessing systems just like a packhorse. In this moment they were all on standby and just tied around in wait of application, with only a machete hanging from the side. Joyce also had a baby under all that and I did not find this out for some time. All women carry babies in Uganda, either inside them, on their back, or both and they do this with no inconvenience to their work. There seems to be no need for accessories; prams, nappies, bottles and baskets, just a fabric sling. The children seem to be no inconvenience either they just hang out with their neighbors or aunts, the older children or friends, or follow their mums in the fields and to the markets; what ever they feel like. The babies know the drill too; they keep quiet as they are bound warm and cozy to their mums back while she goes about her days work and then they drink to their hearts content whenever she sits to rest. Which is another thing I have had to get use to. Mothers feed their babies anywhere and everywhere and even use this as a method of pacifying them during our conversations or when I am examining the baby. I really appreciate the fact that women's bodies here are family oriented, functional and respectful and not sexualized as in our culture. Joyce couldn't sit still during our meeting, she paced around chipping and digging the soil like a pent up racehorse. This woman was a hard worker and her long handled hoe never seemed to leave the thick coarse hands that held it. Manfred had told me that traditionally if you were interested in a woman to marry you would go to watch her in the fields and see if she was a hard worker. Now however, education is bringing a higher price to the dowry, but not yet in the remote villages. Something told me that without a doubt Joyce would be worth her weight to her 8 children and husband, and also a great laugh as well.

I have met so many peasants in the mountains now who just delight in their work, families and community and the glorious mountain terrain, while remaining free of any material contamination. A rich simple life made out of everything that matters.

As I farewelled Joyce her expression broke into a conspiratorial one and she hunched forward to address me. Looking from side to side she began "Gooffray, my sister has had this gut perforation, this one you speak of she has had. I will bring you to her."

The four of us mounted the bike, with Joyce side saddled on the rear tray and again we were on our way. Our journey back was broken by stops to villages including Joyce's, where we held meetings on the peaks and slopes and sat with families and children in the long soft grass under the flapping banana leaves and straw shelters. The sweet smell of cultivated soil, flowering grasses, fallen fruit and soft cool mountain breezes filled the air. The sun was as warm and soothing as ever -dead centre on the equator- but the altitude took away its bite. The afternoon storms built, filling the sky with excitement and life and adding menace to the shear ranges.

Everyone was warm and friendly and couldn't help enough. I always enjoy catching up with the patients and following their recovery and I always run a small impromptu clinic while I am there to offer advice to the sick. They venture far and wide to find patients and everyone has questions and also advice for me.

“Gooffray, firstly, what is this cream you are always putting on yourself. Is it to make your skin soft for your beloved.” They smiled at my dedication to this idea.

“Did you know that the sun can burn?” I asked. Which received startled looks. “My skin is not as good as yours, us white people will go bright red from the sun and we will end up with cancer.” They burst out laughing in disbelief. “Yes it’s true, you are very lucky your skin protects you, it is far better than mine.”

After some time and with a look of sudden realization I was asked. “So you are saying ‘our’ skin is better than ‘yours’ and ‘that’ cream can defend you from the sun?”

“Yes, that is exactly what I am saying.” They laughed so loud rolling in the grass and couldn’t believe any of it.

One thing I am personally interested in is what they think causes the bowel perforations.

“You must understand Dr Gooffray there are many causes that the village knows about. For one, it is caused by the smoked fish. The men that smoke them use burning car tires to do it and the poisons are the cause.

“No it’s the salted fish; when the salt is taken in it sticks to the bowel and makes a hole.”

“Poor people cannot afford fish, so they just buy the bones and chew on them or put them is soup for flavor; these are also deadly”

“I think it is rice.” They say. “Sometimes rice has tiny stones mixed in with it and these push holes in the gut.”

“I have heard the water is poisoned”. Others commented. “It comes from the mountains and people up the top put poison in it.”

I love hearing about the beliefs that the villagers hold about diseases and infections, it’s just fascinating. But we are also using the opportunity to educate them about the cause. No one can afford to boil their water, I am finding, and they hate the taste of water treatments that are available. Which makes me think that the best option must be the ‘home clay filter system’ that Geoffrey from the UK introduced at the start of my chapter here. However despite all of this, I really feel like the education is helping and that it will build expectancy for immunization and clean water programs, which I hope will follow in target areas.

The final descent home was as exciting as can be imagined and as I swelled with the satisfaction of finding far more patients than expected, I marveled at our driver’s skills. However there was something that impressed me far more. A cyclist had loaded five 20L yellow water tanks on the back of his pushbike -100kg- and was tearing through the hills. My interest in the super human lifestyle of many people here never tires. It was only later that I found out they were actually all full of alcohol- an interesting aside.

Bwera is the last town before Congo, on the main highway and nurse Jooff and I also spent a day visiting patients there. Many of our patients come from this region so it would be a busy day. Which is why we brought an expert local navigator too. As we whizzed through the banana plantations the four of us crammed and held on especially tight to our bouncing and skidding boda. In the thick of the plantations we arrived at a dirt clearing which was studded with mud huts. Here we would meet 4 patients over the subsequent hours. However the most interesting person I met was not one of my patients. She was an elderly lady who first came to my attention as she circled the perimeter with her fingers in her ears. This alerted me to the fact that she may not be in a good way and I was provided with further evidence as she began chanting at full volume and lunging at the children. However as her chasing of the children was accompanied by hurling bricks it all became inconclusive. The crowd that surrounded me seemed to find it all totally amusing and the children ran laughing and screaming in full joy; they loved this game and knew it well. I kept an eye on our visitor for the rest of our session, both as a sort of safeguard and also out of interest. As everyone sat and rested she went back to the field, working away, as fit as ever. I learnt a number of things from this fascinating old lady and my insight into mental illness in a rural community. Firstly as I watched it all unfolding I recall thinking that if one was going to yell at this intensity it certainly made sense for one to block ones own ears, something I had not thought of before. And secondly, that despite her mental illness she was accepted in her community as an alternative, active, hardworking member. The community demonstrated their tolerance by accepting her behavior and even enjoying her differences. As she lived amongst them and worked beside them it further signified her acceptance.

This same day would provide me with some additional excitement. I was privileged to have my first encounter with the law. My camera had been water damaged and my travel insurance company in their wisdom requested that a police report be made in order to make the claim. Obviously I am aware that this is not a police mater. But the Ugandan police officer felt he should spend an hour explaining this to me in unique terms.

The police station in Kasinga is made out of a large circular tin water tank surrounded by broken dirt. A door has been made in the side and a desk placed in one corner. As I entered the tank and adjusted to the darkness, I spotted a man sitting beside a very loud radio. I am yet to find a radio that can provide a clear signal, so the unintelligible gabble was interspersed with static and squeals. I sat by the desk and introduced myself in as loud a voice as I could manage short of yelling and the officer did the same. It was very difficult to make myself heard and understood but we battled and strained over the noise.

“So you are telling me that you have broken your own camera…” There was a long pause and senior officer Josephs eyes turned and fixed on the radio as he adjusted the volume to an ear piercing level and laughed hysterically shouting to the men outside; louder, softer, louder, softer, louder he fiddled. “… And you want to press charges against yourself?” He continued.

“No it is just a statement I need, see what it says, just there, a statement to say I have reported the damage.”

“You realize by doing this that the malicious damage you have caused will require imprisonment.“

“It is just an official statement they need, I am not making a criminal case here.”

“But why would you be doing this. Who are these insurance people I have never heard of?”

I explained that they were much like the Militia. “When you pay them they pretend to look after your interests while serving their own. They just want to make it really difficult for people to make a claim, that way they don’t have to pay anyone.”

“Yes, yes, this one I know very well.” A wave of realization spread over his face. “But the only form we have for damage or loss requires prosecution. Are you prepared to be prosecuted by yourself?” His eyes shot to the radio again and this time he bent over the desk and beat his fist with laughter. Then he slowly gained his composure and in order to reorientate himself he shuffled and aligned every item on his desk, before looking at me again.

For a few moments he appeared very confused. “Look, I am calling the director of Kagando, I don’t want you going back there saying officer Joseph refused to help.”

As he adjust the volume so that he could still hear it while pacing outside, he laughed along with the director and they congratulated each other on their fine knowledge of the law.

“Dr Jooff, the director agrees. There is no form for this one you are requesting. It is not possible.”

“Yes, I see, but can you just write something on official paper to say I have reported it, it is worth 1,000,000 Ugandan shillings, and I would lose all this without your help?”

Josephs face grew pale and his dark skin became mottled. His eyes glazed with a look of gravity and fixed on my camera. “Gulp, would you be leaving it here for me?” he said in a horse voice as he turned the radio level right down and sunk into his chair. “… If I give you the form? And what about the payment will it come to the police station here?”

I was about to get up and leave but I decided to try one more time.

“Senior officer Joseph, please it is just a statement. I know it is stupid but I need your help”

“Dr Jooff, by writing this document you ask, I am sacrificing myself for you.” He said with eyebrows raised in a rising high pitched tone. “And you and I will both risk prosecution. We could go to jail together. I am sacrificing.”

"Surely not Joseph it's just a piece of paper that says I reported to you that I broke my own camera."

Josephs face looked fearful and grave and as he slowly wrote out the words of my statement, letter-by-painful-letter, his lips twitched and grimaced. A sheen of perspiration was forming on his forehead, then after a small eternity he held out his hand with the paper trembling within. His eyes did not look up from the desk but fixed with denial on the timber bellow him. "I have sacrificed myself Dr Jooff, sacrificed." He shook the paper signaling me to take it and all the while his eyes did not meet mine.

In a final act of defeat and exhaustion he slumped down with one arm holding his weight as it arched over the chair back. I turned and folded the paper into my pocket amongst the pens, keys and the jingle of coins and I left with the sound of his final words. "Was that some change I heard in your pocket; perhaps some money? I have sacrificed myself you know."

01 October 2010 20:01

Week Seventeen Uganda by Jeffrey

As the soft brushstrokes of almond and red faded beyond the Ruwenzori peaks the valley took on a shapeless blur, while the orange glow of fires clung to the slopes, the only remaining sign of the villages we had visited.

Our boda howled through the evening breeze sucking in the cloak of dusk with a rejuvenated vigor as our day's work was complete; which was quite the contrast to the morning's effort.

We had set off at 9am Saturday morning to visit more of the mountain communities. Nurse Jooff had been phoned by many disappointed villages that did not receive our visit, so we thought we would make an extra trip and also stop in his own village for a family lunch.

However just before we left I sent nurse Jooff to organize the forms to be photocopied. Our original was missing so all we had was a faint ink streaked copy, to copy from. A man in an old dusty shipping container runs a photocopying business on the roadside across from the hospital and has regularly become very anxious when seeing this.

"Please I cannot be making this bad quality for my customers, you must provide me with a good new original to copy from so I can produce good work; it is my reputation on the line here."

He had invariably made this horrendous copy in the first place but none the less I had sent nurse Jooff so I didn't have to have this discussion again as I did everyday.

While waiting I was surprised and excited to see Bashir sitting on a timber stump along with his father. Bashir was the young boy who had suffered at the hands of a rogue circumcisionist.

“How is the boy doing now?” I enquired.

“Yes much better, but he is still having some infections”

I remembered how Miller a forefather of Urology had described the urethra with its ease of damage and challenge of repair.

“Yes it can take a very long time before all is right, and I’m sorry he is still not 100%”

“You’ll be please to know.” He went on. “The police have captured the man who did this to him; the man who had fled to Congo. He is now in jail. Also a human rights organization has taken on Bashir’s case.”

My first thought was what a great relief this was and what a real answer to prayer. It is so great how God continues to look after these patients long after they are gone. But my second thought was why on earth had I battled for hours with translators to talk to him in the past when he speaks perfect English. How so very often this happens I thought.

The four of us mounted the boda and set off in the usual way with a stream of dust jetting from the road and swirling in the face of us rear riders. As we approached our first climb I braced every attachment with full strength and prepared myself. The engine squealed for a high-speed corner entry, only nothing happened. The engine whirled with anticipation, but the bike failed to move. At that point I felt a hot slapping on my ankle along with a clattering noise. As my leg jerked out and my eyes fixed below I notice that the chain had come free and was shooting side to side like a loose fire hose. We jumped off the bike and Noah’s face grew grave. Noah was the only trustworthy boda rider in Kagando and had been used by us on a regular basis.

“It’s no good, we can’t fix this one, even we don’t carry any tools.”

I had a few attempts, which held the chain in place for a little way but the whole thing was worn and loose and would never hold the strain of four men up a mountain pass. This is when nurse Jooff decided we would go on foot. His protests in the past of ‘footing’ immediately came to mind but as he shot up the mountain I realized he had been faking.

“Dr Jooff, this mountain trail leads to my village, it is a two hour climb but don’t worry I use to attend school just here and walked it morning and night, and when my brother was sick in hospital I would go back again to bring him dinner.”

The heat was roaring already and as we commenced our ascent my shirt clung to my back while I shook the sweat from my eyes. Sensing my equal enjoyment for footing nurse Jooff leapt forth and from there on we made a day of it; racing up every slope and laughing and pushing each other over, all the way to his village. His tall slender frame and bright red t-shirt dodging and veering like a mountain goat. My unbuttoned

shirt and shorts took the breath out of the villagers we passed, and they stood with eyes wide and jaws dropped, a most startling and provocative thing they thought. Revealing knees is a bit like being naked, and in a white man this was even more shocking.

There were many patients waiting for us as we reached the fresh breezy rolling summit but we first sat to enjoy some bananas we had purchased from a fast food stand on the way. Fast food is equally loved everywhere I travel and in this case it was from a timber stand set up on a common mountain walking trail. Fast food takes on a much different form than that we are use to. In Uganda wherever a bus stops or a car meets a village or there is a common walking trail, people fill the road and surround the car with a number of items that have become familiar to us. Boiled eggs, fried bananas, roasted maze, peanuts and what could probably be described as 'meat' on a stick. This is the fast food of the Ruwenzori's.

We were greeted in the most friendly hospitable manner common to the mountain communities, which has helped set them apart with great clarity in my mind. I was thankful again to see so many of my patients doing so well in the community, which has really shown me Gods faithfulness to his people here. Despite the abominable conditions of Uganda's fourth best hospital- Kagando- so many people are still healed through this system because of God's love for them. To see so many people healed and well in the community has really shown me the power of prayer too. It has really taught me how much God can bless people and cause miracles through our own inadequacies and weaknesses and also those of the culture, systems and society. God is above all of that and uses anyone who is willing to do his great work.

It has also been a great encouragement working with nurse Jooff. There is no doubt that this guy works hard, really hard, as do the new young African doctors that attend our bible study. All of these guys are as concerned about the standard of care offered by Kagando as I am and this is great news. The student nurses and new young doctors I have met are the future of this place and it gives me a lot of hope to see their attitudes. It is so important for committed Africans to lead Africans, and I can see these leaders with education and drive shaping this place beyond recognition in no time. Good news.

Jooff and I finished our last banana and looked across to our first guest. His name was Thembo and he sat beside us on a tiny timber stool, leaning back against the mud bricks as though it were a luxurious armchair. He looked spent and sighed in a relaxed manner of contentment. Soft wisps of smoke left a trail from his nose as he eased himself down. When Thembo's breath hit me it did so with quite a punch. As my eyes met his blood shot numbers the rest of the story was told. Thembo was roaring drunk and in a slurring stupor. Like so many of the male villagers they can't get enough of the local home brew. However that was not why Thembo was here. He had come to ask a few questions about what we were up to. His eyes squinted and rolled while his head wobbled from side to side. He demanded to know who we were and who had sent us.

"I wont tell you anything." He said. "Just leave us alone, you white people are always interfering. How much money are you willing to give us anyway"

“Thembo.” We explained. “This is not a conspiracy, we are here to help your people; to understand why there is a Typhoid epidemic in your area.”

His eyebrows raised and his rolling eyes did their best to give us a stern appraising. The tension he had suddenly created seemed to then fade into the breeze as though he had forgotten why he was there. After a long time of thought he roused again and kindly granted us permission to continue. This I did not give a lot of weight to at the time, but Jooff certainly did.

“Dr Jooff, this man, like some of the boda drivers we have met, they seem insignificant to you but many are witches and very bad people, I can tell this. You must never cross them, ever. It is better to pay them what they want or try to find agreement, but never underestimate them, because if you do they will easily find a white man like you. Just remember this.”

I didn’t know what to make of all this carry on, but regardless we had the approval of a seemingly innocuous drunk and we could now continue. Nurse Jooff had certainly told me before about these tales of boda drivers being well linked and part of underworld like networks, but he was right, as he had said on the Congo border while we argued with our driver “The price has doubled Jooff, but it’s that or your life, he will find you.” I still don’t know if nurse Jooff was catastrophising or whether he has a dramatic tendency but I am not game to test it; after all he is my cultural guide.

Thembo was now asleep, or I should say unconscious, but our attention had shifted to Elizabeth. A 3 year old girl who waddled over with a little Buda tummy. She was a chubby little thing with bright rosy cheeks and a cheeky grin. A large transverse abdominal scar was the only sign that not long ago she had been near dead. Her vibrant glow and big appetite exuded a look of health and vitality. She was a transformation of her old self and a celebration of new life. Jooff and I both sniggered to each other, its not often we get to relish in so many good outcomes as we had this week and to see such a tiny young girl back on her feet fighting fit was a miracle. Her mums face showed an equal zest for life and she happily helped with our surveys and examination.

I have been so thankful to receive the donation of a headlight from family and friends and it has been a wonderful help not only in surgery but also while doing examinations in communities without power.

We waved goodbye to Elizabeth and sorted through a cohort of equally keen visitors before continuing our trek to the final peak; nurse Jooffs house.

Visiting Jooff’s family was a true joy; a warm red brick home with substantial views and clean cement floors lined with comfortable armchairs and lace decorations made up there residence. The walls were covered in last year’s newspapers, which added the colour and pizzazz intended. Morris, Jooff and I sat in the armchairs while one by one his family members entered the room and bowed to greet us. I have been trained to stand and shake a persons hand as an expression of effort and respect when someone new enters. However I have since found out that one must greet a person only when one of the parties is seated. Which explains the awkward silence and hesitation I have encountered in the past during encounters. The long introductions

culminated in a full room assembly as the individuals gathered as a family while the father formalized his approval of our friendship.

“Dr Jooff, my dear son has discussed your friendship with us, and as a family we have reviewed this mater and made a decision about this. We would like to say that you are welcome and we accept you.” The mass of faces nodded and then it was over to nurse Jooff who described his relationship to all present.

This is my mum [?mum], and this is my mum [?aunt] and this is my mum [?aunt] and this is my brother, and this is my wife [brothers wife] and this is also my wife [other brothers wife]. I was madly filling in the gaps and searching the crowd for whom in fact he was referring too. The cast of blank stone masked faces looked in all directions and there was no clue to whom he was referring. Each generalized wave and introduction to an unidentifiable figure in the crowd, was followed by my generalized smile, sideways glance and wave to the crowd.

It was now time for a feast, and one by one, huge dishes and plates were brought into the sitting room. Jooff asked if it was okay for his father to join us and I replied emphatically that the whole family would indeed be welcome. This however was sternly denied with a frown of disregard, but his father sat with us completing the company.

Ground peanut sauce, Bundo, Matoka, rice, goat, chicken, bananas and cabbage filled the air with a steaming array of scents that appeased my hunger. Plate after plate I put away with handfuls. The sauces ran down my arms and chin and I did not stop until I felt I would explode.

“Dr Jooff, you have barely touched your food. Is anything wrong? This must all be finished.”

I strained and shifted considering how much more could possibly fit, with the knowledge of an afternoons climbing and running still a stark reality. At that moment the decision would be made easier. Noah had arrived with the bike repaired, and with that a signal resounded; more could certainly be eaten. This seemed to appease Jooff and his father and the added distraction of Noah allowed me to tread water until the others had finished. However the smells no longer appealed to me after the tenth course, and they in fact began to challenge and dual with my senses. It was only minutes ago that they enchanted my soul but now they presented an almost noxious presence. It was at this point that everyone seemed to be packing up and relief was building, when another course was delivered. Jooff braced himself with excitement and cleaned his plate to start the whole process again.

“Dr Jooff, this is a delicacy in our house and it would be an honor to share it with you.” I was now breaking into a sweat at the thought of another helping no mater how wonderful the yet-to-be-revealed dish was. As the lid was lifted my eyes peered with hesitation over the large wide rim of this enormous pot.

“And what do you call this Jooff? It smells delightful” I stammered.

“This is. How do you say in English. Umm. I think you say, gizzards?”

My perspiration was now running like a stream and my movements began to shudder while my stomach gave me a stern kick. “Yes, yes I think that would be the right word.”

“Please help your self, there is a whole pot to get through.”

I tried my best and laced everything with smotherings of peanut sauce- my new best friend and the protector of my appetite. But stall as I might, it was no good; it was time, and all of the rooms faces were on me. As children peeked through the ajar door my hand approached my mouth in a gentle tremor; my eyes were closed and fixed on a balmy beach of surf and cool water while sweat dripped from the point of my nose; now I was ready. My throat clamped shut with violent force like a dam wall holding back a raging river. Then against this impenetrable barrier the gooey, slimy tendrils of unthinkable things, squeezed an anguished path through and into my bursting stomach. I clenched my fist and hit my knee, ordering this delicacy of pain to stay down and they roared with approval at my gesture of obvious enjoyment.

There was no doubt I had gone far to far and with a sense of defiance I quietly excused myself to sit in the cool shade of the banana plantation and soak in the rural mountain air.

The midday sun was on its downward slope and a wild panorama of savanna plains, great lakes and fertile fields laid before me. The cool breeze rustled the eucalypt leaves and a rush of children came to join me. I leaned back finding a comfortable patch in the long flowering grass and let my mind wander.

How much trust it must require, I thought, to live off of a single patch of soil with no education, life insurance, house and contents insurance, unemployment benefits, sick leave, health care, retirement funds; all the things that we pin our hopes and trust on. The things we believe will save us and care for us. The things that will give us a future and give us a life. The things that will save us and care for us in the hard times. Should I be more like them, I thought? They trust 100% on God for their daily bread, their health and employment? Or would I be negligent and unwise to do so? Is God less loving and merciful to his children who lack than those who have much?

“Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more important than food, and the body more important than clothes? Look at the birds of the air: they do not sew or reap or store away in barns, and yet your heavenly father feeds them. Are you not that much more valuable than they?” Matthew 6:25-26

“For I know I the plans I have for you,” says the Lord, “Plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call upon me and come and pray to me, and I will listen to you.” Jeremiah 29:11-12

“But even the hairs of your head are all numbered.” Matthew 10:30

“Jooff… Dr Jooff… wake up, there are still many leftovers if you need them. Can we have some photos with you before we go? And one last thing we also have a gift of bananas and avocados for your beloved from the family”

With formal farewells complete, and the bike fixed and functioning once again in the fine tune of a strangled cat, we set off to visit some more patients in Bwera before our return trip home.

I realized it was going to be a smooth afternoon when we arrived at Karumbi primary school. All the village men had crowded around drinking banana wine and promised immediately to go out and bring all of the patients to us while we sat in the council office. I love visiting all the homes, but when this happens it’s a real treat.

“Jooff, firsht.” A man raised an extended finger in a mater of fact and after a substantial pause I followed his slow wobbles and pursed lips. ”Firsht you musht shee my wife.”

“Yes, of course, I’m happy to see anyone while I am here, I’ll try my best to help.”

His wife stood high and stoic with an enormous basket effortlessly perched on her head as if forgotten. It contained potatoes, Matoka, live chickens and a plastic container of palm oil, which unrefined looks like yellow paint. A child was strapped to her back while another hung busily feeding from her front. She had strong arms and worn flat feet but the fabric that hid the rest of her body was bright pink with sparkles and ribbons. She was elegant, caring, strong and formidable.

“Jooff.” He staggered in a swimming motion, working hard at the air around him to stay upright. “She is not only carrying a baby in that great big belly of hers but also a tumor.” His startled eyes grew as his eyebrows raised and he made expansive gestures with his hands to further emphasize the point. He had paused in the current description crouching before his wife while she nodded in agreement.

“Yes, but how do you know this?”

As if struck by a live wire he burst to his feet and they looked at one another in consultation, thrown by my unexpected questioning. His chin retracted in a stunned manner and his speech jarred to a stop.

“The village healer has told us this.”

“Oh.” I said. “Did he say how he knew this?”

Another long pause came, followed by five minutes of loud to-ing and fro-ing that rose and rose to an argumentative crescendo. “No” came the translation. “But” as if as an after thought. “We did get an ultrasound.”

“Yes, that would be very helpful to see.”
The ultrasound had been done twice but they had failed to seek interpretation of the test. The scan showed a stable ovarian cyst and I suggested they meet me at Kagando where I could be present at a repeat ultrasound and offer further follow up and advice.

They were most thankful and allowed me to carry on with the rest of our work.

As well as the five patients we had come to see, there were ten others who had met our careful questioning and been found to also have had a typhoid gut perforation in the same year. The hospital records are by far incomplete, and the amount of new patients we have found in the communities has almost doubled our first review of case numbers, making the problem much worse than first thought.

The pile of papers was gradually diminishing but not fast enough that my hunger pangs could rest in the knowledge of a soon approaching meal. Five hours had past and my stomach had forgiven me and was once again selfishly complaining. But my mind left my stomach when I looked up to see a man signaling with his hand. I recalled in an instant who he was but he gave a peculiar wave to further signify his identity. I knew immediately what he was doing and I stood up to grasp him by the wrist.

Wagulima Milton was a man who arrived to Kagando with a crowd on hot dry morning. He had been involved in a bus crash and suffered a crushed hand and abdominal injuries. As I rotated and flipped his hand I looked up to see a wide smile. I had amputated the last segment of his ring finger, which had hung loose by a thread in a mangled mess when we first met. The remainder was reconstructed, and I had grafted the extensor tendon and created a skin flap over the stump. It had all healed perfectly, with normal sensation, movement, and no pain; it also looked great. Milton had been a keen patient and I had reinforced that he must demand dressing changes because I was so worried about infection and the skin flap failing. I had remembered our panic-stricken encounters "Dr Jooff, the nurses refuse to change the dressing, it's going to go gangrene isn't it. Going to fall off for sure. I just know it." He sobbed.

Angela ended up doing all of the dressings, expert wound care and rehab exercises herself to put his mind at rest. But I could hardly believe it now. It's not that often that I get to follow up patients, because why would they travel all that way back to the hospital if they were well. But today I did and it was a great lift to my spirits. I took lots of photos and savored the moments I had with Milton. He explained how he had no limitations at all in his activities, which was a great blessing for him, and he went on to sing praises to God for his healing, as did I.

This was a bright wave of light to my day, which carried me through the afternoon and when we finally walked away my stride became easy while my sense of self was radiating. The long rough ride home with sweating palms clutching at life no longer plagued my mind but was a mere stain on an otherwise glorious day.

We soon departed and were bumping and crashing along in the fading light as we had done so often before, but all the while the mixed emotions I usually kept came slowly flooding back in a haunting wave. All this traveling, as much as I enjoy the thrill of it, is down right dangerous and negligent I thought. Have I pushed my luck to far? How much risk should I really be taking in the service of God and what is just foolishness? Is this really what God wants?

Spending all this time on the back of motorbikes, entering villages in Congo or its borders, suffering from Malaria, parasites and gastrointestinal infections. Bathing in Typhoid effluent during surgery and dodging the TB coughs on the ward. With the constant threat and reality of HIV needle stick injuries and the thought that there is no adequate medical care if anything at all goes wrong. Guerillas, witches, thieves and extortionists; it is like a large blind spot has formed in my area of 'sound self preservation'. How long can you live this way before you are beaten? Is it really all worth it? The voices constantly challenge me. But am I just kidding myself in thinking I am any safer at home or anywhere else in the world?

Paul Richardson's in his book A Certain Risk, seems to think it is worth it. Reading his work has really prompted me to think about pushing further for the dreams that God puts in our hearts and stepping in the face of danger, without fear, for Gods work. Paul Richardson -by the way- was born and raised among headhunters in a jungle village of Dutch New Guinea. He studied history and educational leadership, and is part of a group that brings Christian schools to impoverished environments. He currently lives in southeast Asia and remains a great encouragement to men who wish to passionately pursue God without fear- risk taking adventures sparked by God's Spirit, trusting in an extraordinary God.

Paul talks about many of his friends who are scared to confront danger but mostly, he says, we are just scared of our own sense of inadequacy. "Do I have anything at all that can possibly help? What do I have to offer God or the suffering world?"
But God always takes the little we have mixed with fear and the faith of a mustard seed and turns it into exactly what he needs at exactly the right time in the exact place he has called us. Paul goes on to say that yesterday is gone and today is a unique treasure, a gift from God. "So we should rise up with a radical faith that expects the impossible. Offer our heart to God's passions and invite him to activate his dreams in us."

"For this reason I am happy when I have weaknesses, insults, hard times, sufferings, and all kinds of troubles for Christ. Because when I am weak, then I am truly strong". 2 Corinthians 12:10, NCV

"Risk more than others think is safe. Care more than others think is wise. Dream more than others think is practical. Expect more than others think is possible".—West Point cadet maxim

"Father, give me the courage to dream your dreams, to take greater risks of faith, and to not be afraid to live dangerously for your kingdom". Men of Integrity

I don't think I'll change anything. I do indeed like to be relaxing in the beauty of God's nature one minute and then in the thick of things the next. At least that's how my friend Tam describes me anyway, but I must agree. I guess God makes us for the purpose he intends like a puzzle piece that fills a need. And Uganda seems to fit.
26 September 2010 15:09
"Your attitude should be the same as that of Christ Jesus." Philippians 2:5-8

"We know that in all things God works for the good of those who love Him, who have been called according to His purpose" (Romans 8:28, NIV)

26 September 2010 16:27
Risk more than others think is safe. Care more than others think is wise. Dream more than others think is practical. Expect more than others think is possible.—West Point cadet maxim

09 October 2010 06:28

Week Eighteen Uganda by Jeffrey

On Saturday morning I awoke to the sound of singing. It was a rich swelling chorus of many voices, and it seemed to be coming from nowhere. I left our sloping bedroom with the cold bare cement underfoot and made my way into the sparse living area; hunching especially low at the looming threat of the doorway. A lizard scurried a well trodden path and a spider web had formed during the nights hours with thick cord like anchors spanning the room. I peered through the glass louver windows and beyond the wire cage fly screen, into the open space. The rain had been heavy and a steamy cloak hung over the grass capturing the individual rays of sunlight. Our hedge and flowerbed, I noticed, had once again been carefully pruned of flowers, customary of the hospitals keen gardener; an array of broken petals and glistening white bougainvilleas lay shriveling in the dirt. As I gazed to the horizon searching for the sound my thoughts were arrested when I saw the man himself. A huge machete in hand, he leant me a kind wave, and nodded, proud of his efforts. “Should I say something, Angela? The gardener is here now, we must stop him slashing all the flowers.” His corded brown arms dripped with sweat as he hauled, swung, strained and whipped his weapon with precision. “Umm, on second thought I think I’ll leave it for another day Ang.” The singing continued to carry and its direction intrigued me. There was a vast drilled choir down there somewhere, deep voices blending in thrilling harmonies that hung and lingered in the soft morning air. “ I am sure it’s the nursing choir rehearsing for the big out reach service tomorrow”. Angela’s voice broke in. I continued to survey our given allotment and all seemed to be in order; the local children emptied the garbage pit carefully and precisely distributing it over the whole backyard. Chickens joined them and bright healthy goats shared their curiosity.

We left ‘hill top estate’ and headed out for our morning run together, descending Kagando hill, through the locked residence gates and into the main street. We were lured closer and closer and then there it was. A huge bopping and swaying choir, in crisp uniforms, belting out soulful tones and powerful Christian blessing; a bright awakening and a perfect way to fill the morning air.

As we continued on our usual course which winds bellow and behind the main road we weaved though the banana plantations and small village home sites. Our runs inspire the local children to laugh and chase and we usually mutter endearments in the local language. The constant stream of children does not usually raise my full attention, but today was different. Today I heard my name. What was that I wondered? As I looked across a small boy vaulted over a pig fence and onto the

streaming trail we were covering. His eyes were bright and his big smile relished in his movement.
“It’s Ryan” I said to Ang.
“Where? Ryan the amputee boy?”
“No, no, over there, the other Ryan, the one we operated on together.”

It was a great site, Ryan in full stride, his muscular little body pounding across the field over the fence and onto the village trail.

Ryan was one of my favorite patients. I never saw his mother or any form of carer, he was an independent little boy dressed smartly in his school uniform. Ryan was a clever boy too and was always willing to learn and follow instructions. I first met him late on a Friday night at the end of a long theatre list. I found him sitting by himself outside of the operating theaters, unannounced. He had a large self-constructed walking stick made of sugar cane, which he gripped with extended arm, much higher than was his seated position. I had changed my shoes and exited via the dirty area when I saw him sitting there. “What happened?” I enquired.

His bright features did not alarm me to the severity of his injury; in fact they were much the same as this very day. Ryan had been jumping and back flipping off of a bridge and a submerged tree branch had gouged a path through his lower leg. It only took a fleeting glance to see his Achilles was hanging free- completely detached.

As I looked over my shoulder and considered our theatre options, a sound neared the door. It was sister Petal. My blood froze, and in a drawn state I waited for her approach. Each shoe meticulously and precisely changed with the utmost care; she was packed up for home and hunched in a threatening posture.

“Sister Petal, we have one more for the day, I’m sorry but this needs to be washed out and repaired tonight.

“Impossible.” Sounded sister Petal in a single holler.

“But Sister Petal.” This must be done; this poor boy is in pain and at high risk of infection.

Her eyes squinted in disregard and her body, which had not stopped in its exit path continued into the darkness.

At that moment- in fact in the same instant- Henry appeared by my side, my favorite anesthetist. He was gently shaking his head in concern, raising his eyebrows at the tail end of our interaction. He had come to see what I had found and I was glad I was working with Henry that day, as a last minute add on was rarely accepted by anyone else. He made his usually rapid sniffing and ticking noises as he knelt down to Ryan’s level and gently chuckled. “You’re going to miss your TV tonight Henry”. He continued his chuckle having predicted my comments and made a quick jovial jeer about his Mexican soaps.
“Le Tormenta, isn’t it Henry?”
He shook his head in laughter and then without hesitation he threw Ryan over his shoulder and walked him into the operating room. Ryan’s large sugar cane stick

dragged behind and he would most certainly have taken it in with him without convincing.

It was a fun atmosphere and Henry was in good spirits, which did well to relax young Ryan.

“Is Angelica coming?”
“Yes Henry, she is just preparing the surgical instruments”
“Yes, good-good. She is a prize, but no babies.” He chuckled.
“You know.” He began. “A man is very not respected if he has less than 6 babies.”
“Yes, I gathered as much from our last conversation Henry.”
“No, no. I do not mean this to put you in offence, I mean it as an encouragement Gooffray, you too can have the respect I have one day. But your wife, she must start producing now.”

Dirt, splinters, bark and sand filled the gash which saw his calf muscle hanging with no fixed base.

With local anesthetic and sedation, we began the cleaning process while Henry expertly watched on. Ryan fought to watch on too, he gently shook his head and strained his brows, until his bright eyes and keen interest were overcome and he drifted off into a peaceful slumber.

“I’m use to people jumping off the table and screaming terror when I work on them here Henry.”

Henry gave me a grieved look and hung is head in a slow shake.
“tick-tick. Awful. This is just awful. I never stop reading and I never want to hurt anyone, tick-tick”.

The deeply embedded foreign bodies were carefully removed and thankfully the wound could be thoroughly cleaned, something difficult to do in a suffering patient. The ends of the distal and proximal Achilles were refreshed and aligned and then I commenced the suture process. Long square locking sutures pulled and held the ends together distributing the force and preventing the suture from cutting along the vertical running fibers. The final step of skin closure remained to be followed by dressings, bandages and a plaster.

It was the first case I would complete with my new solid-state headlight, and wow what a difference it made. As the overhead lights flickered and flared, with surges of power, often leaving the world in darkness, the operating site was glowing bright in 5 watts of Welch Allyn. Thank you so much to the family and friends who donated it.

With the work complete Ryan could be returned to the ward for IV antibiotics and pain relief.

Henry was all smiles as he waved goodbye to a doughy-eyed Ryan on his way to the ward. Ryan continued his fight to stay awake as he attempted to participle in the transport commotion, but it was no use and he flopped back down on the bed. With slow relaxed blinks and an iron grip he hugged his sugar cane stick back to sleep.

Ryan went on to make a good recovery while in hospital. He was a challenge to find though, and often my consults would be made in other wards, amongst the trees, at the canteen or under his bed. Anywhere at all Ryan could be. But one thing was constant, his big smile and his steady improvement.

I continued to see Ryan in the outpatients clinic and looked forward to his visits. I often wait in vain for assistants to help with the clinic, but whenever I saw Ryan, I threw aside their order and nonsensical systems and waved him inside. He would hop through the theatres to the horror of Sister Petal and we would make our own space in the corner and dress his wounds. Ryan would always nod in approval as I explained the progress to him; and he did his best to make light conversation with his grade 2 English. Then when no one was looking I would fill his pockets with wound dressings, bandages, antiseptics and tablets. Then Ryan would hop away, his sugar cane thumping the ground.

I hadn't seen Ryan for a little while. He was now an expert anyway he told me, so he probably thought he could manage things on his own; the independent boy.

But here he was now, like a young kob, showing me his stuff and relishing in his performance as he kicked his legs high in the air. It was far too early in his recovery for him to be running, but it was Ryan, he makes his own rules.

"Great work Ryan. Well done"
"Thank you please, Jooff." And in a flash and a volt he was back over the fence and on his way home, wherever that is.

Catching up with Ryan in a most unusual way made me think about Mary and her most unusual presentation. Mary presented on the same day as Ryan, a young girl with an unforgettable condition; none of my experience had prepared me for her care.

Mary came in 2 weeks after having a surgical procedure and her parents described her as having a small secondary infection.

The outpatients clinic was in full chaos as usual and operating like a broken machine. Sister Petal was conducting her own interviews and I was sitting beside her unable to find a way in.

As I sat beside her, my eyes were sealed tightly shut and my breathing was concentrated, slow and forceful, designed to slow my heart rate and shed the mounting frustration. It was at this time that I recalled an elderly gentleman telling me "expect nothing Jeffrey and you'll never be disappointed." Although he had meant it in a sarcastic air of defeatism, rather than as a gateway to enlightenment, the memory nonetheless calmed my spirits. I have in fact realized that the expectation I hold that this hospital should be anything more than it is, is the cause of my stress and an acceptance rather than a drive to change it would be a very easy way out.

Then at long last sister Petal turned a slow narrow stare in my direction and delivered her impression. I sat on the edge of my seat. "She had surgery and now has an infection. You just need to prescribe Penicillin and then she can go"

“I see, well I’m very sorry to trouble you sister, but could you ask her, what surgery she had”

Her eyes fixed me and just slightly higher a frown steadily grew bending her neck forward with its weight. How dare you doubt me, the penetrating stare sounded.

A to-and-fro conversation slowly unfolded the mysteries of her condition, while her parents paced nervously to the flow of questions.

As Mary was led to the examination table she winced in pain and fear. Her once docile eyes were wide and charged with terror as she fought for breath with panic. I was yet to even begin when tears welled from her soul, gushing out with every yelp. The act of sitting on the table was too much for her. The memories must have flooded her mind and her parents were of no console.

Mary had been to see a traditional healer who was also an elder in the village. This senior female had performed an operation on Mary that was common to many women in Africa and especially those at her age. This operation was a symbolic procedure that would deliver her into womanhood; it was symbolic in that it represented the life of pain and bleeding that is womanhood. A horror that often finds its way in Ethics articles and overseas mission conversations, but not something I had experienced before my time here. Mary had undergone FGM, female genital mutilation and the backyard procedure had left a nasty infection. It was a gruesome site to see how this barbarism had left such horrible damage to her little body. It wasn’t the infection itself that struck me, but the whole weight of the situation; Culture, tradition, Christian ethics, abuse of women, abuse of children, and of course Mary’s severe distress and her parents participation in its cause; were all topics that rung through my mind.

FGM includes partial or total removal or all other harmful procedures to the female genitalia for non-medical purposes. It may include one of the four subtypes outlined by the WHO. Clitoridectomy, Excision of the clitoris and labia, Closure of the vaginal opening by stitching or cutting which may take place following every childbirth to ensure purity, or the fourth category, all other mutilation; pricking piercing, incising, scraping or cauterizing.

Mary’s condition was consistent with the known acute complications of FGM, which include severe pain, shock, haemorrhage, tetanus or sepsis, urine retention, open sores and extending injury to nearby tissue. Her medical treatment was quite straight forward; admission to the surgical ward, IV antibiotics, painful and embarrassing dressing changes and incision and drainage or debridement of the infection if things failed to improve. Thankfully Mary’s condition did well with conservative methods and minor surgery and her healing in turn lessened her distress. However, I was left feeling helpless in all other aspects of my concern, wondering how this culture of FGM could exist.

I have seen many older patients who have evidence and complications of FGM but not as yet a young patient in the acute phase with such complications, which really shocked me.

The older women usually present with some of the long-term consequences, which include recurrent bladder and urinary tract infections, cysts, infertility, childbirth complications and newborn deaths, fistulas and the need for surgery to resolve these things.

My most recent thought about it had been when reading the American journal of pediatrics, which featured an article on FGM. The American academy of Pediatrics committee on bioethics, in a policy statement, said some pediatricians had suggested that current federal law, which “makes criminal any nonmedical procedure performed on the genitals” of a girl in the United States, has had the unintended consequence of driving some families to take their daughters to other countries to undergo mutilation; like Africa.

As a solution it was suggested that decriminalizing the act of a ceremonial “nick” on girls from these cultures by Pediatricians could lessen harm by appeasing the families and preventing them from being driven overseas where full circumcision would take place without anesthetic, with unsterile knifes or even glass by unskilled practitioners. However this proposal has since been withdrawn as existing opponent bodies are against anything which would legitimize such an act, and a blanket ban continues.

The reasons it in fact exists are cultural, religious and socially embedded and have no health benefit to women. The social pressure to conform drives the act into the future, with expectation from village leaders, traditional doctors, religious leaders, parents, extended family and potential husbands. It is also an expectation of parenting and the dowry process. FGM is heavily associated with the cultural ideas of femininity and modesty, and the notions of “clean”, “beautiful” and “pure” with the alternative considered “dirty” and “masculine”. In the situation where the genitals are stitched closed as part of the mutilation this cultural act has become interwoven and inseparable with the religious act of celibacy and purity, and by not having it done signifies impurity. Another example of culture becoming part of the gospel rather than the gospel becoming part of culture.

The WHO estimates 100 to 140 million girls and women worldwide are currently living with the consequences of FGM, with 92 million from Africa alone, and like Mary It is mostly carried out on young girls between infancy and age 15 years.

FGM is internationally recognized as a violation of the human rights of girls and women. The human rights it violates include the person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Research shows, like most things here, change must come from within the community itself and from the community’s own leaders and if practising communities themselves decide to abandon FGM, the practice can be eliminated very rapidly. I have come to understand that sustainability here is when Africans decide to take on something themselves, but never when something is suggested or enforced.

There are other cultural aspects that continue to leave a foul taste in my mouth. On Sunday we went to the local prison. Kagando church has an outreach program for

local prisoners and I had gone with boxes full of Bibles. Our Bible project is well underway and we have bought the local Bible society well out of stock.

It was just last week that I visited Kagando prison. Gideon is the church chaplain and before we departed we discussed how best to distribute the Bibles. Gideon felt it important that the guards carried their own, which may help them treat the prisoners better and may also encourage them to be leaders in example. For the rest of the Bibles we had to decide whether to give the prisoners their own copy that they could keep forever and have ownership of, or make them the property of the prison that they would share. We decided that although ownership is better most of the prisoners here are only in for three months to one year and then there would be no more Bibles left.

We were underway and before long the hilux was bouncing through the prison plantation.

My only previous experience with the prison system was in Goulburn maximum-security prison as a medical student doing prison health care. It had been a memorable insight and stirred a lot of feelings of empathy and injustice mixed with fear. As we entered the prison gates of Kesses the memories came flooding back. The prisoners we saw in Goulburn were like caged animals and they hooted and barked at us with wild eyes, wielding fearfully to the guards sticks and abusive taunts. I recalled how they were separated by ethnicity and level of hostility to reduce conflict. We stood in a center section where all of the 'outdoor' cages were and the guard explained. "These guys in the left cage are the worst, the most hostile, they are scared of no one. Next we have these ones in the middle." He motioned with his stick. "and they are scared of the worst ones. "Heading further right we have these guys, and they are scared of both of those two groups on the left. While the next one on the right end are scared of everyone. But if you'll follow me we have a locked area. In this area are people we need to protect. If any prisoner gets there hands on these guys they will kill them; they're mostly those who commit crimes against our children, and they don't get outdoors much."

"We have a real drug problem here too. Don't ask me how the drugs get in, we don't know. But they will shoot them with anything they have. They also make alcohol from the yeast in Vegemite, which they inject in their rooms. These guys are very, very resourceful. Prison does something to the minds of men, which stimulates ingenuity. They'll make knifes out of their beds and tattoo devices from pens and tin cans. Seventy percent have Hep C while thirty percent aren't tested. Some of our patients are on methadone, but many will vomit it up and sell it, for another person to inject. You also need to know that we have many STDs from encounters and abuse in prison, but remember no one is gay here; it is just 'jail sex'. A few prisoners care for an outing every now and then too, so they may stab themselves or cut off a finger so they can visit the hospital down the road."

"The most dangerous time in the prison is right now, where we stand is between the out door exercise yard (cages) and the cells and they will be filed through here any moment. There have been revolts in the past and guards have died. Remember these prisoners have nothing to lose, many are here for life."

My mind stayed with Goulburn for a little longer as I recalled the wild emptiness in the depths of their dark eyes. I felt a deep sorrow for not just them but also the world. How on earth does a person end up like this? Many of these guys have had horrendous childhoods. One we saw in the clinic had explained how his father would call him over to use his head to butt out cigarettes, and the escalating suffering and hardship that led him into criminal networks and gang friendship, provided the family he never had. I cant help but feel sorry for them, like its not really their fault that they were born into a world, the act of which makes us sinful by default and then to go through 'that'; what hope does he have to be any different. But most of all I felt regret for the corrupt prison system I saw and how they were abused like animals. Some sort of rehabilitation, I thought. Besides shouldn't we all be in prison. White-collar crime is rampant in every industry and corporation.

I wondered how different it might be here. I didn't know what to expect.

The ute continued to bump along through the plantations and Gideon gave me some insights. "Prisoners in Kagando are sentenced to hard labor. They work the fields, handle the livestock, prepare their meals and clean up after themselves. But when they are not working they all share one common cell". I imagined this prison would be well and truly profitable by the look of the pristine plantations; quite a contrast to the phenomenal cost of prisons at home. Gideon stepped from the vehicle and led me to a grassed area in the center of a circle made of banana trees. Around us were miles of fields that trailed into the valleys from the hilltop on which we stood. Gideon is a kind man; he speaks with a deep rumble and carries Gods word with authority.

"Jooffray, I would like you to meet the head guard. He is the CEO of the prison and responsible for all the prisoners."

"I am Baluka" He raised his chin with pride as he leant down on his cane. He was an impressively tall man dressed in khaki uniform with a wide studded green belt, which gave his mid region a look of invincibility.

"Jooffray, has brought Bibles with him for everyone."

Buluka fixed me with his eyes and squinted in questioning disbelief. I opened the box and began to unload the books onto a timber bench and handed him one to keep.

"Ahh. I have wanted my own Bible for many, many years! Ahh! He said with a rapid twitch of his neck. His face wore a look of rapturous admiration and his stern features broke into a soft awe. He held the Bible gently and his eyes grew deep with thought.

"I am proud to say that this gift has come from my church and friends, and they send a special blessing to everyone here."

"Thank you, thank you. This is truly wonderful." He clutched the Bible close to his chest like a valuable position.

I was surprised, I suppose, at how well received it was and inspired by the way he cherished and valued the word of God, but a Bible does in fact cost a weeks salary here so it is no wonder it would not be the first thing on a peasants shopping list.

“Jooffray, Buluka is on his own today so it is not safe to let all the prisoners out so we will go into their cell to give the sermon. Usually we like to bring them here under the trees.”

I looked around and thought how nice it would be to have the service out here, sat atop the hill in the fresh shade of the banana trees, looking out over the thick green plantations with the stunning backdrop of the Ruwenzori Mountains. But I also liked the idea of seeing inside the locked doors. Particularly as I have not heard of anyone else being allowed in there.

As Buluka opened the doors a sea of dark bodies could just be made out in the gloom. The figures instinctively scurried to the far corner forming a dense pack.

“Jooffray, please just remain behind me at the door, a safe distance is the best advice.” Buluka was business like again and he had to be; he was the only one there today.

My eyes adjusted to the darkness as I stepped forward and entered this new world. I scanned the room soaking in the mood, the atmosphere, the architecture, and the smells. How could anyone tolerate this I thought?

The prison was incredibly simple; a single room 6m by 15m with bare cement floors and previously white walls. A tiny barred window sat high up on two of the 1m thick walls, far out of reach, which met a tin roof. 40 sparsely dressed men huddled in the corner, while the opposite corner looked to be a wet area. There was no toilet in sight however the walls were splattered and smeared with faeces as was the ground. A wave of deep despair engulfed me as I looked at their wide fearful eyes and drew in the thick stench of humid air. Some of the men sat on ratty blankets while others perched against the wall while others lay lifeless. I think it was the images and thoughts of African slavery that I merged with the scene before me that brought the most heaviness to my heart.

Gideon stood before the men dressed in a high Anglican robe, while I stood a little to his left. His glasses sat askew and he adjusted the thick clear-frames to focus while one of the arms hung limp against his cheek. Then in a mixture of native and English he invited me to speak while Baluka distributed Bibles. I brought greetings to the prisoners from home and said a prayer requesting the power of Gods word shine from the Bibles they now held and that it would bring them peace and forgiveness. The mood suddenly broke much like that which I had just experienced with Baluka. Here was the guard presenting them with gifts rather than a stick, and the ragged dirty men now held glossy new Bibles in their hands with wide amazement. The crowd dispersed from the corner of fear and cordially sat in small groups sharing Bibles. It all looked like a harmless scene now and it was only 2m from me that a man was struggling to find his way. I sat on the floor beside him and we read together which made me feel like I was part of the group and a friend rather than a spectator. He reminded me- as my thoughts carried me to the West with its high-end theological debates and causes for division- that he was just as saved and just as worthy of salvation with his faint ability to read and simple faith. Some how all the complexity of theology was so distant now, and so inappropriate.

As the deep voices carried the native hymns my mind drifted as to why these men were here. I had images of war and theft mixed with corruption from above. It wouldn't be long though that I would find out. As I quietly prayed to myself for the men before me, they clutched their Bibles and thundered out deep soulful melodies- I was taken by their hearts. Many wept, others praised while some hung in silence.

Gideon looked in my direction with an extended arm as men began to approach the front. I figured he had invited them and as they bowed on their knees Gideon's extended arm summoned me to join him.

"Jooffray, this man is possessed by the spirit of poaching. He cannot resist visiting the park animals, and he just loves to shoot them. He is asking that we pray for this spirit to flee from him."

He was a large strong man who had a desperate look on his face. Knelt before me was a man battling with temptation and sin who wanted more than anything to be free from it. I had never been in this situation before and as my eyes scanned the room, the mood around him was calm but collectively and quietly withdrawn. We placed our hands on his head and shoulders and as I began my words I paused. Against my palms I felt the gentle shakes of sobbing. I cast my mind back to John, the evangelist. What would John do I wondered. I stretched out my arms and continued in a loud bellowing voice, I prayed for him that he would be set free from the spirits that tempted him and that he would carry forgiveness forever and Gods word would speak to him the rest of his days. As he stood and the rest of the prisoners saw his face they too started to come to the front.

"This man is in love with the banana wine. He is filled with the spirit of a drunk and is tired of fighting it. He wants to be set free."

"These men are thief's. They want nothing more than to take what isn't theirs. They are possessed by this and have lost control."

We laid our hands on each one and as we moved around I prayed in a mighty tone that they would be free, that in their repenting they would feel forgiveness and make a new start from this day. I prayed that God in his faithfulness would provide the food they needed for their family so they would not need to steal it and the spirits that tempted them would flee.

"This man is a fighter. He has the devil in his arms and he is as strong as a Lion. Every man here fears him."

As he humbled himself to God on his knees and broke down before us, we felt the power of his repentance ripple through the room. I was in full swing now and almost yelling, taken away by the super charged mood. The crowd was initially timid, but now as the big men had broken they flocked to the front unabated. It was all rapid fire and I could feel an awesome presence in the room.

I have never been in this position before. Praying over prisoners, laying hands on them and seeing the power of God lead them to repentance. It was a powerful afternoon, strong men on their knees, clutching their Bibles with emptiness in search

of restoration. I have heard how these things happen in prisons and I was seeing it as true as day. This hellish environment as much as it upset me was a platform of opportunity. A short time here could be a wonderful opportunity to reconsider their ways. And now armed with Bibles the prison may help to do that and truly cause reform and rehabilitation.

I was left standing in front of the crowd for some time as the electric atmosphere continued to spark and before turning to leave I left the men with the challenge of this verse: “Fight the good fight of the faith. Take hold of the eternal life to which you were called when you made your good confession in the presence of many witnesses”
1 Timothy 6:12, NIV

As we left with joyful waves and moved back out into the fresh air we heard the eruption of talking, wailing and singing. Then Gideon stopped short in his stride to face me.

“Jooffray, Bibles are powerful things”. He paused and nodded to the ground in contemplation for some time with a soulful depth to his composure. Then his watering eyes met mine “Look at the effect before you. This is something we are not ever seeing. Thank your people for these gifts. Please thank them.”

FGM: http://www.who.int/mediacentre/factsheets/fs241/en/

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Week Nineteen Uganda by Jeffrey

While working in Uganda, I often find myself battling with the question of suffering and ‘why does God allow it?’ We have reached our final two weeks here in Kagando Hospital, and I have had a while to think about it now. Nowen et al in the book Compassion states that whenever we see suffering we want to label it as ‘Gods will’. But God’s will is not a label to be used on every unhappy situation, he says; it’s the wrong question and we need to understand that God wants to bring happiness not sadness, peace not war, joy not sorrow, healing not pain. And we should try to find these things in all situations, amongst the suffering and pain- to find God’s loving presence in every area of life. God is the light of comfort and hope that continues to burn amongst all sin and suffering.

When I first arrived it was truly an epic challenge to find this hope and joy. I felt numb and overwhelmed by what I saw in the present but also by what I saw in the past. And with Uganda’s day of independence this week it is a cause to further reflect on where these people have come from and the journey they are undergoing.

Uganda was quite prosperous at independence in 1962 but following this was a brutal reign of Milton Obote and Idi Amin, where as many as 800,000 Ugandans were murdered. Following this in 1986 Yoweri Museveni, leader of the National Resistance

Army came to power and was officially elected president in 1986. He has stayed in power since changing many laws to allow his reelection and unrestricted reign over Uganda. Despite military and economic challenges though he has brought stability. However, the northern border of Uganda remains unstable due to the war torn neighbor of Congo. In 1998 Uganda sent troops into Congo's civil war and withdrew its last forces in 2003 with thousands of Congolese seeking asylum. Following the civil war the Lord's Resistance Army, an insurgent militia, continued to terrorize North Uganda and Sudan, abducting some 20,000 children to become child soldiers. The guerilla and Militia movements continue to bring instability to this region and see many injured patients brought into our hospital.

The affects of these wars still continues by way of poverty, lack of infrastructure, development, education and a weak economy, with suffering a tremendous reality.

But I have been amazed to see Gods light and hope in all the suffering I see here. Something I struggled to see when I arrived and before I opened my eyes and looked for it. But now the more I look the more I find, and it is indeed an obvious presence everywhere. I recall a number of patients I have treated, both past and present, where Gods presence was an overwhelming reality in amongst their pain.

The most recent was this week and involved Janet an 18-year-old girl who presented with a number of symptoms, which led to the diagnosis of Ebola. The mere word rings shock and horror, thoughts of biowarfare, Hollywood movies based on historic outbreaks in Congo, Uganda and Sudan and reins fear into anyone involved. And that is exactly what happened to Janet. When Janet's village suspected her diagnosis a 1 km zone of exclusion was rapidly formed around her house; not enforced but just out of pure fear. The locals don't need to be told that there is no treatment or cure and there is reported 88% mortality in previous outbreaks, with spread by close contact.

Janet had been 'strictly quarantined', which is where we came to meet her. We had heard of her isolation (not so much physical as emotional) along with the death sentence she had been given and we thought she could use a visit.

Ebola virus and Marburg virus are both African viruses in the family Filoviridae and are genetically distinct but have a similar course of illness and are usually described together. From a western perspective both of these are biosafety level 4 pathogens because of their high associated mortality rate and aerosol infectivity. Although it is not thought that enough virus is present in aerosol form to transmit from infected human to human and spread is generally by body fluids.

The virus causes an acute hemorrhagic febrile illness, characterized by multisystem involvement that begins with the abrupt onset of severe headache, with the following developing over 5 days; myalgias, nausea, diarrhea and vomiting and fever which proceeds prostration, rash, reduced mentition and shock occurring day 5-7 and often followed by bleeding manifestations. Bleeding occurs at day 7 and can be from any mucosal site and also into the skin, which is what this disease is colloquially known for.

Epidemics usually begin with a single case acquired from an unknown reservoir in nature and spread mainly through close contact with sick persons or their body fluids,

either in the home or at the hospital. Deep forest exposure is usually associated with emergence of infection and spread to the index case. There was a notable epidemic in Congo in 1995 with 317 cases, 88% died and Sudan/Uganda in 2001 with 425 cases. While there are often primate 'die offs' in the jungle associated with infection. Marburg virus was in fact first identified in African green monkeys imported from Uganda to Germany in 1967 and was transmitted to lab workers. The reservoirs for Filoviruses are unknown but are believed to be nonprimate. Bat's have been blamed in the past but there is no solid evidence as yet.

Previously a major cause of spread was with contact nursing and shared needles (formally common practice). With improved nursing care and awareness the index cases are now not resulting in the outbreaks of the past.

When we first met Janet she looked like a woman on death row. Her gaunt drawn figure was wasted and dark while her watery eyes welled an ocean of sorrow. From every orifice she bled including her eyes. In fact she was weeping blood. Despite her immanent death and intense pain we were able to show her Gods love and comfort her and her family which left an air of peace and certainty amongst an otherwise random and meaningless death. God's presence in these situations gives meaning where there would otherwise be none.

And then there was Gerald a 4-year-old boy with a dangerous habit of petting wild rats. As his habit would eventuate, the young boy was bitten. Gerald was not at all impressed and nor was his mother. He presented with a swollen hand, which resembled an inflated green rubber glove with pus leaking from the bite site. It wasn't just his hand that was the problem now. The infection had spread to his blood, causing septicemia and also in the deep tissue planes resulting in necrotizing fasciitis. His hand was a stinking mess and the only thing I have seen as bad was the last limb I had had to amputate.

From the moment I met this boy's mother she was a hostile force with an icy persona. She squared her eyes at me, and the boy and voiced her opinions without delay. "I will not pay a cent for the boy. Let me take him home now."

I often wonder why people come to hospital and then spend the whole time insisting on leaving and refusing treatment, but this is a daily event wherever I am working. In this case there was a boy involved and I was not about to let his mother take him home in stubborn ignorance. As days went by each ward round would be the same; pleading and begging and explaining and re-explaining, until she would slump in her seat with mild appeasement and turn her eyes in defeat.

The worst battle was the one to allow surgery. I don't like to talk any patient into a treatment because you are putting yourself out on a shaky limb with the family against you all the way. But in this case there was no doubt and it was a matter of a child's interest, which supersedes a guardians rights, that in this case would have seen his condition likely result in death.

The surgery required extensive debridement and resection of dead skin that would require grafting at a later date. I am still overwhelmed by the quantity of pus a person

can retain in hidden places. You wouldn't believe a liter of the stuff could sneak into every space and crevice of a little boy's hand; but it can.

As the days went by and the antibiotics did their work, his mother's eyes were no longer turned; in fact they showed an air of interest in our work. The swelling was reducing, his fevers were subsiding and his movement was regained. We now had a transformation, a bubbly, curious boy who followed me on my rounds with exquisite attentiveness and aptitude. And his mother could sense his bright abilities, resolve and intelligence.

As the bandage was removed and the swelling had reduced to nothing I realized that no grafting was necessary and I could finish the job by delayed primary closure. The mother having seen the dramatic improvement and the light glistening at the end of the tunnel did not need convincing this time. A procedure of skin rotation flaps was embarked and the results were acceptable; the boy could now go home to a life once again normal.

The days that preceded his departure showed a steady and continued thawing of his mothers posture. She now swelled at the sign of us and unveiled her son's improvement by removing the dressings in excited anticipation. I saw her relationship and pride grow and her openness and interest in her little boy escalate into that of love and revere.

This episode of suffering had in itself taught her how to care for her son and developed and built their relationship, and in some ways it taught her to grow in understanding of how God cares for us. Our intervention reduced the boys suffering and sent a message of demonstration to the staff and patients of patient centered, unbiased care irrespective of expense. I could see that God was working in this boy too, sparing him from death and disability, reducing his pain and teaching him how to love others no matter the cost.

Unfortunately I cannot avoid mentioning the word pus here in Africa and in the case of Jameson, this was a record breaker. I am not familiar with speed skaters but I am told that they can look much like Jameson did. The outside leg of a circuit racer develops far more than the inside one and Jameson's was massive. The fluctuant swelling was tight and painful and as I examined this young man of 17 years I felt him tremble as the beads of sweat studded his forehead and forced a path over his chest and stomach. His right leg needed surgery to decompress the mounting pressure of pus, which can destroy surrounding tissue including the bone that it originated from. The ultrasound confirmed a huge collection surrounding the bone and deep to the muscle, which it diffused into.

As we arrived in theatre I was accompanied by Moses the anesthetic provider.

"What is wrong with this one?" His stance was one of opposition as he leaned against the doorframe blocking our path to the theatre.

"Pyomyosistis and associated osteomyelitis." I said as mater of fact.

"hmmm. I tend to disagree. There isn't much pain there and the swelling is mild."

“Have you examined him? Do you know his history?” I enquired.

Moses uncrossed his arms and legs and slowly stood upright from the doorframe. A look of contentment and supreme self-assurance spread over his face as he delighted in his opinion.

“I’ll get to that, but I am sure it is something else.” He had a patient look of unshakable self-reliance and esteem, which could only be present in a person of infinite wisdom.

“But Moses you haven’t even met the patient and he is still under a blanket. How can you be so sure? Besides the ultrasound confirms the clinical picture.”

“Experience Gooffray, experience.”

Moses collected all of the other experts and they assembled to examine the boy. Some poked fingers, others squeezed while a few stuck needles in his leg until at long last an eruption broke out.

“Look.” Exclaimed one. “I have found pus. The doctor is right.” Moses was not convinced and grabbing another needle he made a few more attempts in various places to replicate his counterparts dubious discovery. The patient rolled and grimaced and pleaded with him to stop.

“Moses, please stop, what are you going to gain poking needles everywhere, you’ll make the infection worse.” I broke in.

“I have found no pus, and I must disagree with all of you. We should not operate.” His head was held high in an auspicious manner and his pride would not allow for challenge.

Jameson was looking more and more distressed by the minute and begged Moses to stop and allow him to be operated on. I am very much aware that authority and social structure is based purely on age here, and as Moses was my senior it made it very difficult for him allow me to make decisions and the staff to not follow him.

“Moses can we just get started. Look we both have different jobs and different training, neither is better than the other, I have a job which is different to yours and that involves me putting my hand up to take responsibility for the surgical patient and their care and make decisions on whom to operate. I respect you as my senior, what you have said but it is my decision”.

Moses was cold and his movements were jarred and intentional and each held a moment of forceful resentment. He put the patient to sleep and left the room, with a student fumbling around in his place. Out the corner of my eye I calculated a respiratory ventilation rate of about 150 and asked the student to slow down and request Moses return. But Moses was not completely gone, the occasional peek and passing glance was made as his new, more important task, caused him to pass the theatre doors every minute in a slower than slow pace; peering through the windows.

As the knife made a path through the skin and separated the muscle planes. Moses objections broke in as his head bobbed through the doors. “You wont find it there.” “You’ve gone in the wrong spot haven’t you?” “Didn’t mark it first did you?” “Look how deep you are now and still haven’t found the collection.” A cold chill edged through my body, what if he is right. I feel like I’ve been somehow set up to fail here. Of course there are no absolutes in Africa, all of the diagnostic tests a flawed. The jobs difficult enough without characters like this insulting me. Why am I always doubting myself anyway, the ultrasound was clear-cut. Perspiration formed a sheen on my brow as I carefully edged deeper, and slowly deeper with the blade, following the plane seen on ultrasound.

It was at that moment that a canon load of pus shot under pressure in the direction of Moses, to the sound of the door quickly slamming shut, and finally into the bowl as I scrambled it into place.

As a thick inch wide stream of pus deflated the leg of massive proportions, bowl after bowl was emptied, and I must admit I relished in the satisfaction. A high pressure, unyielding, cascade as though from a hidden pump created a reeking swamp of the near vicinity. I found I could adjust the flow and direction of the stream by altering my grip and pressure and as a hose can be manipulated into a vicious spray so could the pus, which found great amusement in the photographing students who took enormous measures in dodging my aim. As the flow reduced to a splutter with intermittent surges, the students were lured closer only to find it rocketing in their direction again. But after a strenuous few minutes I had exhausted the supply and I felt down deep to the muscle and wiggled my finger toward the femur. Then a final collection could be felt in the periosteum and once this was broken down and evacuated like a toxic missile, with keen observers diving for cover, Jameson’s leg was a whole 3 liters lighter and symmetrical once again.

I couldn’t find Moses after that. I was told he had gone home. I never said anything to him about it, but the theatre nurses constantly brought it up; who they thought had been right, and who they thought had been wrong. But how did it even get to that, how did this whole, right and wrong and taking sides develop? It seems so immature and counter constructive. I didn’t want to be part of this; I didn’t want to be out on a limb apposing other staff. We were operating on the basis of simple facts and it sure didn’t qualify for an argument.

It was only a week earlier that almost the identical performance had taken place. Thembo a young solider of 23 years had presented with abdominal pain. He was an impressively tall and strong figure, who described his pain as having begun in the umbilical region and traveled to the lower right where it became exquisite and then spread diffusely over the abdomen with rigidity, fevers and shock. The clinical officer who admitted him had rightly suggested it was the clinical picture of appendicitis, which had gone on to rupture, and I had agreed. The differential to this was a distal ileal perforation and both were very likely. It was Moses though who took drastic lengths to prevent the man having surgery, so he could meet his dinner plans. He came up with indigestion, constipation and even that the patient was faking it. But sure enough a perforated ileum was found right at the Ileocecal junction, immediately next to the appendix. I had resected the area through a small McBurney’s incision and

with steam pouring from Moses' ears he had run away much the same. But that aside, both Jameson and Thembo were recovering on the ward in good spirits.

I had left a large pack in Jameson's wound to take up the dead space and prevent further infection while the antibiotics did their magic and once this was removed he was a happy young man and bouncing around like Thembo who preceded him in recovery. Each day Jameson's faces would light up and he would shake my hand. "Thank you for sticking up for me, thank you for being my advocate and not giving up on me." We had a comradery forming, and a bond had developed between us. I had fought the system for him, he said, and saved his leg. Thembo also expressed similar sentiments and shook my hand as though we were best friends.

In amongst their pain, they felt a friendship and a pride for the man who stood up for them. I hadn't seen it like that at the time, I had just seen Moses being obstructive and difficult again and me sticking to the job I had to do, which is always met with hurdles and obstructions. But looking back on it I can see God at work in the difficult situation and their suffering, with the formation of friendships and a loyalty between us that would not have developed such strength if it weren't for the opposition we faced together. God had made good out of my struggles with a difficult colleague. God had made good out of a bad situation and used me even when I was not aware of it. God created 'things' that would not have developed if it weren't for my conflicts with coworkers and the patient's time of need. On reflection their suffering taught me how to be loyal to these young men too, and was the basis of good friendships embedded in our need for each other.

These cases demonstrate to me the presence of Gods work in the patient's time of need. Gods work through his people despite their shortcomings, and even when we don't realize it he uses the willing for his purpose. Whether it is providing hope and comfort in death; building, restoring and uniting family relationships or developing loyalty, trust and friendship; in suffering God can create all of these things, and I see it everyday.

But I am still left wondering why we have to suffer like this at all? I know that good can come of it but why does it have to be this way?

There are a number of verses that have helped me to try to construct the story of suffering in the Bible and make sense of it.

The following verses describe the beginning of sin through the fall of the world and the reality of the devil, an evil force. The devil a real entity entered the world and with him came sin.

"How you are fallen from heaven, O Lucifer, son of the morning! How you are cut down to the ground, you who weakened the nations! For you have said in your heart: 'I will ascend into heaven, I will exalt my throne above the stars of God; I will also sit on the mount of the congregation on the farthest sides of the north; I will ascend above the heights of the clouds, I will be like the Most High.' Yet you shall be brought down to Sheol, to the lowest depths of the Pit." Isaiah 14:12-15

"You are of your father the devil, and the desires of your father you want to do. He was a murderer from the beginning, and does not stand in the truth, because there is no truth in him. When he speaks a lie, he speaks from his own resources, for he is a liar and the father of it." John 8:44

"The thief does not come except to steal, and to kill, and to destroy. I [Jesus Christ] have come that they may have life, and that they may have it more abundantly." John 10:10

So the great dragon was cast out, that serpent of old, called the Devil and Satan, who deceives the whole world; he was cast to the earth, and his angels were cast out with him. Then I heard a loud voice saying in heaven, "Now salvation, and strength, and the kingdom of our God, and the power of His Christ have come, for the accuser of our brethren, who accused them before our God day and night, has been cast down... "Therefore rejoice, O heavens, and you who dwell in them! Woe to the inhabitants of the earth and the sea! For the devil has come down to you, having great wrath, because he knows that he has a short time." Revelation 12:9-10, 12

The verses indicate that the devil is real and he is out to destroy all that is good. Then with human’s free will came choice, and with the choice of Adam came the fall.

“Now the serpent was more cunning than any beast of the field which the Lord God had made. And he said to the woman, "Has God indeed said, ‘You shall not eat of every tree of the garden'?" And the woman said to the serpent, "We may eat the fruit of the trees of the garden; but of the fruit of the tree which is in the midst of the garden, God has said, ‘You shall not eat it, nor shall you touch it, lest you die.'" Then the serpent said to the woman, "You will not surely die. For God knows that in the day you eat of it your eyes will be opened, and you will be like God, knowing good and evil." So when the woman saw that the tree was good for food, that it was pleasant to the eyes, and a tree desirable to make one wise, she took of its fruit and ate. She also gave to her husband with her, and he ate.” Genesis 3:1-6

"See, I have set before you today life and good, death and evil, in that I command you today to love the Lord your God, to walk in His ways, and to keep His commandments, His statutes, and His judgments, that you may live and multiply; and the Lord your God will bless you in the land which you go to possess. But if your heart turns away so that you do not hear, and are drawn away, and worship other gods and serve them, I announce to you today that you shall surely perish; you shall not prolong your days in the land which you cross over the Jordan to go in and possess. I call heaven and earth as witnesses today against you, that I have set before you life and death, blessing and cursing; therefore choose life, that both you and your descendants may live..." Deuteronomy 30:15-19

“Therefore, just as through one man sin entered the world, and death through sin, and thus death spread to all men, because all sinned...” Romans 5:12

The result of the devil, sin, freewill, and the fall is indiscriminate suffering- an inescapable byproduct of living in a fallen sinful world- 'the human condition'

“And Jesus answered and said to them, "Do you suppose that these Galileans were worse sinners than all other Galileans, because they suffered such things? I tell you, no; but unless you repent you will all likewise perish. Or those eighteen on whom the tower in Siloam fell and killed them, do you think that they were worse sinners than all other men who dwelt in Jerusalem? I tell you, no; but unless you repent you will all likewise perish." Luke 13:2-5

Suffering results from living in a fallen world. But we know that God is in control of our suffering and allows it for our own good. He has a redemptive plan for this world and makes good out of the bad and good out of suffering.

"You would have no power over me if it were not given to you from above." John 19:11

But he only allows so much, not more than we can endure and only so much as that which is for our own good. This suffering is for our development and from the beginning to the end it is said to be foundational in the life of a Christian. The Bible tells us that even Jesus Christ learned through the things He suffered.

“In this you greatly rejoice, though now for a little while, if need be, you have been grieved by various trials, that the genuineness of your faith, being much more precious than gold that perishes, though it is tested by fire, may be found to praise, honor, and glory at the revelation of Jesus Christ...” 1 Peter 1:6-7

“My brethren, count it all joy when you fall into various trials, knowing that the testing of your faith produces patience. But let patience have its perfect work, that you may be perfect and complete, lacking nothing.” James 1:2-4

Many scriptures point out the end results of trusting God and enduring through difficulties is growth and refinement. Like the refining process for precious metals, the heat of trials produces beautiful, godly character that can be achieved in no other way. Hebrews 5:8-9

But even though suffering is essential and a foundational part of the development of a Christian how do we bear and cope with this and how is it good for us?

“No temptation has overtaken you except such as is common to man; but God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it.”
1 Corinthians 10:13

"Come to Me, all you who labor and are heavy laden, and I will give you rest. Take My yoke upon you and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls." Matthew 11:28-29

“...casting all your care upon Him, for He cares for you.” 1 Peter 5:7

“Bear one another's burdens, and so fulfill the law of Christ.” Galatians 6:2

“And we know that all things work together for good to those who love God, to those who are the called according to His purpose”.

"Father of mercies and God of all comfort, who comforts us in all our tribulation, that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God". 2 Corinthians 1:3-4

God wants us to not only feel for others, but to look for ways to comfort them. For example, James tells us "to visit orphans and widows in their trouble". James 1:27. He wants us to develop compassionate communities who share each other’s burdens and are knitted together in Christ’s love and dependence on him and each other. He wants us to depend on him and grow close to him during our time on earth.

The final ending to this suffering, when its purpose is fulfilled, occurs with the new heavens and the new earth. Gods plan is to make up every loss, and make right every wrong.

“For I consider that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us...” Romans 8:18, 28

“I will repay you for the years that the swarming locus has eaten”. Joel 2:25

"And God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying. There shall be no more pain, for the former things have passed away." Revelation 21:4

15 October 2010 07:29

Week Nineteen Uganda by Angela

Its amazing to think that our time at Kagando is already coming to a close! One week to go and then we will do some travelling on our way to Kampala where we fly out at the end of the month.
Leaving this place is a bittersweet thing. We have made many dear friends, have relished in the simplicity and relaxed nature of life here, and have noticed an amazing amount of personal growth as we have dealt with situations and challenges that only Africa can provide.

"It must be so challenging to live in Africa your first year of marriage" is a phrase we hear often. Quite the contrary, Jeffrey and I agree; everyone should "honeymoon in Uganda"! Someone said that living in Africa is like dog years: that our six months of married life equals about 5 years of marital experience. We agree! We have grown so much in these six months…God has truly brought us together as one as we have served together, battled frustrations together, prayed, travelled in the most uncomfortable and dangerous situations, reached out and befriended people, and developed a life together that is completely separate from anything either of us are familiar with. What a blessing! I could never have survived here for so long without Jeffrey's encouragement and support…and without someone to serve. We have learned what a joy it is to serve one another, no matter how distasteful the task may be, ie cleaning rat poo off the dishes, buying meat from a stinky market, killing swarms of ants, etc.J

Some of the other wonderful benefits are that we are free of the distractions of the western world. The constant bombardment of advertising, TV and traffic are worlds away. We spend our evenings together by candlelight, reading to each other, sharing and writing stories, talking and laughing. Recently our favorite activity is sitting on our porch where Jeffrey builds our fire for dinner. We sip tea (thank you Lynette!) while the thunderclouds roll in for the nightly lightning and thunder show. So awesome!

We know now that God will give us all that we need to joyfully live and serve wherever He may call us.

What have I been up to the last few weeks?

It has been my joy to find ways to help with the Typhoid research that Jeffrey and Chris are working on as well as doing some community/village visits of my own. I had fun teaching several of my nursing students how to bake banana bread, a treat that they enjoy very much! Since no one here has an oven they told me that they would bake it in hot soil….we'll see how that turns out for them.

I have also spent many hours trying to plan the details of our travels and getting paperwork started for our transition to Australia. I have quickly learned that doing anything official in Africa is a logistical nightmare; trying to live a western life here is impossible and a cause of great frustration. Trying to apply for an Australian visa in a place where I have no access to a printer, fax machine, telephone, copy machine or reliable postal service has proven quite difficult; this is nothing, however, compared to the difficulty of obtaining my official results from the IELTS English exam I took in Kampala months ago. I swear they are holding the results ransom in hopes of squeezing me dry of all my savings. I need the results of this exam to submit to the Nursing Board in Australia before I can continue with my application for an Australian nursing license. I figured they would send the results to the address listed on the exam application, as we pay hundreds of dollars to sit the exam in the first place. Months passed, though, without word from the Board of Nursing, so I called Winnie, my sole contact to the exam council.

"Oh yes Angela we have wondered why you did not collect your results," Winnie remarked.

"Well, you see, we live in Kasese which is a nine-hour bus ride from Kampala so that is why I put instructions on my application for my results to be sent directly to Australia," I said, annoyed that nothing had been done at all with my results.

"Oh yes this we can do. But there is a fee for posting."

"Really? Why did you not ask for this at the time of the exam?"

"No, I think you were informed of this Angela."

“Fine, how much will it cost?”
“Well, you see, Australia is far-far. And because you are requesting your results late you will have to pay a late fee. Your total will be 250,000 shillings (about $125!)”
“What?! Why so much?”
“This is what we charge. Do you want your results?”
“Ay ya yai. What are my other options?” I pleaded.
Several long and frustrating conversations with Winnie ensued, in which each time she challenged me to think about how much I wanted these results and what they were worth to me.
Why couldn’t this just be simple?!
After working out lists of options with Jeffrey I boldly asked a contact we have in Kampala via a safari agency if they would do me the HUGE favor of picking up the results from Winnie to hold for me as I could post them myself later.
Winnie was caught off guard it seemed; check mate.
“Ok, Winnie, I have someone that will come to pick up the results from you as you said this must be done right away or you will charge me more. I cannot afford to have you post them.”
“Really? She fumbled for a quick answer to protect the income she had her hopes on. “Well, ok then.”
“Great. When shall she come?” I asked.
“She must be here before three pm today.”
“What??! She is not even in the city. She cannot make it by then.”
“Well then you will have to pay for new results or postage. You see our council is moving locations and this whole box of papers I have will be discarded. I can only hope that three o clock today will not be too late.”
To Winnie’s amazement our friend was there before three, and she was so rattled by our latest maneuver that, she forgot to extort any money.

As Jeffrey mentioned, cooking in this country is a full-time job! It’s been a fun challenge and I have enjoyed the experience. My weekly trips to Kasese to get groceries are exhausting but I enjoy visiting my “fruit and veggie” lady who takes good care of me. She is a small lady but strong and incredibly hard-working, all this while also being about 10 months pregnant and ready to pop! Every week I expect to see her holding her newborn baby but this baby just doesn’t want to give up its nice resting spot! Last week I was asking her about her babies.
“I have two. Well, I had two but one died. Now I have one.”
“Oh I’m so sorry. How did she die?” I asked, not sure how to convey my sympathy.
“Oh she just got sick and died. Now, you want carrots today sister?” she stated matter-of-factly.
It saddens me that death is not only a reality, it’s practically expected.
“How many more babies will you have?” I asked, knowing that six seems to be a minimum here.
“Haha, I don’t know sister” she said but the scolding looks she got from her mother who works by her side told me that she was expected to produce many offspring.
“And you Angela, how many do you have?”
“Oh, I don’t have any yet.”
“But you are married?!”
“Yes, I am. But we are waiting for a few years” I said, knowing they would not understand.
“Ah! Why!?!? You must give him babies or he will leave!”

(I have had many conversations here with women about the fact that husbands will leave them if they do not produce children. One of my well-educated midwife friends told me that she has met two men in Uganda that she admires. When asked why, she explained to me that in all her years working as a midwife she has only met two men who have stayed with their wife after 4, 5 or 6 years have passed without producing children.)

“Oh, no, you see my husband is very busy right now in surgical training and he wants to wait to have babies until he can spend lots of time with them” I explained.

“AHHH!! He wants to be a good daddy!?! Wow!” They were thoroughly impressed.

“Angela, we do not have men like that here. He is a very wonderful man!”

“Yes, “ I smiled, “he is.”

“Now, sister, can I ask you something?” my fruit lady asked in a hushed tone. Her mother works with her but speaks little English so often asks for a translation of our conversations. “How do you keep from having babies?”

I explained birth control to her and she looked at me with wide eyes. “This, I want this!” she pleaded.

Her mother caught on quickly and immediately this large formidable lady rose and scolded her daughter freely. My friend looked at me and explained that her mother had nine children and that she too must have many babies. My friend became weak under her mother’s disapproving stares and with a defeated look seemed to accept her fate in life: to produce many, many babies.

As this was my last time to see these friends I gave them one of the Bibles that Jeffrey and I had purchased with money donated from our friends and family at home (thank you!). You should have seen the looks on their faces!! They both grasped the Bible like it was gold and the mother clung to it holding it high up to the sky. They were more appreciative than I could have imagined! They drew the attention of all the other market ladies and part of me wishes I had one for each of them. Perhaps they will share, I thought.

“Sister, what can we ever give you to thank you? Please, take this pineapple as a gift from us and thank your friends at home.” Their generosity never ceases to amaze and inspire me as it doesn’t come from surplus but from need.

We are ready and excited for the next phase in life. Jeffrey was accepted onto the Prince of Wales surgical training rotation, which was his first choice, so we are excited to begin life in Australia. I am going to miss Uganda, though…especially the prices I pay for some of the foods we eat here! Anything imported is incredibly expensive (ie rolled oats or cheese or tins of tuna) but I can get great bargains on local foods and I LOVE that! For example, I will list some prices:

Juicy, sweet pineapple: 40-50 cents

Huge bunch of finger bananas: 25 cents

Avocado the size of your head: 15 cents

Tomatoes: five large tomatoes for 25 cents

How can you not love bargains like this?!?! J

Saturday, October 23, 2010

Week Twenty Uganda by Jeffrey

Our bags were loaded and amongst a sea of onlookers our driver pulled away. He wrestled and crashed the gears, with a sort of violence that seemed to come from experience, while the grates and shrills mixed with the shouts and waves of pedestrians. The shrubs and trees began to accelerate past the bubbled tinting while the theatres, the wards and the church faded into a faint sketch on the mountainside. We would signal goodbye for the final time. As the blur thickened my mind went back to our final week in the Royal Kagando.

It was a busy and varied time and it started and ended with a goat. I had been considering buying a goat throughout our time here and now the opportunity had arrived. Cook Geoffrey told me about the spotted black and white beauty which was for sale at the markets and offered to pick him up by means of a motorbike. I agreed to the plan and within an hour I had a new friend tied to a tree in the front yard. He wandered around still shaken from his high-speed arrival, the poor thing, strapped to the back of a bike, but he seemed to be settling in fine now. Nurse Jeffrey was around as usual and we were building a fire for dinner. Since our burner ran out a week ago Angela decided it would be a good idea to not refill it but to cook like the local people for the last week. So I built a fireplace on the porch and it was now a roaring furnace that nurse Jeffrey explained was of much larger proportions than necessary. With cook Geoffrey, nurse Jeffrey and doctor Jooffray all present it seemed appropriate that we would name our new friend, goat Jeffrey.

Goat Jeffrey enjoyed his stay with us it seemed. His diet was interesting and varied to say the least, and he sampled quite the range of things from bubble gum to vegemite, cheese on toast, bananas, avocado, sticks and grass, nothing was refused. Goat Jeffrey's ears would prick up and with his little tongue wagging and eyes popping he would follow my every move, which usually resulted in food. But eventually the time came for him to be moved to the 'clay house' guest accommodation. Cook Geoffrey said it would be safest for him to live in the out door kitchen until Friday, the day of the traditional farewell… 'Goat roast' or 'Gowt-a-rost'.

I agreed this was a good idea as there are many dogs wandering around and besides I was becoming too attached to the spotted rascal.

I was walking goat Jeffrey down to the kitchen when suddenly without warning his posture became rigid and his carefree automated gate stopped abruptly as if it were switched off. His head swung in my direction as part of a spasm that also cast him motionless, then he gave me stern, disapproving eyes. He had seen his new accommodation from a distance and forcibly rejected it. It was nothing of the lush grass, shaded trees, and smorgasbord of novelty foods that he had enjoyed at hill top estate. But I assured him it was safer, much safer, at least for now anyway, maybe not on Friday.

As Angela and I sat on the porch cooking our dinner that night and watching the thunderclouds building, the air was filled with a different kind of thunder. Far down

the hill Goat Jeffrey was busy expressing his disapproval. When he had arrived at his new accommodation, despite my concerns the kitchen girl had tied him to the leg of a large table. The sound that now broke the silence was unmistakably large heavy set furniture dragging over concrete, pots and pans, plates and sauces clattered, crashed and shattered in its wake, all the while a constant high pitched bleating appeared in the gaps. If goat Jeffrey escaped, I thought, I would not be disappointed; he was quite the character, and I was secretly hoping he would come home.

Nurse Jeffrey and I were laughing about this as we waited for Rev Gideon on Wednesday morning. This was the day that we would complete our Bible project and we had four schools to visit. Kagando church is a parent church to a number of local schools, and Gideon felt there was a great need for Bibles in these areas too, and not just the hospital. The first was St Theresa's, a Catholic school 5 km from Kagando and just near Kasinga where the police station and the local markets are.

St Theresa is a girl's school and it was quite the procedure to be allowed through the locked gates. It reminded me of the convent in Le Miserables; a high security, women only affair. Once inside the tall steel gates it was a beautiful place. A ring of buildings surrounding a lush garden area, with monuments and flags to the back drop of an epic cascade of mountains blanketed in soft white clouds. It was lunchtime and girls in crisp neat uniforms lined the benches and shaded areas, with their attention directed to the new visitors. The classrooms were in keeping with the mud brick construction of the local community however the French Embassy had just completed a lavish colonial style office and French classrooms, which was quite the contrast, and spoke opulence in a loud tone. The headmaster was a kind lady and happily received the donation of Bibles. We were pleased to hear about their current bible study program and weekly church services that Gideon was overseeing, and to think this was all functioning with only one tattered Bible. I wished I could give more, I have never seen so many people hungry for Bibles. Everywhere I go now people of all ages are asking me for Bibles, which I do not mind at all, but I just wish I could give everyone their own.

Gideon agreed as we loaded back into the hilux and he adjusted his clerical collar.

"Jooffray" he said as he forced out his chin with stiff lips and a guttural tone. "This is a fine time in Uganda, the people have embraced God as their own. Jesus is the God of Africans, he is their own, and they can't get enough of Him."

What a great opportunity to be part of this, God was truly at work here and if anyone wants to do more for this place, feed the people Bibles, they want them everywhere I go and it is a necessary thing to follow up the work of past missionaries whom God has used to create this hunger.

The hilux continued and the next stop would be the first and oldest school in the district, Saadi secondary school. Built in 1974 and named after a Muslim leader, the school professes to be of that faith exclusively.

"Jooffray, this is a Muslim school, we have been working very hard to break into this place and we now have a good foot hold. Mercy runs a bible study here and the

principle is okay with it. More and more students are attending each week and the Bibles come at a great time for them."

We met with the principle of the school in his office. He leaned back on his deep luxurious chair and slowly shook a Bible in the air while his eyes scanned the palatial office. He was dressed in a fine suit and wore a traditional Muslim hat. "We are all going to heaven, this way or the other, we are all going". He chuckled to himself, but I was pleased that his views allowed us to be there, and he shook our hands with a welcoming intent. Mercy showed us around the school and introduced us to her bible study group, where they met, and the 'program' they were following. They don't use the word schedule here, everyone has a program; 'What's your program for the day, they ask; do you have a program?' It was pleasure to meet Mercy and I was thankful to have been part of her great work just at the right time. Tapping into where God is working is exciting.

We were soon bouncing and jarring along again and my mind couldn't help but cast back to evangelist John, the Muslim specialist. Boy if he only knew about this place I thought, what a gold mine.

Before long we were almost back at the hospital and pulling into Kagando Primary school. This school is the strongest affiliate of Kagando Church ministry. The missionaries who constructed the hospital and church also built the primary school, but it now receives its funding from the government. The government doesn't do very well funding schools, so they were very happy to see us arrive. It reminded me of what Angela had told me about the disabled schools she visits who receive only 15 cents per child per month from the government. The local teachers there were the true saints, she had told me, looking after, feeding and boarding all the abandoned children with no money at all. Compassion, World Vision and other organizations, they told Angela, were not interested in their children. Why I do not know, but they had tried endlessly she said. It's always hard to know the truth in such a corrupt world but they were sure the money went to the children of village leaders who did not need it. Nothing surprises me anymore.

Gideon pointed to a large tree in the centre of the schoolyard. The buildings formed a line break between the mountains and yard, which the tree stood in the center of and beneath it were a hundred timber benches. "This where the we run the weekly church services for the students, and now they will have Bibles to read along. What a difference this will make to them."

Wow, I thought, it seems so obvious and easy to do Gods work in this way here and now, in this time. I had been told the most rewarding thing is to tap into where God is working and there was no doubt I had found it loud and clear. This was a ripe time in the Kasese district, they didn't need to be taught or sold anything, they were hungry for it. The people on the wards, the people in the nursing school were also visited and given Bibles; the people in the schools, the people in the prisons, they couldn't get enough. Praise God for his great work here, I wish I could stay to do more.

But there was one more thing left to do. Dr David and his wife Helen who are retired and live at Kagando hospital have been working hard in the Kasese district to educate churches about the importance of dedicated Sunday school teaching. Children are

forgotten in the community and brought up quite randomly by everyone around them and this is equally true in churches. And if they are addressed it is in ways that no child would understand. Surprisingly children do not usually have discipline or direction, so these ideas are quite radical. To address this Dr David has planned a meeting with an elected Sunday school teacher from every church in the district, some 400 total to continue educating them about the importance of Children focused teaching. We decided that a strategy to help with this would be to use the remaining funds you have raised to purchase 400 children's Bibles to give to each church. It will be easy now for the teachers to run children focused classes, straight out the book.

Nurse Jeffrey and I were beaming over lunch as we built our fire with Angela and talked about the day's events, but as our conversations wound down I went back to our other project and prepared for the hospital presentation I would be doing that night. Our typhoid research project has drawn to completeness in the aspect of data collection. Now we will be analyzing things and begin our writing. But the hospital was keen to hear how it was going, so I planned a grand rounds presentation to up date them all.

We had completed our case control study, which followed the last 100 typhoid gut perforation patients into the community, conducting surveys and geo-mapping them and matched controls. We were not able to draw clear conclusions yet as to specific risk factors to the perforation patients but it was a good forum to institute the prospective study we had designed with the help of the CDC. I know that nothing is sustainable unless the local people want it themselves so by forming an action group we have been able to help them take on the project as their own and follow on from our retrospective study. It was a great atmosphere and there was obvious engagement and concern in all the staff who wanted to be part of this. Dr Robert the new director was there and he is a truly great man, and just the thing that Kagando has been missing and praying for- good leadership. He is committed to the project too, which is incredibly important in its sustainability.

As I gave my presentation there was one aspect I had not been prepared for and one that will be largely helped by a prospective study. I had not realized that many of the doctors and hospital staff also held the beliefs I discovered in the rural villages. Many still do not believe in Typhoid. "We can't be blind in this." One man said. "I know it is Kasava and fish bones that are causing this, all you people want to do is come here and tell us what to do. Typhoid you say, well it's all lies if you ask me." "Yeah" Another cried out. "There is a new mystery infection, a super strain, I know about this and everyone ignores it, they just come in here talking about Typhoid".

"Well, I said, the best thing is to test it for yourself, then you will know for sure."

"Yeah this is something we want". They said, "We want to test it ourselves in our own lab, without any outsiders interfering."

It was great to see, and I was glad to help silently direct their undertones of resentment to finding answers for themselves. I could also see that part of their rejections came from the fact they are probably sick of people always coming in knowing better than them. It has not been something that we are blind to just something that has taken a while to learn how to work with; trying to make it sound

like it's their ideas, their project, their problem and their answers and we are just helping them. This is really the minority though, most are very thankful and welcoming but the vocal ones are important to keep on board I am finding.

The rest of the week went between the bible project, the research action group and urology surgery with Dr David.

In fact Friday would be my very last day in the theatres of Kagando and the morning was like any other.

I placed the soap back down beside the rat droppings and gazed into the operating theatre. From the ceiling peels of paint slowly tumbled and sailed though the air like well formed snow on a clear day, landing on the sterile field. Alongside a large fly investigated the surgical site while in the background a monitor, as always, bleeped 'error' with a blank screen. It was then that I realized this was really my last day, the end of a busy time of work and growth and the end of a life that I may not get to live again until my training completes.

My final operation in the theatres of Kagando would involve the removal of a prostate, which in itself went really well. I enjoy the opportunity to work with Dr David and it makes for great learning. We only completed the one case for the day though.

"Do we have any more gauze?" Dr David leaned to the side so that his voice could be projected through the doors, down the hall, around the corner and into the tearoom where the theatre nurse, runner and assistants relaxed. There was no answer so Angela who was acting scrub nurse in the absence of the employed person went in search.

"Oh, no we have none". Came the reply.
"Why?" asked Angela.
"Yesterday we forgot".
"So you forgot to sterilize it?"
"Yes, even we just forgotted this one."
"So now the theatres have to close for the day?"
"Yes, there will be no more cases." The sterilizing technician with a look of apathy and resolve turned back towards her comfortable chair to resume her sleep.
"But what about from the wards, could you run there and check for some?
"Oh, but this is not my job, my job is only to pack and sterilize gauze."
"Well, Maybe you could start some more now?"
"Well, the power is not very good today, so we should not do that?"
"As you can see we have a patient here so maybe you could think of something that might help us."
"Sorry, this I cannot do."

We continued on and finished our work in good spirits. I realized how far I have come in adapting to the systems of Kagando and not being so affected by it. It now makes me laugh when I think of nurses who tell me about old surgeons of long ago who would throw instruments at them if they were not handed correctly or if there was a momentary delay in finding them. How would they cope here I wondered. But one thing that has hit me with a daily ring is the absolute importance of a surgical team. A

doctor is nothing without a great team and a doctor is only as great as that team. I can't wait to thank all the nurses I work with back at home for how much easier they make my life.

As I strolled from the theatres through the wards and observed the new staff arrivals, I had my first taste of Kagando post 'us'. Bright, enthusiastic and keen to instruct, our replacements were hard at work. I couldn't help but grin inside as I observed their discussions with the nursing staff that were all too familiar to me. As though they did not know or were unaware the nurses were given a barrage of instructions; strict in-out fluid balance charts, daily blood tests, complex medication and postoperative care regimes were all flying their way. The nurses slowly nodded with pleasant, light grunts and with stone like features they expertly deflected the flow of instruction like a seasoned break wall. The old diesel machine of Kagando would continue to clunk along without us.

But it is through this machine that God has done great work helping the local people and for that I am thankful.

With your help we have treated hundreds of patients medically and surgically. We have passed on hundreds of Bibles to patients, prisoners, staff, students, children and orphans. Medical supplies from your donations have included blood pressure monitors, saturation monitors, dressings and medications which have helped replenish supplies, replace old equipment, and treat the patients we have seen. Your donations have helped see $2000AUD go to the compassionate fund for patients who cannot pay their bills, and also the furnishing of 'hill top estate' to make life a bit easier for the next missionaries to visit. In addition further funds have sponsored the individuals that you have come to know in my journal. Once again thank you for what you have done for these people.

The final ending came when goat Jeffrey was sacrificed for a most formal send off. We even had a 'program', which delighted the locals. Although a rainstorm brought the event indoors and disrupted our schedule but we still had an enjoyable evening.

"Jooff, the locals fear the rain, so they will not come until it has gone." Nurse Jeffrey explained. I guess if time does not matter and everything in life can wait then why would you go out in the rain. The only problem was that it is customary to hold speeches and formalities first, this way the food is kept as a ransom and only given at the end signaling permission to leave and generally followed by a speedy departure. So we decided not to wait. I must admit I had been eating the succulent, juicy, well marinated, charred meat since it hit the BBQ hours ago and I quickly forgot about where it had come from too, as had the two other Jeffrey's.

Nurse Jeffrey, Manfred and even Henry were all there, and it was great to have my Ugandan friends part of it. Sister Petal and Moses must have been caught in the rain though.

"You have put on a gowt-a-rost for my arrival?" Henry laughed as he unexpectedly arrived from the bus for another two-week stay in Kagando. "You have saved all-a this for me, because you knew I was-a coming. Wonderful." He was now hysterical as he made expansive gestures towards the heavily laden table overflowing with goat,

matoka, rice, avocado, pineapple, banana, cake and tea which formed a mountain of goodness.

As Henry piled his plate as high as it was wide I handed him, while laughing, a 2 kg spear of goat meat to add to the joke. "Oh-a thank you" he nodded with respectful awe and after a few ticks and a sideward shake of deep appreciation he formed a tight grip with his free hand and took his seat. He then inspected his neighbor's plates. "You better eat-a fast, because once I've-a finished I'm-a coming for yours". He laughed like a lunatic, and it wasn't long until Henry did just that. He ate the lot before leading a demonstration on Ugandan dancing.

"Is he drunk"? Asked Dr David. "No he has a mild head injury, he fell on the path on the way here." Angela explained. "No, no he's just like that" I put in, "that's why I like him, he makes me laugh." Henry was now leaping and swinging around the room to the sound of drums and the table was quickly pushed aside. "I wish I could be dancing with Mrs Dr Jeffrey, this I only wish." He said as he now coursed the room in a violent spiral. As the others began to join in displaying their personal tribal dances, we were able to witness this region's variant, which involves a rapid kind of bum shaking, enhanced by attaching feathers. It was quite an incredible site really made more incredible by the fact a man was doing this strictly female dance. As the excitement drew to a close we said our goodbyes. But they were not entirely happy ones; it had a feeling of finality about it. No email or Internet makes it a difficult prospect to keep in touch.

We made our way back from the clay house and up our driveway where I stood under the awning as I usually did and admired the view. There is nothing more satisfying, I thought, than observing the fruits of hard labor. Angela and I had recently developed a side project. There was no driveway to the residence we shared with a neighboring couple, other than broken dirt, cracks, crevasses, boulders and holes. We had thought we might make our morning exercise productive rather than just to burn energy so we set about digging, hoeing and carrying buckets of rock, dirt and gravel up the hill. I love physical work, nothing creates a thirst or hunger like it. Food never tastes as good and water is never as satisfying, while sleep is never as peaceful.

The sleep of a laborer is sweet, whether he eats little or much, but the abundance of a rich man permits him no sleep. Ecclesiastes 5:12

Nurse Jeffrey had found this all mighty amusing, as had many other onlookers. In a town of peasants everyone aspires to do no physical labor and here we were building a drive way ourselves. "Why on earth would you do that", he had asked. I had explained to him that many people in our country have a small farm or garden at home and our culture enjoys doing this sort of thing in their spare time.

"We only do it because we have to. All of my fathers wages go on school fees, our plot of land is what we survive off" He said.

"I guess when you are not forced to labor it is not such a distasteful thing. Some people" I said "Even like pretending to do hard work".

"Pretending, what? That sounds crazy."

“Yeah, at the beach I use to live near people would pay thousands of dollars to be treated like slaves and yelled at.”

“No way!”

“It’s true. They call it boot camp and they drag tires, rocks and rope and carry sacks of sand up and down the beach for fun. They don’t achieve or build anything they just do it for fun. I see them every day, the same people.”

Nurse Jeffrey could not understand this. “We try to conserve as much energy as possible, I only climb up the hills because I have to, to get home from work, but we are so poor we only have enough food to get by and nothing more”.

“Well that’s also the thing. Our people are so sick from over eating and under working that they have to pretend to do hard work because that is what makes people healthy. Most people go to a gym, which is a large stuffy room where they pay thousands of dollars to lift heavy things. It’s a strange world. But the thing you aspire to, we have, and we have found out prosperity will make you as sick as poverty. In fact most of my patients at home are suffering from prosperity related disease”

“Your world seems strange.” He said.

“I guess it is when you think about it. How different we really are, but in the end we are all chasing the same things.”

Angela and I made our way to the front deck for the final time and we relaxed and rocked in an old broken armchair that we have become quite attached to. Candles burned and glowed in the night air, their shadows dancing off the beams and illuminating the faint droplets of rain. As the droplets slowly gained weight and the hefty clouds built, they catapulted themselves against the tin roof, causing a tumbling waterfall from all sides. We found ourselves incased between the walls and a soothing cascade of water; a small cocoon of soft still air. Angela and I have enjoyed our evenings together. The Ruwenzori valley provides an immense canvas for the evening light show and a boom box for the waves of thunder, while the farmland air is fragrant and enriching. We will miss sitting and talking, reading to each other, telling stories and enjoying the freedom from distraction. No power, no Internet, no lights, no TV and no traffic have proven to be a real blessing for us newly weds.

Friday, October 29, 2010

Goodbye from Uganda

Winston Churchill described Uganda as *“The pearl of Africa that embraces Lake Victoria, source of the White Nile, and the misty Ruwenzori Mountains”*- a home to the endangered mountain gorilla; and that is what we were about to see.

We had waved goodbye to Kagando and with our bags waiting for us in Kampala airport, we were backpacking our way home on a walking safari. Our first stop was to the Bwindi impenetrable forest to see the endangered mountain Gorillas; a simple 700 found nowhere else in the world.

It was a still and misty morning as my new friend Andrew and I set off. I looked from side to side, front and back but I found my vision was completely entrapped in the saturated clouds. So thick were they that the air could be seen dividing and splitting through my outstretched fingers. I could almost grip it as the waves and streams passed by.

It was 8500 feet, and we had just left the Nkuringo community campsite, passing over its summit. But soon we were descended on course for park headquarters. The roads and trails were the worst I have seen and step-by-step we carefully made our way down until the morning light began to shine. As the sun illuminated the dense white air it began to define shapes and contours. My eyes cast from the road over the endless valley and as I met the horizon I noticed three majestic volcanoes exploding out of it, their inactive form still a mighty presence. Mt Muhavura towered and adjoined a smaller Mt Gahinga both forming the border of Uganda and Rwanda, then right of them Mt Sabinyo which forms the junction of Uganda, Rwanda and Congo challenged their presence. While in their wake the lush green velvet of rolling mountain peaks ducked and bobbed in a calm white ocean. It was cold of course at this height and the ground seemed to move beneath us as the visible air whisked past our shoes; shouldn't it be hot on the equator I wondered, not for the first time. But the sun was now growing and warming our backs as we made the final steps to the group briefing.

"Welcome" said the guide. "Thank you please for coming, you are most very welcome."

"First, let me tell you all about the Gorilla's, but very first you are probably wondering why it costs so much to see them?" he began.

I saw a sea of faces nodding in unison and I too agreed that it was an appropriate question that required justification. No animal in the whole of Africa or any other country costs this much, but I felt I could not miss the opportunity, and on reflection it was a marvelous one at that.

"Many years we have been tracking the Gorilla's. Each group we must be with for two years before they are safe to visit. The Nkuringo group has received visitors since 2004 but they were first habituated in 1999. It takes time to become friends with them, usually two years but this must be done before we can take visitors. A powerful silverback, as you can imagine, must not feel threatened or fearful. Much goes into their protection too. Guards, park rangers, trackers, researchers, veterinary scientists must all be paid. We must also purchase land to conserve their habitat, make payments to landholders and compensate farms as the now fearless Gorillas destroy their crops and live closer and closer to human communities. All these costs are involved. But most of all the money goes to the community. Roads, schools and health clinics we are sponsoring".

Three men in fine suits stood at the front of the room and offered support to the speaker. They were managers of the operation and one seemed to have the job of taking our passports and paperwork and passing it to the other who passed it on to the other. It seemed like important work, which warranted expensive employees. The men held official titles like conservation adviser and community relations. Which brought my mind back to our walk from the first campsite we stayed in.

Buhoma community camp which, is set deep in the monstrous, impenetrable forest. Our walking tour had taken us through this Garden of Eden and up to the dizzy heights of Nkuringo. The park was an amazing bounty of diversity filled with trees of incredible proportions. Old Mahogany and Iron wood trees towered untouched and protected, home to amazing birdlife and I managed to list a number of them; Greenbulls, Bar tailed Trogon, Grey backed fiscal, African Harrier Hawk, African blue fly catcher, Black and white Mannikin, Black headed waxbill, Common Bulbul, and even the Ross's Turaco which I had looked forward to finding. Another fascinating site was the incredible Chameleon, which changes colours before your eyes.

But as we weaved through the maze of beauty the thick wooded trail opened abruptly into wide-open fields. The park boundary was easy to make out; it was in fact unmissable and I felt slightly disturbed by this. The decimation of the boundary was actively underway as we walked past it. The guide explained that they were not doing well in fighting the encroachment of the forest and that it must be addressed soon by the purchase of a buffer zone. He also went on to give insight into the other community topics, that of health and schools which as we would later see for ourselves, were lacking. They indeed have no hospital or medical clinic other than a small government office that refers patients to 40km away, an impossible journey. And the school, which only functions by kind donations of a few frequent visitors, equaled the sorry state. But as my thoughts trailed and my mind returned to the room the men went on to tell us they were doing a great job, so that was all fine I thought. But I felt I had to ask one question. "When are you planning to begin funding the community work you described"? Only they didn't seem to understand the question so the speaker carried on.

The officer went into incredible detail about each individual Gorilla, and described to us their personalities, likes and dislikes, temperament and health history. They were becoming alive in our minds well before we even set off to find them. From the cute little faces of the new offspring to the thunderous roar and might of the head Silverback. I just couldn't wait.

Andrew was pleased we were together on this trip and so was I. Angela had been to visit the Gorillas in the past so had chosen not to come along. We had met Andrew over dinner the night before and our association meant we could photograph each other and share the experience. It was also nice to share some other common experiences, as Andrew was a volunteer teacher from Germany and a perfect person to further debrief the many unnecessary excitements of life in Uganda.

A convoy of vans bounced and dove along the buckled and twisted limestone road. We held our breaths and leant to the side opposite the one which fell into a deep

valley. But it wouldn't be long until we had safely stopped and our 'footing' would begin to take us down and further down into the dark depths of that lush oasis.

The path was muddy and we slipped and slid through the jungle, our guides with guns on back hacked a path through the thick, which would lead us to our friends. But as we approached them and the joy began to further build I couldn't help but think back to my patients in Kagando. If only I wished, if only, I could dress my patients up as Gorilla's, then, only then would they receive the care they needed. We could ask people to pay, I thought, to see them too and the best medical care, the best guards, protection, land, food, immunization, research and awareness would be available to them all. Our guides even explained expert concepts in sanitation and hygiene as our "cousins" the Gorilla's, he explained, suffer from many of the human infections common to us all, which have caused needless and heartfelt Gorilla deaths in the past. We had to be so careful around them, so we wouldn't make them sick. Wow this man is needed in the hospitals not the parks I thought.

It was like a dream the hour we spent with them. Perched on the edge of a gentle sloping creek bed, thick with vegetation, we photographed and sat with the friendly giants. The huge silverback appropriately named 'number one' surveyed the group as he ate endlessly and rolled about. A young male beat his chest while a mother carried a baby on her back who took mouthfuls of every plant his mother passed by. A few climbed the trees and others preened each other, while we edged closer and closer to touching distance.

We thoroughly enjoyed our time and the memory of it will stay with me forever; far better than a zoo to sit next to an endangered mountain Gorilla in the wild.

Our walking tour would now slowly continue from Nkuringo in the direction of the mighty Mt Muhavura, which last erupted in 1870. Its neighboring volcanoes, which form a long line, are still very active, and in Congo an eruption occurs every 2 years. A highlight of our walk included a 20km stage coupled with a 3 hour paddle across Lake Mutanda to Kisoro. From here we would travel to Lake Bunyonyi, and Bushara island, the paradise we came to love in our mid-stay break. With the final stretch by bus via lake Mburo park filled with Zebras and finally Kampala and Entebe where we would end our Ugandan experience.

As my thoughts continually drifted back to the mountain Gorilla's there was one thing that really struck me, and that was the beautiful peaceful community they shared together and the intimate care they showed for each other. The Gorillas did this simply as they 'lived together' which reminded me of the book *Compassion* by Noumen *et al*.

Each week I have spent time reflecting on the patients I have seen, my involvement with them and their 'outcome'. But reading the book *Compassion* has really helped me to focus more on the process of 'being' than on the outcome.

The author makes the point quite well; our society is so focused on 'competition' and 'outcomes' and 'comparison of self to others' that we forget to just 'be' with someone in need, and focus on motives derived from compassion rather than outcomes. He

describes compassion, simply, as a way of ‘living together’, a way of living with the poor, the sick and the needy and embracing their struggles as our own.

“Do nothing from selfish ambition or conceit, but in humility regard others as better than yourselves. Let each of you look not to your own interests but to the interests of others.” Philemon 2:3-4.

“If our life in Christ means anything to you, if love can persuade at all, or the Spirit that we have in common, or any tenderness and sympathy, then be united in your convictions and united in your love, with a common purpose and common mind.” Philemon 2:1,2. Community transforms us into to the collective body of Christ and we are no longer helpless individuals, suffering on our own. In a truly compassionate Christian community there is no lack. We live together peacefully as one and pick up each other’s loads and burdens and fill each other’s needs.

So what does true compassion really look like; that is, compassion displayed by Christ Jesus. This type of compassion that Christ teaches us is defined as *“to suffer with”* which means to mourn with the lonely, be weak with the weak, powerless with the powerless, to weep with those who have tears and fully immerse ourselves in the human condition. Which is quite different to being a wealthy visitor to the lonely, weak powerless and sick.

“My grace is sufficient for you, for My power is made perfect in weakness.” 2 Corinthians 12:9.

“The virgin shall conceive and give birth to a son and they will call him Immanuel”, a name which means, *‘God is with us’*; God suffers with us. The author points out that our society has lost this aspect of compassion, the ability to offer the gift of hope by just ‘being’. By ‘being’ present for the sick, the dying, and the poor, it causes us to become vulnerable, to enter weakness and powerlessness with them and give up control and self-determination. But our society is engineered so that we are too busy for anyone but ourselves and we cannot just ‘be’ with those in need, we can’t and we don’t want to suffer with the needy.

But the Bible teaches us that these are the times that bring solidarity and new hope and understanding which is why the act of God entering the world prevents us from saying ‘you don’t understand our pain’ and why shared suffering brings such strong bonds.

“His state was divine, yet he did not cling to his equality with God but emptied himself to assume the condition of a slave, and became as we are; and being as we are, he was humbler yet, even to accepting death, death on a cross.” Philemon 2:6-8.

The author reinforces that unless we feel we are achieving something (which is often not possible) -‘It’s a hopeless situation’, ‘what can I offer anyway’- we have been conditioned to avoid ‘being’ with those in need. So even if we have time we deny our worth and value.

He also uses the example of Jesus miracles to point out the motivation of Jesus. A cynic, he says, would be right in saying that if Jesus had only come to cure the sick

then, the few that he cured would only have made it worse for the thousands he didn't. Which is often how I feel here, the patients we see are only the tip of the iceberg of problems and suffering in Uganda. But he cured them as an outpouring of compassion for the world and those suffering around him not as his primary intention. What is important in this example is not that he cured them but the deep compassion that moved Jesus to these cures. The enormity of the compassion that God feels for this world led him to become like us, live like us, 'be' with us, and experience every pain and suffering. The act of this and the act of Jesus cures are examples of the powerful, deep overwhelming compassion he feels for us. Compassion is at the core of Gods love and Jesus coming. As Job said, a God so awesome that he created the world and everything in it; a God like that we can trust with our suffering. And further to that a God who sent Jesus to die for us, a God like that, with that sort of compassion we can trust.

A further challenge from this demonstration of Compassion is given when we see that Jesus came to earth to be a man and did not avoid the suffering or pain that that entailed. He full immersed himself in his calling.

"Is service in a far country really servanthood when we keep enough money to fly home at any moment?" The author asks.

When we think of our role as a missionary in a far away land we can look to Jesus for example. Jesus lived in a 'far away country' and never left or gained anything for himself. Jesus only did what was in obedience to the one who sent him and nothing more. He became a servant and endured poverty, oppression, danger, vulnerability to bond with us, to understand us as an outflowing of Gods deepest compassion. It's a hard act to follow but the ultimate example of what it means to 'be' with someone in need and show true compassion. He wasn't half here with a ticket home he was all in.

Living here I have really come to understand why God had to do this to truly bond with humanity. Here I am often seen as a 'wealthy visitor' purely because I am white, and I can see how the fly in, fly out sharing of wealth by our predecessors has damaged the relationship of true compassion between Westerners and Africans. This is generally not the case in the hospital, amongst those who know me and are my colleagues, but those who don't, treat me like I am not even a human, but just a white thing with money. No mater what I do it feels like the damage has already been done and it is difficult to really become like the people here and just 'be' with them as an equal like Jesus did for us. I have done my best to make friends and have been thankful to find some genuine men who don't hassle me constantly for money, but it can be hard when we are not one of them and they see us as 'wealthy' and someone who would never understand. I know that Jesus has shown us the best approach to helping the poor and needy, and how to really bond with them. It's just that this is often too hard for us to do.

Dr Bonk has written a whole book about how affluence is a major problem for missionaries and prevents the formation of friendships and distorts the message of Christ in to one of wealth and power, which the poor envy and will do anything and believe anything to gain. He is quite critical about the act of missions coming from rich white countries and says wealth insulates and isolates us from the poor whom we have come to serve; *Mission and Money*. I kind of agree with Dr Bonk but at the same

time we cant pretend we are something we are not, and I know that the people here appreciate us helping even if the circumstances are less than perfect. The staff and patients tell me everyday how much it helps having us visit, advise, teach, encourage, learn and understand them. But these are my colleagues and workers; the wider community has some set ideas. I have found it just requires constant work to understand each other's position and try to work together.

The fact that we are not truly one of them though, has become real to me in another way too, as the former hospital director pointed out in his final speech to the hospital; he said that it was time Kagando managed itself without relying on the help or funding or influence of westerners. He advised the board to not listen to white westerners who come with money, but to do what they thought themselves to be best. He pointed out how in '97 when the war broke out at the border and infiltrated the area of Kagando all the missionaries were on the first international flight home and the hospital and people were abandoned and forgotten about. He felt that our wealth made us unreliable and they could only really rely on themselves. With wealth we are not really here, and never part of the people, never one of them, never having poverty and lack, and never suffering an uncertain future with no security. How do you come here and become that? How do you share all of their danger and uncertainty and poverty so that you can become one of them and show true compassion? Is that what Jesus would expect of us?

Slater in the book *The Pursuit of Loneliness* offers another challenge for wealthy white visitors. He says that with our culture of wealth we cut ourselves off from the people around us and from the true meaning of community. He talks about the absolute foundation and importance of community in Christian life, and wealthy westerners are the ones who truly don't understand this so why are they the ones trying to teaching it. The wealthier we get the more we cut ourselves off. Private car, private house, private television, private room, private phone; we cut ourselves off from community and interdependence and the need of each other, and the feeling of being needed, growing more and more lonely as we get what we want. Accidental visitors who knock at our door are seen as intruders and we have weapons and dogs to further shield ourselves from our neighbors, yet we feel isolated, lonely and depressed.

The loss of community, the loss of compassion in western wealthy societies not only limits the effectiveness of Christians in their own communities Slater says, but also and especially in the mission setting where the poor are hugely interdependent and the wealthy western visitors are not, and are therefore not part of their world and their closely interconnected and interdependent communities. He says our wealth creates a barrier in this way too.

People could challenge the missionaries of Kagando as being just that when they see a gated community. But I would disagree, we live in the accommodation provided, and I don't particularly mind where that is but here it is in a fenced off community with a guard, and the author would argue that we serve as a spectacle of mystery linked to an almighty source of wealth and power in our true overseas homes. He would say we are cut off and ineffective to the community we are visiting. Is this the image the locals here have of white people? As we do our 'noble' work do we bring bitterness, envy, resentment and hostility as we live in our exclusive self reliant compound with

a ticket home and display our wealth before them; that being our white skin, education, isolated living, security, a bright healthy future, and a plane ticket home? The author asks if our presence is but a constant reminder of the luxuries not available to the people here. As Gandhi warned American missionaries in 1936, "If you dangle your millions before us, you will make beggars of us and demoralize us". I have found that this criticism is not true of Kagando, we live in the 'hospital community' with all the hospital and church staff, students, cleaners, gardeners and all other workers and have maintained a common peasant life with no power, no cleaners, cooks, helpers or slaves, which would be expected for a Ugandan doctor to have. We have also lived off of food from the local markets and developed networks of friends into all of the villages despite our social and cultural barriers.

When I consider what the author is proposing It makes me think that we cannot really pretend to be poor, and it would be hard for a poor person to work as a visiting doctor anyway. So how do you be a 'real' missionary like the authors expect, short of not visiting at all? How do you repair the 'white' image here? Do all the things that being white and wealthy hold, act as barriers to us showing true compassion? Are we doing it all wrong?

This sort of compassion, where we become one with the people we serve, the author says is scary to us because it requires us to give up dividing lines, differences and distinctions. All the things that give us our identities, our self-worth, pride, image and competitive advantage need to be given up. God does not look down on us from the mountain but builds a home with us in the valley. We protest against doing the same because a road to self-emptying and humiliation goes against the competitive self-building, self-improving, conquer all mindset of the world. The ultimate servanthood, which God has shown us, is the most vulnerable position to be in. God gave up his privileged position; his divine power and became a humble suffering servant. We also dislike it because our society is driven by pleasure and prosperity, which is why the sick are hidden in nursing homes and hospitals. We don't like suffering or poverty and cannot cope with or accept death; it is easier to keep a distance or ignore it. It can even make us sick and angry and disgusted because; 'what can we do about it?'

However the Bible tells us that this is what we must aim for, as living like Christ is in fact filled with joy as we discover the true freedom of dependence on God and discover the vision of the true servant God. *"The poor are called blessed, not because poverty is good, but because theirs is the kingdom of heaven."*

Unless we become like the poor, as Jesus became like us, compassion can remain part of the competition. Helping the less fortunate or raising up a person from less to more are admirable things and are looked well on by society, giving a competitive advantage by bolstering our self egos. Many corporations do this by giving named donations to charities for tax brakes and to look good in the eyes of consumers. Which is why secular philosophers and commentators like Prof Lichtenberg of Georgetown University argue there is no such thing as pure altruism, every thought and action is corrupted, self-centered and aimed at self-gain.

"Every way of a man is right in his own eyes, but the Lord weighs the heart."
Proverbs 21:2.

"So when you give to the needy, do not announce it with trumpets, as the hypocrites do in the synagogues and in the streets, to be honored by men. I tell you the truth, they have received their reward in full, but when you give to the needy, do not let your left hand know what your right hand is doing, so that your giving my be in secret. Then your Father who sees what is done in secrete will reward you. Matthew 6:2-4.

But striving to be a slave and freely and intentionally adopting the position of servanthood seems to go against all instincts and common sense. It is the opposite of the world. However this is the way to truly understand God's love for us; to be 'free' from the world is a liberating and enlightening prospect, the author explains. To live in the world like Christ but to never be of the world:

*"Do not love the world or anything in the world. If anyone loves the world, the love of the Father is not in him. For everything in the world—the cravings of sinful man, the lust of his eyes and the boasting of what he has and does—comes not from the Father but from the world. The world and its desires pass away, but the man who does the will of God lives forever". **1 John 2:15-18***

The first and foremost endeavor of the world, some say, which drives everything, is competition. While the world's view of compassion has been described as the eraser on the end of a hard pencil, with the pencil representing competition. When there is collateral damage in our drive of competition, we pull out the little eraser to fix it. However this is not the example of our God as how to live. It is clear that the center most focus should be obedience to a compassion filled God- Quite the challenge.

I was starting to the think the authors were unrealistic in their ideals and a bit harsh on us all, but landing in Paris it really struck me. This world is just so arrogant and self-serving, so competitive and rude, how refreshing would it be if we did strive for the opposite.

But the author says striving for the opposite is not the act of seeking out suffering and that is not what Jesus represents. Many people have healed, cured, suffered and martyred. But what sets Jesus apart from everyone was his 'obedience'. An undivided, unlimited, unrestricted attention and listening ears to an all loving, all powerful, compassionate God; even to death. When we listen to and obey God it may involve suffering but it will be a suffering that allows us to meet our compassionate God who suffered for us. The Bible tells us the formula for doing just that, living the live of obedience.

Listen*; "In the morning, long before dawn, Jesus got up and left the house and went to a lonely place and prayed there"* Mark 1:35

Follow God's word*; "Do not model yourselves on the behaviour of the world around you, but let your behaviour change, modeled by your new mind. This is the only way to discover the will of God and know what is good, what it is that God wants, what is the perfect thing to do."* Romans 12:2.

Fear and Obey*; "Do not be wise in your own eyes; fear the Lord and shun evil. This will bring health to your body and nourishment to your bones"* Proverbs 3:7,8.

Compassion teaches us to focus more on this very word defined by Jesus example, rather than competition and outcomes. But also to understand what compassion truly is- Giving our full attention to God in obedience and following his call, not a noble act of self-sacrifice, as an after thought or from a sprit of competition. Which makes me think that medicine itself like the world has become rather much like this, an assembly line of 'outcomes' embedded in competition, rather than an outflowing of compassion through obedience. Further to this we know by research when doctors show true compassion they rarely get sued no matter the outcome. Our medical insurance companies tell us this all the time; patients really need us to 'be' with them. I think we all want people to 'be' with us and show compassion but we don't want to give it.

I have enjoyed the challenge of the books I have read. I think critical appraisals of mission efforts are good, but can be very hard to live up to, probably as much for the authors as the readers. However it's a wonderful thing to aim for.

But as hard as we work to help and share God's compassion with Africa modeled on the example of Christ, everywhere I look there are people working just as hard to destroy it, taking advantage of its poverty, cheap labor force and natural resources to gain a competitive advantage. The good in the world just seems so little that it can feel hopeless. Often it can be hard enough just helping without the opposing destructive forces. It makes you wonder if there is any point fighting them at all, when what is gained is so little that one could even question its value; a tiny light in a dark world.

"Jesus told them another parable: 'The kingdom of heaven is like a man who sowed good seed in his field. But while everyone was sleeping, his enemy came and sowed weeds among the wheat, and went away' " Matthew 13: 24, NIV.

I've never been aware of this verse so much as now. The verse is hard to accept but as it is apt it is also reassuring. It is comforting to know that it is well foretold that our good work will be opposed and polluted with weeds; at least we know in times when we do not prosper or when we meet constant opposition that it is not just because we are doing something wrong. Therefore I have learnt we should not be dismayed or discouraged but continue as Jesus did, never giving up. For the act of doing 'good' and living a life of 'compassion' in 'obedience to God' seems to be the whole point- not the outcomes.

In our final days in Kagando we had a lot more time to just 'be' with patients, staff and friends. And on one hand we have had time to reflect in thought on the side who appose God's good work by planting weeds here in Africa, but on the other hand we have had time to reflect on the motivations of the side we aim to be on, those who seek to do his good work; a large part of that being embedded in the act of compassion. I now have a great reassurance that no matter how little our gains in helping the poor and helping the sick it is worth it, even if it is only to 'be' with one suffering soul, and nothing more, then we have done our job.

Which reminds me of Biira, a late term pregnancy patient I had reviewed who presented with some bleeding and loss of fetal movement. This is not the first case I have heard of like this here and it stimulated some discussion. The CTG showed no

fetal heart rate, Biira's baby had died. What made it worse for her was that she could not afford the 25USD to medically induce labor or a much more expensive surgery to remove her deceased baby. So she sat and waited. 12 days past but her dead baby that lay inside of her remained. I had remembered a similar case at home, where the young lady could not cope with an overnight delay in surgery; the thought of the dead baby inside of her was just too much. But here weeks went by and all the same distress and mourning was present. Some people told me "what's the point paying for her, it's not going to change the system, and besides this happens all the time and the hospital can't afford to pay for everyone." But the example of Jesus has made decisions, in cases like this, easy. Jesus, who was overwhelmed with a heart filled, deep, gut-wrenching compassion for the suffering 'individuals' before him cured the individuals as they came; one by one he turned none away. His compassion for 'individuals' led him to do this.

But I still wonder, one person, is it really worth it. If you can't leave a sustainable system behind, haven't you wasted your time? Besides when we leave everything will still remain the same anyway wont it? We can't change human nature and corruption that drives poor systems, so what's the point trying? What can we build that will last, what can we do that will be meaningful? How can I make a difference that matters, and how do I do that? But still I am reminded of Jesus care and commitment to individuals and that must be what matters.

When I think about these questions I am comforted by the book of Ecclesiastes, which puts all human endeavors in perspective. It not only speaks against the empty pursuit of pleasure but also the pursuit of saving the world and carrying the weight of this.

Ecclesiastes takes a lot of pressure off of us I think by simplifying and humbling our lives and our purpose. We cannot understand everything, we cannot save the world or change the world, so we should not try to carry the burden of this. But what we can simply do is our work well and joyfully out of obedience to God. Which for me is simply helping each individual I meet and nothing more, because that's the 'work' God has given me. Although Ecclesiastes is described as the most melancholic book in the Bible, I think it takes the weight off of the hearts of people desperate to help the poor and desperate to make a difference and it is also a sobering reminder for people who are desperate to help only themselves. All efforts that are not centered on the Kingdom of heaven are meaningless and only God can give happiness.

The teacher described how the pursuit of pleasure, wealth, riches, power, wisdom and advancement are all but meaningless pursuits under the sun. In fact everything in life is meaningless in and of its self if it is not of God.

"Meaningless! Meaningless! Says the teacher. Utterly meaningless! Everything is meaningless. What does a man gain from all his labor at which he toils under the sun? Generations come and generations go. But the earth remains forever. The sun rises and the sun sets, and hurries back to where it rises. The wind blows to the south and turns to the north; round and round it goes, ever returning on its course. All streams flow into the sea, yet the sea is never full. To the place the streams come from, there they return again. All things are wearisome, more than one can say. The eye never has enough of seeing, nor the ear its fill of hearing. What has been will be again, what has been done will be done again; there is nothing new under the sun. Is

there anything of which one can say, Look! This is something new? It was here already, long ago; it was here before our time. There is no remembrance of men of old, and even those who are yet to come will not be remembered." 1:2-11

"I denied myself nothing my eyes desired; I refused my heart no pleasure. My heart took delight in all my work, and this was the reward for all my labor. Yet when I surveyed all that my hands had done and what I had toiled to achieve, everything was meaningless, chasing after the wind; nothing was gained under the sun". 2:10-11

"And I saw that all labor and all achievements came from mans envy of his neighbor. This too is meaningless, a chasing of the wind". 4:4

"Whoever loves money never has money enough; whoever loves wealth is never satisfied with his income. This too is meaningless". 5:10

"I saw that wisdom is better than folly, just as light is better than darkness. The wise man has eyes in his head while the fool walks in darkness; but I came to realize that the same fate overtakes them both. Then I thought in my heart, The fate of the fool will overtake me also. What then do I gain by being wise? I said in my heart This too is meaningless. For the wiseman, like the fool, will not be long remembered; in days to come both will be forgotten. Like the fool, the wise man too must die". 2:16 *"For with much wisdom comes much sorrow; the more knowledge, the more grief."* 1:18

The teacher explains that all the pursuits of money, wealth, pleasure and gain are meaningless if for their own sake or the sake of happiness and contentment. He also says that no one can achieve an understanding of God or why the things like Africa that are bent and twisted and just wont straighten and worrying or trying to solve the problems of the world is meaningless.

"Then I saw all that God has done. No one can comprehend what goes on under the sun. Despite all his efforts to search it out, man cannot discover its meaning. Even if a wise man claims he knows, he cannot really comprehend it". 8:17

"What is twisted cannot be straightened; what is lacking cannot be counted." 1:15
"Consider what God has done, who can straighten what he has made crooked?" 7:13
Which is a great reminder of Gods power; what he says, is.

But he goes on to tell us what the meaning of life is for a human, what is meaningful and what brings contentment.

"Then I realized that it is good and proper for a man to eat and drink, and to find satisfaction in his toilsome labor under the sun during the few days of life God has given him- for this is his lot." 5:18

"A man can do nothing better than to eat and drink and find satisfaction in his work. This too, I see, is from the hand of God, for without him, who can eat or find enjoyment? To the man who pleases him, God gives wisdom, knowledge and happiness, but to the sinner he gives the task of gathering and storing up wealth to hand it over to the one who pleases God. This too is meaningless, a chasing after the wind". 2:24-26

"Fear God and keep his commandments, for this is the whole duty of man. For God will bring every deed into judgment, including every hidden thing, whether good or evil". 12:14

Nothing we build will last, all riches that we keep for ourselves will be lost because we all hold the same fate; rich, poor, wise, foolish just like the animals we all return to the dust from where we came and leave this earth in death to be forever forgotten under the sun. No created good can ever satisfy the soul and all earthly goods are but vanity and vexation of the spirit. But what does in fact last is the Kingdom of heaven and all we can do under the sun is the work that our skills allow, and do it with joy and a heart of compassion in absolute obedience to God's call and his commands, because our heart which drives our work is what we will be judged for and these are the things that are used for the kingdom of heaven. Only God can give happiness and meaning that is eternal.

I found Ecclesiastes to be quite a complement to the challenge of *Compassion.* Ecclesiastes describes contentment as accepting your lot and the unalterableness of life in 1:15, and the futility in pursuing extremes; poverty, wealth, legalism, libertinism, or the utopian pursuit of changing or fixing the world. It teaches us that we must just accept things the way they are. Living a life of compassion doesn't have to be a burden and it wont save the world, but by joyfully accepting our lot we become content. I also found this comforting, because I had begun to think that I would be ruined leaving Uganda and returning home, that I could not enjoy our prosperous life in Australia knowing the extent these people are suffering. Every day, the wiser I become to Africa, the more and more I see how corrupt and sick it really is. But I now know that it would be meaningless for me to be consumed by Africa's sadness Ecc 1:18 "*With much wisdom comes much sorrow, the more knowledge the more grief",* and I should just enjoy the life God has given me, and all the joy he has given me, because this is a gift (James 1:17), but also keep doing what I can to help people wherever God calls me, because this is my 'work' and calling. But in doing that we should not expect to change the world, Ecclesiastes 5:10 talks against utopian schemes and speaks acceptance. *"If you see the poor oppressed in a district, and justice and rights denied, do not be surprised at such things; for one official is eyed by a higher one, and over them both are others higher still."* We can accept this because we know that God will bring judgment, justice and fairness in the end, and bring every deed into account. Ecc 3:16-17. Again as Job said, a God whom we trust to build such an awesome world we can also trust with our suffering and that of others.

But all in all, I can leave Africa knowing I did my best for every 'individual' I saw, in the place that God 'called me', with the 'skills' and 'work' he has given me and I wont judge myself on my achievements or what may or may not be left behind, or whether I have or have not changed this part of the world, because worrying about these things is meaningless; I did the work God called me to do and I'll leave it to him to make good of it and I'll be happy. "*There is nothing better for a man to enjoy his work, because that is his lot. For who can bring him to see what will happen after him"?* 3:22

I know too that I don’t need to work in Africa for my life to be meaningful but I do need to be obedient to where God calls me with the skills he has given me, and follow with joy, obedience and compassion like Jesus, Africa or wherever next; that is what is meaningful.

Thank you for reading my journal. That’s all from me.
Posted by Jeffrey at 4:00 AM