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EXCERPTS FROM THE MWANDI JOURNAL

Gayla D. Jewell

Always, a wanderlust has haunted my soul. New adventures and experiences call out my name. To immerse myself with all my senses in a different human or natural environment is a daily urge. Therefore, when the opportunity to experience life in an African village, to live on a hundred-year-old hospital compound and to work with and learn from people whose history is so different, yet, in the human and mothering sense, so similar, without hesitation, I dipped into my house account and bought the plane ticket to Zambia.

A local group of incredibly dedicated people had organized the plans, equipment and personnel needed to build a new hospital facility in a Mwandi Village. More than one year’s effort culminated in a full summer of volunteers from several states swooping down on a quiet village to try to coordinate American planning with African need. My partner and companion was donating resources, planning, and grunt labor to the large construction project. Through him, I was invited to go along to assist the short-handed hospital and outpatient clinic staff.

The following paragraphs are selections from my journal.

June 7, 1994

From miles away we spied the mist, pluming hundreds of feet in the air, clinging to the mouth of the great crack in the earth. For two miles the great gorge extended, millions of gallons of the Zambezi River spilling over its edge, water falling twice the distance as that over Niagara Falls. The roaring sound, mostly freshened air and rainbows sparkling before our eyes—this was our first glimpse of the grandeur of Africa: Victoria Falls!

Next we inhaled clouds of desert sand dust for four hours as we were ruthlessly bounced inside the open air jeep while crossing the rugged terrain toward Mwandi Village.

Finally, Mwandi Village suddenly appeared around the bend: hundreds of thatched roofed mud huts, cattle wandering freely, and young girls carrying gallons of water on their little heads as they padded barefoot toward their homes.

My mouth found grit as I closed my teeth together, and the toes of my socks were miniature, stiff sandbags. Fine dust had filtered through the seams and zippers of my luggage, which had been strapped on the back of the jeep. We coined the color "Kalahari Grey" to describe our hair, clothing and skin tone.

Darkness fell as quickly as the sun set. The winter temperature dropped from seventy degrees to forty in only a few hours. I lay in my bunk thinking: Must be after nine and before ten p.m. There were so many stars in the giant sky, and the Zambezi River was still. I felt disconnected, kind of out of my body. Chris, the mission physician and my temporary host, was snoring in the next room. Shadows and lightness mingled with darkness. I felt my preconceptions, to control or deny, couldn't control or deny love, but, certainly, certain presence of death would prevail.

By government dollars per person per year these people are getting birth attendants, an HIV and tuberculosis, blindness and dysentery.

Mr. Salopwa, the jeep, taking an hour to uncover the approximately thirty people to evaluate well covered clinic, and check in...

One cause of the toilets being built is... water. Only thirty percent of the weeds and sand, insects and animals finds it... Digging wells in... public health, and it...

The government... diameter and approximate... can... men dig out a... dirt are excavated... cylinder can be placed... circumference to... repeated until... shouting and exclaiming,...

Then came the digging... from each of the three Salopwa, Alice and... too small... to accommodate... stiffly in the midday sun... not ornate with can... The villagers... has the permanen... mortar donated by...
I knew that I had to let go of many preconceptions, to be only what I could be, to let unfold and evolve that which I couldn’t control or could only toss suggestions toward. I felt a strong foundation of love, but, certainly, some fear, knowing that I would have to adjust to the daily presence of death. I had to trust my sincere belief that love, relaxed and accepting, would prevail.

June 8, 1994

By government decree, the Zambian budget for health provides two American dollars per person per year. What can be done with this pittance?

Mwandi Village and the surrounding area holds a population of about 15,000. For these people are provided ten community health centers, about as many traditional birth attendants, and the Mwandi hospital. Major health problems include (but are not limited to) an HIV infection rate of up to 80%, endemic malaria with resulting anemia, tuberculosis, blindness due to Vitamin A deficiency and chlamydia trachomatis infection, and dysentery, leading to dehydration and death.

Mr. Salopwa, the primary health care provider, Alice, the midwife, and I piled into a jeep, taking an hour’s drive across what seemed to me to be unmarked terrain, to cover the approximately twenty miles to three neighboring villages. Our purposes were to evaluate well construction, note the status of supplies donated to construct a small clinic, and check in with the local community health worker.

One cause of the serious and prolific problem of dysentery is contaminated drinking water. Only thirty percent of the population use “pit latrines.” Most people simply use the weeds and sand along the path or road. This surface contamination by humans and animals finds its way into nearby water holes from which villagers fill their buckets. Digging wells in carefully placed locations is a priority project for the improvement of public health, and it is done by manual labor, requiring great physical endurance.

The government provides cement cylinders, open on both ends, about one meter in diameter and approximately one third meter high. With small shovels and a large tin can, men dig out a hole to accommodate a cylinder. Once that is in place, sand and dirt are excavated from beneath it until it drops down far enough so that another cylinder can be placed on top of it. Eventually, one man is lowered through the narrow circumference to dig and, by rope and bucket, pass up the sand. This process is repeated until water is reached. The well I saw was over thirty feet deep. What shouting and exclamations there were when water was finally reached!

Then came the time for the Citizens Health Board meeting. Four representatives from each of the three villages arrived at the centrally located clinic hut, where Mr. Salopwa, Alice and I had been provided benches and tables in the shade. The hut was too small to accommodate the villagers. Eleven men and one woman sat or stood stiffly in the midday sun, some leaning on walking sticks worn smooth where they were not ornate with carvings.

The villagers seemed tense and defensive when Mr. Salopwa asked them, “Why has the permanent clinic structure not yet been erected? Here are the bricks and mortar donated by the hospital.” Each village was to contribute the labor for the
construction, but the individual villages were unwilling to contribute unless they were sure the others would as well. The Board members expressed concern that their own village would end up doing all the work from which the other villages would benefit. (This situation was not unlike a board meeting in Grand Rapids!)

Mr. Salopwa continued his questioning: "Why are you not paying your community health worker better?" It is the responsibility of the villages to provide for his salary. Several board members said it was hard to go from house to house monthly to collect money for his wages. Suddenly, Mr. Salopwa left the group, heading for the jeep. As suddenly, he reappeared, riding a new bicycle, complete with handbrakes, impressive spring suspension for the seat, and a thumb-bell. Riding around the group twice, skidding to a halt in the center of the circle and dramatically ringing the bell, he announced that if a salary of 300 kwacha (about 50 cents, American) were to be paid to the worker, the bicycle would be a gift from the government.

Smiles broke out and hands were clapped. But then one board member crossed his arms across his chest and gruffly stated, "This bicycle will be broken in no time. Too many people will ride it. Then the board will be responsible to fix and maintain it!" All smiles and clapping ceased. (Again I was reminded of a board meeting in Grand Rapids!)

Returning to the jeep, Mr. Salopwa brought forth bicycle tires and maintenance supplies from the jeep, and the requested salary was sealed with a handshake. Other of the jeep's treasures were new community health worker's box, containing, among other things, anti-malarial tablets, oral rehydration salts (for dysentery), and tetracycline eye ointment (for trachomatis). All of these elicited smiles and handclaps from the board.

The community health worker was a small, wizened man with white hair and eyes clouded with cataracts from Vitamin A deficiency. He had had no formal education; he was simply appointed by the board. We reviewed his treatment register and noted that he had been freely distributing the anti-malarial, chlorquinine, for abdominal pain and other vague symptoms: almost one thousand tablets in one month, during which time only a few people had actually demonstrated malarial symptoms, its having been the dry season, when malaria is minimal. "You are letting these people control you!" admonished Mr. Solapwa, who reviewed aloud the general symptoms of malaria: headache, abdominal pain, body ache and fever. "For other complaints," he continued, "dispense aspirin and tylenol. For diarrhea use the oral hydration salts. If the diarrhea persists beyond three weeks and the person can travel, they must trek to the hospital for a stool culture. You must be strong! You must trust your decision! Your job is very important!"

Several people who had previously been diagnosed with tuberculosis came for their rations. They were extraordinarily gaunt and fatigued looking. Some had sent a child in their stead. One month's supply of isoniazid tablets was counted out for each person and given with three liters of cooking oil and a bag of High Energy Protein Supplement (HEPS). The oil and HEPS mixture provides the extra calories and protein necessary to survive the tuberculosis infection; at least we hoped it would.

What an exciting dough for six loaves of bread. At 10:30, Alice appeared across the hospital compound.

The delivery room was a frayed delivery table that had only cold water, handbrakes, and held various supplies. The baby-receiving area provided light and warmth.

In hard labor, the woman uncovered mattress hard until the sheet was under the child. Under the sheet, the woman rested beneath the baby. No linen, no laundry.

She was stoic while the baby came her. She had brought several rags to use as she pushed silently with each contraction. All the mother's blood came in a pool of blood while she searched the birth table. The rest of the placenta was intact, the blood, and still the woman searched the table.

"Go to the pharmacist," she continued.

A few moments later, "We need intravenous," Alice replied.

"Sorry," Alice replied.

A second basin filled with. I massaged the abdomen, stood quietly by. In one hand the lower belly and softly...
What an exciting day this has been! I had breakfast at 6:30 A.M. and by 8:00 had dough for six loaves rising and was working on a second batch—enough to hold seventeen people for several days—white, oatmeal, sunflower, and onion dill. At 10:30, Alice appeared at the kitchen door to say that a woman was in active labor. Off across the hospital compound we bounded.

The delivery room was a dingy, ten-by-twelve room containing one very old and frayed delivery table and an old hospital gurney. The double, stainless sink on one wall had only cold water, drawn from the contaminated river. A two-by-three, stainless table held various supplies and instruments, and a small serving cart (of sorts) served as a baby-receiving area. The gooseneck lamp hovering over the cart was intended to provide light and warmth for the new baby.

In hard labor, the woman was lying on her back, knees up and apart. The plastic covered mattress had several tears repaired by stained adhesive tape. A heavy plastic sheet was under the woman's hips. As the amniotic fluid and blood pooled in this sheet, the woman removed her chetenga (rectangular clothing wrap) and spread it beneath her. No linens were available; the few owned by the hospital were at the small laundry.

She was stoic with her pain, lying quietly on the bed, no one tending or coaching her. She had brought a clean chetenga in which to wrap and carry her baby and several rags to use in place of disposable peri-pads for the after-birth blood flow. She pushed silently with each contraction. The baby's head descended until the opening of the mother's birth canal was bulging and patulous. Alice and I supported the vaginal tissues and eased out the baby's head and shoulders, and I stroked and milked the tiny neck while sweeping my finger across the back of the baby's tongue to clear the throat. The rest of the baby quickly followed.

There were no words of congratulations or achievement, no announcement of the baby's female gender. The cord was tied and cut, the baby wrapped and put off to the side on the serving cart. The mother had hardly looked at the child.

A pool of blood quickly formed under the woman. I massaged her uterus firmly and searched the birth canal and cervix for bleeding tears. Although everything seemed to be intact, the bleeding continued. A 500 cubic centimeter (one pint) basin filled with blood, and still she bled. "Some pitocin or ergotamine, now!" I called out. The aide searched the tables—but to no avail.

"Go to the pharmacy and postpartum unit for some," urged Alice. The bleeding continued.

A few moments later, the aide returned, empty-handed.
"We need intravenous fluids," I said.
"Sorry," Alice replied. "We've had none for over a month."

A second basin filled with blood. The woman was pale. She said nothing.

I massaged the already firm uterus but the bleeding continued. Alice and the aide stood quietly by. In desperation, I placed my hands over the hemorrhaging uterus and lower belly and softly repeated, "Please stop bleeding! Please stop bleeding."

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The blood slowed to a trickle and stopped. "You have magic hands," someone said.

Shortly thereafter, the woman gathered herself and her baby. Anemic with malaria and blood loss, and probably HIV positive, the woman slowly plodded away.

Five hours later I saw her at the river's edge, baby slung in a chetenga across her chest, leaning to gather gallons of water into a bucket, raising the bucket to her head, then slowly and gracefully walking to her hut.

June 19, 1995

Grass roots Africa survives on the backs of women. They gather wood, find food and prepare it, give birth, and tend the garden all in one day. Their own needs are unimportant. The men must be tended and the children nurtured.

I was honored to spend this day with several midwives, sharing pregnancy care and birthing techniques. I learned that a pregnant woman is cautioned against wearing a necklace, for it might cause the baby’s cord to be wrapped around the neck. There are also several food taboos. A pregnant woman may not eat

- eggs or the baby will have no hair;
- leftovers or the woman will have a bowel movement during birth;
- bone marrow ("moko") or the baby will have continuous sneezing;
- chicken feet or the baby will scratch itself when born;
- hanging food (meat) or the placenta will be retained, causing hemorrhage or fatal infection.

I noted that the taboo foods are those which are full of the nutrition so needed during pregnancy. These foods must be saved for the men and children.

At mealtime, the man is to be served to his fill first, then the children. The mother has what remains. When I questioned the midwives about the logic of not nourishing properly the baby inside her, the midwives giggled at my rebellious idea. No, the man must be fed first; they could not even imagine breaking that tradition.

Days later

Almost an entire week passed before I slowed down my American pace, felt my old confidence and security return, and fully re-entered my body. Now I’m feeling as though I’ve adapted, and I’m more comfortable. I have some new friends, and their smiles are genuine and freely given.

I have shared much woman talk with Lontia, the woman hired to assist with cooking and clothes washing. She has two sons: one is eleven, and the other nine months. Her two daughters died of malaria, each at around the age of two. She thinks that one of them died from an overdose of the anti-malarial drug, quinine, but no legal recourse has even entered her mind. Once, while we were baking bread together, she suddenly put her arms around my shoulders and claimed, "I’m going to miss you!" We cried over lost children, laughed over silly things the white people did.