Reflections from a place that God forgot

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In some nameless jungle in equatorial West Africa—there you will find us.

It is 5:30 in the cool of a weekend morning, and we are already soaked with sweat as we load basic equipment and medicines for a small clinic into three four-wheel-drive vehicles, along with six large boxes of clothing to be donated. From the mission leader’s clear description at our pre-trip meeting two days ago, we know that today’s medical service tour will take us to a village at the end of muddy, treacherous mountain roads that sometimes make driving akin to moving by boat, so we have to get an early start.

Last time we went to Santa Teresa, it sure felt like being on a boat, as the rolling and tipping of the jeep made our stomachs churn. On the way back, the big blue and silver jeep got stuck in the mud of a mountain gorge; only after seven or eight men had exerted their full strength for close to three hours did the mud finally release the jeep. It was far past supper time when we got into town. Another time, our caravan was crossing the mountains on the Lancas II route when white smoke started pouring from the hood of one of the vehicles. Stuck above a mountain precipice, we could go neither backward nor forward. After we poured in nearly a dozen bottles of drinking water, the vehicle, laboring like an old ox, finally made it over the ridge we had been cursing for the past half hour. The unlucky driver, Danilo, got a severe chewing out by the mission director and was made to work two days’ overtime as punishment for careless maintenance.
Our destination this time is a remote mountain forest, and the road there is rugged and treacherous; not surprising, since most of the places to which we go on these missions could be called godforsaken spots. Promptly at 6:00 a.m., after the mission director has finished inspecting the vehicles and equipment, our caravan departs with considerable fanfare. After picking up the local physician, Dr. Tomey, and several workers in Neves, we enter the mountains. Our three vehicles are heavily loaded and, as we drive up the steep and bumpy road, the cargo and equipment cushion us better than the jeeps’ shock absorbers.

On this equatorial island nation, the jungle is always soaking wet in the early morning hours. Despite the cleansing power of the nine-month-long rainy season, the morning air in these tropical forests is thick with the odor of decaying leaves and moldy earth. But even after being in the forest for a long time, you can still smell the subtle, fresh aroma of growth and rebirth and glimpse threads of gold piercing the broad leaves that hide the sky. Darting in and out of the forest are shy dark faces with gleaming eyes; their hands wave as they laugh and shout: “Taiwan! Taiwan!” How can we help but feel excited and moved when we hear these heartwarming cries in so many of these jungles?

We five Chinese individuals from Taiwan are seldom together in one place. We live at three different locations, and we do our work in clinics, women/children’s centers, the mission headquarters, and the back country. We get together for our mission meeting once every two weeks, and we spend the rest of the time up to our ears in work. But when we take this medical service trip once every two weeks; we all relax a little and the tension vanishes from our faces. Of course, we don’t take these “weekend excursions” too lightly. They are bold expeditions in which we strike out for nameless villages with the confidence that anonymous friends will be there waiting for us!

After two or three hours of shaking and rocking along the precipitous jungle track, we begin to anticipate the indescribable excitement that we always experience when we meet the people we have come to see. Even Dr. Tomey shares the enthusiasm of us “crazies”; that’s what their health minister has nicknamed us. Suddenly the caravan comes to a halt, for a huge tree has fallen across the road in front of the caravan. We can see the mission director, old Dr. Wu, and Dr. Tomey leading three workers holding bush knives toward the trees. The director tells us not to get out of the vehicles. Actually, it would be practically impossible to get out of our vehicles even if we wanted to; only slender Ms. Lien-fen would be able to squeeze out if we opened a door. On the right, the thick tropical grass grows right up to the side of the jeep and, a little bit farther out, where a gully has fallen away, the ground abruptly disappears. On the left, the edge of the jeep hugs the mountain cliff, and the rise and fall of our breathing causes a sense of numbness to fall over us as we stare at the big young men hacking at the tree. Fortunately it is rotten, and eventually a gap big enough for us to go through appears. As the caravan begins moving forward, I think about how being squeezed in the shaking, bumping vehicles is better than the alternative of aching feet and pouring sweat.

I remember one time when, dog-tired, we were on our way down from the mountains in the midst of a thunderstorm. The caravan came to a stop near a stream on a downhill slope. In the torrential rain, the soil from where the road had cut into the mountainside was pouring downhill, and the muck on the road was already reaching halfway up the wheels of our vehicles. The mission director told the driver to get out and guide us while he himself took over at the steering wheel. We passengers secured our seatbelts. Without saying a word, Danilo took off his shoes, rolled up his pants, and got out into the mud. Walking in front of the first vehicle, Danilo bravely and proudly led us along a
barely visible track, waving his hands while probing for obstacles. Starting and stopping, the caravan followed him through the mire. Suddenly, as our vehicle slowly began sliding over to one side, the mission director gave a loud blast on his horn. Time stood still. We all screamed and Danilo, startled out of his wits, dashed up a tree at the edge of the road. As the vehicle finally slid to a gentle stop, the sound of our screams gradually abated. For a long time no one had anything to say, and no one dared close their eyes for the rest of the trip.

Now, as the jeep struggles up switchback after switchback, the milk I drank before setting out churns in my stomach so much that it must be turning into yogurt. All I can do is close my eyes and try to soothe my nerves and queasy stomach. At 8:50 I vaguely hear familiar cheers, and soon I see a group of running and singing people surrounding our caravan. We stop at a large empty area that looks as if it were covered with green felt. Wow! The excitement is reminiscent of the great harvest festivals held by the aboriginal people of eastern Taiwan, although the scene isn’t so colorful. Nonetheless, the bright sunshine, green forest and thin mist are enchanting enough for us. Our hearts are glad as we step out of our vehicles.

A crowd of people has gathered in the shade of the trees, and more and more people come out of the forest, bringing their children and the elderly. The mission director quickly assigns us to our predefined positions and we all go to work unloading our equipment and setting up our work positions. Ching-ying takes the lead by posting the registration sign under a large tree and asking two local male nurses to bring tables, chairs and a scale. The crowd follows the nurses.

When the stations are almost ready, the people squeeze into a long line. Because of the need for privacy, the gynecology section is set up in an abandoned hut nearby. In especially good spirits, Dr. Chien laughingly hoists a chair above his head and sets off with an interpreter in tow to arrange the gynecological clinic. The acupuncturist, Dr. Wu, has arranged six folding beds in a long line in an abandoned workmen’s hut in preparation for his first patients. Dr. Tomey gets ready to see patients in a temporary shelter constructed from coconut leaves. Although the village is within Dr. Tomey’s district, this is the first time he has set foot here since becoming head of the provincial bureau of health. The surgical section is, as usual, the responsibility of the mission director. After choosing a large tree, the director soaks the simple surgical utensils in a disinfecting liquid and prepares some salve for external use. The final station is the small but fully stocked pharmacy, which is set up in the doorway of a dilapidated warehouse. Lien-fen leads Maria, the outpatient clinic pharmacist who has accompanied us on our medical service trips around the country from the very beginning, in neatly arranging the more than one hundred kinds of medicine bottles. Lien-fen and the director have traveled about the country for a number of years, with different batches of workers, and it is they who have planned this series of medical service and follow-up trips.

We begin to see patients at 9:30. Ching-ying has already weighed each of the registered patients and recorded their weight on the prescription slips they hold in their hands. The patients bring these prescription slips to each station at which they receive diagnosis and later use them to collect their medicine. A large group of happy, garrulous people help prop each other up as they queue at each station. As the line at the registration table lengthens, the end stretches practically back into the forest, where people are beginning to sing and dance to the rhythm of drums and wooden percussion instruments.
Even though the ambience is more festive than market day, the hubbub is soon hushed by the sound of crying. A baby begins wailing heartily as soon as he sees Dr. Tomey raise a tongue depressor. Dr. Tomey struggles to weigh him and determine his medical history and, when the howling lessens momentarily, he is finally able to glimpse down the baby’s mouth nearly as far as its esophagus. After rubbing the baby’s small belly and inspecting his eyes and face, Dr. Tomey concludes that he suffers from no serious problems other than poor nutrition and some parasites. He writes a prescription for medicine.

In a dilapidated room, Dr. Chien removes the stethoscope with which he has just listened to an unborn child’s heartbeat, pushes his bifocals back up on the bridge of his nose, and takes another look at the frail expectant mother in front of him. While all of the station’s medicines and materials are provided by our mission, Dr. Tomey has been asked to collect payment for some medicines in accordance with the World Health Organization’s “Bamako System.” The proceeds from the sale of these medicines are to establish a fund that will be used by the Bureau of Health to purchase more drugs. In less than a month, this ramshackle hut will be reborn as a brand new health station. Local doctors, together with members of our mission, will come here once every two weeks to perform follow-up diagnosis and treatment.

Among the long line of emaciated women waiting to be treated, intermingled with several frowning expectant mothers, is a young woman with sunken eyes and a listless face named Anna. About 20 years old and pregnant, Anna holds a baby at her breast and leads a child with greenish-yellow mucus dripping from his nose. As she gazes blankly at us, I ask what her problem is. “I have had frequent headaches for several months,” she replies. “I feel hot and cold, and don’t have any milk to feed my child. I don’t know what I should do to get better.” My professional intuition tells me that Anna suffers from severe anemia—no surprising, since the nine-month rainy season in this jungle brought all transportation close to a standstill and has made outside goods, especially medical resources, hard to come by. Malaria is this island nation’s greatest curse, and practically everyone suffers from it. While contracting a malignant form of malaria is already harmful enough to a pregnant women, Anna has been repeatedly infected with the disease, which has caused severe damage to her blood cells. Anna’s face is pale and bloodless, and she seems lucky to be able to hold up her wasted frame. Where can her body find the nutrition to make milk for her infant?
I remember having seen, at another jungle village, a grim-faced woman holding a child. She said that her son had not eaten anything for several days. As I looked at that seven-year-old child, far smaller than his age would warrant, he rolled up his eyes and a swarm of flies buzzed around sores on his head. When I reached out my hand and rubbed his cheek, his feverish heat made me shiver. I quickly pulled the mother and child ahead of the line in front of the pediatrician so that the boy could get emergency care immediately. This little warrior had finally been defeated after fighting long and hard against malaria.

The line in front of the acupuncture station is the longest. The people include those suffering from physical weakness, general aches and pain, children’s bed-wetting, incontinence of the elderly, and recovering stroke. Patients are lying on the six folding beds in the old workmen’s hut. Nuno has several needles with electrode wires in his back. His dorsal muscles are twitching rhythmically, but he appears very comfortable as he lies on the flimsy bed with partly closed eyes and a satisfied expression on his face. Just this morning he arrived at the registration soaked with sweat and in pain from a body bent to one side. Since suffering a fall about a week earlier, he has been unable to straighten up his body. Whenever he tried to move, he would feel great pain. In spite of this condition, he was able to walk more than two hours from a neighboring village to come to see the doctors from Taiwan. As Dr. Wu pulls out the acupuncture needles and asks him to stand up and move, Nuno amazingly is able to stand up straight without any pain. Crying and laughing with joy, he shakes Dr. Wu’s hand and bows to him, provoking mirth among his companions. Since acupuncture often results in immediate benefits, and because it is so easy to carry the equipment—which consists of only needles and cotton balls—it is a good way to treat people in far-flung locations and bring them instant joy and happiness.

The surgery is located under a large tree at another end of the clearing. A six-year-old girl, crying her heart out, is now being held by the director. Soaked with sweat and urine, the little girl has practically glued herself to the director’s breast. Her shoulders and back were burned in many places through her mother’s carelessness several weeks ago, and the wounds are now festering and full of pus. After hesitating for a moment, the director gets two adults to hold her down, pours some hydrogen peroxide, and quickly treats the wounds as the girl screams in pain. The director trims the wounds, wipes them with iodine, disinfects them, performs debridement, applies a salve, and dresses the wounds. The director completes the treatment in less than 10 minutes—an what the military would call a “fast, accurate and ruthless” operation.

The next surgical patient, 19-year-old Joanna, limps over and sits down. The director loosens a gauze bandage from below her knee and carefully removes it from her pus-soaked wound. The wound, as large as a small bowl, is full of granular tissue covered with a layer of thick pus, and the skin around it looks as if it had been chewed on. Of course it is necessary to trim the dead tissue, apply disinfectant, perform debridement, and apply salve, etc. This takes close to half an hour, during which time the girl sheds tears continuously but does not utter a sound. At the end Joanna tells us that it didn’t hurt much, but she feels very sad. It all started with a small infected scrape. After coming down from the mountains and staying for two days at the public health station, she was sent on to the central hospital in the city. Over the period of half a year, the wound enlarged. Then, one day, a nurse changed her bandage and told her to return home, but did not give her any medicine. “Even though it hurt all the time, I still didn’t dare to open the bandage and look at the wound after being home for more than a month. The nurse at the hospital had told me that opening the bandage would cause inflammation. When
yesterday I heard the doctors from Taiwan would be coming, I decided to come over early and get in line,” she tells us. “No doctor or nurse has ever spent so much time changing my bandage, and I was crying because I know that you really want me to get better.” We tell her that, if she cleans the wound once every two days with the medicine we will give her and changes the salve, she will be okay. We also tell her that our doctors will be back in two weeks to help her again. Eyes wet with tears, she smiles. It’s really hard to imagine how she has endured so much suffering.

One time, when we went to Plancai, an old man who had trouble walking came to get treatment, supported by his relatives. The smell of decay assaulted our noses as soon as we pulled up the leg of his pants. The director carefully removed layer after layer of rag from around his calf. After the last layer had been taken off, we were startled to see a swarm of maggots squirm out and fall on the ground. The sight so shocked an assistant nurse who was helping that she went pale, dropped the utensils she was holding, and ran out! A health education trainee from Portugal even broke out crying at the sight. After a while, the director wrinkled his brow and used forceps to pull out the several dozen maggots remaining in the wound. When he had finally finished cleaning and trimming the wound, we could see the man’s shinbone through his flesh. My scalp still crawls when I think back on this episode.

Afternoon is usually the busiest time at the pharmacy. Most of the people are now gathered around the makeshift pharmacy in the doorway of an abandoned warehouse. Lien-fen and Maria drip sweat as they fill prescriptions while telling the people when they should take their medicine. They do this by drawing the sun, the moon, large and small circles, and ovals on the medicine bags. The inventor of this new kind of language was Lien-fen. Unlike in the civilized world, the people in this godforsaken place do not pay much attention to distinctions of time and space. They live carefree lives and display little of the greed seen in the civilized world. What they care about is whether they can find something to eat, whether they will have strength, and whether they will be able to move. They care about whether the members of their families have a place to shelter from the wind and rain. They care little about the country and have little use for reading and study. But they understand that the sun on the medicine bag means daytime, the moon means night, the circles mean pills or tablets, and the ovals mean capsules. They know that, if they take their medicine at the right times, they will have strength and will be able to eat, sleep and move.

They also know that the people they call “Taiwan-isa” are the only ones who have entered their world, cured their illnesses, and taught them how to maintain their strength, avoid diseases, and keep germs out of their bodies. Although we are very much a part of the civilized world, we have showed them that we are their true and needed friends. We know they cannot imagine the world we came from, nor would they care about the things that much of the world is greedy for.

Besides being greedy for benefits, the people in our civilized world are also greedy for life and freedom, which they consider to be the greatest blessings. We have taught the people of this place how to cherish their lives and enjoy freedom from disease and suffering. In contrast, they have taught us that we never know whether tomorrow or the next life will arrive first. Still, we are committed to giving them a tomorrow. Although living to see tomorrow is a great happiness, to them happiness is not tomorrow or the next life, but here and now.
After being seen by the doctors and picking up their medicine, the people begin gathering at the other end of the clearing, where the deacon of the village is making an announcement. Ching-ying’s registration table has already been moved to the other part of the clearing. There six heavy boxes of separately packed clothing donated by the Buddhist Compassion Relief Tzu Chi Foundation are waiting to be distributed. This is the last part of today’s program. The deacon calls out the names of every family, at which time they go up and take one of the packages, which contain shirts, pants and other clothing. By this time it is hard to find any of the frowning, disease-wracked faces that greeted us this morning. Almost every face is wearing a smile. The tense muscles in their faces are finally relaxed, and excited, oxygen-rich blood courses through their veins. Such happy and satisfied faces are seldom seen in the outside world. We are happy right along with the people here and feel that this world is really a fair place: Those whom God has forgotten to aid can receive the Bodhisattva’s compassionate help.

After a few people in the boisterous crowd begin calling out “Taiwan! Taiwan!” in an explosion of energy, the shouts gradually become louder and more rhythmic. The rhythm of their shouts gains a kind of continuity and is transformed into a primeval vibration. Hot blood begins pulsing through every vein, and in their excitement they shout out our willing mission and mankind’s most primordial homesickness. Although we must leave, we promise not to go far. After lowering the windows of the vehicles, we see all the people outside running, waving their hands, and calling out “Taiwan!” We wave our hands in response.

As the caravan passes through the jungle in the evening, it is as if those countless black, shy, friendly faces, seemingly familiar, are coming through the mountain forest and calling to us on the sea breeze. We certainly will never go far. “Taiwan” is indeed our name. Our commitment is not just an attitude, but rather a responsibility; a deep feeling about the world and humanity that cannot be dismissed from our minds.

Anywhere that God has forgotten, there we shall go!