

## Gut Check

by **Alexander Gelfand**

Many homes in the developing world are made of concrete. And with good reason: It's cheap, it's strong, and it's made from ingredients that are found pretty much everywhere—namely, rocks and sand.

It also happens to absorb heat well. For example, the concrete floor of the charming little house that my wife, Ingrid, and I rented in Aburi, the small town in rural Ghana where we studied traditional West African drumming for four months in 1997, did a terrific job of wicking the fever from my prostrate form as I attempted to crawl to the bathroom—a fever that nonetheless continued to rise until peaking at approximately 104 degrees. My main goal, as I drifted in and out of consciousness, was to avoid staining this marvelously useful material with vomit.

I had begun to feel not-so-well earlier in the day, but hadn't bothered to drop by the little clinic at the edge of town. That had probably been a mistake. With its warm, humid climate, the whole of southern Ghana is one giant Petri dish, and Akuapem, the mountainous region in which Aburi is located, is no exception. The local microfauna grow like kudzu; by the time you begin to feel ill, you're already done for.

That didn't worry Ingrid, who aside from various food allergies—the only fish that won't kill her is tuna, and anything containing gluten or cow's milk makes her itch—has the constitution of a horse. As a hypochondriac with a talent for lingering infections, however, I was plenty anxious about the local microbial situation. And our pre-flight reading hadn't helped.

Ingrid and I had gotten married in Montreal, my hometown, just five weeks before coming to Ghana, and we had taken the opportunity to drop by the Center for Tropical Diseases at McGill University in order to purchase a traveler's handbook. I made the mistake of reading it cover to cover three or four times, riveted by the entries on loa loa, the African eye worm, which swims across its victims' corneas (“disturbing when seen at a cocktail party!”); the schistosomiasis parasite, which lives in fresh water and burrows into the bare feet of unsuspecting waders; and bot flies that lay



*Image by Gabor Bihor*

their eggs in moist cotton clothing. When the eggs hatch, the bot fly larvae penetrate the skin, feasting on their host's flesh before erupting back out again in mature form. The best way to kill the eggs is to run a hot iron over them, which is why even the poorest Ghanaian leaves his mud hut each morning in a freshly ironed shirt. I have never ironed as carefully, or as often, as I did in Aburi.

My neatly pleated pants did not, however, prevent me from waking up in the middle of the night bathed in sweat, my tongue swollen, my eyeballs hot. If this were to happen today, I would roll over, shake Ingrid awake, and moan for help. But we had been married barely a month, and as ludicrous as it sounds (blame my Canadian manners), I didn't want to bother her.

Instead, I literally fell out of bed and began crawling on my belly towards the bathroom. I'm not sure how long it took me to get there, because I kept passing out along the way, my forehead kissing the cool slab floor. The return trip was pretty much the same, though I was considerably lighter, so it probably didn't take as long. In the morning, when I told Ingrid what had happened, she was appalled.

"Why didn't you say something?" she asked.

"I didn't want to bug you," I replied, aware of how ridiculous I sounded.

"Next time you think you're dying, wake me up, OK?"

I promised that I would.

I still looked like hell, and my temperature had hardly cooled. So we walked over to the Kom Clinic, a two-room shack staffed by a couple of nurses and a part-time medical technician named Mr. Yanki who administered what would be the first of many malaria tests.

"No parasites visible!" Yanki announced as he peered through an old-fashioned microscope at a glass slide smeared with my blood. This would become a running joke between us. While my fever eventually cooled to a manageable level, it persisted for weeks, peaking in the early afternoon and then gradually subsiding—a classic symptom of malaria. Yet every week I would go in for another blood test, and every week the results would be negative.

"Gelfand!" Yanki would boom when he saw me coming. "Back again?"

"Yeah," I would reply, sheepishly. "I still have the fever."

"You are just acclimating!" he would say.

Then he would run the test, even though we both knew what the results

would be, and the nurses who took my temperature and drew my blood would ask me to dash them something, “dash” being Ghanaian English for “tip.”

“If you like, you can give us anything you want,” they would say.

If pressed, “anything you want” turned out to be two hundred Ghanaian cedis: a nickel, more or less. Not sure what to do, I asked our friend Lucy, the owner of the Palace Square, a tiny bar located directly opposite the residence of the town chief, if I ought to start handing out bills to the clinic staff.

“It isn’t necessary,” she said. In the ensuing conversation, Ingrid used the word “bribe.”

“You do not have to bribe anyone at a clinic or hospital,” Lucy said, rather indignantly. “You should just give something if you feel like it.”

This wasn’t terribly helpful. Was it the right thing to do, or not? By local standards, we were filthy rich. The very fact that we were in Aburi was proof of our affluence: Our airline tickets cost more than the average Ghanaian earned in five years. Yet we felt like poor students.

Ingrid and I had met at the University of Illinois, where she was earning a doctorate in percussion and I was picking one up in ethnomusicology, a kind of musical anthropology; or as I now like to define it, the study of bizarre and often unappealing music from around the globe. We had traveled to Aburi to study a particular style of Ghanaian drumming that is played at the courts of indigenous chiefs, and we had only been able to afford those precious tickets with the help of several research grants. But the grant money was almost gone, and if we gave away what little remained to everyone who asked, we’d soon run out. We would also come across as naïve tourists, ripe for the fleecing. So for the most part, we tried to do as Ghanaians did, dashing only for things they themselves considered dash-worthy. The clinic was a tough call, but just to be safe, I began distributing wads of cash at my weekly testing sessions. Not that it helped my condition any.

All of the pollen and spores floating around in that moist tropical air also triggered crippling allergy attacks that laid me out for days at a time, stoned on Benadryl. It didn’t help that we had arrived during one of the region’s two rainy seasons. In the middle of a sunny, steamy day, a bank of enormous thunderclouds would roll in and wring themselves out over the

lush Akuapem Hills. I finally understood the metaphor “raining in sheets”: The water fell not in discrete drops, but as a single liquid mass; being caught in one of those downpours was like having a swimming pool dumped on your head. Exhausted, the clouds would vanish, leaving the sun to boil the water from the ground—perfect breeding weather for whatever makes you itch and sneeze. Early on in our trip, I acquired a strange fungal infection on my wrist that I could not kill with any number of creams and lotions. It finally dried up and flaked off in the desiccated cabin air on our flight home, taking with it a good deal of my skin and leaving behind something that closely resembled a first-degree burn.

Interestingly, there didn't seem to be a word for “allergy” in the local language, which made it difficult to explain why Ingrid couldn't eat the dried fish that were occasionally offered to us. They were invariably served and eaten whole, which gave me pause, as well; but after I got past my initial reluctance at taking a mouthful of head and eyes, I couldn't get enough of the salty, chewy treats. After a while we just said that Ingrid didn't like them, at which point people began telling us that they, too, didn't “like” certain foods, such as milk or shellfish.

Undiagnosed food allergies were the least of their problems, however. From what we could tell, most of our Ghanaian friends were sick all the time, usually with typhoid, which they called “the typhoid,” or malaria, which they called “fever.” As in, “Kwame isn't here today because he has the typhoid,” or “Lucy won't be at the bar today because she has fever.” It could have been worse; they could have been succumbing to river blindness or guinea worm, disfiguring diseases that ravaged other parts of the country. And at least they weren't at risk from polio, which had only recently been eradicated in Ghana thanks to a huge public health initiative. Still, the situation wasn't good. There are those who believe that Africa has failed to develop economically because so many of its people are sick so much of the time. After seeing how many days people lost to illness in Aburi, I can believe it, too.

I can also believe that things will not be getting better anytime soon. Most everyone we knew self-medicated, taking drugs that they bought without prescriptions from the local pharmacy, a hole in the wall where a young woman dispensed pills in cones made of rolled-up paper. A dollar bought two weeks' worth of expired antibiotics that had been dumped on the African market by Western pharmaceutical companies, the red-and-

yellow capsules cracked and leaking powder. Not that anyone stayed on the stuff for the recommended period; they just took the pills until they felt better, and then they stopped, which is of course the very best way to grow drug-resistant superbugs.

This was when they weren't guzzling bottles of herbal remedies from the Obikyere Center for Scientific Research into Plant Medicine, in the nearby town of Mampon. According to a documentary we saw on television one night, the center had been founded by a local doctor who had trained in Switzerland, and its white-coated technicians concocted treatments for everything from diabetes to male urinary retention using fifty-two different medicinal herbs.

Many people swore by these potions. Our teacher, Kwame Obeng—a Ghanaian master drummer whom I'd first met in Toronto, where I played in a drumming ensemble run by a bunch of Akuapem immigrants (they had flown Kwame in to coach the troupe for a year, and he had invited me to come study with him back home)—once showed us an array of bottles filled with tonics used to combat malaria, hypertension, and arthritis, the labels listing scientific-sounding ingredients like amino acids and B vitamins. But the men in the white coats only tested their wares on rats, not on people; and it was hard to tell if the cures they peddled were genuine traditional remedies that had some real benefit, or just modern snake oil.

Local conceptions of disease made it difficult to distinguish between the two. If, as I did, you occasionally stumbled into the Kom Clinic complaining of chills and night sweats, the nurses would talk matter-of-factly about parasites and germs; and they were all too happy to describe the fecal-oral route that leads to typhoid and other forms of tummy trouble. Yet they also claimed that malaria was caused by spending too much time in the sun or by “tiredness,” diarrhea by “too much pepper” or “a change in diet.”

These ideas were based on observation, and they were not entirely illogical. For example, people from Aburi did tend to get malaria when they descended from their forested redoubt in the Akuapem Hills to the blasted, mosquito-infested plains of Accra, the nation's capital; so yes, their bouts with malaria were often accompanied by even more time in the sun than usual. But correlation is not causation, and Western medicine accounts for “fever” in a very different way.

Things wouldn't have been so confusing if people had stuck either to

modern medical reasoning, or to something else entirely. Traditional West African ideas about sickness and health are pretty straightforward: Every illness is believed to have a spiritual or supernatural cause, and the surest cure lies in a plant with the right spirit of its own. Got a touch of the typhoid? Maybe some witch has it out for you; eat this magic weed, and you'll feel better.

Perhaps that's why no one seemed overly concerned about the lack of human trials at the Obikyere Center. The bottles may have been tricked out with scientific labels, but people believed in the efficacy of their contents for the same occult reasons they always had. Personally, I'd rather rely on something a little more evidence-based, like a double-blind clinical trial; but there's something to be said for consistency, even if it's based on magical thinking. What disoriented us most was the way in which people managed to hold all of these seemingly incompatible ideas in their heads simultaneously—like the way they made blood sacrifices to their ancestors one moment, and sang hymns to Jesus the next.

It was frustrating, too, because the ensuing mash-up of Western and African medicine was not particularly helpful. Nor did it always inspire confidence. When Ingrid fainted one day and was treated for dehydration, the nurses at the clinic stuck an intravenous drip in her arm. She recovered quickly, but we spent the next two months wondering if they'd bothered to use a fresh needle, and if not, whether Ingrid might have contracted AIDS. The official prevalence rate in the country was somewhere between three and five percent at the time, though no one would admit it.

"Is AIDS a problem here?" we would ask our friends.

"Oh, no, we do not have AIDS," they would say. "Maybe they have some in Accra, but not in Akuapem."

This despite the fact that the local infection rate was actually higher than the one in the capital, according to the official statistics gathered by the Joint United Nations Programme on HIV/AIDS.

Those same nurses also seemed capable of rendering only three diagnoses: typhoid, malaria, or amoebas. Nothing else—a virus, for instance, or a nasty case of the gout—was on the menu. So if, like me, you had the symptoms of malaria but failed to show evidence of actual parasites in your blood, they simply did not know what to do with you.

Picture, if you will, a young, glassy-eyed foreigner sitting across from a Ghanaian nurse in a starched white uniform:

Nurse: What is the matter?

Me: I have a high fever, my teeth feel soft, and I can't make a fist.

Nurse (looking thoughtful): Could be malaria.

Me: Really?

Nurse: Yes. Unless it is amoebas. Would you like some Tylenol?

Me: What if it's a virus?

Nurse: A what?

Me: Here's an idea. Why don't you give me a little paper cone filled with some extremely powerful, but completely unregulated, medication; something that I could never afford to buy in America, even if I could find a doctor reckless enough to prescribe it.

Nurse: OK!

Still, when you're deathly ill, it doesn't really matter if the person treating you understands *why* you're suffering; all that matters is that they know how to make you better. At least, that's how I felt when Ingrid got sick.

It began one Thursday, a week or so after we'd cooked up a batch of peanut soup in the kitchen of the Olyander Guest House, where we had since taken up residence. We carefully followed the steps that Lucy, an excellent cook, had demonstrated for us a half-dozen times: cook tomato, onion, and ginger, then purée in grinding bowl; add meat (in this case, some smoked tuna we'd found at the local market), peanut butter, one bouillon cube, and "small salt"; throw in a few miniature eggplants; and boil until oil rises to the top. The soup tasted fine—not as good as Lucy's, but not bad, either—and we were proud to have made it ourselves.

At first, Ingrid thought that she just had a standard-issue tummy bug.

"Running stools again," she said, using one of Lucy's pet phrases for diarrhea. (I myself preferred "free bowels," which seemed oddly poetic, if not downright philosophical: "Do you have free bowels?" "No, my bowels are not free.")

"Sorry, sweetie," I said. "Time to pump some little pink tablets."

So she chewed on a few Pepto-Bismol tablets from our well-stocked medical kit. Anticipating the worst, I had packed Immodium, antibiotics, syringes, fourteen different kinds of Band-Aid, two penknives, and a Leatherman multi-tool with the nastiest serrated blade you've ever seen.

With a little ether and some rubbing alcohol, we could have removed one another's spleens.

The next day, Ingrid felt steadily worse. No fever, but she had severe diarrhea, and that evening, after the clinic had closed for the weekend, her stomach began to cramp. By midnight, the spasms were so severe that I could actually see them rippling across her midsection, the muscles in her abdomen squeezing the contents of her colon like toothpaste from a tube. At that point, we both began to panic. What kind of traveler's diarrhea causes spasms so powerful you can see them from the outside? They were coming closer and closer together, too, and we could see blood and mucus in the bowl.

I administered the antibiotics we had brought in case of emergency, but to no effect. By daybreak, we both knew that she was in serious trouble. As much as Ingrid tried to rehydrate herself with the Gatorade mix that her father, a marathon runner, had sent in a care package, we knew that she couldn't possibly be taking in nearly as much fluid as she was losing. Another day of this, and she wouldn't have enough liquid left in her to moisten a postage stamp.

Help was not at hand. The clinic was shuttered until Monday; we didn't trust the nearest hospital, which was located, ironically enough, just up the road from the Obikyere Center (we'd been there once already, and had been more than mildly alarmed by the rusty equipment and the massive cracks in the floor); and it was obvious that Ingrid was in no shape to handle the forty-five minute cab ride down the hillside to Accra. Her stomach cramps had become excruciatingly painful, and she was spending most of her time on the toilet.

We told Auntie Julie, the proprietress of the Olyander, what was happening, and she sent Vaida the cook to fetch Lucy. When Lucy showed up, she wasn't alone: She'd gone directly to Mr. Yanki's house and persuaded him to open the clinic for Ingrid, even though he was on his way to a funeral. Lucy, Vaida, and I managed to half-walk, half-carry Ingrid to the clinic, where Lucy helped her into the bathroom to fill a Dixie cup with the unspeakable. "She did things for me that only a nurse or a mother would do," Ingrid later wrote to her own mom back in Chicago.

While we were waiting, Yanki sidled up to me.

"You know, I would like to travel to North America," he said.

“Oh,” I said.

“It wouldn’t make sense to go without an invitation, though. I can afford the plane ticket, but why buy it if I’ll just be repatriated as soon as I land?”

I nodded sympathetically; at the time, a Ghanaian traveling to Canada or the United States needed a sponsor.

“Would you or someone you know be able to sponsor me on a trip to Canada?”

The moment of truth had arrived. I did not under any circumstances want to sponsor this guy, whom I barely knew and who would become my legal responsibility the moment his plane touched down on Canadian soil. But I also thought it wise not to offend the man who was in the process of saving my wife’s life. Like many Africans, Ghanaians are big on reciprocity. So big, in fact, that they have enshrined it in a proverb: *wo ye, na wo ye ma wo*; “you do for me, and I do for you.” And considering what he’d just done for me, there wasn’t much that Yanki *couldn’t* ask me to do for him in return. So I split the difference and palmed him off on my drumming buddies back in Canada.

“Well, I know a lot of Ghanaians in Toronto,” I said.

“We will exchange addresses,” he said, and shook my hand. Then he walked off to run Ingrid’s tests. Within minutes, the diagnosis was in: amoebic dysentery.

That was a phrase I had previously associated with my grandfather’s collection of musty, leather-bound National Geographic magazines from the 1930s, with their black-and-white photos of pasty-faced, pith-helmeted explorers floating down the Zambezi River. Yet as my eyes traveled across the examination room, I noticed a poster dedicated to explaining, and therefore presumably interrupting, the dreaded “fecal-oral route.”

It works like this: Kofi takes a dump and neglects to wash his hands. Then he goes back to work at the butcher shop, and by the time you drop by to pick up the meat for your peanut soup, it’s covered in billions of writhing amoebas. If you don’t bring everything to a nice, rolling boil, those amoebas wind up in your gut, and you wind up shitting blood.

A word in defense of Kofi, our dirty-handed disease vector: lots of bathrooms in Ghana lack soap and running water. Many lack toilets, or the plumbing required to make them work. Some are just rocks surrounded by

corrugated tin sheets—what Ingrid called “peeing stones.” And even if every Ghanaian scrupulously washed his or her hands after doing his or her business, the amoebas would still occasionally claim victory: The fecal-oral route is also traveled by flies that buzz from human waste to human food—the same flies we saw crawling all over the meat at the markets in Aburi and Accra.

In retrospect, this explained an aspect of Lucy’s culinary technique that Ingrid and I had noticed, but had obviously failed to appreciate. Whenever Lucy prepared a soup or stew for us, she never so much as nibbled on the ingredients before tossing them into the pot; and once we were done eating, she made sure to bring any leftovers to a rolling boil before putting them in the fridge. The reasons for this behavior were now clear: Not only had Lucy been avoiding the accidental ingestion of any raw (read: amoeba-infested) meat; she had also been sterilizing our food, along with the pot she’d cooked it in and the spoon she’d used to stir it. Anything that came anywhere near anything that might go into anyone’s mouth got the same treatment.

So how had Ingrid gotten sick? We hadn’t eaten any street food recently; all of our meals had either been cooked by Lucy, or cooked by us according to her instructions; and we had been careful to use bottled water, or to boil the stuff that came out of the tap.

Long after Ingrid had recovered, we finally identified the culprit. It had to have been the smoked tuna: Ingrid had absentmindedly picked away at it as we cooked that fateful pot of peanut soup, while I had not. She got sick, and I stayed healthy—more or less.

Once Yanki diagnosed the problem, the treatment was fairly simple. Mostly, it involved taking an anti-parasitic drug so powerful that it was known to induce the occasional psychotic break, the possibility of which seemed like little more than a minor inconvenience at that point. I raced into town to get a couple of paper cones full of pills, and within twenty-four hours, Ingrid was on the mend. Within forty-eight, she was fully recovered.

I, on the other hand, was not.

Seeing Ingrid sick and scared, and not being able to do anything about it, had been the most frightening experience of my life. I felt responsible for her illness—I was, after all, the one who had brought her to Ghana, land of killer microbes—and the wild rush of relief that I felt when she began to

recover was instantly replaced by a tsunami of guilt. That, in turn, was accompanied by a fresh addition to my already impressive list of anxieties; namely, that something else bad might happen to her on my watch—a watch that would, if things went well, last for the rest of our lives. Not until I saw our eldest son hospitalized after nearly choking to death on a bite of apple, a tube snaked down his throat into his lungs, would I again feel the acute vulnerability of love with such intensity.

The next time I saw Yanki, I offered him five thousand cedis as thanks for having saved Ingrid’s life in his off-hours. “This time, you should give him something,” Lucy had said.

“No, no,” Yanki said, shaking his head and waving away the bills in my outstretched hand.

“That is not necessary. Now we are friends.”