REFLECTIONS

Fold After Fold

On some days, a pair of local goats would walk through the halls of Tintswalo Hospital, and no one would bat an eyelash. In a 200-bed hospital run by 12 doctors in their early twenties, in a hospital where an average of 20 patients died each week from symptoms secondary to “immune compromise” (the doctors don’t like to use the word AIDS in their death certificates), this was normalcy.

The first time I saw the goats, just days after I arrived in the rural outskirts of South Africa’s Northern Province, I asked in my most scandalized manner and gossiped with my J Crew-garbed American colleagues about the overcrowding, the lack of sanitation—even the lack of nurses to translate the tribal languages for the overworked English-speaking doctors. As we toured through Tintswalo, the stench of end-stage AIDS and bloody births mixing with acrid smoke from burning fields less than a few yards away, we saw the overwhelming differences between their hospital and ours and equated that immediately to inferiority.

Horrible, this has got to change. Yes, something must be done.

Outrage we had. Action, however, eluded us. The South African physicians must have chuckled at our impotence: the intervention-mad Americans paralyzed and useless, in an environment that we thought needed us most. We talked to people, many hundreds of people in the course of our needs assessment research. But as a second-year medical student I felt like a computer with a broken processor. Input, input, input:

People are poor and need things like the food and the money before medicine.

We need money for school fees.

My neighbor, her family does not let her stay with them because she has the HIV.

Who will take care of my family and my children when I die?

I have seven children and no house.

Input. But no solutions.

I found an answer, if not my solution, in a badly lit hallway of the hospital AIDS annex. My interpreter Edwill and I, exhausted after a day of interviewing, had finally slouched onto a bench next to a small girl and her teenage sister. Briefly, I left to go to the bathroom, returning to find Edwill engaged in conversation with the older girl.

“Ah, Ilene, ah, Grace will participate for her sister,” Edwill said, gesturing to his acquaintance.

“Okay.” I glanced dubiously at the pair. “The younger sister is the patient?” The smaller girl was perhaps eight years old, and wore a dusty school uniform that stuck out with starched angles at her shoulders and knees.

“Yes. She is Betty. She is HIV-positive.”

I looked again and saw the freckles that could be cancerous, the lips thick with crusted sores, but smiling. Her eyes were the darkest and brightest I had seen.

“Okay.” I had to look down at the floor to compose myself so I could start the interview, and saw that she wore a tiny pair of red plastic shoes. Somehow, they still glittered after the morning’s walk to the hospital. For all the world, they looked like ruby slippers. But what kind of a demented Oz was this?

Shakily, I started, gathering confidence as I listened to the cadence of Edwill’s Tsonga translation. The sister showed little emotion as she answered our questions: output, output, output.

“Has the patient ever had any side effects from a medication?”

Yes, sometimes she has a stomach ache and vomits.

“Do you have enough food and water?”

Most of the time. We get money from welfare, but sometimes there is no water.

“Who takes care of the patient at home?”

I do. I stopped school last year so I could stay home and care for my sister. But that is good because school fees are expensive.

Betty broke into a fit of violent coughing, preempting the interview. I had no handkerchiefs to give her, the nearest potable water was behind a closed door. Grace held out her sleeve for her sister to expel her cough onto; a string of sputum lingered like an umbilical cord between the two after she took her hand away. And Betty began to cry.

I did the only thing I could do to break my impotence. I folded over a diagonal of my consent form and tore off a square of paper.

Valley fold.

"Edwill, will you thank them for participation and ask them if there is anything I can do?" My fingers flew, confident, precise. This I could do. As she observed my frenetic motions, Betty stopped crying and stared, curious.

Bird base.

Just one more. Please let this work.

Reverse fold.

I held up my offering: a flapping bird, the first piece of origami I had learned almost twenty years ago, in second grade. I scrambled for my pen, and drew in eyes to make it look more realistic.

"Edwill, can you tell her that this is a bird? And look, it can fly!"

Betty reached out a confused, sticky hand, and I showed her how to pull the tail so its wings fluttered up and down. After a moment she smiled. And I looked into her eyes, the darkest and brightest I've ever seen.

Back in New Haven now, I am preparing for the boards and the wards. In the past week, tempers have flared. In the midst of our boards studying, the administration has decided to change the method by which we select our rotations. Predictably, we have complained. But when I get caught up in the irrational anger, I remember back to a moment when a flapping origami bird with penned-in eyes was the most priceless thing in the world. And a restless peace flows through me.

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