

Sickness and Health in Madagascar

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Picture yourself as a young, scrawny child, perhaps seven years old. You have grown up in a country that most people associate merely with a movie of the same alias. Concocted visions of chanting lemurs and escaped zoo animals populate their minds, and a thicket of green flora replaces the veritable rust of the island. Madagascar is indeed a beautiful and wild place, but to say that the animated movie bore any resemblance to the imagery of the country is to betray the real Malagasy people. In fact, it is a sovereign country in the Indian Ocean off the coast of southern Africa, and comprises a landmass approximately twenty-one times the size of Massachusetts. I was fortunate enough to visit some of the northern parts of Madagascar in the summer of 2010, while trying to volunteer my rudimentary medical skills. Aware beforehand that Madagascar has consistently been ranked among the ten poorest countries in the world, I knew that things would be different, but could never have foreseen the broad nexus of learning that takes place when one is thrown into a culture that is literally and figuratively at the farthest possible reaches from New England.

Remember, you are just seven years old, and the combination of incessant sunbeams and ubiquitous rust-colored mud have left a semi-permanent crust all over your skin. Being dirty is just part of every happy childhood, but in Madagascar it is taken to new heights. After all, there is no such thing as “indoors” in this ultra-rural setting. Taking a sponge bath in the nearby stream would be futile at best and contaminating to your drinking water at worst. Playing outside is what you do best, given that there is no teacher to occupy you in school aside from the sporadic white volunteers who come and hold

class in the otherwise empty schoolhouse. Relative to other Malagasy children you’re not really at such a disadvantage. Even in the larger towns, school is hardly run for more than a few hours a day. The government just can’t afford to pay the teachers any more than that. Regardless of how much you have studied, by age ten or eleven you will start working in the local economy as a farmer, miner, or perhaps start a small business along the roadside selling things from town or commodities such as cell phone recharges.

Home for the past few years for this child has been the village of Maventibao (mah-ven-tee-boh), where I spent some of my time as a volunteer. It is situated near the northern tip of Madagascar in high grassy hills, roaming with the hump-backed Zebu cows that you help to herd and will someday eat. These hills also tend to conceal rich sapphire deposits; when you were little you used to enjoy sitting in the dirt and trying to pick out the little bluish gray stones. A three-hour hike is required to reach this particular hill, since no roads or electricity have yet extended into these parts. The cluster of 12 grass huts comprises the entire community of roughly fifty inhabitants, most of whom are sapphire miners, and consequently the population tends to swell or diminish according to where the latest minerals were found. What makes this community special is that Mada Clinics, a British-supported charity organization, has set up a health clinic for the surrounding area that is based in this tiny town.

The double boon of living in a sapphire-rich area with a proximate interface to healthcare has put you leaps ahead of many youngsters in Madagascar. Even in this region, most have to hike the better part of a day to reach the clinic, or wait for the date when clinic staff will hike over the grassy hills to spend the day seeing patients in a different village. Luckily, you have never had to experience severe malnutrition either, since mining provides your family with a meager but steady income to buy rice, and the clinic volunteers hand you a “bonbon” twice a month (really a vitamin, but you only care about how sweet it tastes). A

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Above: Map of Madagascar



Above: Malagasy child receives treatment



Above: Malagasy children in schoolhouse

year ago, however, your family was particularly glad to live only steps away from the clinic when you became ill with a fever and chills. Your mother took you straight away to see the nurse and his foreign assistant, who dispensed a little box of malaria pills for you to swallow after having pricked your finger and stealing a little blood. Two days later, you were only feeling sicker and your words were making little sense. Now your mother was directed to bring you to a hospital, so after being carried to the road to hail down a bush taxi, you rode for five bumpy hours to stay with some relatives in the capital city of the north, Antsirana.

A Malagasy hospital is a locus of culture in many ways. Family and class structure, life, and death are intermingled unreservedly. While you share a bed with your mother during your stay in the inpatient unit of the pediatric service, others rest under the bed, behind the door, and in the hallways, all of which are connected in the open-air compound. Women sit on grass mats concocting food for the patient and extended family, and healthier little ones wander in and out. Upon being admitted to the unit, the physician had scrawled out a lengthy prescription on a leaf of tissue-thin paper, and one of your aunts made the trip to the pharmacy to purchase all the required goods. Alongside antibiotics and other drugs, this list asked for cotton, bandages, IV fluids, syringes, and even a small vial of pure rum for the nurses to use as antiseptic. Needless to say, your family does not have health insurance, and this process has already come to a meaningful sum. The hospital is evidently not stocked in the same way that an American hospital would be. The materials actually owned by the hospital can fit all together on a small cart: scissors, a stethoscope, a thin notebook of handwritten patient notes, a suction machine and one cylinder of oxygen. While it is surprising at first to witness how slim the provided materials and services are, families are tirelessly devoted to the tasks of changing sheets, mixing medications and generally tending

to the patient as would a nurse, as this is what is expected of them.

Luckily this small child only spent a few days in the hospital surrounded by aunts and uncles, before he was healthy and on his way back to Maventibao village. In general some families appear in bigger numbers than others, but particularly when a patient is expected to die, hordes of family members will reside in the hallways and surround the patient's bedside. After one has gotten used to the suffocating attention constantly lavished on the patient by family members, it comes as a shock to see their collective response to death. Superstition coexists with monotheistic religion in Madagascar, and it is the tendency toward superstition that dictates contact with death as being the highest taboo. Therefore when someone passes away in a hospital, the room is at once hysterically evacuated by family members who scoop up every possession in a matter of seconds and fly the premises. While it's not a lucky thing to witness, the shared attitudes toward health, disease, life, and death, that one can see every day in the hospital provide a fascinating glimpse into some of the more fundamental aspects of a foreign culture.

When I reflect on this trip, I am amazed at how much I learned. From gaining skills normally reserved for medical students to sharing meals in the homes of Malagasy families to being allocated full responsibility to treat patients in the field, the scope of new experiences was edifying, sometimes to the point of exhaustion. Yet I am infinitely glad for having chosen to pursue this volunteer stint, and I would press each and every reader to consider volunteer travel as a frugal, more constructive and more stimulating alternative to a normal itinerary. After all, it was only through developing trusting friendships with Malagasy villagers and townspeople that I was able to know more of the country than the azure coast and the forests filled with hidden lemurs.