



Ebola Suspect in the Room

By Dr Tam Wai Jia

“DR TAM, you need to leave now because there is an Ebola suspect in this room,” the doctor ordered, pointing to a screened-off bed next to where I was waiting with B and his frail 74-year-old crippled mother, Mama. Upon hearing this, we immediately exited the tiny cramped space.

Just two weeks ago, when my husband Cliff and I had accompanied B and Mama to their usual dingy clinic, I was horrified to hear the doctor tell Mama that she would walk again if she used massage oils. Here in Africa, there is no level standard of healthcare. I was furious. If Mama had started on physiotherapy as soon as her contractures started to develop, she would still be walking today. That

visit prompted us to transfer her to an established public health institute where I volunteer at.

So early that morning, Cliff had gone to the village to fetch B and elderly Mama to the health institute, where we now were, to arrange for her transfer of care. But after an emotional, hair-tearing morning of navigating through the healthcare system at the African hospital, and shuffling uphill and downhill across rough terrain with Mama on a broken wheelchair, we had still not been attended to yet. As soon as we were back at the waiting area outside, I was overwhelmed with helplessness and started to cry.

But nothing prepared me for the storm of events ahead.

After being volleyed from one office to another, the hospital staff told me her case file had been misplaced so they had to create a new one for her. However, since Mama's referral letter had misrecorded her medical history, they could not accept her based on "new guidelines".

We next went through a convoluted and tedious process of calling the rundown HIV clinic to prove Mama's legitimate medical history, and were shuffled back and forth by different hospital staff who promised to help us but did not. In the end, we were told they could not create Mama's file as it was half an hour past noon. She would have to go home, after four hours of empty waiting.

At that point, I was told that the 24-year-old Ebola suspect had been to Congo, where the lethal virus had been found, two to three weeks prior. He was now bleeding profusely from his orifices. After a morning of trying to circumvent a broken system and failing miserably at it, the question as to why the Ebola suspect had not been properly quarantined only vexed me further.

With my head buried in my hands, I thought of the irony of the situation: I had been receiving regular email updates from the Ministry of Health all the way from back home in Singapore, about detailed safety precautions and strict guidelines for the management of suspect Ebola cases; while here in Uganda, where the risk was far more real, I realised that such guidelines had not been put in place.

What if it was truly Ebola? My first thought was Cliff, whom I had sent back home earlier, as the thought of him being around very ill HIV patients did not thrill me, as he is on lifelong immunosuppressants for his liver transplant. Worse still, if Cliff contracted Ebola from me, he would surely die with his current immunosuppression. Would I need to quarantine myself? What did this mean? My thoughts spiralled out of control. Feeling alone, hungry and overwhelmed with frustration and helplessness at the futility of my best efforts, tears starting welling up in my eyes again.

B comforted me, saying, "God is in control. And He has sent you and Cliff here for a mission, which you have not yet completed. Everything will be fine. Let your soul find peace and rest."

It was only when my senses returned that I remembered Ebola is not as infectious as the flu or measles. The US Centers for Disease Control and Prevention had emphasised that the spread of Ebola required direct contact with bodily fluids from an infected individual. Thankfully, we had left the room as soon as the suspect entered.

Cliff then texted me: "You are doing a great job. You are giving a voice to the voiceless by helping B's mom. I will give you a good hug and a kiss when you come back home."

The calm after a storm

Seven hours later, by God's grace, Mama's case was transferred after the director of the health institute phoned the nurse handling our case, telling her to please carry on and open a file for Mama. We eventually managed to consult the doctor and the physiotherapist in the late afternoon, and Mama received the medical help she needed.

When the physiotherapist, who already knew us beforehand, finally saw me with Mama's precious patient card in hand, he flashed his broad African smile and pronounced, "You SURVIVED the transfer process!" He then spoke to B and Mama in the Luganda language. I could tell he was explaining to them how big a help I had been, how crazy, hectic and unforgiving the transfer process had been, and how they would likely have been sent home at noon if I had not been there. Mama and I were both in tears when the physiotherapist finished speaking. Turning to me, she declared, "I love you so much. You are my daughter."

By the time Cliff had sent them both home to the village, it was five in the evening. He then gave me the promised hug and kiss.

"Aren't you afraid of me passing you some disease?" I asked.

"I will die of loneliness rather than Ebola, if you isolate yourself from me," he responded.

In the evening, we climbed to the top of a hill to watch the sunset after an eventful day.

The next morning, we found out that the Ebola suspect had been transferred to the Central Hospital and confirmed to be negative.

It is at times like these that we are reminded that we are mere vapour in the wind, in the face of the unexpected and unpredictable. Our lives are but brief moments. Should we not live as though each day were our last? ■

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