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Mustapha

Jami Driedger Neufeld

Crunch went the large gravel under my oversized rubber boots as I walked in the dark, covered from head to toe in plastic personal protective gear. My eyes were straining to see the path in front of me. I was not alone and could barely see the eyes of Theresa in her goggles; they were slightly fogged behind me as I turned to open the double gate. The heat of the night was heavy, and though we thought the air was cooler than midday, the sweat was dripping down the sides of our bodies inside the plastic suits.

Earlier that evening, as I greeted everyone's smiling eyes on arrival at the Ebola treatment centre, I had ended up with the clean scrubs of Mustapha. He was one of the local infection prevention and control workers. His name was written in permanent marker on white medical tape still attached to my laundered scrub top. I left the tape on. My temperature had been taken for the evening, my shoes sprayed with chlorine, my hands washed. I walked around cheerily throughout the evening, preparing to enter the high-risk

area as a Euro-Canadian girl addressed as Mustapha.

It was hard to see on this night, the fluorescent light bulb was casting beams of light and shadows in all the wrong places. The temporary tent structures of the Suspect, Probable, and Confirmed areas covered an expansive amount of space, and the walk in protective gear seemed to be in slow motion. Our coworkers, cool in their scrubs, waited to pass us supplies over the double fence from the low-risk area.

We walked to the plastic table holding a cardboard box covered in a mosquito net under a sturdy but haphazard shade structure. The baby girl in the box and her mother were our last patients. Every day I walked slowly to the structure preparing for a dead baby in the box. Her wide-open and life-filled eyes made me feel that I would not.

The baby and her mother had come from a small village deep within the dense southeastern jungle of Sierra Leone. The village had thus far escaped the terrors of Ebola that were sweeping the nation. The village people had been cautious and had been restricting travel in and out of the area to protect themselves from the deadly virus. They were fortunate to have impassable roads. On the night the mother had begun labouring, no one had anticipated that they could become suspected Ebola patients.

The birth hadn't gone well. First of all, the village people thought that it was too early for her labour to begin. The mother didn't know her due date as she had spent endless days with her chil-

dren carrying wood and provisions and water daily as her belly grew. She was swollen and often hadn't felt well, but there was no option for help. A village woman noticed her trouble and brought her some local medicines from the jungle, but there had not been any change in her condition.

Because her husband knew there was something wrong with this pregnancy in comparison to the rest, he struggled to have her give birth in the closest hospital in the city of Kenema. There she gave birth, with too much blood, to a tiny one-kilogram baby with wide-open eyes.

Now this was the wrong time to be in the Kenema hospital, where "unexplained" bleeding met the case definition for Ebola. They were brought in the back of the hard-surfaced and cold ambulance, to the local Ebola treatment centre in a field 10 kilometres outside of the city.

On that night, the mother was dying. The five-day-old baby was still wide eyed and eating enough for us to believe that she would live, despite her harsh environment. Theresa and I, both nurses, wondered about her chances without a mother in Sierra Leone. Theresa, a local, seemed decided that she would not live, while I, a foreigner, had hope.

We lifted the dying mother on the metal and canvas stretcher and carried her into the shelter of the Suspect Ebola tent. I had stopped the intravenous fluid hanging on a nail on the two-by-four post of the shade structure. There was inadequate light and staff to monitor fluids safely in the night.

I picked up the baby, holding her tiny body close to me as I fed her through a tube in her nose, while Theresa worked silently around me. I bent down to change the diaper that was so large it covered the baby's entire body. As I stood up and lifted my head, I felt the goggles slip off my ponytail under the plastic and fall down below my eyes onto my face.

"Are my goggles off my face?" I asked Theresa, my voice muffled by the mask.

"Yes," she said.

I saw the hesitant, uncomfortable look in her eyes.

A breach in personal protective equipment meant that the person and their partner had to leave the high-risk area immediately. It also meant that I would be sent home to Canada if my eyes had even the chance of being exposed to Ebola. For Theresa, it meant quarantine and observation for 21 days or possibly the end of her life as a patient in this treatment centre. We both knew this.

I slowly lifted the baby and wrapped her in the warmest way possible and carefully placed her in the box. I was grateful Theresa had prepared the bed with the reused water bottles filled with hot water to keep the baby warm for the night. Theresa brought the box into the Suspect Ebola tent beside the dying mother.

We moved slowly. Theresa led me through the long alley between the tents to the Probable Ebola area where we washed our hands with chlorine. I held my face back while washing, to protect my eyes from the high-concentration chlorine tap erected and piped from beneath the gravel. It was

difficult to see with the top portion of the goggles poking into my eyes, and I struggled to close the gates separating the empty Probable and Confirmed tents. I gave up and tried to catch up with Theresa in the darkness.

Theresa held open the gates as we walked with our rubber boots through the chlorine bath and into the light of the undressing tent to remove our protective gear. The shadows and my misplaced goggles made me struggle to see where to go. Theresa pointed me forward and then walked to the other undressing station separated by a divider covered in randomly stapled plastic.

The undresser in front of me looked at my goggles. Despite the layers of plastic over my ears, I heard the concern in his muffled voice.

“Just be calm,” he said. “Turn around and spread your arms. Don’t tip your head back as far as you normally would this time.”

I turned my back to him with my arms wide out to the side. He sprayed me from head to toe in cool, strong chlorinated water that was a relief to my sweating body. He was careful not to spray into my unprotected eyes. I could hear the dialogue of Theresa, undressing much faster than me, and her undresser in the booth beside me, but my racing thoughts disregarded them.

“Wash your hands,” he said pointing to the 0.5 percent chlorine tap nailed roughly to a board coming out of the ground. “Be careful not to spray your face,” he said calmly.

I had to trust him in that moment and something made it easy. I bent down nervously holding

my head as far back as I could and very thoroughly washed my hands, grateful for the smell of chlorine.

“Remove your outer gloves.” He said this as if this was the easiest thing in the world to do.

I slowly removed the tape connecting my outer gloves to my plastic suit and then peeled back the gloves into the heaping garbage. I wondered how we were going to deal with these out-of-place goggles.

“Wash your hands.”

I did as he said, bewildered about the next step in these circumstances.

“Remove your apron.”

I wondered when we were going to remove these goggles which were poking me in the eye. I removed my thick plastic apron and dropped it into a garbage can filled with chlorinated water.

“Wash your hands.”

“Remove your goggles,” he said it as if there was no problem at all, as if he had thought critically and calmly decided this was the safest move for me.

I carefully removed my goggles, feeling somewhat ashamed about my inner distress that this whole mishap would result in an undressing process much more dramatic than it was.

“Wash your hands.”

The remainder of the undressing that evening went the same as it always did under the instructions of the undresser across the “Clean” line. As I removed the hood, the coveralls, and then the mask, washing my hands in 0.5 percent chlorine after every step, I was in awe of him. He was wear-

ing scrubs and rubber boots, a mask over his perfect glowing skin, and a thin plastic apron. With my eyes adjusting to the single light bulb in the tent, despite the surrounding darkness, I recognized the composed eyes of Mustapha.

I smiled to myself, but did not want to interrupt the calm demeanor of the young man in front of me who had simply, kindly, and without wavering made critical decisions for my life. He must have seen the white tape on my sweat-soaked scrub top with the name Mustapha when I removed my coveralls, but he continued his instructions.

After being told to do so, I removed my last pair of gloves.

“Stand like an Egyptian,” he commanded.

I stood sideways in the stance of an Egyptian hieroglyph in order for him to spray my boots. I then carefully stood on one leg and then the other (not an easy task in oversized rubber boots on oversized gravel) so he could spray the soles of my boots as I crossed the “line” from Dirty to Clean.

He said his final, “wash your hands,” and I bent down to clean my bare hands and arms in the 0.05 percent chlorine tap.

I was bursting on the inside to thank him and to mention the irony of our common name on this evening, but before I could, he asked me to go to the water tap and wash my face with soap and water.

I breathed deeply with relief and said proudly with a grateful smile, “We are Mustapha.”

He grinned and nodded joyfully, losing suddenly his composed and professional demeanor.

I rode home in a white land cruiser, passing the occasional brightly coloured motorcycles with their brightly coloured riders flashing in the headlights, but unable to see the sparse and stunning African landscape in the night. That night I only thought of Mustapha.

Jami Driedger Neufeld

is a Canadian health-care provider, public health professional, mother, and writer.

Email: jami.neufeld@gmail.com