

## THE DYING FIELDS

Alejandro Morales

*\*Energúmeno, na (m. y f.)*

- 1. Individuo influido por un mal espíritu.*
- 2. Persona poseída por el demonio.*
- 3. Persona colérica y que suele expresarse con violencia.*

Today's fast-paced world is very different and complicated. In mere hours an infected person can fly thousands of miles and endanger multitudes. I hear there are super viruses and bacteria that cannot be exterminated. They call these "superbugs," not VW cars, mind you, but killer diseases such as Multidrug-resistant tuberculosis (MDR-TB) and other mutations awaiting identification.

In the barrio, there have appeared unfamiliar diseases with strange symptoms that scientists have not named yet. Just a month ago, a neighbor told me about the way her youngest child had died. The daughter was perhaps twenty-five. She had finished undergrad courses at the university and was doing some kind of advanced study on religions in isolated communities. She came back from Montana, where she lived with a group of unusual Christians. She returned very sick. Her neck was swollen, and pus and blood oozed from sores beneath her earlobes. Doctors tested her for different infections; including TB, meningitis, HIV and AIDS, but they could not find the precise cause of her condition. She lasted less than three weeks. Her end was horrible. The blisters grew from her neck into her ears and mouth. After the mother told me the story, she broke down and cried for hours. I held her and tried to comfort her but she kept on. Finally, I made her drink Tequila, and that broke the spell. Hearing of her

daughter's sickness was a dreadful experience. Now the lady comes by the house often. We sit on the porch and sip a shot or two of Tequila. Why not? *La mujer se lo merece*. Still she is deeply suffering. She came to me knowing I was a TB survivor.

This grieving mom also told me about a neighborhood kid whose death was similar to her daughter's. The child filled up with diarrhea. It sounded like TB of the stomach and guts. Same outcome with him: Doctors could not understand the etiology. They said it was not TB. He died of diarrhea. He simply melted away. His odor was so awful, so strong, that people could smell it from the street. Neighbors complained. The police and the health department came and took him to the county hospital, but they could not help him. Instead of running up a big medical bill that the family could not pay, the hospital administration sent the patient home to die. Doctors said he was not contagious, but, in reality, they did not know for sure.

Diseases that we think science has eradicated are making a comeback. They have changed, become stronger, mutated to resist any drug thrown at them. Today, viruses and bacteria of the world are multiplying, spreading faster, and killing more rapidly than ever before. We just do not hear about it. When they appear, it is not reported.

In the First World, the United States for example, tuberculosis is one of the most-hidden sicknesses spreading among the population. It is still a threat because society simply ignores it, refusing to accept it is found not only in the Third World. People, whose systems have been compromised by AIDS, malaria, or other illnesses that weaken immunity, generally, are sure targets for a tuberculosis infection. These diseases are also ravishing parts of Africa, South America, Asia and Russia. Experts say that TB kills more than 50% of the almost four million AIDS victims in Africa each year. What's more, it also infects other people. Doctors Without Borders and other medical human rights organizations estimate that, at a minimum, three million die of TB each year worldwide and fear this number will grow as the bacteria builds resistance.

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In the U.S., horrifying diseases manage to find a home. Deep in the mountains of Montana, there existed a commune of nearly one

hundred men, women and children. The collective was founded by one wealthy family obsessed with the mythologies accompanying the resurgence of Mary Magdalene as a more central and controversial figure in the story of Jesus Christ. The Montana group did not have one leader, but proclaimed that each member had equal voice in deciding core beliefs and rituals. Gnostics taught that knowing one's own heart and soul was to know God, and that possessing the physical and the spiritual self is to be one with the Divine.

Although early Gnostics denied the physical, because they thought the flesh was worth less than the spiritual, other early Christians such as Apostle John taught that the holy is embodied in the somatic. Theology aside, in their rituals, these modern-day Gnostic Christians in Montana followed their feeling that the union of two human bodies makes it possible to experience unification with God.

In the Montana Gnostics' ecstatic tactile orgies, participants would disrobe and gather in their weekly service to indulge in sensual embraces and long kisses during hours of charismatic prayer. Their Sabbath began Friday evening and continued into the next morning's official day of rest. To them, unconditional love was God's way, and they would venture home after the rite with different members of the congregation; several men with one woman, or any other human combination of love and prayer was acceptable and natural to God's children.

This commune had been established many years ago and thrived, hidden deep in the high-pine forest of Montana, mostly cut off from outsiders' curiosity, until two hunters stumbled onto this cult's village. Throughout the winter months these two felt welcomed, fed, protected and loved by the members, who lived happily in over-crowded igloo-like huts. The spiritual and carnal hosts shared themselves and their possessions with these strangers, including them in many long nights of love and prayer. Without any inhibitions or resistance, the newcomers crawled from woman to woman and, at times, to a man or several partners at once. "We love each other equally. In God's mind there is no difference," the guests heard repeatedly from the adults.

When winter broke, the hunters returned to their homes and families, but they were never the same again. They lost weight for

seemingly no reason and, slowly, their bodies deteriorated. Eventually, they sought medical help and discovered that, along with their psychological dysfunctions, they also suffered from a disease believed to be extinct: tuberculosis. In that loving sheltered Montana refuge, they had contracted an untreatable strain resistant to any and all available antibiotics. Amazed by what they witnessed, doctors drew blood samples repeatedly while the two men physically atrophied. However, the most astonishing discovery of the case was what the researchers found under the microscope. A mutation of nature had occurred; a monstrous pathogen had been created from the merging of the tubercle bacillus –the TB bacteria– coupled with the AIDS virus.

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Some health organizations affirm that medical science has known how to cure TB for more than fifty years and that the bug can be treated for about \$10 per person. It is this misplaced faith –in the medical sciences systems of research and in the capability of First-World biomedical companies to make available effective treatments– that allows tuberculosis to be ignored. Lack of food, water, shelter, clothing, and medical assistance weakens populations, creating biological hotbeds for deadly infectious viruses and bacteria. Difficulty to access curative drugs further endangers society’s well-being. These are the dying fields of the world ignored by the hedonistic and affluent who, mostly, disregard what is truly needed: improved living conditions that will allow people to lead wholesome, healthy lives. Here is where we need to make a difference and why I signed up for my first trip with a Medical Wings team.

We flew into San Salvador. Our host, an evangelical church group member, took us to our hotel, the Hotel Americano. I remember reading about the combatting, the killing of Maryknoll nuns, death squads. For decades, El Salvador had gone through revolutions, civil wars, military dictatorships, and U.S. invasion, just like most of Central America.

Once there, our team of doctors, nurses and support staff bonded together to care for ailing Salvadorans. I did not know how much help we could offer. For every patient we saw three more arrived. We developed a process: 1) two doctors did examinations;

2) a nurse, Marilú Villalobos, administered injections; 3) an assistant handed out 12-day treatments for infections and a large jar of supplements. The pediatrician, Dr. Ken Rabkin, and his aid Esther Joyson, worked with kids who mostly had cold symptoms and who suffered from malnutrition. He provided two 6-month vitamin packs, cough syrup, and antibiotics. Back at the hospital, Dr. Eugene Rothford Icaza did minor surgery for adults and children. Without the permission and resources to evacuate severe cases, we would probably be as effective as a Band-Aid on a bad wound. Our slogan was, “We do what we can.”

Salvadorans seemed happy to see *los doctores estadounidenses*. At the hotel our liaison checked us in. Later, back in my room, I took a shower in a wire stream of cool water, and then tried to dry off. Sitting naked, struggling to cool off, I hoped the sweat would stop, but the humidity filled every enclosed space in the city. There was no escape from the warm, sticky dampness everywhere, or from the loud voices calling home, checking in with wives or other loved ones. Nobody for me to phone. I waited. At seven I walked across the courtyard to the dining room. The Hotel Americano is a large estate converted into, they claim, a “four-star” hotel; the centerpiece of a big resort in the outskirts. This property had belonged to a British businessman, who, long ago, simply got up and left his land, house, furniture, shoe factory, and bank accounts, to never return. I did not much care about its history but, still, I listened to the hotel’s guide, who insisted on practicing his English, even though we told him we all understood and spoke a decent level of Spanish.

“*Mañana temprano*, at 6:00 a.m., we take you to a school near here, to a very poor *vecindario*. There you will see patients for two days. *Para el tercer día* you will go to the country. Take one big truck, medicines, food, water and you. Maybe take four, five hours. *Un pueblito en la sierra*.”

“Juan, is this the place you told me about with the strange sicknesses?” our team leader asked.

“Yes, most of the population living there is new. *Se fueron de la ciudad. Por las raras enfermedades*, the strange sickness that is happening here in the city.”

Our work that first day at the local school went well. The director declared a health holiday to see *los doctores estadounidenses*. The

children brought all their friends and extended family. Lines to see the doctors were long. For two days we saw patients from 7:30 a.m. to 10:00 p.m. We had to exclude some people or we would have been there for days. Many of those waiting were not ill; they came just to see *los doctores*. I am sure some of the sick ones had tuberculosis, but what could we do? They needed testing and extended treatment. I did not necessarily want to give out antibiotics that would be needed for more serious infections. It was terrible, but I was only able to provide a couple of Z-Pak courses. Men and women showed up with different infections –urinary tract, cuts, sinuses, and bronchitis. Kids had bad colds, diarrhea, broken arms and legs. We did all we could. I saw a very old man who, while smoking, bitterly complained about having trouble breathing. Go figure! The worst cases were abscessed ear lobes, and two emergencies: a ten-year-old boy and a young woman with appendicitis. Many were afraid to go to the hospital. We had no choice. We operated. We saw many pregnant women and delivered five healthy babies also.

“*¡Ahora me puedo ir a los Estados Unidos porque un doctor estadounidense me atendió!*” one of the mothers told me. She would not stop kissing my hands.

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The trip to the *pueblito* in the countryside was different. We travelled more than five hours. A long line formed at the entrance to an old chapel. We hurriedly set up. As more people arrived, they melded into the midst of a large mass walking aimlessly. Individuals, women alone or with their children were willing to wait and gaze glossy eyed into the jungle. As we started letting them into the makeshift clinic I noticed, separated toward the back of the crowd, a group of maybe twenty who kept watching and allowing others to go ahead of them. The rest always seemed to maintain a distance from them. Hours went by quickly, the heat intensified and the humidity was unbearable. Almost all the patients in the back had their heads covered up and wore long-sleeve shirts, pants, sweaters, and even jackets, towels and blankets.

“*Señora,*” I asked a shrunken woman who looked over one hundred years old, “*¿por qué está separada esa gente?*”

*“Esos son energúmenos. No deje que se acerquen.”*

I finished treating the old woman. She claimed to have *cansancio*. I gave her some vitamins. She held on tightly to them, as if they were the magic potion to a longer life, sure to cure all her ills and to make her sadnesses into happinesses. As she crossed the village, clearing and moving away from the clinic, she stopped near the covered people waiting in the back. She waved her bottle at them, but I did not understand if she meant to say “goodbye” or “keep away.”

“What is an *energúmeno*?” I asked Dr. Rabkin.

“Hell if I know.”

“I am bringing in some of those people in the back.”

“Are you sure? I get the feeling those folks are village taboo. We do not want to upset anybody around here.”

As I went out toward those covered up, I was reminded of lepers. I returned to the clinic with five: two adults and three children who seemed to be very fatigued. The kids sat on the floor. Two had labored breathing and chronic coughing fits. The other, with tremors, had difficulty seeing. The man and woman spoke through the towels covering their mouths. Their speech was muffled but discernable.

*“Nuestros hijos están muy mal. No sabemos qué tienen.”*

I made a gesture asking them for permission to examine them. The woman acquiesced and went to her children.

*“Nenes, el doctor los va a examinar.”* She began to unravel the rags that covered her oldest child’s head.

“Oh, my God,” my response was more a prayer than an exclamation.

“Richard! Come here!” I screamed, and immediately this other internist came over to encounter three horribly ill children. The mother was now crying uncontrollably. My reaction, I am sure, added to her fear. The man just looked down in silence at the children. His eyes teared up. He was frozen by what he saw on their faces. The woman removed, peeled, the shirt from the smallest girl whose eyes opened wide before fainting, hitting her head against the wall. The child had not cried out. The pain must have been excruciating when much of the skin came off her arms along with the soggy sweater.

“Shit! What the hell is going on?” Richard went back quietly and returned with Dr. Rabkin and nurse Joyson. While inside, he had told the rest of the team to go outside and continue working with the

people there. He instructed them to tell Juan to announce to the crowd that the clinic would close at sunset: "Tell them that the *doctores norteamericanos* are *muy cansados* and that tomorrow afternoon they will see patients again."

Outside, Juan, nurses and staff handed out toothbrushes, toothpaste, and two-aspirin packets. Inside, Richard, Dr. Rabkin and I were evaluating the condition of the children and the two adults. We found symptoms of severe tuberculosis and what appeared to be advanced AIDS. All patients had lesions, misscolored extremities, and reddish heavy scabbed veins. I had seen AIDS patients, but we did not know if this was AIDS. I myself had been exposed to TB but never had seen a critical case of tuberculosis. I was a rookie compared to my colleagues. At home, seldom did we even hear of acute TB. Richard and Dr. Rabkin tried to make the kids and their parents comfortable. They had problems breathing; all coughed up pus. The man's sputum contained blood. He and the woman did not sleep much; at night terrible sweats kept them awake. Their bodies were skeletal and weak. AIDS-like symptoms complicated their condition even more. They had Kaposi's sarcoma on their arms, neck and face. The oldest of the children had tumors in his armpits, and it was clear that his lymphatic system was in complete chaos. He had large painful lumps in his neck also. The parents had them inside their mouths as well. She had a yeast infection on her lips. He complained that he had difficulty swallowing. While we examined the family, Richard glanced out the window to look for the ostracized people who wore garments, blankets, and towels to hide their cancerous open sores. They had not left. These unfortunates stood looking back at him and at the temporary clinic, perhaps hoping that we had some remedy, a cure, for their horrible illnesses. Richard gave Juan some money to buy drinks.

"Coke, Pepsi, beer, whiskey, whatever you can find."

The child who had fainted came to and sat up against the wall. She coughed and expelled gas that smelled awful.

"Put on your masks," Richard ordered.

We all sat and observed the little one. Suddenly, she began to cry. While she held her stomach and twisted her body in pain, she released a stream of putrid liquid. The gush kept coming. This girl squirmed, in agony, in her filth. Her breathing became more difficult. Nurse Joyson, and two women from the village whom

Richard had hired to help us, cleaned the child and the mess, but the stench did not go away. The kid fell into a coma. The diarrhea continued.

“¿Toda esa gente afuera?” Richard asked the man.

“*Todos están enfermos como nosotros. Vivimos en el mismo pueblito en las montañas lejos de aquí.*” The man spoke slowly because of his swollen throat. “*Muchos vivían en la ciudad. Pero con la enfermedad tuvieron que huir. Si los vecinos se dan cuenta nos matan. Si el gobierno nos agarra también nos fusila. Esta mujer es mi hermana. Estos son sus niños. Mi hermano me pidió cuidarlos.*”

“These are your brother and your children, but where is your husband? ¿Dónde está su esposo?” Richard addressed the mother.

“*Mi esposo se fue a Norteamérica a buscar trabajo. Se llevó a los dos muchachos mayores. Se hicieron muy haraganes. No querían levantarse de la cama. Decían que no se sentían bien. Pues mi esposo no se sentía bien tampoco. Hace dos meses. Los muchachos se hacían perezosos porque tenían hambre. La enfermedad nos atacó porque somos pobres y teníamos hambre, siempre el hambre.*” The woman reclined her back against the wall. She took her daughter and held her on her chest. A pause, silence, children playing unseen outside. A wind rushed through the trees. For an instant it all seemed okay.

“It looks like fast-moving TB,” Richard offered.

“AIDS,” added Dr. Rabkin.

“You cannot be sure. It could be both. How did they all get it? They are so far advanced. We cannot take them with us.” I said.

“There are so many more,” Richard affirmed.

“They are all gone!” shouted Marilú from outside.

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Where the isolated group once waited there stood a mob carrying clubs, axes, *machetes*, pitchforks. They moved toward the clinic slowly, silently.

“¡Vámonos, hermanos! Let’s go!” Juan yelled from the truck.

“Bring a blood sample!” Richard called to Dr. Rabkin who had been tending to the children.

“Quick, *hermanos!* The villagers are coming for the sick ones! You cannot stop them! Jump on the truck! ¡*Me voy antes de que lleguen!* Goodbye, *adiós, hermanos!*”

Dr. Rabkin ran harder to leap onto the truck and screamed. He broke his wrist. Richard wrapped medical tape around it. We had left most everything behind. As we drove out of town the villagers entered the makeshift clinic. Over the rumble of the truck motor I thought I heard people screaming. The engine got noisier. The dust from the road rose high above the jungle and marked exactly where we were. I have heard of peaceful people in Central America suddenly, with little provocation, other than a rumor, such as "*Los gringos vienen a robarse a nuestros niños,*" turn brutally violent in an instant. Juan was right to get us out.

I imagined what happened in the makeshift clinic. Butchering those sick people endangered the village even more. Blood, the removal of the corpses, maybe even breathing the horrible smelling air could infect them. I pictured the rest of the isolated group chased out, pushed deeper into the jungle, alone, some mercilessly slaughtered. Many did not resist. They accepted their fate as a liberation from this alien pestilence that slowly, painfully, devoured their bodies. The stronger ones escaped into the dark forest. They never looked back. They kept running until they fell from exhaustion. Pursuers caught some; others awoke the next day, hiding in the thick woods, alive but still gravely ill.

I dozed on and off as Juan drove through the night. In my fits of sleep I kept seeing the children, the parents' faces marked by open Kaposi's sarcoma sores, infected festering lips, and the people waiting in that long line. There must have been a tiny bit of hope in them; that is why they were here, why they took the risk to come near the village, to bring their loved ones to see *los doctores norteamericanos*. But, with them they transported a beast: Their bodies, disease-ridden by an unknown, unseen lethal pathogen.

These outbreaks are regarded by the local population as demonic embodiments. The healthy villagers push away those infected deep into the jungle and execute those who refuse to leave or try to return. The *energúmenos* survive for as long as they can. Eventually, the malady consumes their energy, spirit and body. Victims die, but the sickness somehow lingers on and waits dormant for the right conditions for its reappearance. City slums and poor sanitation in encampments generate new forms of bacteria and viruses that attack animals and humans. In the past, these threats to human welfare

were isolated to these areas, but today's transportation systems can easily unleash them to other parts of the world and cause massive epidemics.

I kept having mini nightmares throughout the slow dangerous drive back to San Salvador. I awoke in the truck parked in front of our hotel on the city's border. My neck hurt. I felt like I had a monstrous hangover. Immediately I thought of the disease. Did I get it? It was about five-thirty in the morning when I walked into the lobby and into Juan's smile.

"Good morning. Do not worry. You have your room back. *La embajada* is sending someone to give you *pasaportes* to get you home. Go rest. *Una ducha les hará bien*. The woman will come soon."

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That morning after breakfast, the embassy's foreign services officer had us fill out the necessary forms for a temporary passport. As we completed the paperwork, Richard explained to her what had happened and asked her to take us to a laboratory where we could test the blood samples.

"It could be HIV/AIDS or TB, but I really do not know. Maybe a virus. Or it could be a totally new pathogen. Worse yet, it is out there waiting to come to the city," Dr. Rabkin stated.

It did not take much convincing for the embassy liaison to arrange for Richard, Dr. Rabkin, nurse Joyson, and me to go to a hospital that had what she called "good laboratory facilities." In the afternoon, a bus transported us through the streets of San Salvador to the Hospital Universitario de San Salvador.

I, of course, being the rookie, had expected a large modern facility, but upon walking into the reception area I understood the reality. There were about a dozen people waiting to see the doctor. Juan introduced us to Dr. Eugene Rothford Icaza. Eugene, he preferred to be called by his first name only, took us to the hospital laboratory; it was barely in working condition. He removed the dusty plastic cover from a new electronic microscope.

"I am the only one who knows how to use it."

Richard handed over a vial of blood. Eugene prepared several slides. We waited for half an hour before Eugene announced they

were ready. He leaned over the eyepiece and remained on the microscope for at least fifteen minutes.

“Wow, there you have it.”

Richard looked into the microscope.

“My God! It is not AIDS, not TB.”

“I have seen the AIDS virus plenty of times and I know TB, but this is neither. Maybe it is a mutated combined form, a super virus-bacteria. What do you want to call it? HIVTB? TBAIDS?” Eugene suggested. He smiled, while silence streamed through the laboratory of the Hospital Universitario de San Salvador.

“Well, when are you coming back?” Eugene’s voice broke the quiet wounded space as he spoke.

“Tell me, doctors, did your medical mercy trip help the patients you treated in El Salvador? I know it makes you feel good. But did you make an impact in this spoiled earth? Can you also improve the lives of the families and farmers who are dying from chemical poisoning, throughout Central America, México, and the rest of the world?” Eugene asked in a mocking manner.

Trapped in the silence of the group, he continued.

“U.S. agrochemical biotechnology companies have polluted the land. One of these corporations has produced harmful substances for use on cultivation everywhere, from home gardens to large-scale crops worldwide. DDT, dioxin, agent orange, petroleum-based fertilizer and “Roundup,” just to name a few of the “dirty dozen,” are sold and promoted under the pretense that they produce greater and ‘better’ crops.

“We got it, Eugene! So, what do we do?” Richard said annoyed.

“To take steps, you, *médicos norteamericanos*, must not only be excellent in your care, but must also become activists and tell what you witnessed and dealt with here in El Salvador. I know you took photographs of the children and adults you treated. Show them to the public, to your patients, and to your university students. Please, do not forget us! Take action, continue to come back and speak up in the United States. Help stop the poisoning of the land and its people.” Eugene responded pleased, thinking perhaps they had listened.

Outside, several cars and a Suburban screeched to a stop, stirring up a cloud of dust. Two men and several assistants entered the lab and identified themselves as officials from the U.S. Embassy. One went to the microscope and took a quick peek.

“It is nothing. Not HIV, TB, malaria. It is nothing,” he said.

“You are right, it is none of those infections, but it is a beast that I have never seen before. Is this the strange sickness the military is monitoring, forcing infected populace to leave the city?” Richard spoke.

“I told you it is nothing. Right, Eugene?” the official repeated.

“Nothing, sir,” Eugene answered without any hesitation.

“So, you guys can go home tomorrow morning,” ordered the second official.

“We need to report this new infection,” Richard asserted.

“Do not bother. It is under control. We will take care of it. It is our job to do exactly that. We will report it, doctor,” clarified the embassy official.

“I will also,” Richard added.

“I would not do that. It might cause unneeded alarm here and bad luck for you. Nobody will pay attention to you, doctor. Do not waste your energy. Have a safe trip home,” the official insisted.

The next morning was particularly hot and humid. Leaving behind all our medical gear, we all got on a bus. I myself was glad to be going home. I felt uncomfortable with what had happened. I kept seeing those horribly sick patients amid the *machetes* and pitchforks. The embassy staffers I did not trust at all. We should have reported it, but to whom? As Juan drove us to the airport, I began to wonder if he was not some kind of U.S. agent.

“Juan,” I asked, “what will they do about the illness we found?”

“*El gobierno, la embajada norteamericana* and the army will go out today to locate that village and they will push the people deeper into the jungle until they disappear from life and history. *Nadie sabrá que existieron*. It will go unreported.” He responded confidently.

“The disease will make its way back. You cannot destroy those beasts. They will learn how to survive and reemerge to waste us.” Richard insisted in a loud voice.

“Do not be so melodramatic, Richard. So you will not get credit for discovering this thing, this disease,” Dr. Rabkin responded in an attempt to calm his colleague.

“Do not worry, doctors, we are used to dealing with plenty of strange new diseases here,” whispered Juan.

He escorted us directly to the plane and watched us board. He stayed until the door was shut and we began to ascend. Flying over the general area of the village's location, I noticed large clouds of smoke rising to the sky and I thought about the *energúmenos*.