

Her Eyes

By Frank Baudino

Her eyes spoke the message. No look approaches that of a mother holding her sick infant and asking silently for help. The mere fact of a Sudanese woman making direct eye contact with a man expressed her desperation fully, hauntingly.

She was a young African woman of the Dinka tribe in South Sudan. I was her doctor—a white Californian voluntarily transplanted from the land of the worried well, annual checkups and endemic obesity to this place, this time of famine, this region of appalling poverty, extreme malnutrition, and limitless need. The flaccid, emaciated baby the woman cradled in her arms was near death—dehydrated and feverish.

I was in Sudan for just one month into a half-year commitment to *Medicin Sans Frontieres*. Long enough, though, to have seen infants convulsing from malarial fever as their mothers trekked for hours to our field hospital—sufficient time to have witnessed some of them die from cerebral malaria. Enough days to have watched mothers bring infants with meningitis, receive treatment too late in the course of their infection and then leave with mute children who would be unable to speak for the rest of their lives. Plenty of weeks to have observed the malaria, the meningitis, the diarrhea, the tuberculosis, the irreversible starvation. From even this limited stay, Africa seemed an entire continent of need.

The Dinka woman was tall, like others of her tribe. She had a handsome, oval face and decorative scarifications across her forehead. Hanging from her shoulders was a simple brown shift with a deep neckline that allowed the infant access to her breasts, now empty.

The sick infant belonged inside our medical clinic, but this mother was sitting on the ground, sheltering her son near the outer wall of the wound treatment tent. Her misdirection was understandable. Triage was often a chaotic and depressingly random process. Most days, a native speaker and I and would walk among a large crowd of Sudanese gathered outside the gate of our medical compound and look for those deemed urgent enough to enter for treatment. It came down to this: *Who could we actually help?* Our time and personnel were so limited that only sixty of the two hundred could be seen on a given shift. Earlier that week, a Sudanese woman had fallen to her knees in my path as I walked through the assembly. Head bowed, she offered her tiny daughter up to me on outstretched arms. We did help her child that day. But nearly twenty years later, the thought of both women — one forced into cultural defiance, the other willing to give away her daughter to save her — still leaves me deeply disturbed and ashamed.

The day I passed near the Dinka woman, I was halted by her tug on my pant leg and her direct,

upward gaze of abject misery. She pointed at the tiny boy with her right hand. His eyes were closed and gummy. He moaned at my touch through dry, blistered lips. His skin was hot and doughy.

I abandoned plans to treat wounds that afternoon and motioned her to a tent which, in south Sudan, passed for an ICU: It had little more than a pitched cloth roof, a canvas floor and four flexible side walls stirring in the hot wind. After more examination, I wrote orders for an IV and medications — an otherwise straightforward case.

After two days, the anti-malarials and IV fluids had done their work. One restored child, one redeemed mother, two survivors of this year's famine and surge of malaria. But what of next year's patients? What of those too weak, frightened or hopeless to have left their villages for the long journey by foot? What of those too conventional to have telegraphed their need through a courageous touch and an unwavering stare?

Because a wordless instant of grief had passed to me from her eyes, her touch, her gestures, she was now gathering to leave. The tenuous thread of our mutual concern had connected us just in time. The orbits of our separate planets had overlapped just long enough so that her child, among hundreds, received treatment and recovered. Eyes again downcast, she wrapped her infant son in a blanket and carried him back into the bush. In time, I finished my commitment and returned to the land of the worried well, the annual check up, the endemically obese. Along with the memory of the many bowed heads, however, and the many untreated children, I still carry her eyes.

Frank Baudino has been a physician specializing in Family Medicine for the past forty-two years. He practiced in Merced, California, for 30 years and then moved to Aptos, California, where he did volunteer work with Salud Para La Gente, a rural health clinic in Watsonville serving largely a Latinx population and Elderday, an adult day health care center in Santa Cruz. He believes strongly in medical volunteerism and has worked in southern Sudan with Doctors without Borders, in Guatemala twice with Catholic Healthcare West, in Haiti twice with Remote Area Medical, and most recently in Mexico at the southern border cities of Reynosa and Matamoros with Global Response Management providing medical care to refugees from Central America.

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