Chapter 19
Sustaining Lifeworlds in the Face of Famine, Water Shortages, and Malaria

Abstract: Phenomenological reflection prepared me to work with the Mizo people to prevent a historical cyclical famine known as Mautam. Further work through the network of connections facilitated the development of the non-profit, Health Reach Canada, Inc. (HRC). One HRC project resulted in the provision of life-giving water access in Majuwa, Nepal, a leper village. This work led me to be in Tanzania at exactly the right place and moment to save my life, as I had suffered from undiagnosed malaria since the work in Mizoram. That experience not only changed my life but my Lifeworld context as Schütz presented it.

Keywords: Mautam, Mizoram, Tlawmngailha, Lifeworld, phenomenological bracketing

Introduction

The word Mizo means giving of self, or humility.
– Tochhawng, personal communication to the author, January 15, 2020

How one brings the self to another culture, be that an organization, or country, can significantly impact how one works with others to attain desired collaborative inquiry outcomes. Collaborative inquiry is a process of working with others to understand issues and to mutually create positive outcomes. One may be thrown off balance by unintended events even though content preparation and expertise is skilled. Being open to local cultural clues and underpinnings allows collaboration and assistance to occur. Local knowledge is crucial and can lead to elegantly crafted positive results. No matter the subject matter or location, how one presents to a culture makes a difference to outcomes. The unprepared-for circumstance, when whatever is planned or addressed fails to materialize, is the subject of this discussion. My experience as I came to understand rat-induced famine in Mizoram brought this to light.

I share three narratives. The first is a collaborative inquiry research experience to prevent famine in Mizoram, India. The second is an experience helping a leper village in Nepal to access life-giving water. The third is my personal experience
which began in India, March 2000 and finally ended positively in Tanzania, June 2007. All three address movement from the prospect and actuality of death to hope and an improved life.

**Mautam**

**Introduction**

*Mautam* is the Mizo word that describes a specific type of famine experienced in Mizoram, a state in North East India. “Mau” is Mizo for the type of bamboo which blooms only in Mizoram. “Tam” is Mizo meaning famine. The Mizo people use the word to describe both the phenomenon and the outcome. In the past, and even with the last Mautam, much suffering and some death occurred. This is the story of working with the Mizo people to help prevent Mautam.

*Figure 1: Aizawl, Mizoram.*
*Photo by author, Valerie Grossman.*
The Fielding MART (Mizoram Action Research Team)

I first entered Mizoram in 2000 as part of the Fielding Graduate University research team led by Dr. Valerie Bentz, Dr. Steve Figler, and Dr. Marie Farrell who went there at Mizoram Government request to assess the state’s systems and to begin an Action Research Center. Dr. Laliana Mualchin, Bentz’s friend and colleague, an esteemed Mizo leader and social activist living in California invited Bentz and the Fielding research group to Mizoram. Eighteen of us travelled to Mizoram and worked in small groups to assess all state systems including education, economic, agriculture, health, social, and government systems. We completed our work with a report and recommendations presented to the government. Due to unforeseen events, the Mizoram Action Research Center materialized but was unsustainable. As a result of the research, I became aware of Mautam, a life-threatening cyclical event (Figure 1).

The final Mizoram Action Research Team 2000 trip event was a celebration dinner and evening. Speeches of thanks and hope for future gains filled the talk. Then one Minister spoke. He noted the upcoming famine. I was taken aback that the State of Mizoram spent so much looking after us when they knew they faced a predicted famine. I wondered why that funding was not directed to famine prevention and preparation. I politely asked a few questions when the formalities concluded. The Minister’s responses left me keenly aware I understood nothing. As a result, I queried if I might ask further questions at another time. Receiving the minister’s positive response, I requested email contact information. That was how this project began.

Planning the Project

Over a period of two years I learned about the predicted sequence of bamboo blooming, rat outbreak and famine predicted to occur in 2007–2008. This became a four-year research project, including a strategic action plan and recommendations to prevent famine. It was followed by more research and a final outcome report following the 2007–2008 famine (which occurred as predicted). It included recommendations to prepare for the next Melocana baccifera bamboo blooming, rat outbreak, and famine predicted for 2057–2058.

Mizo elder narratives, strategies employed and the written report following the mitigated 2007–2008 famine are the only documented evidence of this cyclical event and its societal impact (Figure 2). A copy sits with the State of Mizorum Department of Agriculture to help guide them to prepare for the next event. Prior to 2007, mitigation strategies were not adhered to by 40% of the
people (who did not believe the event would occur), therefore only 60% avoided famine. Next time, if the Mizo believe bamboo blooming and rat outbreak will occur, most if not all could avoid this negative outcome.

The State of Mizoram had an oral culture. Nothing was written. Mizo history and the story of recurring famine caused by a cyclical 48 to 50-year Melocana baccifera bamboo blooming and subsequent rat outbreak was only orally held. As the Mizo lifespan is 48 years on average and the previous outbreak occurred in 1959, there were few surviving healthy elders with memories of the last bamboo blooming and subsequent rat outbreak-induced famine. Younger Mizos heard stories, but most of the population did not believe what they heard. This fact made gaining entry to elders crucial.

**Challenges to Self**

Once in Mizoram, I met first with Chief Minister Zoramthanga. He assigned a Department of Agriculture person, James Lalsiamliana, to work with me. At my request, several Mizos who were part of the first systems research team formed a group.

I also invited John Bourne, a rodentspecialist from Canada. We quickly learned strategies applied in Canada were not applicable in Mizoram. Those strategies would only exacerbate the Mizo rodent outbreak. In isolated conditions, applying rodenticide can be successful; however, in the conditions Mizoram faced, the technique would only enhance the rat population increases. Partial elimination rather than eradication opens space for exponential growth.

We worked collaboratively to learn what occurred in 1959 and prior. However, to really understand, I would require access to elders who had lived through the event. Though it seemed easy to accomplish, it became clear that gaining this access was an issue.

I learned things are done differently in Mizoram, and my conception of reality was not shared by Mizos. Outsiders are not welcome. They are seen as a threat. Historically, in relationship with India, this was the case and is still the case today, though less obviously so. This meant I required time to understand differently in order to gain a modicum of acceptance.

I realized I had to let go of preconceived ideas. The following experience clarified the crucial importance of suspending expectations concerning what I thought should occur.
Challenges of Alternative Realities

This particular week had been difficult. Meetings were cancelled. I was stuck in traffic jams. Nothing seemed to work. Needing a positive indicator, I hoped to be invited to church. Not being active in the Church separates one from the culture. Though the Mizos informed me they were animists until the arrival of missionaries in the 1890s, Christians currently comprise approximately 94% of the population. Mizo society is held together by the church, and Church membership means cultural acceptance.

A core Mizo Church rule is that no one must go without food or a roof over their head. Known as Tlawmngaithna, it is the cultural practice of selflessly looking after others coupled with the binding force of religion. Though the community is educated, there are few new jobs. This leads to feelings of worthlessness, substance abuse, and negative outcomes. Orphanages, homelessness, and substance abuse (though alcohol is illegal in the state) are increasingly common. In part due to this, the Church has become more important over time. Recognizing this importance, I had placed great significance on receiving an invitation to church. No invitation came.

Context in a culture is commensurate with what Schütz and Luckmann (1973) term the Lifeworld, or all that is meaningful in one's conscious acts. Understanding of our world is based in our stock of experience, the accumulation of learning to that point, which over time is internalized. Our stock of experience is transmitted socially, and this interaction between meaning and environment constitutes what Schütz termed the Lifeworld (Schütz/Luckmann 1973, pp. 8–11). I had no understanding of the Mizo Lifeworld. I needed to do nothing and wait.

I spent the weekend alone at Government House keenly aware I failed to understand the Lifeworld I entered. I wondered if I had said or done something to offend a group member. I decided to wait to see what would happen next, if anything. “The life-world . . . is the arena as well as what sets the limits of my and our reciprocal action . . . I must understand my life-world in order to be able to act in it” (Schütz/Luckmann 1973, p.6). I also decided to ask no questions. Either the inquiry would continue or not.

Following my solitary weekend, James, my Agriculture Department colleague, spent Monday with me looking at the countryside to help me understand how the people manage to successfully grow mixed crops, including dry rice, on the sides of steep mountains. This was important information as this cyclical famine occurs when entire crops are destroyed overnight, causing famine. Upon our return, I still had heard nothing from my Mizo colleagues. Again, I resolved to set aside expectations.
On Tuesday, the group met. We went about our work. We stopped for tea and chatted. Still, there was no mention regarding church or the previous weekend. The meeting concluded; as we walked out, I learned of a parent’s illness and need to travel to the village making it impossible to invite me to church. This next Sunday, my Mizo colleagues informed me, we would go to church.

Not only was I invited to church, I was also given private information. Having learned a little regarding Mizo cultural norms, I realized I was becoming an inside-outsider (Grossman 2004).

An inside-outsider is a researcher or person who comes from the outside, but who is able to let go of prior cultural understandings to enter the world of those with whom the research is being done. This allows the researcher to move closer to a point of understanding what those with the issue experience (Grossman 2004, p.63). Cultural understandings, the internalized norms and values learned from one’s society, often go unnoticed until one is in another culture, another

Figure 2: Valerie and Elders.
Photo by author, Valerie Grossman.
environment, another Lifeworld. The ability to discern the difference between my Lifeworld and the one entered was crucial; elements of social research do not always go as planned.

Had the information and the invitation not been forthcoming, the research may have ended. I was not yet enough of an inside-outsider to gain the needed access to elders and their knowledge of the 1959 event, but this turn of events gave me hope. My being there was with purpose. The month-long trip concluded. Though it took another year of email with group members and another month-long trip to finally be invited to meet and speak with revered elders, I had gained knowledge of the culture and some acceptance.

“Bracketing” Expectations

The foregoing story illustrates the importance of letting go of, or *bracketing*, one’s expectations to allow a different understanding of others. It is only when one sets aside thought to examine feeling that different meaning can be constructed. “it is only after I ‘bracket’ the natural world and attend only to my conscious experiences . . . that I become aware of this process of constitution” (Schütz 1967, p. 37). Setting aside, or bracketing, previous understanding allows new understanding to develop. At these times “I no longer have before me a complete and constituted world but one which only now is being constituted and which is ever being constituted . . . an emerging world” (Schütz 1967, p. 36). I experienced this repeatedly.

Bracketing was crucial to collaborative inquiry success. Following initial discomfort, the sooner one moves to bracket or set aside expectations, the faster one can open space to understand in a new or differently constituted way. Failing to bracket expectations results in an inability to understand experiences. Not bracketing my expectations would have given my Mizo colleagues reason to end the inquiry.

The Mizos acted as usual in their typical way and their “life-world confronted me in their typical character” (Schütz/Luckmann 1973, p.7). Presentation of anything typical configured or seen as a norm is understood as a *typification* in Schützian terminology. I was unable to understand how the typifications I was presented constituted in Mizo stock of knowledge. Later, I understood I was outside the Mizo Lifeworld and societal meaning.

Taking notice of the difference between one’s own norms and values versus those of another culture creates awareness and the opportunity to achieve a new understanding. To let go of, or bracket, preconceived understanding, one must become aware of that understanding.
According to Schütz, a “we-relationship,” is a condition where “I can always (again and again) find confirmation that my experiences of the life-world are congruent with your experiences of it” (Schütz/Luckmann 1973, p. 85). Such understanding is necessary to apprehend difference and to bracket ones thinking and feeling to allow for increased understanding. To be aware of another’s Lifeworld, apprehension of what is important to that person must be developed.

From outset of the inquiry, I was forced to become aware of the Mizo Life-world and culture difference. I came to learn what was important to me was not always a priority to those I came to work with. Other emergent events and responsibilities took precedence. It took time for me to not only understand Life-world difference but to be able to bracket my thinking and hopes. Retaining cultural norms and paradigms from one’s own culture can not only get in the way of research inquiry but end it.

Mautam occurred as predicted in 2007 and 2008. With the goal of avoiding the suffering, starvation, and death seen in the 1958–1959 Mau bamboo blooming, rat outbreak, and famine, the Mizoram Government supported four years of famine prevention research. It appointed the Department of Agriculture, James Lalsiamliana, to work with me and a Mizo team. The aim was to oversee, educate, and assist the Mizo in instituting strategies to prevent the predicted 2007–2008 blooming and rat outbreak from resulting in famine.

A vision, strategies, and actions were developed. The vision was no starvation as a result of famine because rodents are under control meaning no outbreak populations, jhum (fields) are diversified and not paddy (rice) based, people are prepared and equipped, infrastructure is improved, and Government policy is flexible.

Several recommendations were made. Traditional pesticide methodology applied in the Mizo environment would have opened space for even larger populations than if no pesticides were used. Therefore, it was determined that fields should be left fallow just prior to blooming and all food stored safely. This would prevent rats from eating when forest supplies had been depleted, causing the rats to die off with minimal impact on human food sources.

As a result of the research, in 2005 BAFFACOS, the Government of Mizoram comprehensive Action Plan for Bamboo Flowering and Famine Combat Schemes was instituted by the Chief Minister. People were called together to prepare a comprehensive plan so the people would not suffer. The implementing and overseeing agency was the State Planning Board of Mizoram. However, planning and follow-through did not meet peoples’ expectations. Several issues resulted in unsuccessful implementation.

Under James’ leadership, The Department of Agriculture mobilized human resources from farmers and NGOs. Seminars, workshops, training, and awareness
campaigns were held. However, contrary to our advice, the Government continued a traditional program of paying bounties for rat tails, which affected the population as pesticides would, opening space for exponential growth.

Additionally, monies allocated to Mizoram for famine prevention by the Central Indian Government were not used as intended. Originally allocated to five departments, funds for needed items such as safe food storage containers and large storage facilities (go-downs) was spread to 15 departments by the Government of Mizoram and used to buy other things. The Central government provided a large sum of money for debt relief measures and related agriculture activities for farmers and others which did not benefit intended recipients. Projects undertaken were not focused on farmers and villagers and did not help the people. Reports indicate poor planning and mismanagement of funds.

This inconsistent application resulted in inconsistent outcomes. Mizoram population in 2007 at Mautam was just under one million. 40% of the population, approximately 400,000, experienced their crops being eaten overnight, or their improperly stored food disappearing, and not having access to money or food. Many died. No exact numbers were ever publicly provided. 60%, approximately 600,000, avoided famine. They were those who did not plant because they believed Mautam would occur or were skeptical enough as the result of programs and information provided.

These inconsistencies are understood as general disbelief in the actuality of a famine. Mizos thought it was a myth. Only oral stories of Mautam were passed down.

As I undertook the famine prevention in Mizoram, I met others not connected to that work. Several became friends and then colleagues. I was approached for assistance including water provision, and orphan needs. I met people from Nepal who wanted help there and an American who wanted me to go to Tanzania. It took until 2005 to realize I could not help on the scale required without establishing a helping organization.¹ Health Reach Canada Inc., a 100% volunteer non-profit organization registered in Canada and the USA, was born. The organization resulted as an outcome of the research process. It continues to help create positive change with not one failure to date. The success is attributed to the philosophy and methodology employed as a direct outcome of the Mizoram collaborative inquiry.

¹ All expenses are covered by the Board of Directors; 100% of all donations go to help. For more information, please visit Health Reach Canada on Facebook or www.healthreachcanadainc.org, visited on October 12, 2020.
In 2009, while I was CEO of Health Reach Canada Inc., the Mizoram Government invited me back to Mizoram. I presented the Chief Minister with Elder Narratives and recommendations resulting from the research and from outcomes experienced through Mautam to help prevent the next predicted event in 2057–2058. The documents are housed at the Department of Agriculture in the hope they will be employed to prevent another famine.

The following narrative is one of many water-provision projects we undertook as the result of meeting different people while I worked in Mizoram to prevent famine. It is a story that begins with the meeting of a woman in Mizoram. Years later, I was contacted by this same woman asking for help to provide water at a desperate village in Nepal. The people there were barely surviving.

**Majuwa**

**Introduction**

Majuwa, Nepal is a leper village of approximately 1200 located close to Pokhara, the second-largest city in Nepal after Kathmandu. A family member must have leprosy to live there. Water was always an issue in Majuwa, but now it was extremely scarce.

I became connected to Majuwa through a Mizo government worker; Vuli Khiangte helped me navigate the Mizo government system to access people regarding Mautam, to make applications, and to meet those who could assist outside the research group itself.

Several times when at Vuli’s office another woman came to work there on another computer. The woman’s name was Vanthanpuii² or Vani. Following the initial introduction, no conversation occurred any time I saw this woman. We only nodded to acknowledge each other. As with Mautam prevention, I recognized it was not culturally appropriate to initiate conversation or to ask questions. Her reason for being there was not shared. I decided if I was to know this person it would occur at some point. I bracketed my curiosity.

Following the Mautam inquiry, the Mizo government requested provision of water purification training and bio-sand water filter training to Mizoram Public Health and Environment (PH&E) Department staff. Health Reach Canada Inc. partnered with the Center for Affordable Water and Sanitation Technology (CAWST) to provide the government with requested training.

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² Many Mizo have one name and are referred to by part of it.
A Problem

Approximately a year following our last face to face interaction I received an email from Vani, a Mizo woman who had married and raised a family in Nepal. She was in Majuwa. The people there were very poor. The biggest need was access to water. Could we help?

I learned Majuwa relied on the Government of Nepal for water. The only water access was located in a ditch just outside the village. Water to the only pipe was turned on three times a week. No one knew when the water would come on or for how long. There was no schedule.

Every day, children and elders stood by the water pipe waiting for water to come out of the pipe. Elders could do nothing to assist their families. Children did not go to school. The village was held captive by the water pipe (Figure 3).

Figure 3: Waiting for water.
Photo by author, Valerie Grossman.
Every family needed to decide how to use their water when it was collected. It would be used to drink and cook, seldom clean the house, wash bodies, or wash clothes. Many were sick with ailments other than leprosy. No one knew why. They just were. Many died.

There was one nurse, Danmit, in town. She spent her own money to buy dressings and disinfectant to dress the wounds leprosy caused. She had a small room apart from her house where she treated those with wounds. Her husband’s mother had leprosy and that was the reason they lived in Majuwa.

Resolution

Approximately a year later I travelled to Nepal. I first went to Kathmandu where Vani met me. We stayed there for two days so I could acclimatize. Then we took a full day bus ride to Pokhara and then continued to Majuwa. The Sharmas provided accommodation in their home.

The next morning, I was woken early. Everyone was excited and waiting to meet me. I went with Vani and Suman Sharma to meet the villagers outside their homes. The new piping provided now went into each family’s yard where there was a pipe with a tap. Villagers left a container under the pipe to catch the water each time the water was turned on.

I learned a lot about how the people lived. I also learned while part of the water issue was solved it was still an issue. People still had to wait for water. It didn’t take long to understand the water storage need.

Once back at Sharma’s house, Vani, Suman and I discussed what we saw and what we thought was still required. Suman took responsibility to locate and purchase one 1000 litre water storage tank for each house. Luckily, I had enough funding and I was there for five days, long enough to see the tanks delivered and to see some installed.

As scheduled, the tanks arrived. The entire village gathered in an open area where they were taken off the trucks. One by one, the women from each house came to collect their tank. The custom is the women do the hard labor. They are the ones who either carried or rolled their tanks to their homes. We saw tanks everywhere. Most already hooked up to the piping. Everyone greeted us with smiles and thanks.

Suman informed me village culture changed. I said I did not understand and requested he explain. Everything was different, he said. Elders and children no longer stood by the pipe waiting for water. Elders helped with chores and visited each other’s homes. All the children went to school. Drinking water, cooking water, cleaning, and washing water was available. No choices needed making. Everyone
was clean, fed, and much happier. Fewer people were sick and villagers would have access to water all the time (Figure 4).

![Figure 4: Taking tank home. Photo by author, Valerie Grossman.](image)

**Celebration**

Later that day Suman came to say the village wanted to thank me at a meeting precisely scheduled at 7:00 am before my departure later the next morning. I said it was not important and I was sure villagers had much to do. He said it was important to the village and I must go.

The next morning a knock on my door reminded me it was time. I headed out to the village meeting spot. I was surprised as I was greeted by the entire village. Vani translated as villagers spoke and I was laden with flower leis they had made. The head of the village council spoke last to thank me and Health Reach Canada Inc. on behalf of the village. Finally, it was time for juice and cookies. This was a very big gesture as juice and cookies are very expensive. An act such as that is not done often or maybe ever in that village. I was overtaken with emotion at how the small changes we helped make possible changed Majuwa village life.
This collaborative inquiry not only worked but was sustained over time. It changed people’s lives from barely surviving, to living without constant concern over water access. It was necessary that someone go there to understand what the villagers experienced every day. It required putting personal judgment aside, bracketing personal and cultural paradigms, to learn what they wanted and how they wanted it (Figure 5).

The village wanted water piping. They were invested in learning what to do and how, which made the project not only possible, but viable. Villagers wanted water piping and invested their time and physical labor to make it a sustainable reality. They wanted water access which inadvertently changed their reality and village culture.

Years prior, during, and following the Majuwa water piping and storage tank provision I experienced feeling unwell. The illness was like a flu that came and went. It seemed to occur most often when I overworked or became overtired. It occurred over and over from the time I first travelled to Mizoram. The medical community tested me in various ways over time and determined nothing was wrong. The following narrative shares my lengthy experience with malaria.
Malaria

Introduction

I went to Mizoram, NE India the first time in March 2000 to participate in the systems research recounted earlier. The first afternoon there, I stood outside the government guest house with several others enjoying the conversation and the air. The weather was relatively warm. I wore a three-quarter sleeve and noted getting bitten on my right forearm but thought nothing of it. I knew about mosquitos but was not consciously aware of what one bite could do. My reality was a Western one.

Aftermath

Three weeks later I felt fluish over the weekend and mostly rested. Monday, I felt better and carried on with the systems work I committed to. I took antimalarials as prescribed prior to travel, through the time in Mizoram and following my return to Canada. I continued my busy life. I worked full time, studied, took care of my family, and watched over my elderly mother. I became ill when over-tired or over-worked. Still, I thought nothing of it. I dealt with what I thought was the flu over and over.

My husband was concerned each time I endured another episode, but I noted there was nothing I could do. Doctor visits, blood work, and even a brain scan showed no problems. The medical community said there was nothing wrong with me.

I got sick more often than previously and surmised it must be age-related. My husband disagreed. Seven years went by. I worked hard. When one commitment dropped off, I added another. I still got sick (Figure 6 and Figure 7).

Another Episode

In June 2007, I went back to Tanzania where Health Reach Canada Inc. rebuilt an orphanage, provided water access, supported Safe Motherhood Mobile Clinics, and looked to help a hospital feed its patients via the provision of water to hospital land. It was the year we were also asked to help support promising but destitute medical students who were being forced out of medical school at Hubert Kairuki Memorial University. They were unable to pay tuition and the university could not carry them. I arrived in Dar es Salaam on a Wednesday feeling
very tired from what I thought was the 34 hours it took to get there. I rested Thursday and began planned activity Friday.

I was close to the family where I stayed each time I went to Tanzania. By 2007, they felt more like close relatives than hosts. Happy held down a significant job one rung down from the head at the Small Industry Development Organization. Her husband, Guard, was the Director at Mission Mikocheni Hospital, recently renamed Kairuki Hospital, the hospital with which Health Reach Canada Inc. worked. Their two children also became close and called me Auntie. I always went with gifts for everyone and still do.

Saturday is errand and shopping day in Tanzania. Happy wanted to buy sheets before going to buy food at the different markets. Markets are outdoor open areas where vendors bring goods. Traditional food shopping requires going from one market to another depending on the food wanted. Fruit and vegetable markets are different than a chicken or fish market. Red meat must be purchased from a butcher. Decisions regarding the route followed needed making before we left.

We stood in the kitchen chatting. Then Happy nonchalantly noted she had a headache, was achy, and felt a bit nauseated. She thought she had malaria. When she said that, I noted I felt the same, but it was not malaria. No matter how well I could understand others, malaria was not anything I could understand. Malaria was not in my cultural paradigm. I just travelled a long distance and experienced the effects of an 11-hour time change. Besides, I said I felt like that every time I travelled since 2000. Happy noted I could feel tired from travelling but the rest of it sounded like malaria. We would both go to the hospital after we did the shopping and we would both get tested. Even though I resisted and explained my symptoms away, Happy was adamant.

We went straight to the laboratory. The personnel there knew we were coming as Guard notified them in advance. They took us separately to the laboratory and drew blood.

**Results**

Tanzania practice is to test for malaria and have people wait for the half-hour it takes to get the results. Treatment begins right away.

It was a warm breezy day and very pleasant as we waited outside. I was sure I didn’t have malaria. Happy thought she did. She’s had it many times, so she was quite sure.

Half an hour later we returned inside and waited. Happy was called first. She went to her husband Guard’s office. She had malaria just as she thought.
Next, it was my turn. I went to the office. I also had malaria. My malaria was worse than Happy’s. I was shocked.

Sunday is a rest day, a church day, and a day to visit friends and relatives. We went to church. Then we rested.

Monday is a workday. Mama Kairuki, head of the Kairuki Health and Education Network, and the charging force behind the hospital and Hubert Kairuki Memorial University decided I must rest. Following lunch, she sent a car so we could go to the beach. We lay under the umbrellas and rested.

A week later Happy and I went back to the hospital for retesting. It is usual practice to test following a round of malaria therapy to make sure it worked. Happy was clear; her malaria was gone. I was not so lucky; my malaria was worse.

Standing in Guard’s office I could not believe what I heard. He told me my malaria was not good. I informed him I felt much better and whatever I had was gone. I thought he was joking. He told me to sit down and said it was not gone; it was just dormant for the moment. When I got overtired or stressed it would return. The more tired or stressed the worse it would be. It was entrenched in my system, as I had had it for some time.
Guard knew I experienced the same flu-like symptoms repeatedly since March 2000. I finally understood the severity of the situation; my paradigm changed. I was in the culture, part of the culture, not looking at it as closely as possible. I understood what Tanzanians live with. Malaria is part of the cultural reality. At that moment I was no longer *muzungo*, a foreigner, but part of the culture.

I had to make a choice. Did I want to try other pills, or did I want daily injections? I opted for injections. Injections meant I went to the hospital every day for five days just like the locals who had severe malaria. I was injected in the rear and told to go home to rest and instructed to drink at least three liters of water each day to help wash out the parasites. I intimately understood one aspect of Tanzanian culture and on that level, I was no longer an inside-outsider; I became an insider with a Schützian we-relation to all those who suffered the effects of malaria.

**Outcomes**

Happy and Guard worked, and the children were at school while I lay alone every day. Several days the power went out so that meant no electricity for light or to pump water for a shower and my computer could not be used. I could only rest and listen to music until the power on my phone died. The power usually came back the same time someone in the family arrived home.

Lying there that week I imagined dying. It was not a farfetched thought. I had malaria and I was on the second treatment in two weeks. Death was a possibility.

I cried when alone and thought about that very real possible outcome. I thought about not being able to tell my husband, children, and mother how much I loved them and how much they meant to me. How would they ever forgive me for travelling to the developing world? How would they get my body back? I didn’t want to die. I was too young and had too much to do. I drank and drank and rested and tried to think positively. I would beat this; I was strong.

A week later it was time to learn the outcome. I went back to the hospital yet again. I went straight to the laboratory for another blood test. Half an hour later, I went back into the hospital and sat in front of Guard’s office. I trembled. My life sat in the outcome of this test. Guard’s nurse ushered me into his office and closed the door on her way out. Though he offered me a seat, I could not sit down. “You are at zero. It is good news. You do not have malaria.” I said, “Thank you. I’ll let you get back to work. See you at home.” I turned and left. My insides churned. I knew I needed to settle, but how?
If I was lucky, later I could call home and tell my family what happened. Since I did not want to worry them, I decided two weeks earlier not to inform them until it was all over. I was lucky on all fronts.

Two of four weeks in Tanzania were wasted taking medication and not doing what I travelled around the world to accomplish. Mama Kairuki and I got to work. We managed to make things happen and overall the trip was more highly successful than hoped. I was treated and recovered from seven years of malaria in addition to the work I went to address.

**Conclusion**

Once home I made an appointment with my family physician. I told her of my experience and how I was treated. I wanted it on my record.

She was devastated and wondered out loud how she missed it noting she did every possible test but the single one required. Canadian medical thinking regarding malaria, where cases are rare and always brought from elsewhere, was that taking an antimalarial always prevented or killed malaria parasites. There was no need for malaria testing following a round of antimalarials. The Canadian medical community, unlike the Tanzanian medical community, was not aware of virulent malaria parasites not killed off by antimalarials, not versed in malaria detection, and had little in the way of treatment. Even now in Canada, twenty years after the bite and thirteen after treatment, there is little more in the way of knowledge, detection, or treatment methods.

I count myself fortunate on several fronts. I went to Tanzania. I lived with a family who knew what to do. I opened my mouth at the right moment, and I was treated exactly as needed like an insider. That made it possible to live to tell this story.

**Summary Conclusion**

The foregoing three stories illustrate my experience addressing death possibilities and outcomes to help move them to life outcomes. Mizoram, India, famine prevention presented unexpectedly and provided serious opportunity to assist in preventing famine and death on a large scale. As described, strategies were successful to a point but were not one hundred percent successful due to people’s disbelief in the event. The 2007–2008 famine prevention outcomes following Mautam and strategies for the next predicted bamboo cycle blooming and
predicted famine were provided to the government of Mizoram Department of Agriculture to assist them to prevent a famine following the next Melocana bac-cifera blooming predicted in 2057–2058. There is a strong possibility that prevention strategies could be 100% effective if the entire population complies. Then no one will suffer the effects of famine. Majuwa, Nepal, water piping and storage became a fact as the result of a woman who literally hung around in Mizoram. The leper village barely survived with little water access. Many did expire, not only as the result of leprosy but due to water shortage. Piped water to all village homes and provision of water storage tanks provided water access. The outcome made it possible for the village to move from living at the edge of death to living without worry regarding when the water pipe would provide water. Reliable water provision made it possible for villagers to live their lives more fully. My malaria experience caused me to face prospective death as those we assisted did. It was as close in life as I have come to understanding others as they understand themselves. I understood deeply. That experience helped me understand the crucial nature of letting go of assumptions regarding any issue one is asked to help with. That is the underlying difference that makes collaborative inquiry what it is. It helped in a way no other process can. Dire death facing circumstances changed to life-giving situations.

References


