

Delivering more than medicine

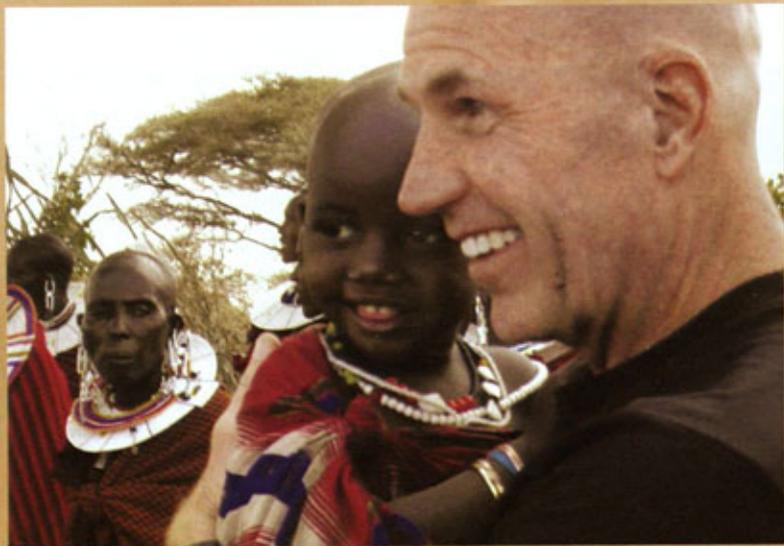
Story by Amy Spindler
Photos courtesy of Betty Poehlman
and Susie Weller

For nearly two years,
George and Betty
Poehlman brought hope
and health care to a
rural African village.



Only moonlight shimmied across the rutted dirt paths of the Malawi village as George Poehlman, MD '73, and his wife, Betty, were summoned to deliver a baby in distress. Betty accompanied George and acted as his assistant, holding a candle for light and comforting the woman in labor.

"They were all 'pinch me' moments: 'Wow. What am I doing in the middle of sub-Saharan Africa in the middle of the night?'" says Betty, BS Ed '68. She and George made many deliveries and performed 70 Caesareans while living in Embangweni. "Beyond the magnitude of the moment — watching a baby born that might otherwise have died — I always held George in absolute awe. He hadn't



The Poehlmans had never been to Africa when they decided to volunteer in a small village in Malawi. Here, George Poehlman holds a young friend.

delivered a baby since medical school and had never done a C-section before moving to Malawi. But he had his books and his brain, and he wasn't afraid."

Delivering babies by candlelight was just a small piece of life in the village of Embangweni, where the Poehlmans, of Fayetteville, N.C., volunteered at the local mission hospital from 1999–2001.

From North Carolina to Africa

Before volunteering, George was residency program director for the family medicine department at East Carolina University (ECU) in Greenville, N.C. "I have a strong family medicine background stemming from my education at Missouri under Jack Colwill," George says. "Winning the Family

Medicine Award in 1973, I knew it would become my focus for both practice and for teaching other young physicians." Betty was director of resident education at ECU and served as a consultant to the newly formed health network of ECU's University Hospital.

"Medicine has been very good to us. We had what we needed and wanted, so we began to think: 'How can we give back?'" George says. "We had been thinking about Malawi and said at the same time, 'We should go for it!' So we bit the bait and went." Since 2001, the Poehlmans have made four return trips to Embangweni, each lasting one or two months.

George confronted new challenges while practicing medicine in the mission hospital's five humble buildings with tin

roofs and cots lining the cement floors. He amputated an AIDS patient's gangrenous leg while consulting an old paperback that he jokingly titles *Surgery for Dummies*.

"I saw malaria, malnutrition, tuberculosis, complicated pregnancies and the diverse diseases related to AIDS. I hadn't seen these things before," he says. "I felt really dumb for all of the education I have." But by far, the biggest challenge he faced was HIV/AIDS prevention and treatment.

Educating about HIV/AIDS

When the Poehlmans arrived in Malawi, HIV/AIDS wasn't on their agenda. At the time, AIDS was a polarizing issue in the U.S. "I didn't think it was my issue," George says. "But in Africa, AIDS is at the core of the



whole community. There was a funeral at least once a week, and we found ourselves suffering with the people."

Malawi deserves its reputation as the warm heart of Africa, but like many African countries, it has its share of hardship. It is the third poorest nation in the world; 14 percent of Malawi adults have HIV/AIDS and a half million children are orphans because of the disease. The country has 12.9 million people.

Malawi prohibited public discussion of HIV/AIDS until 1994, so the Poehlmans had to be creative in their outreach about such a taboo topic. Together with village elders, they founded Tikoleranko, an organization that promotes AIDS education through singing, dancing and storytelling. It translates as "let us unite."

At Tikoleranko's inauguration, the tribal chief acknowledged that some Malawian traditions promote AIDS, such as the practice of a man taking his late brother's widow as a wife. Polygamy and a transient workforce are also culprits. "And, unfortunately,

"I saw malaria, malnutrition, tuberculosis, complicated pregnancies and the diverse diseases related to AIDS. I hadn't seen these things before," George Poehlman says. "I felt really dumb for all of the education I have."

one of the biggest factors is the church and its belief that condoms encourage free sex," says George, a Presbyterian. "Through the church's silence, we contributed to the spread of AIDS."

While in Malawi, George also secured UNICEF funding to reduce mother-to-child AIDS transmission through educa-

tion, testing and the \$4 drug nevirapine, which drastically reduces transmission to babies at birth. "In Africa, there are real opportunities to make a difference, and that's why you go into medicine," he says.

George credits his success to being patient and flexible. "Nothing goes the way you think it might, and time is a variable. You can get frustrated or just accept it," he says. "I did the best I could with what I had. Change is incremental, but it is there."

Betty found that flexibility was key when she got involved in a tuberculosis prevention program. Knowing that sick people choose a traditional healer before coming to the hospital, she went to the healer. She described the symptoms of tuberculosis to him and then asked that he send his patients with those symptoms to the hospital.

Home sweet rural home

The Poehlmans felt right at home in Embangweni. "Our village was simply a crossroads," Betty says. "It consisted of

OUT PATIENT DEPARTMENT



dusty paths that ran between 'tuck shops,' which were packed with items that villagers might need — homemade nails, rubber for patching bicycle tires, salt and cooking oil in small plastic bags and chitenges galore." Chitenges, or colorful pieces of fabric, fueled Betty's creative streak and led George to affectionately call her the Martha Stewart of Malawi.

"I made placemats, tablecloths and curtains," she says. "I changed our curtains, hung with dental floss, once a month. And there was always a use for the discarded ones, like presenting them to a poorly wrapped baby riding on the back of a mother." She whiled away many Sunday afternoons with her donated sewing machine that ran on solar power.

Betty also enjoyed cooking. "Meal planning around beans, rice and greens posed challenges, but with the aid of Mr. K, our cook who labored over our Dover wood stove from 6 a.m. to 4 p.m., we had world-class meals," she says. "It was amazing what we could make from

those three ingredients, especially when cabbage was available, versus the standard kale and rape. And anything tastes better by candlelight." The Poehlmanns got to share those candlelight dinners with visitors who included their daughter and her family; their son, who wrote his dissertation while in Malawi; and George's sister and her daughter, who stayed for six months.

The Poehlmanns agree that their time in Africa was most influential on their lives, and they visit Embangweni every year. "It really is a homecoming," George says. "When you live in a small community, you spend a lot of time just getting to know each other. We feel a close bond. They are family."

George encourages Americans to remember that they're citizens of a global world. "So few people have such a great percentage of wealth. It's a happenstance of birthplace, not because we're better people. We need to care for each other," he says. "It's easier to write a check, but you'll never know if it changed humanity. Volunteering in Africa, you know." ■

The dry season turns Embangweni's roads to dust, while travel from November to April is hampered by rain and mud. The nearest paved road is 30 kilometers (nearly 19 miles) away.

With 130 beds, Embangweni Hospital serves a population of about 100,000 people from a large swath of northern Malawi.

Children admitted to Embangweni Hospital largely suffer from malaria, anemia, pneumonia and malnutrition.

Malawi's life expectancy at birth is 41 years, compared to 78 in the United States. Malawi's women bear an average of six children, nearly a fourth of whom die by the age of 5.