

Chapter One

It's Never Like The Postcard

"However long the night, the dawn will break."
—African Proverb

I dreaded the thought of going to Uganda. This was out of character for me for I considered myself a traveler. I lived for that first glimpse of a distant land beyond the customs checkpoint; the sound of bartering in an open-air market; the enticing scent of food cooked over wood fires; the heat of the equatorial sun on the skin; the taste of exotic spices. Given a ticket to some far-off exotic locale I was in my natural element. But a prolonged bout of

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dysentery had a way of taking the excitement and
adventure out of opening the passport at one more
African border crossing.

I loaded the last of our supplies into the back
of the Land Rover, then checked the straps holding the
empty fuel jerrycans. A rooster announced the sun's
rising over the tall stalks of corn on the shamba, the
Kenyan farm, where I lived with my wife, Susan, and
our one-year-old daughter, Sydel.

I believe the greatest gift a traveler can
receive is a companion to share the journey. And I
found my treasure in Susan. We had met three years
earlier when I had been searching for new direction in
my life. I took a job as a weekend counselor with an
organization that cared for orphans and wards of the
state. Susan supervised the weekend staff while she
was completing her master's degree in community
organizing.

The attraction was immediate. We discovered that
we shared a desire to live an adventurous life. A year
later we were married and a year after that our
daughter was born. I had found my new direction.

Our love of adventure led us to leave the United
States in 1983 to become development workers for a
rural community housing program in the highlands of
the Trans Nzoia District of northwest Kenya. Ever
since I was a child, I had wanted to come to Africa.

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Working here was my dream job. But I was certain that the dream-job description had not included dysentery.

My intestines roiled and cramped. Dysentery and a road trip--this was one journey that I was not looking forward to.

I gazed at the glow of the morning sun reflecting off the eastern slope of Mt. Elgon in the distance. Susan, carrying Sydel, joined me.

Our planned trip would take us to the far side of the ancient volcano that straddled the Kenyan/Ugandan border.

"Are you sure you're up for this?" Susan asked.

"Yeah," I answered unconvincingly.

The four-wheel drive bit into the grass and muscled the Land Rover up onto the red dirt road leading away from the farm. Driving the Kenyan back roads was seldom accomplished in a straight line. Susan gripped Sydel tightly as I tacked down the road, navigating the Land Rover across deep rutted wakes left by previous travelers.

The day's first cooking fires were lit on the shambas we passed on our way out of the rural district. The smoke wickered through the thatched roofs of the mud-walled huts and drifted away on the cool morning air. Dotted each farm were the ubiquitous, ten-to-twelve-foot-high termite mounds.

In a bit of synchronicity, which was uniquely

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African, we used abandoned termite mounds to make the bricks for our low-cost houses. The original house builders, the termites, brought the soil up from below ground in the precise proportions to make perfect bricks.

On the building sites, the brick makers selected a mound, then dug a pit adjacent to it. Barefoot workers excavated the mound, throwing shovelfuls of the sand-clay mix into the pit. They added water, then stomped the mixture until the clay reached the proper consistency for slopping into the brick molds.

Other workers carried the brick molds to a clearing, shook the soft, raw bricks from the molds and then covered them with straw to allow for a slow drying process. With each handling, the bricks were moved closer and closer to the actual building site on the farm. Once the bricks dried, the brick makers stacked them into a large box-like structure with multiple firing flues. The entire structure, called a brick clamp, was covered in clay, and straw was laid across the top.

The workers fed huge logs into the firing tunnels over many days until the straw on top of the clamp caught fire. The flues were then sealed and, when the clamp cooled, we had the ideal termite-resistant building material in Africa--the fired clay brick.

All in all, I would rather have stayed and helped fire the bricks on the housing site than to leave Kenya to visit our sister program in Kampala, Uganda, but the East African Coordinator for our agency requested that we make a trip to the Uganda project.

On our first try, several weeks earlier, we had found ourselves caught in that no-man's-land between borders. We had left Kenya, but were not yet in Uganda. The Ugandan border guard at the Malaba crossing examined my papers and angrily shook his head.

"You must come with me," he demanded.

"Is there a problem?" I asked.

The guard took my hand in his and directed me toward a concrete block building.

"Come with me," he said.

I glanced back over my shoulder in case this was to be the last time I would ever see Susan. The look on her face told me she was thinking the same thing.

The hand-holding was pure Africa. In East Africa, it was the men who held hands. It was unheard of for a man to hold a woman's hand in public. Very unmanly. A common sight was two men walking hand-in-hand down a dirt road with the women walking several paces behind. The annoyed guard showed my paperwork to

his supervisor.

"You do not have the proper visas," the supervisor informed me. He returned the documents to me. "You cannot enter Uganda."

We were sent back across the border to Kenya.

Procuring the necessary stamp for our visas required scheduling a separate trip to the government offices in the town of Kisumu, down south on the shore of Lake Victoria. Our papers now in order, we were once again on our way to Uganda.

It had taken most of the morning to reach our first stop, the small frontier town of Kitale. The downside to having one of the only vehicles in the area was that you became the de facto community bus service. People walking along the dirt road in the same direction we were going waved us down.

A woman spotted Sydel and cried out. "mtoto."

"Binti," another woman laughed and held out her arms.

Soon the "little daughter" was being passed among the excited women. For many, if not all, of the women, this was the first white infant they had ever seen.

With Sydel returned once again to Susan, we would be on our way until the next walker appeared down the road. Eventually, we reached the paved road

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and the end of the line for our passengers. The two-lane road that led into Kitale was not much better than the dirt road. Huge scallops of pavement, eroded by the monsoon rains, had turned sections of the road into a single lane. Driving became a game of chicken with approaching vehicles.

Kitale was the crossroad for all of northwest Kenya. The arid lowlands of the Turkana and Pokot people lay to the north; to the west was Uganda.

Kitale had become the gathering place for aid workers, missionaries and travelers hoping to join a convoy heading to Uganda. In 1984, the Ugandan government was on the verge of collapse, and the border area was overrun with road bandits and bands of renegade soldiers. Travel through this lawless border region had become very dangerous.

At the town's gas station, I filled the jerrycans with fuel and topped off the Land Rover's tank. Susan returned with bread and bottled water from a local shop.

"Well?" she asked.

I shook my head. "A group left a couple of days ago."

"There's no one else in town going to Uganda?"

"Not even a lost tourist," I replied.

So we left Kitale heading west in a convoy of one. We were traveling on our own.

I had often contemplated the great divide between tourism and traveling, and I think the divide boiled down to one's view of the postcard. Tourists wish to believe, actually insist, that their destination be just like the postcards they hold in their hands. That idyllic image of swaying palm trees shading a thatched-roof hut set on the edge of a tropical lagoon, warm turquoise water lapping at the pink sand beach, has to be the real thing.

But travelers know reality is never like the postcard. In our view of the postcard, the thatched roof teems with scorpions and giant cockroaches; a typhoon bears down on the island; and someone lying in that hut battles malaria, dysentery or dengue fever. This does not dissuade the adventurous travelers.

Not to say that I didn't enjoy taking a vacation, but I didn't kid myself that I was truly experiencing a foreign land; I understood that I was enjoying myself in a resort specially designed to remove any chance of danger or of any meaningful interaction with the locals.

As an adventure junkie, I had always been drawn to the rawness, the unexpected and, yes, the danger of travel rather than a manufactured resort experience. As a tourist, I probably would not have had the experience of hanging from the back of an overloaded

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bus in the mountains of Guatemala; or seen a Massai warrior standing in the middle of the road wearing nothing but a polyester sports jacket and carrying a spear and shield; or been charged by a rhinoceros in our Land Rover; or sat between a Kikuyu woman, breastfeeding her child, and an elderly man holding a chicken, his elongated ear lobes flipped up and over the top of his ears as we traveled through the Rift Valley in a matatu, a type of East African pickup truck/bus. Unfortunately, there is one experience that travelers and tourists to foreign lands frequently share--diarrhea.

Our route to the Uganda/Kenya border took us past a small mission hospital headed by the American doctor who had been treating me for dysentery. I had just completed a ten-day course of Flagyl, but still wasn't feeling a hundred percent. Flagyl, the treatment of choice for bacterial dysentery, is tolerated reasonably well by most people; I wasn't one of them. I experienced terrible headaches, developed a nasty metallic taste in my mouth and became extremely nauseous.

"We should stop by to let them know we're heading to Uganda," Susan said.

Upcountry travel was unpredictable and difficult. We had made it a habit to give our travel

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plans to several people. That way we hoped there would always be someone who would ask, "Hey, whatever happened to the Rhemas? Didn't they say something about Uganda?"

"If we stop we might not get to the project before it gets dark," I said.

"It's probably going to be the last toilet we'll see today," she said.

I steered the Land Rover into the hospital compound. I drove past groups of Kenyan women, wearing brightly colored kangas draped over their shoulders and equally colorful head scarves. The women tended blackened cooking pots balanced on three stones over small fires. Scattered among the women were children playing and the occasional chicken. In rural Kenya, family members accompanied patients to the hospital and were responsible for feeding them during the time they were being treated.

This was an upcountry hospital; in the US we would have called it a rural clinic. There were no X-ray machines or CAT scans, no modern electronic equipment of any kind. The missionary doctor set broken bones by touch. This was old-school medicine.

The main hospital building, a plastered block structure painted beige with green trim around the windows and a tin roof, contained an open-air waiting area, a lab and a patient ward. A covered walkway

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bound by a low wall ran the length of the building. Next to this was a smaller, thatched-roof building housing the TB isolation ward. There was only one doctor and he was on call twenty-four hours every day. His home was on the other side of the hospital grounds.

After the doctor and his wife greeted us, the doctor gave me a quick examination and shook his head.

"Dan, do you realize your eyelids are sticking to your eyes each time you blink?" He turned to Susan. "We need to rehydrate him. I'm going to admit him to the hospital and get an IV into him."

Susan and I were assured that this was routine--no big deal.

"I'll get Sydel settled in and I'll check on you later," Susan said and headed off with the doctor's wife to their home.

"We'll join them for dinner later, once we get you rehydrated," the doctor said.

Up to this point in my life, I had not had much experience with hospitals. I had been in a hospital once many years before, but that was only for a couple of hours for a minor concussion. But, this is good, I thought. This is very good. I won't be going to Uganda today, and I'll even have a doctor's note as an excuse!

A dozen sets of eyes followed us as we walked

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past the main ward. At this time in the afternoon, all patients who could walk came out and sat on the low wall while the ward was cleaned.

The doctor, acknowledging the stares, said, "You are definitely a curiosity."

It was extremely unusual for a "mzungu" to be a patient in an upcountry hospital. I would be the second mzungu--European or white person in Swahili--he had ever admitted to the hospital. The other one had been one of his medical students training with him.

The doctor led me to the only semiprivate room located at the far end of the ward.

The room contained two beds. An older gentleman, a local pastor, being treated for viral pneumonia, occupied the bed nearer the door. His sister-in-law, his caregiver for his stay, sat on the end of his bed.

The doctor made introductions and we exchanged greetings.

I sat down on the other bed near the outside window with a view of the side of the TB isolation ward. A female nurse carrying needles, IVs and tubing hesitated at the door to the room like a wildebeest caught in the headlights. She must have drawn the short stick back in the lab and was now stuck with rehydrating the mzungu.

"She'll start the IV now and you should be feeling better soon," said the doctor.

Satisfied that I was in good hands, he continued his morning rounds.

The young nurse's hands trembled as she swabbed the back of my right hand. I could feel the burden of a hundred years of colonial history bearing down as she inserted the catheter needle into my vein. She hastily connected the IV tubing to the catheter, gathered up her supplies and made her escape.

This being my first IV, I wasn't sure what to expect, but I was certain that something was not right. The tip of the catheter in my vein crossed onto my wrist and each movement of my hand gave me a little shot of pain.

But, I thought, this is a small price to pay for not having to go to Uganda. I figured I could live with the discomfort for the time it took to rehydrate me. I gave the pastor and his sister-in-law a weak smile and I closed my eyes.

Suddenly the sister-in-law screamed in Swahili.

I opened my eyes and saw her, horrified, pointing down at my bed. Blood was squirting out of the IV connection on my hand. Blood dripped over the edge of the bed and onto the floor. This can't be good, I thought to myself.

The pastor coughed and pointed toward the door. "Go get help."

The sister-in-law sprinted from the room.

The pastor and I exchanged looks of concern. Getting the semiprivate room with the bleeding mzungu probably didn't seem like such a good deal to him now.

Moments later, the sister-in-law returned with the nurse. The nurse shrieked and rushed over to my bed. She fumbled around with the IV connector. It slipped through her bloody fingers and fell to the floor. She bent down, snatched it up and shoved it back on the catheter. Evidently, the Kenyan medical profession had a five-second rule that I didn't know about. The distraught nurse cleaned the blood from the floor, then backed away from my bed and left. I never saw her again.

Eventually, everything calmed down, there was no more squirting blood. I felt worn out and my hand was sore.

I looked over at the pastor and his sister-in-law. I thanked them. "Asante sana," I said and closed my eyes.

Again, sister-in-law cried out.

This time she was pointing up at my IV line. My blood had filled the tubing and had almost reached the IV bag. The pastor didn't need to prompt her this time. The sister-in-law was off the bed and out the door in a flash.

She returned with a man I hadn't seen before. He walked over to the bed and appraised the situation.

"I am the head nurse," he said. "I will take care of this."

He disconnected the IV, reversed the connector and pushed it back onto the catheter.

"Done."

He smiled at me and I saw that he was from the Luo tribe. During their initiation rites, the young men had their lower front four-to-six teeth removed—without anesthesia—and without showing pain.

By this time, both the IV connection on my hand and I were getting a little irritated. I was certain our concepts of tolerable pain levels were worlds apart.

"This really hurts. Could you move it to my other arm?" I asked.

"Oh, no. That will not be necessary," he replied.

Instead of moving the IV, he splinted my arm, immobilizing my wrist. After he left the room, I nodded my thanks to the pastor and his sister-in-law once again.

I gave my IV the once-over, then settled back into the bed. I stared at the ceiling at the stain of arterial blood from a previous occupant of my bed. I pondered the fine line between adventure and tragedy.

Susan and I believed that if you returned alive

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from a journey, you had had yourself an adventure; if you died, well, it was a tragedy. We often found ourselves tiptoeing down that fine line.

Several months earlier, I had read an article in a magazine that described one of the world's most extraordinary sights--elephants in caves. And the caves were right in our back yard! Well, twenty miles over rutted and potholed dirt roads but, as the Kenyans would say, "It is just over there," a term used interchangeably for a few feet away or twenty miles away.

There were caves on Mt. Elgon that elephants had been visiting for hundreds of thousands of years to mine the salt contained in the cave walls. We had a free day, so I broached the subject with Susan--elephants, caves, Mount Elgon. She handed Sydel to me and started taking inventory of our food supplies for the picnic lunch. Susan was my soul mate.

We parked the Land Rover and approached the thatched-roof hut at the entrance to Mount Elgon National Park. The guard, armed with an old bolt-action rifle, peered out of the hut and waved us in.

The guard allowed me to lay a piece of paper over his hand-drawn map of the park, complete with the locations of the caves.

I traced a map for us.

"I will go with you," he patted his rifle, "to

protect you from bandits."

"No...no I think we're good." I waved the map in my hand.

We had heard stories that the park rangers didn't have any ammunition for their rifles or that, if they did, you were equally at risk of being robbed by them. Who knew what the truth was but, regardless, with a map in my hand I didn't think we needed any help.

According to my map, we were just down slope from Kitum Cave. We began tiptoeing that fine line. There were considerable unknowns facing us. We didn't know exactly how far up the trail the cave was. The map wasn't drawn exactly to scale. Then there were wildlife issues to consider. Mt. Elgon was home to leopards, cape buffaloes, considered by many to be the most dangerous animals in Africa, hyenas and, of course, cave elephants.

"Do we have a plan?" Susan asked.

I took stock of our assets.

"We have a flashlight." I flicked its weak yellow light. I shook it. The light brightened a little. "Damn. I forgot to check the batteries before we left."

I touched the sheath on my belt. "But, I've got my knife. And I've got my walking stick."

"So, do we have a plan?" Susan asked again.

I pointed to the trail leading up the mountainside. "Well, if we run into any problems, just take off. I'll meet you back at the truck."

"That's the plan?" Susan said. "All right, give me the truck keys and you're carrying Sydel."

I handed the keys to Susan, then put Sydel on my back in her child carrier and we were off.

Ah, to be young and stupid with no sense of mortality.

We hiked the path that the elephants used for their nightly trek into the caves, sidestepping the huge piles of manure. The hike was short and we found ourselves standing before a massive cave opening, complete with a waterfall pouring over the vine covered entrance.

In hindsight, not hiring the park ranger didn't seem like such a wise decision after all. Now, Susan and I had another decision to make. Other than the ranger back at the park entrance, no one knew we were standing at the entrance to Kitum Cave and actually contemplating going in.

I passed Sydel to Susan and, flashlight in hand, I stepped into the darkness. As my eyes adjusted to the dark, the first things to come into focus were the massive horns of a cape buffalo not more than fifteen feet in front of me. I held my breath and mentally flipped through my options--none good. When my eyes

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fully adjusted, I saw that some comedian had placed a buffalo skull on a large boulder just inside the cave opening. Very funny.

Once my breathing returned to normal, I shouted for Susan and Sydel, and we began our exploration of the cavern. Everywhere we looked deep gouges from the elephants' tusks crisscrossed the walls like some kind of primal art. Absolutely incredible. Emboldened, we moved on to the larger Makingeny Cave.

We weren't aware that Kitum Cave had been designated a biohazard site. Two people had died in Kenya from the Ebola-like Marburg Hemorrhagic Fever. The only thing that they had in common was that they had both visited Kitum Cave--one of them before our visit and the other after our visit.

Blissfully ignorant of the terrifying level of danger we had just been in, we ate our picnic lunch on the tailgate of the truck. Our luck held out and we were graced with the presence of a group of mountain elephants moving silently through the forest just yards away from us. The adventure over, we headed home to the shamba.

In my bed, back at the hospital, my situation was about to veer dangerously toward the tragic side of the line. I couldn't define it. An odd feeling was

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sweeping through my body. I gazed down at my feet and noticed a slight tremor. I developed a sensation of tunnel-vision and watched, mesmerized, as the tremor surged up my legs, across my abdomen, through my torso and down my arms. A wave, building at the back of my skull, crested, then crashed over my head. My teeth started chattering. My entire body quaked uncontrollably.

Our system down pat, the sister-in-law yelled, then shot out of the room. The look on the pastor's face worried me. The strangest thing was, even though I had no control over my body, in my delirium, I believed that my thought process was completely clear. I felt that I could stop my teeth chattering whenever I wanted to. Several attempts later, I realized that wasn't going to happen.

The doctor came into the room and leaned over me. "Dan, you have malaria. We are going to start a curative dose of medicine just as soon as we identify the type of malaria infecting you." The doctor spoke to the head nurse, then left to return to his rounds.

This was not a surprise to me. I already knew that I was infected with malaria. At some point, a female *Anopheles* mosquito had bitten me and newly-formed parasites called *Plasmodium* had been transmitted into my blood through her saliva. The parasites took up residence in my liver until they

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reached the next stage in their growth cycle. They then poured out into my bloodstream invading my red blood cells. The parasites multiplied many times over until those blood cells burst, releasing the horde to feast on my remaining red blood cells.

What I didn't know was that testing for the type of malaria I had could only be done during the height of my fever. The malaria parasites that were coursing through my veins could be identified, by microscope, in a drop of my blood.

The head nurse turned toward me with a needle in his hand. "I need to take some blood before the fever breaks." He quickly jabbed my finger and smeared my blood onto a glass slide.

From the hall outside the room I heard the thunk of someone crashing into something followed by the sound of breaking glass.

Moments later, the head nurse charged back into the room with a clean glass slide and a needle. He shot me an embarrassed smile, stabbed my finger again, smeared slide number two, then tore back out of the room. Even in my delirium, or maybe because of my delirium, the thought came to me that with a story like this, I might never have to buy my own beer again.

The doctor stopped by to tell me that they had identified my malaria and that he had ordered the

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proper antimalarial medication for me. I should be fine now.

It was getting late and the doctor was heading over to his house for dinner with Susan, Sydel and his family.

"I'm sorry that you'll miss dinner. I'll have Susan bring you something to eat later on, once you've had time to rest."

I was exhausted. I thought about mentioning my inflamed hand, the multiple jabbing of my fingers, the dropped IV connector, my blood squirting out on the floor, but, instead, I said, "Some dinner would be great." I closed my eyes and fell asleep.

Now, a legitimate question would be, "Why did I choose to live a life like this?" The intellectual answer was that I was born this way. Susan and I, along with a dozen of our co-workers in a small, international development organization, tested out a psychological personality type indicator for use as a tool to evaluate candidates for overseas work. All, except for two, fit the same personality type. The majority of us were what the tester jokingly referred to as the flaky ones, a relatively uncommon personality type that made up around ten percent of the population. One aspect of this personality type is that we experience difficulty fitting into our own

home cultures.

The emotional answer could be summed up in a moment in time. I was in the Land Rover one night on my way back to the shamba. Dirt roads and utter darkness meant I was driving at a crawl. I thought I heard something, so I stopped the vehicle, shut off the engine and stepped out of the truck. The night sky in a land without streetlights will take your breath away. I was absorbed in stargazing when I heard the sound again. A drum called out a primal greeting in the darkness. Another drum answered. Soon drums echoed across the countryside. And standing there in the African night, at that moment in time, I couldn't think of anywhere else I'd rather be. That's probably when I got bitten by that damn mosquito.

I awoke to my feet shaking. I opened my eyes. The sister-in-law gazed at me wearily, sighed, pushed herself off the end of the bed and went for help. The malaria attack had enveloped my whole body. I knew I was in trouble when the old pastor hauled himself out of his bed and shuffled over toward me. The thought that I might not survive to tell this story began to take shape in my mind.

"May I lay hands on you?" the pastor asked me in English.

He took the uncontrollable shaking of my head as

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affirmation. He placed his hands on my forehead,
leaned close to my face and began praying in Swahili.

The doctor rushed into the room followed by Susan, the head nurse and the sister-in-law. The pastor, assisted by the sister-in-law, returned to his bed. The doctor was confounded. "This shouldn't be happening!"

I couldn't have agreed more. Susan stood at the bed and gazed down on me with a look that told me, *I can't believe you're going to die.*

After some discussion between the doctor and the head nurse, it was discovered that the malaria curative dose had not been given to me.

The doctor sent for the medication and stayed until I had taken it and the fever had abated. By now, my continued thrashing had inflamed my entire arm that held the IV. An antibiotic was ordered.

The head nurse returned with a needle and injected the antibiotic into the IV line. I shot upright as the antibiotic poured through my infected vein like a stream of molten iron.

My gaze shifted between Susan and the head nurse.

"Holy shit!" I shouted.

I gripped my wrist, then my forearm and, finally, my bicep in an attempt to stop the fire streaming up my arm. I had had enough. I just wanted

to be left alone. No more jabbing, no more malaria attacks, no more injections. I was done in.

"Just leave me alone," I said as I collapsed back onto the bed.

Susan sat next to me and stayed until I fell asleep.

I awoke to a woman's voice singing a song in Swahili accompanied by the rhythmic sweep of a wet mop across the floor outside my room. I lay there with my eyes closed, not at all certain that I had survived the night. The tune was somewhat familiar, but I just couldn't place it. Suddenly it came to me, "The Old Rugged Cross." I could relate to that. When she finished her song, she whispered words "Mzungu, mzungu" came to me.

I opened my eyes to a room bathed in sunshine. The faces of children, being lifted up, filled the small window in the door to the room. Who knew what stories they would tell their friends about the mzungu in the room down the hall. There was a Swahili proverb that said, "A good day becomes evident in the morning." Well, so far, all signs were leaning toward a better day than the previous one.

I glanced across the room. The pastor and his sister-in-law were gone. Too much drama I expect. I didn't get a chance to say good-bye. I had wanted to

thank him and his sister-in-law for helping me survive the night. But the pastor had left me with a parting gift.

By the end of the week, I developed viral pneumonia.

Two weeks later, I pulled out my passport and handed it to the customs officer. Everything was in order. He stamped my passport and smiled at Susan, Sydel and me. Susan, carrying Sydel in one arm, put her other arm under mine and helped me make my way past the customs booth and into the United States.

I never made it to Uganda. But I had survived a third-world trifecta of dysentery, malaria and pneumonia--an adventure for sure.

And I still had a passport.