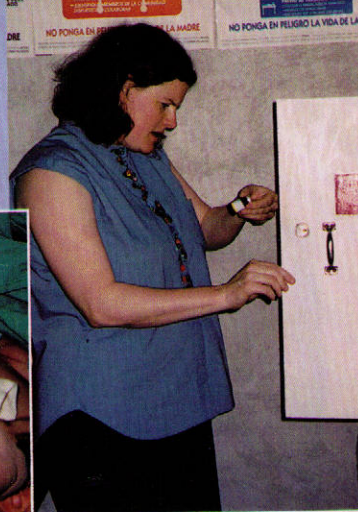


Uncommon Courage



Dr. Anne Foster-Rosales examines Isabela Pamquim Chox and her infant girl in Nahnala, Guatemala. The doctor's other visits include villages, birthing centers and hospitals in Guatemala and El Salvador.



To Save the One Doctor's Mission Is a

Light filters through the canopy of the tropical forest that surrounds the mountain village of Nahnala, Guatemala. The lush foliage offers welcome shade from the noontime heat. Barefooted children play noisily in the dusty road. Off to the side, a young Mayan woman sits on a flat rock against a shack, holding an infant on her lap. Her husband stands protectively nearby as a tall, big-boned American woman kneels beside her.

Jan Goodwin, an award-winning journalist who often writes on international issues, was also the photographer for this report.

Isabela Pamquim Chox, 31, gave birth to her daughter, Blanca, seven weeks ago. She and her husband, Lorenzo Perechi Guarchaj, have six other children. Slumped against the wall, the brilliant colors of her traditional blouse contrasting with her pallor, Isabela seems barely strong enough to hold her baby. "She should have recovered from the delivery by now, but obviously she hasn't," says the woman kneeling next to her. "She looks very weak—not a good sign."

The woman talking is Anne Foster-Rosales, M.D., M.P.H., an ob-gyn and an assistant clinical professor of obstetrics, gynecology and reproductive sciences at the Uni-

“When an expectant mother dies in this region,

versity of California, San Francisco. Dr. Foster-Rosales, 41, is also co-director of the Central American arm of Save the Mothers Fund (SMF), a program started in 1997 by the International Federation of Gynecology and Obstetrics that works in eight countries with high maternal mortality rates.

"The tragic reality is that one woman dies every minute somewhere in the world from complications during pregnancy and childbirth," says Dr. Foster-Rosales. "That translates into more than 500,000 women dying annually, most in developing countries." In Guatemala the maternal mortality rate is 24 times higher than it is in the United States. In El Salvador, it's 15 times higher. Dr. Foster-Rosales estimates that another 50 million women a year suffer adverse health consequences of childbirth. "We see women losing their uteruses due to infection or bleeding. A number of babies are lost due to untreated maternal health problems. Yet these things needn't happen. With simple, low-tech procedures, more than 80 percent of these deaths are preventable."

To help prevent them, about six times a year she leaves her work, her husband, Elmer, and their three-year-old son, Julian, and travels to Central America to put in 14-hour days training local physicians, health care workers and project staff to provide better medical care and health information to families in villages such as Nahuala. It's all part of her work with SMF projects in El Salvador, Guatemala, Honduras and Nicaragua, which she co-directs with Luis B. Curet, M.D., an ob-gyn and a professor emeritus of the department of obstetrics and gynecology at the University of New Mexico School of Medicine in Albuquerque, and which the American College of Obstetricians and Gynecologists helped set up.

Access to Isabela's village, some 9,000 feet up in the mountains of northwest Guatemala, is via a steep, rutted track more easily traveled by foot than by four-wheel drive vehicle. There are no phones here, no ambulances. It is a

for himself and his wife as is customary in his culture. "My wife was white, so pale," he says through an interpreter. "I was sure she was going to die. I kept praying."

"Isabela was fortunate," says Dr. Foster-Rosales. "A health worker who was in the region ran down to a police post and had a truck sent up to bring Isabela down the mountain. A female physician trained in emergency obstetric care met the truck on a motorcycle, stabilized Isabela with an IV, removed the retained placenta and gave her oxytocin to help the uterus contract and stop the bleeding." Isabela was then rushed to a hospital for a transfusion. SMF helps train medical personnel in the kind of emergency care that saved Isabela's life, and Lorenzo and Isabela are grateful for it. They know she's lucky to be alive.

After gently examining Isabela and her infant, Dr. Foster-Rosales diagnoses Isabela as suffering from severe anemia caused by the hemorrhage, repeat pregnancies and malnutrition. "I'm sure, too, that Isabela has intestinal parasites," she says, "because she has no access to clean drinking water or latrines. Malaria and dengue fever are common here, and this could lower her blood counts further. She's also breastfeeding, which is draining her strength. But she's not producing enough milk; the infant is clearly underweight." What's wrong with Isabela, in short, is Third World poverty.

"Your wife needs iron capsules," Dr. Foster-Rosales tells Lorenzo, "and her food intake must be increased. When you can afford meat, she needs a big portion, and she must have leafy green vegetables." Dr. Foster-Rosales knows, however, that Isabela's diet is unlikely to improve. Lorenzo is a subsistence farmer. He and his wife scratch a living from growing corn, beans and chile peppers. When they need other produce, they barter with neighbors. They rarely see or use cash. And they have seven children to feed.

Dr. Foster-Rosales also tells the couple that another pregnancy could be risky for Isabela. She suggests they consider birth control or sterilization. Guatemala is a predominantly Catholic country where discussions of family planning are generally frowned upon, and Mayan Indians tend to view birth control as unnatural. But many villagers in this region are Evangelical Christian, so these restrictions do not apply.

"Maybe my wife should have the operation," suggests Lorenzo. "Vasectomy for men is easier surgery," replies the doctor. Lorenzo, who, like his wife, has had little schooling, has never heard of this procedure. He looks doubtful. Watching him, his wife speaks up for the first time. "When I had the big bleed, doctors told me I could die if I had another child," she says. She keeps her gaze lowered because it is considered immodest in her culture for women to look visitors in the eye. "I'm afraid of surgery, but I'm more afraid of dying. I think it's better if I'm sterilized, to make sure."

It takes an exceptional person to do the kind of work Dr. Foster-Rosales is doing in Central America, and she is that. When I meet her for the first time in her hotel room in El Sal-

Mothers

By Jan Goodwin

Labor of Love

two-hour drive along hairpin turns to the nearest hospital, assuming a vehicle is available, which it rarely is. "In ten to fifteen percent of all pregnancies, there are complications during labor, which can rapidly escalate," says Dr. Foster-Rosales. "In the U.S., most women receive prompt medical help. But in the developing world, such complications can be a death sentence. This is what nearly happened to Isabela."

After giving birth in her family's one-room wooden shack, Isabela suffered a postpartum hemorrhage triggered by a retained placenta. "There was blood everywhere," her husband, Lorenzo, says in Mayan, speaking

she may leave as many as eight children. ”

All photos, Jan Goodwin except still, Antonis Achilleos.





Dr. Foster-Rosales talks to Rosibel del Carmen Castro Tobar, 13, and Elmer Adoni, 18. Rosibel had a baby girl the very next day.

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vador after speaking often by phone, I am bowled over as she envelops me in a bear hug. A solidly built woman with hazel eyes and sun-streaked brown hair, she seems even taller than her actual height of 5'9" and has a large personality to match. "Well, whaddya know?" she says, grinning, as she unpacks what she has brought with her for a week's travel in El Salvador and Guatemala. "I left in such a hurry, I only packed tops. All I have are the slacks I'm wearing." She shrugs. "Ah well, it could be worse. At least they're black."

The next moment she is all business. "Tomorrow begins at 5 A.M.," she warns. "We need an early start. It takes so long to get anywhere here. And we can't be out on the road after dark because of the armed bandits." In El Salvador a 12-year armed insurrection that ended in 1992 and two major earthquakes in 2001 have devastated the country and left one-sixth of the population homeless, sparking an increase in violent crimes. In Guatemala a 36-year civil war finally ended in 1996, but many weapons remain in private hands, and with 75 percent of the population living in poverty, armed robbery and kidnapping for profit have become growth industries.

Yet despite the poverty and crime in both countries, their capitals are very Westernized, with high-rise buildings, luxury hotels and many of the fast-food outlets and chain stores found in the United States. The contrast between the cities and the rural areas, where people lack such basic amenities as clean drinking water and electricity, is stark and startling.

Dr. Foster-Rosales is at home in both worlds. Talking rapidly in Spanish one minute and English the next, she's as effective and at ease conversing with Central American senators in five-star hotels as she is speaking with villagers in the meanest mountain dwelling. She has to be. International aid organizations such as SMF need to maintain good relations with government and medical officials to be able to operate in their host countries. "Policy and politics are key when you are trying to make a difference in health care," she says.

In remote areas, where machismo runs deep, she is also careful to pursue her goal of providing better health care to

women without alienating the men. "That's why I always ask a husband if I may address his wife, which is a cultural requirement," she says. She tries to be equally sensitive to local beliefs, which is why she never wears a physician's white coat. "White represents death in Indian societies."

For a cause she's devoted to, Dr. Foster-Rosales has become a force of nature. Hit during this trip with nasty intestinal problems and a painful ear infection, she works through both. When a grateful patient presents her with a bunch of ripe avocados, she stuffs them in her travel bag—only to find them there, messily mashed into documents, days later. At some point during an earlier trip she also mislaid her wedding band, and she has been too busy to replace it.

She's much more concerned with finding ways to prevent rural women from dying for lack of medical care because their husbands can't abide the presence of male physicians in a delivery room or because they and their husbands prefer to consult a traditional healer. "Both have their role," she says. "Modern medicine does a poor job, for example, with psychosomatic diseases. But too many mothers have died because they gave birth at home without proper care."

That is what happened to Ana Esperanza Clemente, 25, of Guacamaya, El Salvador. Ana's husband, Jorge, 32, a laborer, is away seeking work the day Dr. Foster-Rosales visits their village, so Ana's brother Moises, 30, tells her what happened to his sister.

Ana had been pregnant with her third child. A week before her due date, her whole body began swelling and she began having intense headaches and upper abdominal pain—all symptoms of pre-eclampsia, a poorly understood condition that, untreated, can cause hemorrhaging, kidney damage, convulsions and death. Had Ana lived in the United States, she probably would have been hospitalized. There is no cure for pre-eclampsia except delivery and supportive care. When symptoms are severe, doctors will usually induce labor to try to save the life of the mother and baby. But Ana had not had any checkups because she and Jorge couldn't afford the bus fare to the nearest clinic. Instead, Jorge consulted a traditional healer, who said Ana's problems were caused by witchcraft and had to be cured the same way.

Five days after her symptoms appeared, Ana began convulsing. "I had just started work harvesting coffee near the village when a small child ran to fetch me," Moises says, wiping tears from his eyes. "Ana was unconscious when I got there. She was bleeding and foaming from the mouth." By early afternoon Ana and her baby were dead.

Part of Dr. Foster-Rosales' work is aimed at dispelling misconceptions about pregnancy and childbirth. A few days later, in the village of Las Isletas, El Salvador, she conducts an impromptu home visit in a field for Rosibel del Carmen Castro Tobar, 13, who is about to give birth, and her common-law husband, Elmer Adoni, 18. Like many couples here, Rosibel and Elmer live together without marriage because they can't afford the fiesta a wedding traditionally demands.

It is not unusual in these regions for girls as young as 14 or 15 to become pregnant. "Children having children is

“Ana couldn't afford the bus fare to the clinic.”



one of the major problems contributing to maternal mortality," Dr. Foster-Rosales says sadly. "If we could halt that, we could save a great many mothers' lives."

As chickens scratch around her feet, she explains methods of contraception to the couple. After she finishes, Elmer, a part-time logger, says he would never have a vasectomy. "It takes away a man's strength," he insists. Dr. Foster-Rosales has heard this same belief from male doctors in urban parts of Central America. "I tell them it is not so, but it's a strong belief and will take years to change." Elmer is wary, too, about contraceptives and shies away from discussing condoms, which are associated here with prostitutes. Dr. Foster-Rosales explains that spacing children two to three years apart means healthier mothers and babies. "Try a contraceptive method, and if it doesn't work for you, go to the clinic and try something else," she says. Elmer is noncommittal.

due to her age, Rosibel is a high-risk pregnancy. "It isn't safe for Rosibel to deliver at home," Dr. Foster-Rosales says. "She must go to the hospital. Her pelvis is not yet fully developed, and she may need a C-section." She urges Elmer to have a plan for emergency transport once Rosibel's labor starts. Elmer nods, but she cannot be sure he will do this. Cultural resistance to going to hospitals is deep, transportation costs money and, while medical care in El Salvador is supposed to be free, rural hospitals are often poorly equipped and patients must often pay for IV fluids and blood transfusions. There's also a shortage of incubators, ventilators and bilirubin machines.

Given these realities, some of SMF's most crucial allies in the effort to reduce maternal mortality are the village midwives the program helps train. Maria Guachiac Tzep, 42, of Chuchojojche, Guatemala, is one such midwife. Maria's nine children range in age from 26 to tiny Ricardo, born just six weeks before Dr. Foster-Rosales' visit. Despite her extensive experience delivering babies, however, Maria knows little about family planning. "My three babies before Ricardo all died, and Ricardo and I nearly died with his birth," she tells Dr. Foster-Rosales, sitting with her husband, Juan, in their earthen-floored house built of handmade brick. "To tell you the truth, I don't want any more children. Neither does my husband. But we don't know how to stop them."

Dr. Foster-Rosales explains again about birth control methods, including vasectomy and tubal ligation. Maria and Juan listen. But their lack of comprehension becomes clear when they decide they should both undergo the procedure. Dr. Foster-Rosales laughs and explains why that isn't necessary. "Women like Maria have tremendous innate wisdom," she says later, "but because people here aren't formally educated, information like this has to be repeated until it sticks."

Maria may need time to grasp these concepts, but the health workers SMF trains praise her for helping to protect the well-being of the mothers in her village. "Some villagers say I'm not a good midwife because I send pregnant women to the hospital," she says. "But I feel satisfied that what I'm doing is best for the mothers, because it's what I learned from the health workers. Thank God they are making things better. It's very good that someone is talking about the problems for women during pregnancy and birth. It's time."



Dr. Foster-Rosales agrees. "In a part of the world where the Madonna is a cultural icon, it's a terrible contradiction to allow women to die in labor," she says. "Maternal mortality is a leading public health problem here, but it could be so easily solved. It doesn't need millions of dollars and fancy equipment. It just needs the political will to do it and a little training. Any rural health provider can be trained to provide emergency obstetric care." Whenever a mother dies in these regions, she adds, there is also a ripple effect. "Studies show that she leaves behind as many as eight children whose lives will never be the same."

Days after Dr. Foster-Rosales returns to California, a 63-year-old nun from New York City named Barbara Ford is killed in a carjacking in Guatemala City. Like Dr. Foster-Rosales, Ford was a health worker who worked among indigenous people in Quiche Province. "I know there are risks," says Dr. Foster-Rosales. "But you can't focus on that or you won't get anything done. The bottom line for me is that I believe we all have an obligation to try to improve the lives of those around us. Being a physician is a tremendous social privilege, but it comes with a very clear social responsibility."

A week later Dr. Foster-Rosales receives an e-mail from an SMF health worker in El Salvador saying that 13-year-old Rosibel had gone into labor the day after Dr. Foster-Rosales' visit but couldn't deliver the baby because her pelvis was too small. Fortunately, her husband had arranged for transport to the hospital, where Rosibel was given a C-section.

"Elmer may have disagreed with me about birth control," says Dr. Foster-Rosales, "but he did the right thing when his wife went into labor. If he hadn't, she would have become another statistic. Instead, Rosibel had a healthy baby girl. Mom and her new daughter, Jamilet, are now doing fine." She pauses. "And that's what makes my work worthwhile."

Dr. Foster-Rosales' work with SMF has not been without sacrifice. "It involved a lot of travel when my baby was small," she says, "and I'm told all the time that altruistic work doesn't count in career-building." She doesn't care. "I love what I'm doing. If I won the lottery and could start a foundation, I'd move to Central America and do this work full-time." **FC**

Dr. Foster-Rosales with her husband, Elmer, and their son, Julian, during a visit to El Salvador.

For more information about the Save the Mothers Fund or to make a donation, contact: Janet Chapin, Save the Mothers Fund, American College of Obstetricians and Gynecologists (ACOG), P.O. Box 96920, Washington, DC 20090-6920; 202-638-5577, extension 2579; jchapin@acog.org.