



*The best way to prevent malarial infection is to take measures to avoid being bitten by mosquitos.*

*International Medical Guide for Ships, World Health Organization, Geneva, 1988*

We steer for the Red Sea, trying to grasp the information in the cruising guides about anchorages and safety in this area. Cruising guides encourage boats to use the main shipping channel of Bab el Mandeb to enter the Red Sea, but we think the Small Strait, east of Perrim Island is better because it *isn't* the main shipping channel. Sailing in shipping lanes is like riding a bicycle on the freeway. We take the road less travelled, close to Yemen's mainland to stay out of the prohibited military area surrounding Perrim Island. We hear stories to inspire fear in travelers – stories like the navy will approach in their patrol boats, just to scare us and shake us down a little, or the navy will fire on yachts in this or that anchorage, to chase them out of sensitive areas rather than to sink them, or my personal favorite, that the whole area is so darn infested with pirates that you must keep diligent watch to not bump into them.

Sailing the Small Strait, we see a patrol boat working the perimeter of the prohibited area. There are several small boats, fifteen to twenty feet long, violently bobbing in the choppy seas where they're anchored. In each, we see two large figures and one small, or one large with two or three small. All but the smallest

hold fishing poles or nets. When the face is covered in black, we know that's the mother. The only thing we can think of, confronted with such a threatening sight, is to wave to each other. I hold my hands two feet apart, asking in Universal Fisherman's Signal, how big the fish are. The reply, again in UFS, is them holding their hands about four inches apart.

The next day, we sail on the east side of the shipping lanes, waiting late into the night to cross. Ships in the Red Sea and anywhere in our travels don't just appear. On rare occasions, we'll see a speck on the horizon, but that's the exception. The rule is that an object on the horizon slowly transforms from the nothingness of haze into a hallucination or ghost, followed by reality as a ship is born into focus. A time element exists in the formation of ships on the horizon. When a choice is available, we cross shipping lanes in the dark of night. Navigation lights eliminate guesswork. So does radar.

We complete sixty hours of sailing and would continue to Massawa if we knew we could enter the harbor in daylight. Massawa is another thirty miles – more than four hours away – and it's too late. We enter the narrow pass at the small island of Port Smyth to anchor for the night, and see a friend in the water cleaning his hull. Greggii thinks it looks like a good place to swim, and since I'm not keen on his going alone, we swim over together to bob around and watch Jorgen scrape the last six months growth from his waterline. I'm more tired than I think I should be, so we swim back. I also have this tendency, since Australia, where every creature is marketed as deadly to attract tourists, to get the willies swimming in new waters, thinking Greggii will be the appetizer and I'll be the entrée.

After our swim, we explore the reddish-golden island. I assume what little grows here is dormant because it doesn't contrast with the color of the place. There are signs, including the moniker, Port Smyth, that Port Smyth was occupied at one time; today, the island's population is us.

After dinner, the fever sets in. It doesn't sneak up as fevers do, but grabs me in a powerful way, running up to 104° in the time it takes to light a burner on the stove. There's no time for subtly reflecting on how I feel, none of that *gee, I don't think I feel very well* stuff. I'm sick, overcome with chills, and go to bed with every blanket I can find. I take some ibuprofen to help the fever. Lorrie displays great medical wisdom in suggesting a cold shower, but I like my method better, and think we should give the ibuprofen time. She does steal my blankets – an act in which I find great insult. Two hours later, the fever leaves. Bad food, I think.

In the morning, we leave for Massawa. While dragging up the anchor and navigating out of the reef, I get sick again, but pretend otherwise. This is a neat trick dad taught me when I felt too sick for school as a kid; pretend you're not sick and often you won't be. We get out of the reef, but not out of the fever. Again ibuprofen, again stolen blankets, again a discussion about a cold shower, and again, the fever leaves after a few hours. We enter the harbor.

A responsibility of mine, as captain of the good ship *Faith*, is to clear in with the port authority, immigration, and Customs; I usually take somebody, Emily in this case, with me. We arrive during tea time, or lunch, or a card game, or something, so we have to round up the guys in each office to proceed with our business.

Next, we take a quick walk outside the port facility. Massawa has the same reddish-golden glow as Port Smyth, with no vegetation but a larger population. Following years of civil war and with few natural resources to spark an outside interest in exploiting them, Eritrea is financially strapped. Official payment for anything has to be made in US Dollars, but the only source of cash is the Eritrean Nakfa. Massawa is dry and dusty, and no money is available for rebuilding or even cleaning up after the wars. When we enter the harbor, we see a building with a golden dome that has a hole in it. From the anchorage, on the other side of it, we see that the whole back side of the dome is blown out. Massawa frames the story that is unfolding.

When I return to *Faith*, the fever returns to me, lingering longer than before, and Lorrie is again rewarded with a real issue to concern herself with. Two boats, *Snowgoose* and *Legend II*, offer support. Cathy from *Legend II* suggests I go to a local clinic to be tested for malaria. When we get there, I feel better. I'm sure I'm the only person required to pay in US Dollars, but that's the way it goes. In fact, that's the way all of our US Dollars are going. The clinic takes blood and money, and says to return in a half-hour to see if it's malaria. We do and it isn't.

Though I am relieved at not having malaria, the fever returns to torture me through the night. Lorrie and Cathy seek another opinion. They go to the wharf where a cruise ship is berthed and return to *Faith* with the captain and medical officer of *Topaz*. After much hemming and hawing, and since all their medical doohickeys are on *Topaz*, and since they don't have much to do – all their clients are on an excursion to the capital city of Asmara – they invite us to the ship's hospital. The doctor makes a fine project out of me, and I know I'm in the best place I can be, lying there on the gurney with needles in my arms and bottles of libations hanging from cold little trees on wheels, surrounded by stainless steel cabinets and odors and echoes of sterilization.

Believing last night's test, the doctor doesn't think I have malaria so he doesn't test me, though he does give me one or two of just about everything else in his arsenal. A shot of this, a pill of that, and all the while, the back of my hand drinks bags of fluid. He sends me home with Lorrie, Cathy, and Greggi, who's had the captain's permission to raid the ship's kitchen for whatever he wants all afternoon.

They get me home and put me to bed in time for the fever. This time it doesn't depart, and in the morning, Lorrie and Cathy talk again to *Topaz's* doctor, who tells them to get me to a hospital. He's done all he knows how with the resources he has.

While they're on shore, all the vans are returning with *Topaz's* cruisers from Asmara. Lorrie and Cathy, with help from the U.S. Consulate in Eritrea, decide the best place for me is the UN Hospital in Asmara. All the vans are heading back there anyway, so they hire one to take us. They come to retrieve me and the rest of the family for our own excursion to that wonderful city. I try to get comfortable lying down in the back, which is bad, then sitting in front, which is no improvement, then near the middle before I realize how sick I am.

UN Hospitals are strategically located where peacekeeping missions occur, and it's a tribute to either the effectiveness of the peacekeeping mission in Eritrea or the fighting factions' ability to shoot straight that during my visit the UN Hospital has one patient. The hospital is run by competent medical officers of Jordan's military. This time, the test for malaria is positive. They begin a regimen of sleep with brief periods of wakedness to change the IV bag, or give me some pills, or poke me with something. Lorrie gets a room at a hotel for the family, and Amanda stays with me the first night. After the family leaves, it's just Amanda and me. She pulls out a can of sour cream and onion potato chips and offers me some. Since I haven't eaten anything for three days, I try two. Bad move. I grab hold of a wastebasket just in time.

Asmara is at an elevation of over 7,000 feet, and is cold at night. I am not affected much because my room is in an enclosed part of the building. There are times, however, that I need a trip to the bathroom. My greatest periods of physical activity occur when I grab the IV tree, wheel it to the door, over the threshold, down a step, down the cold, outdoor alleyway, then up a step, and over the threshold into the bathroom and back again. After a couple times of my doing this, always late at night, one of the nurses catches me and says that if I just turn this little knob and unhook this thingamajig, I don't have to take the tree with me. He also says – I

think, because my Arabic is as limited as his English – to call when I need to go, and somebody will help me. He probably figures I just didn't understand what he said, but pride forces me to go to the bathroom alone. Cold to be sure, but alone.

Lorrie, Greggii, and Emily come back in the morning, and after Lorrie and Dr. Ahmad Shono, the hospital's director, grumble in low tones in the corner for a few moments, we visit. I don't remember much, except that it's Emily's turn to stay with me. I change beds because the bed I had last night has a broken brace and my right shoulder was about two inches lower than my left.

Everybody on staff and in my family tells me I have to eat something. The staff sows seeds of guilt, asking, "Don't you like the food we serve you?" and, "You must eat this, I made it special for you." I don't want to eat anything. Nothing.

On the morning of my third day here, two of Dr. Shono's assistants enter and say they finally found the right medicine at the Indian Pharmacy on the other side of the city. One of them holds a giant syringe, and both of them grin with sly satisfaction, knowing this stuff is magic. They tell me to turn over. I do. We wait for the magic. It doesn't happen.

Early in the evening, Dr. Shono takes Lorrie aside for another round of grumbling. When they return, he tells me they've done all they can and I should go to Cairo, where better medications are available. (Lorrie shares with me later that the reason for Cairo is that I have a type of malaria that will be fatal, should it go to my brain, and no life-support equipment exists in Eritrea.) They prepare me to board the 3:00am flight to Cairo. We must pay our hospital bill first, which is US \$125 per day. When I ask about the drugs, the x-rays, and the tests, Dr. Shono says the price is for the room, the treatment, the doctors, everything.

Our supply of US Dollars dwindles, even with *Snowgoose* and *Legend II* helping as they are able. We leave the hospital, and I notice for the first time the security surrounding it. The ambulance exits through an armed checkpoint.

Amanda plans to go to Cairo with me, but we don't have enough money for two tickets. The cost is US\$400 per ticket, payable at the counter. They won't accept payment in Nakfa nor will they let us pay for our passage, on Egypt Air, when we arrive in Cairo. The airport manager, who on first impression is stern and unfriendly, tries to help, but cannot get both of us on the plane with the cash we have. I say goodbye to a crying family and leave alone.

While we are sorting out the details, the three o'clock departure is delayed. By the time I board, it's 4:00am. There's a man sitting in a seat next to me, but he moves one row back because the plane is less than half-full and he wants to stretch out.

Then, I learn the pilots aren't comfortable with my medical evacuation.

After several minutes, the airport manager asks a man across the aisle from me to join him in the cockpit. Five minutes later, he returns and the manager asks the man who moved behind me to join them. After ten minutes, the manager returns my medical evacuation letter and tells me to relax. The man behind me tells me he's from Guyana, working for the UN as a specialist in sub-Saharan infectious diseases.

Somewhere outside the gate, my family is praying for me, and God plants a man next to me with the credentials to convince the pilots I'm not a threat. How cool is that?

The plane takes off at five, still well before the predawn grey, and my status as someone important enough to keep the plane grounded, like any other terrorist, diminishes.

Immigration goes quickly and I walk toward the exit. Two guys in white coats hold a *Mr. Gregg* sign. They escort me to an ambulance, where a third guy waits so it won't get towed. Their English isn't much better than the staff at the UN Hospital, and since my Arabic hasn't improved, we don't talk much. One guy asks if I want a drink, and I say yes. We pull up to a roadside stand, and enjoy smoking cigarettes and drinking Cokes. Then, the guy who offered the drink motions for me to pay. Several miles later, with the drinks scenario still fresh in my mind, I'm asked and decline their offer of breakfast.

Cairo must be big because it takes forever to get to the hospital and we're all good friends by the time we arrive. Their English shows a dramatic improvement when they tell me a tip for their services isn't out of line, if I'm so inclined. Then, they place me in the care of the emergency room at the Arab Contractors Medical Center. I'm escorted to one of a half-dozen beds, and the curtain is closed around my loneliness. I hear medical professionals talking in Arabic, or medical-speak, or some other foreign language.

No sleep, fever, crying family, travel, ambulance – it's all a dream. A woman enters for information: age, marital status, weight, temperature, etc., and makes notes inside a folder. She then hands me the folder. A man escorts me to the lab, and then to radiology. The lab takes blood and puts the results on a piece of paper, slips it into my folder and hands it back to me. Radiology takes a chest x-ray, prepares a report, and puts the x-ray and the report in my folder and hands it back to me. I'm escorted back to the emergency room for an abdominal ultrasound.