

ICWA LETTERS

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Southeast Asia

Dr. Shelly Browning is an Institute Fellow studying Australian Aboriginal people through their traditional medicine — and, therefore, the societies and underpinnings of Australia itself.

A Debt to Pay, and Other Real Life Dramas

By Shelly R. Browning

JUNE 2001

THE SOUTH PACIFIC—The plane lowered itself in the blackness of the night and instantly came upon the isle of Tahiti, which glittered like a brilliant jewel in the South Pacific Ocean. I the last passenger off Air Tahiti Nui's flight 3344. As I made my way down the stairs to the open-air tarmac, the clear, South-Pacific night sky glittered with brilliant stars. Lights along the volcanic peaks and slopes gave an enlarged, three-dimensional "DNA-array" impression. The juxtaposition of light — within the dark night sky — the sound of the sea adjacent to the plane, and the feel of tropical air against skin was a stunning sensory experience.

With great jollity, Air Tahiti Nui's two French pilots joined me in my stargazing and gently urged me from Papeete's international airstrip into its open-air-port facility, called *Faaa*. Polynesian musicians playing traditional music with ukuleles and a *pahu*¹ greeted us as we, like the wind, breezed through the airport and its immigration and customs check points. I paused to retrieve my last luggage

About the Author

"We as scientists and physicians spend many long years in training. If the same amount of time were spent to learn a different kind of science — a living science — perhaps we might better understand the thoughts, beliefs and emotions behind healing." Thus wrote Dr. Shelly Browning in her proposal to spend two years looking at Australia through the experience and beliefs of its aboriginal healers, the medicine men. "These are not only the tribe-appointed physicians," said Shelly, "but also clairvoyants, mediums and spiritual savants."

Shelly began her exploration of Australia as a new graduate in Chemistry from the University of the South and a Thomas J. Watson Fellow in 1987. She continued it in 1989 as a volunteer "temporary physician" with the Royal Flying Doctor Service based in Cairns, Queensland.

Having served as an ear-nose-and-throat surgeon in Montreal, Canada, she's now back in Australia, determined "to establish rapport, a relationship and ultimately to earn the trust and confidence of a particular Aboriginal tribe. I have several in mind, particularly those that place emphasis and prominence on the auditory system [Shelly is an otolaryngological surgeon] — the Laverton tribes of Western Australia, the Wiradjeri of New South Wales and possibly the Anula of the Northwest Territories..."

She has already had some medical adventures in getting to Australia. This is her first newsletter.



Shelly R. Browning

¹ A *pahu ortari parau* is a traditional Polynesian drum with two membranes that is similar to a bass drum.

circling on the baggage carrier. Only when I turned to walk through doors leading into the vestibule of *Faaa*, I realized just how empty the airport had become.

I was quite alone.

I could see no sight of passengers. The Airport Information station was closed — as were all shops and cafes within *Faaa*. There were no signs of taxis or buses. Indeed, all signs of active life had vanished.

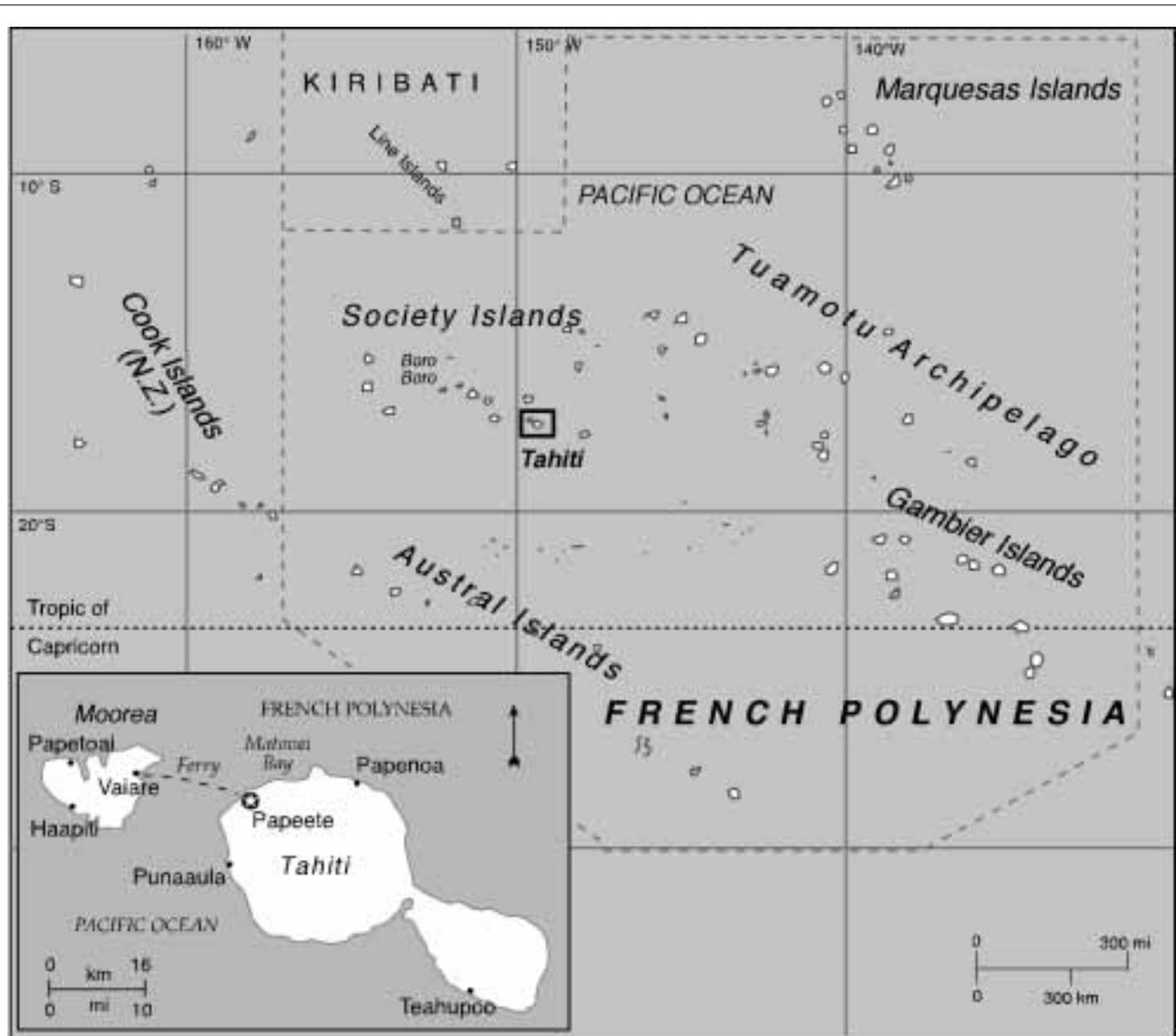
Until I saw her.

It was as if she appeared from nowhere. She was locking an open-air rent-a-car booth. I hurriedly made my way over to her and asked how I might catch a bus into the city. Startled, she responded in French that it was

much too late for city buses and why did I want to take a bus into Papeete anyway? I explained my situation — that I had arrived for the sole purpose of making my way to Moorea — Tahiti's "sister island." Was it not necessary for me to spend the night in Papeete to do so?

She looked at me carefully and solemnly. Then a wide smile spread across her face.

She extended her hand. "My name's Antoinette," she said in English tinged with a lovely French accent. I introduced myself. And that's how it began — a fast, fair and fantastic friendship. Within minutes we were warmly exchanging all sorts of Anglophone and Francophone banter. She was Tahitian and involved in French Polynesia's tourism industry. Her current work at *Europcar* (a vehicle-rental agency), was just a prelude to-



Papeete is the capital city of Tahiti — the largest island of French Polynesia. "Tahiti" is commonly referred to as if it were the whole of French Polynesia; however in reality, Tahiti is just one island in one group of five archipelagos that compose French Polynesia. These five archipelagos include The Australs, The Gambier, The Tuamotus, The Marquesas and The Society Islands — which contain among others, the island of Tahiti and its adjacent "sister" island of Moorea.

ward her larger aspirations — owning and operating her own French Polynesian hotel in partnership with her best friend, Veronique. I explained I was on my way to Australia to begin a fellowship. But there was something I needed to take care of in Moorea beforehand.

Antoinette suggested she take me to Mama's. Mama, she explained, was Veronique's mother. A true Tahitian matriarch, Mama occasionally opened her home for particular guests and friends. Since Mama lived alone in a large *fare* — a traditional Polynesian house — outside Papeete, she enjoyed the company of her daughter's friends and the small fee she charged for room and board. Even though I had yet to meet Veronique, my instant rapport with Antoinette assured me an offer to stay with Mama.

It was an offer I could not refuse.

After a drive up the craggy peaks of the island's interior in Antoinette's four-wheel-drive jeep, we arrived *chez* Mama's. Antoinette spoke in Tahitian to Mama and described my situation. Immediately I was escorted to an immaculate, sparse room complete with a traditional Tahitian bed — a mattress covered with a *tifaifai*.² The room itself opened to a *terrasse* perched precipitously on an escarpment of Tahiti's Tamanu Plateau and the Tipaerui valley. The view from this height gave the impression of an abode hovering in the starlit darkness over the South Pacific Ocean. And the sea — indistinguishable from the night — revealed itself only through its muffled, cannon-boom-sounding, pounding surf.

It was all quite overpowering.

Perhaps that is why I fell into a deep sleep that night. Awakened by Antoinette's familiar accent, I emerged onto Mama's *terrasse* to a sunlit perspective of Tahiti's glorious sea. It was a picture-postcard view. "We sometimes call this island *Tahiti-nui-i-te-vai-uri-rau*, Big Tahiti of the Many Colored Waters," Antoinette said.

Thus began an education.

"All things Polynesian — you must learn while you are here," Antoinette began. "Since you are here briefly for a special reason — and not as a tourist or a traveler — I will teach you everything you would want — or need — to know."

I was most appreciative. Within an amazingly brief period of time, Antoinette introduced me into her world. I quickly learned about Tahiti and French Polynesia. Nothing was too large or too small to escape discussion or notice. Tahiti's natural geography, its flora and fauna, its cultural and economic circumstances, its historical underpinnings, its polytheistic heritage, its weather and its population were all explored with occasional field trips

to emphasize and highlight this immersive journey. And despite my "fake French phrases" (or porous Quebecoise-French), I was soon able to negotiate my way through-out Tahiti and Moorea thanks to Antoinette's extensive network of advice, insight, friends and contacts.

But the reason for my journey to this place remained.

With Antoinette's assistance, I prepared. I visited Moorea. I sized up its topography, geography and weather. Every day I visualized in my mind what I would do and how I would do it.

Then it happened.

It came out of nowhere. I distinctly recall that I was walking across the living area of Mama's *fare* as we prepared food. It felt as if an axe had suddenly penetrated my skull. Feeling perfectly fine beforehand, I thought this severe pain most unusual. *Perhaps*, I reassured myself, *this is a result of all your preparation for Moorea. Perhaps you're just fatigued.* I had been arising in pre-dawn hours to go running up and down the acclivities and declivities of Tahiti's interior, infrequented roads.

However, something was amiss. I indicated to Mama that I should lie down for a moment. Still, the acute, axe-like headache continued and my vision began to blur — ever so slightly. I tried to sleep but was unsuccessful. Slowly a pain behind my eyes began to take shape and this — along with the sensation already present — made for a most exquisite experience in head pain. As it continued, I came to the realization that this was likely not the result of simple fatigue.

Eventually, I slipped into a fitful slumber that continued throughout the day and into the night. Unbeknownst to me, Mama came to my room. She was concerned about my lack of activity. Apparently I mumbled and fumbled in my half-conscious state and in some way indicated to her that I was quite tired. This I do not recall.

Things became quite fuzzy.

I do remember that over the course of the next 72 hours, I experienced the onset of a most unusual — most distinctive — pain involving my head, neck, back, arms and legs. It was as if my body had suddenly (and forcefully) collided with an external agent, only to leave a residual deep, boring and persistent pain that was accentuated by movement. Hence I attempted to lie motionless on the bed. This was fraught with difficulty as the mounting pressure from my immobilized body served only to punctuate pain in weight-bearing areas. I gradually became nauseous, which seemed only to complicate matters. Then a vague state of haziness, where night and day became one, ensued. And paradoxically, most attempts at sleep

² *Tifaifai* is colorful traditional appliqued patchwork material used as for bedsheet purposes.

were punctuated with an odd sense of restlessness.

What is happening?

I sought to prevent the mind-clouding mist that threatened to settle over me. With solemn concentration, I focused on what I knew. I knew it was unlikely that these symptoms were the result of something simple, like fatigue or traveler's "flu." I also knew — thanks to stringent Australian immigration requirements — that I had been duly immunized and treated with prophylactic medications for every seemingly infectious disease known to man prior to leaving the United States. Given this information, I clumsily, painstakingly and ridiculously attempted to examine myself. And as impossible as it sounds, in this numbed state I gave myself physical tests in that Tahitian bed. I checked for Brudzinski's and Kernig's signs.³ I attempted to assess my vision. It gave me some sense of control and helped me to recall a basic life's tenet:

No matter what happens, do not panic — although it was difficult not to when visited by Mama, Antoinette and Mama's daughter, Veronique. Naturally concerned by my condition, they wavered between frequenting my room and providing unadulterated peace. Their offers of food, medication and excursions to the hospital were politely refused. I told them I was unusually tired and woozy but would be fine with just another day's rest, thank you very much. However, by the fourth evening of continued prostration, Antoinette and Veronique confronted me during their usual delivery of bottled water.

Antoinette felt my forehead and remarked that I was "on fire." She promptly left the room and returned with an icy-cold towel that was placed upon me. Very shortly it became warm. Antoinette and Veronique then coordinated and placed me into the outdoor *terrasse* shower where cold water might reduce my body temperature. However, the pressure from the shower stream was painful as it contacted my skin. Surprisingly, I could not tolerate even a shower.

"It is time to go to the hospital," they said.

I pleaded with them to avoid doing so. It was nearly midnight, and the thought of entering a foreign hospital at this time of night — feeling as I did — was just all too much. I rationalized to them that in my medical experience, this was not the best time for an individual to arrive at a hospital. The midnight hospital staff would likely be a skeletal crew — at best. Additionally, any required lab or medical tests would most conceivably be addressed in the morning. I would most certainly just lie in bed in a hospital as I was already doing, I reasoned. And...finally, I agreed to go to the hospital in the morning if my condi-

tion had not improved. Meanwhile, I reassured them (and myself) that I was going to be just fine. I instinctively refused their offers of fever-reducers. I did appreciate their TLC, however. *TLC*, they asked?

"Tender Loving Care," I explained.

Ah yes, they understood. And they continued their TLC efforts throughout that difficult night. Antoinette became a professional "cold-compress presser" over my febrile body while Veronique provided witty banter to divert our anxiety.

It was the best medicine any doctor ever could ask for.

In the morning, I was taken to Papeete's *Hôpital Paofai*. And after a lengthy discussion (in broken English and Quebecoise-French) with Jacques Mien, the staff physician, I underwent a series of radiographic and laboratory studies. Dr. Mien informed me that his working diagnosis was meningitis.

I was *relieved* because earlier — much earlier in the course of all this — I had briefly entertained the thought that I might have experienced a cerebral hemorrhage with the initial onset of the axe-like, "worst headache of my life." After undergoing a lumbar puncture (spinal tap) for the presumed meningitis, I mindlessly attempted to focus on the blaring television present in the room. A French news report appeared, showing a photo of a menacing mosquito and warning of the dangers of *la dengue*.

Really? This caught my fuzzy attention.

Mama, the only other person in the room, looked at me quizzically. Unfortunately, our verbal communications was limited due to a lack of Tahitian on my part and lack of English on hers. Nonetheless, we attempted to reach a middle ground with broken French and universal sign language. I asked Mama about *la dengue*. Had she heard of it? Was it here? She responded rapidly in Tahitian and then through a series of pantomimes revealed to me that yes, according to the news, a *la dengue* — dengue fever — epidemic was being reported here in Tahiti. Several individuals had died of the disease and the news was providing updates on this mosquito-transmitted virus. I looked down at the numerous mosquito bites covering my legs. *Nahhhh*, I thought. *Couldn't be. Could it?*

When Jacque Mien returned, he informed me of the nonspecific, inconclusive early lab results. He said he thought it most likely that I had meningitis — but the

Continued on page 4

³ Brudzinski's and Kernig's signs — along with photophobia — are classic physical examination indicators for meningeal irritation. Brudzinski's sign is associated with flexion of both knees during simultaneous flexion of the neck. Kernig's sign is elicited by flexing the hip and knee on one side then extending the knee with hip flexed. Hamstring spasm results in pain in the posterior thigh muscle. With severe meningeal inflammation, the opposite knee may flex during this test.

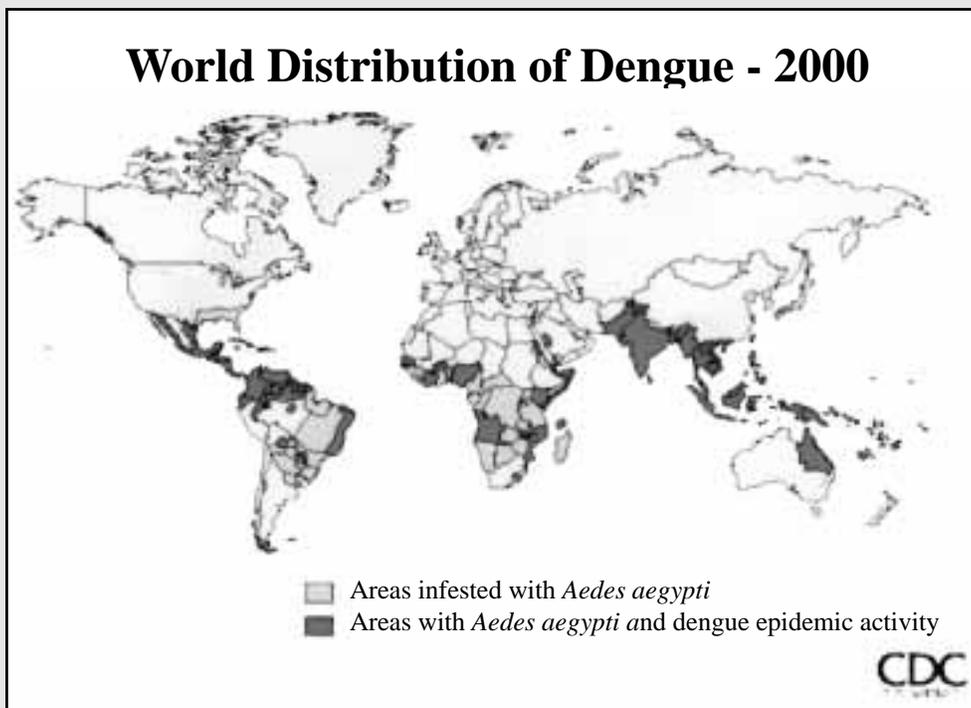
“La Dengue”

La dengue is French for “dengue fever” which is also commonly recognized as “breakbone fever”. Dengue (pronounced den-GAY) is an arbovirus disease transmitted by the day-biting *Aedes aegypti mosquito*. Considered “the most important mosquito-borne viral disease in terms of morbidity and mortality,” dengue is caused by one of four closely related but (antigenically) distinct RNA virus serotypes (DEN-1, DEN-2, DEN-3, and DEN-4).^{1,2} Its viral RNA pedigree relates it to the yellow fever virus and more distantly, the hepatitis C virus.

Infection with dengue viruses produces a spectrum of clinical illness ranging from a febrile, viral syndrome to severe and fatal hemorrhagic disease. Important risk factors for dengue pathology include the strain and serotype of the infecting dengue virus as well as the individual and genetic predisposition of the patient.

Because of its heterogeneity in presentation, dengue viral infections frequently are not apparent. Its incubation period is variable and can range from 2-11 days. Classic dengue is characterized by abrupt onset of headache, severe retro-orbital pain, nausea, vomiting, high fever, and diffuse but distinctive deep muscular pain (myalgias) and joint pain (arthralgias) - hence the term, “breakbone fever.” Additionally, some patients may experience sensory changes in vision (diplopia), hearing (dysacusia), taste (glossodynia) and touch (hyperesthesia). A maculopapular rash may develop on the body which may coalesce and eventually desquamate over a period of one to two weeks. Diagnoses to consider in the differential include but are not limited to: meningitis, malaria, hepatitis, bacteremia/sepsis, encephalitis, and yellow fever.

The initial symptoms of dengue fever may resolve in 5 to 14 days from the onset of the illness, and thus provide a respite for the patient; however they may reoccur within this 5 to 14 day period producing the characteristic “saddleback pattern” of the disease. Recovery may then be protracted with anorexia, continued muscle pain and weakness and persistent fatigue. The disease may progress towards dengue haemorrhagic fever (DHF) with extensive circulatory collapse, convulsions and internal haemorrhage. And in certain populations, a “mild dengue” occurs which lasts only 72 hours.



Treatment for dengue is supportive; fluids, rest, and oxygen remain the mainstays of therapy at this time. Although the role of corticosteroids in this disease has been explored, no specific treatment for dengue is consistently recommended. A vaccine is currently being developed but due to complicated serotype antigenicity, it is estimated it will not be available until 2010.

The reasons for the various forms and presentations of dengue remain enigmatic. Its vector, the *Aedes aegypti*, requires a tropical and subtropical locale; thus this infectious disease occurs in this environment. Although present since identified in the late 1700s, a pandemic of dengue began in Southeast Asia after World War II and has intensified during the last 15 years. In the Pacific, dengue viruses were reintroduced in the early 1970's after an absence of more than 25 years. Epidemic activity caused by all four serotypes has intensified in recent years with major epidemics of DHF on many Pacific islands resulting in significant morbidity and mortality.

¹ Hales, S., Weinstein, P. and Woodward, A. (1996). Dengue fever epidemics in the South Pacific: Driven by El Nino southern Oscillation? *The Lancet*, **348**(9042): 1664.

² Richard Schieber, M.D., M.P.H., Centers for Disease Control, Atlanta, Georgia, U.S.A. Personal Communication.

exact etiology remained unclear at this time.

“But time will tell,” he said.

He recommended rest, intravenous fluids and broad-spectrum antibiotics. Before he left the room, I queried him. What was this dengue fever epidemic? Had he seen any cases of dengue fever here?

No. He had not, but several colleagues had cared for patients with this infection. An epidemic of *la dengue* had begun in Bora Bora in January 2001, and it appeared to be making its way to Tahiti and Moorea, he reported. He hesitated for a moment and then requested another glance at my stomach. Had he seen a skin rash there, he asked? We peered together at the unusual small red macules now developing on my torso.

He suddenly exited the room.

Much later he reappeared with two medical colleagues. Jacques Mien spoke quickly and excitedly in French. It was not possible to comprehend his conversation. His colleagues examined me. They questioned where and how long I had been in French Polynesia. Not long. I had been in Tahiti less than a week and had visited Moorea during this period on three occasions to prepare for my project there. One of Dr. Mien’s colleagues articulated in fluent English:

“We think you have dengue fever.”

And so it was. At first it was difficult to understand, it happened so rapidly, and seemed so unreal. Dengue fever? Again, the statistical odds of it all appeared improbable. Honestly, I had been in French Polynesia less than a week.

But all it required was one mosquito bite. One mosquito with the dengue virus. And true enough, diagnostic and blood studies revealed what I found difficult to believe:

I had contracted dengue fever.

Within three days of this revelation, I became depressed over my physical plight. Weak, but improved and thrilled at my fortitude, discouragement gnawed at my collective circumstances. This French Polynesia sojourn was the end result of a vow. Some time before, I had assured my uncle — nay, even promised him — that I would “someday” travel 26.2 miles on a specific stretch of the island of Moorea. And my time in Tahiti had been simply a prelude toward this undertaking. Before arriving in French Polynesia, I devised a plan: Five days would allow for acclimatization to its geographic terrain, the tropical air, its physical milieu. On the sixth day, I would travel the 26.2 Moorea miles.

Of course, I had failed to factor in real life. I failed to

consider that I would contract dengue fever. Development of the dengue occurred only on the fifth day of my visit in Tahiti. This being the case, all plans for movement and travel were abruptly interrupted and halted.

I needed to recover — and wait.

And waiting is sometimes a difficult thing to do. The doctor insisted on, a minimal seven-day convalescence period. “It is not possible to continue on to Australia as planned,” they warned. So I quietly remained — and recuperated — in Papeete.

Two nights before my scheduled flights to Auckland and Brisbane, I awoke from sleep. I was restless. I had been forewarned that dengue symptoms could recur despite a seeming physical improvement. Was this what was happening? No. After several hours I recognized a familiar and personal bout of nocturnal anxiety, albeit without characteristic dengue symptoms. This was of my own doing. Berating myself for yet another unbelievable misadventure, I attempted to halt this self-condemnation. Still, I had come here to honor an extraordinary understanding. Where had everything gone wrong? *Relax*, I told myself. *Think constructively*. And so my mind began reeling with constructive thoughts — and possibilities.

Then I had an idea. With only one full day remaining. I would take the pre-dawn ferry across the 20-kilometer stretch of sea separating Tahiti from Moorea. I would try to undertake a walking journey — as long as I could physically do so — along the 42-kilometer (26.2 miles) stretch of road that paralleled the sea on the island of Moorea. This was what I had promised my uncle I would do. Where my body was weak, the spirit was stronger.

The next morning I awoke very early and slipped quietly away from *chez Mama’s*. I caught the early boat to Moorea and landed at Moorea’s ferry dock before sunrise. Waiting at the dock was a bus destined for the other side of the island. I caught the bus and spoke to Raphael, the gentleman sitting next to me, about Haapiti, my intended destination on Moorea.

We began a conversation.

Raphael wondered why I was headed to Haapiti at such an early time of the day. Visitors did not go to Haapiti, he remarked, so why was I going there? I explained my intentions. I was going to attempt to walk 26.2 miles, or 42 kilometers, in my uncle’s honor. Since my uncle could not physically be here to do it, I would do it myself.

When I left the bus at Moorea’s coastal village of Haapiti, the sun was beginning to emerge above the sea. The clear island sky was a glorious configuration of color. *What a beautiful beginning for this journey*, I thought. I began walking along the sandy footpath of Moorea’s coastal

road. Gradually cars began driving by. Some slowed as their drivers appeared curious. Others stared with seeming consternation. Some simply waved.

I thus continued.

An hour into this quest, I felt fine — even good. Adrenaline and endorphins were pouring into my bloodstream, I am sure. I became emboldened and began slowly running. I continued until a tooting Peugeot pulled in front of me and halted. A tall, lithe older Polynesian man quickly emerged and ran toward me with an outstretched hand carrying a blue shirt and a card printed with the number, “200”. In fragmented English he informed me that he had heard (from Raphael) of my intent to honor a family member by walking the Moorea Marathon course. He, himself, had run the official Moorea Marathon earlier in the year and wished for me to wear his race shirt and to display this marathon number.

Stunned at his generosity and kindness, I protested.

But he was politely insistent. He placed the large shirt over my clothing and proudly pinned the number on the front of the shirt. He explained that he had contacted the French Polynesian *Ministère de la Jeunesse, des Sports et de la Vie Associative* (the Ministry of Sports and Games) to inform them of this marathon journey I had independently chosen to undertake.

“It eez a grandez thing you are doing”, he said.

I was profoundly touched by his gesture. As I continued running along the road path, numerous individuals stopped their vehicles. Some questioned my efforts. Others offered a lift or assistance. Some merely wished me well. Later, a small, sprightly man pulled alongside and began taking photographs of my feeble running efforts. *What’s going on?* I could not decipher his Tahitian-French accent to understand why he was taking pictures.

I continued running — and walking — into the afternoon.

As Moorea’s morning coolness transformed into sundrenched Oceanic afternoon, I frequently paused for rest and rehydration along and within the island’s glorious lagoon. I followed the spectacular course of Moorea’s Marathon road through Papetoai, past Mt. Parata and Mt. Tautuapae. For hours I followed the volcanic peaks and slopes of the island, which were covered with lush tropical greenery: coconut palms, pandanus, banana plants, hibiscus, frangipani and tiare. I made my way past Cooks Bay and up an undulant ridge overlooking this unutterably beautiful body of water.

It was here I began to experience significant pain.

My legs began to almost visibly throb. Walking became an exercise in pain. I began to worry. *Could I com-*

plete this? Should I be doing this? My confidence and earlier enthusiasm dwindled. It became evident that I might not reach the end of the marathon at Moorea’s Temae Beach. I recognized that the last ferry sailed from Moorea back to Tahiti in less than an hour. Since I was scheduled on an early morning flight from Tahiti to New Zealand, it was imperative I reach Tahiti on this boat.

Then an amazing thing occurred.

A gleaming, green Defender Land Rover drove alongside me as I continued down the sandy road. A friendly head appeared at the vehicle’s window and a dark-skinned Polynesian explained that he was “here to help.” He said that he was affiliated with the *Ministère de la Jeunesse* and had heard of my “independent marathon.” He had arrived to see the completion of this 42-kilometer trek. He informed me that I had completed 36 of the 42; we were just six away from the end at Temae Beach. *Just in time! This seems like something out of a movie*, I thought.

For six kilometers, the gleaming, green Defender Land Rover followed me. Periodically the driver would shout words of inspiration or mark the mileage remaining. When I faltered or stumbled, the driver would park his car, jump from the vehicle and resuscitate me with *Evian* and encouragement. As we continued and my physical struggle became more apparent, this generous gentleman tenderly invited me into his vehicle to thus put an end to the pain. More determined now than ever, I refused.

I weakly continued.

I followed the gleaming green Defender down a path that turned off from Moorea’s coastal road. Running the agonizing last kilometer parallel to the island’s pale, pretty lagoon, I saw several individuals beckoning towards me. I practically (and pathetically, I’m sure) limped towards them. The Defender stopped short of this group and the driver descended from his vehicle. And although I was weary and my eyes bleary, I could now see it. It was a line in the sand. These individuals had drawn a line in the sand.

I crossed that line. There were cheers. The gleaming green Defender driver handed me pineapples, shells, t-shirts and bottled water. The small, sprightly, French photographer was snapping photos everywhere. Several men and women who had seen me throughout the day on Moorea’s road were present to extend *felicitations*.

I wished not to leave this memorable gathering, but it was necessary to catch the soon-departing *bateau* to Papeete. The gracious, gleaming-green-Defender driver offered to race me toward the ferry dock. He opened the back of his vehicle and urged me to enter. This was difficult. I abruptly became conscious of my lack of strength as, unsuccessfully, I attempted this feat. It was then that I

realized just how spent I had become from this 42-kilometer quest. A distinguished older gentleman steadied me as I hobbled onto the exposed seating of the vehicle. He then asked in heavily-accented French when we could complete the interview.

What was he talking about? He informed me that he was “Jean”, a journalist for the French Polynesia newspaper, *Les Nouvelles de Tahiti*. He added that the small, sprightly, snappy photographer was a journalist with the Tahitian paper, *La Dépêche de Tahiti*. They had heard of this journey I had chosen to undertake and were curious about its circumstances. Was it true that I had arrived in French Polynesia with the single purpose of traversing 42 kilometers on foot alone in Moorea? Yes, this was true, I admitted.

I apologized but I indicated that I needed to catch the *bateau*. With the acquiescence of Defender driver, they joined me aboard the rear of the Land Rover. As the vehicle sped to the ferry, to my utter surprise, “Jean” thrust a portable tape recorder in my face. He prodded me to speak into the recorder. I was reluctant to do so. His urgings continued. So with great hesitation I began to relay this story:

The Moorea Blue Marathon:

“Some time ago my beloved uncle was diagnosed with an advanced stage of paraesophageal adenocarcinoma. And after undergoing several rounds of grueling chemotherapy and radiation, the disease appeared to be eradicated. Funny though, he suddenly started having problems with his vision after his chemotherapy was completed. Still, the doctors could detect no further evidence of cancer. We were jubilant. But one night I suddenly awoke with thoughts of my uncle on my mind. I had an odd feeling of dread and the sudden urge to travel from one part of North America to another just to visit him. Soon thereafter, I did visit my uncle and when I arrived, I found him somewhat confused. In a seemingly brief period of time, cancer had been detected in his lungs and in his brain. He began experiencing difficulty breathing and occasionally became confused. He rapidly deteriorated. My auntie, myself — we all felt helpless as we watched him progress toward death.

During a particularly difficult night, I sat with my uncle. It was exhausting and heart-wrenching to observe him labor for life. He was lucid this night and frighteningly fighting the inevitable. What could be done? I felt impotent. I could not heal him. The doctor in me wanted to treat him — to do *something*.

But then, gradually, an experience came to mind. Perhaps I could recall a journey — yes, a journey — I had taken prior to arriving to care for him. And maybe — just maybe — this would ease the fear we both were experiencing regarding the journey

he was soon to make himself.

I told my uncle that I had recently completed a 42-kilometer marathon in Canada. At the halfway stage of this journey, it was necessary to run in a tunnel. Upon entering the dark, dank tunnel, with a vacuum-like atmosphere, it became difficult to breathe. The air was freakishly thick and heavy. Many runners were heaving in their respiratory efforts. I, myself, had never experienced such a “feeling”. It was as if we were slowly suffocating. The tunnel filled with runners became eerily silent — except for our vigorous heaving. I was concerned that I, too, would surrender the run in the tunnel — as many other runners seemed to be doing. To avoid doing so, I sought to keep my mind off the physicalities at hand. I thought of many circumstances — including that which involved my uncle, who was struggling with cancer. Then, someone running in the group ahead pointed and shouted, “Look, the light! Coming up is the light at the end of the tunnel!” Sure enough, around the corner was the end of the tunnel and the border of the United States.

So, I explained to my uncle, I had seen the “light at the end of the tunnel.” There indeed, in my experience, was such a thing. And I told him that I believed, there was a light at the end of this tunnel — the tunnel that he was now traveling. My uncle looked at me intently. All was silent. At long last, he gravely said he hoped this was true.

I proceeded to show him a book containing photographic descriptions of international marathons, including the “tunnel marathon” in Canada. As he studied the photos, he turned the pages to the well-worn South Pacific section. He came across a stunning photo of smiling runners on a course in an idyllic tropical setting.

“Look at this one!” he quietly exclaimed. Isn’t it beautiful?

I looked at the heading of the photo. It read “Moorea Blue Marathon.” Yes, I agreed. It was lovely.

“Wouldn’t you like to run this marathon?” he asked.

Yes, I said, but realistically speaking, Moorea — wherever it was — was certainly far away and I would never have the opportunity to do such a thing.

“You should run this”, he responded.

I must have appeared doubtful because he became more forceful. “You should do this,” he said

again more loudly. “Please take it from me, you must live life richly and fully because you don’t know when this” — he pointed to his wobbly head and rattling chest” — “is going to happen.” He heaved and sputtered.

“Promise me you’ll run this beautiful course,” he said. At first I thought he was joking. Then I realized he was serious. I shook my head no. When — and how — would I ever get to a place called Moorea? *He’s not realistic, I told myself. Perhaps he’s a bit confused.*

My uncle became agitated. He wheezed and coughed. “Promise me,” he said between shallow breaths. “P R O M I S E M E,” he articulated loudly and emphatically. “Promise me you’ll do this someday before the end of your life. You have healthy lungs — USE THEM,” he hoarsely voiced. “Promise me you’ll go to wherever Moor...Moorea...is... and run.” I gazed at him earnestly. I was puzzled by this unanticipated request. *Was this a temporary loss of sanity?* He began to heave vigorously and voice between breaths, “Promise me you will do this — if not for you — then for me?”

O.k., I conceded, to soothe him, to placate him. “O.k., someday, I will seek out this place of Moorea and run its marathon.”

That was my last coherent conversation with my uncle.

I thought often of that conversation — that promise. I told no one of that exchange. In that lack of telling, the promise seemed less real. Besides, I rationalized, my uncle may have not been completely lucid when we shared that conversation. Did that make it less real? I tried to deny the vow’s validity; but often I found myself wondering, thinking and awakening late at night to make sense of it

all. After all, a promise was a promise.

I researched all things about Moorea and discovered it was an island in French Polynesia — close to Tahiti. The island hosts an annual marathon early each year in January or February and, of course, this is the Moorea Blue Marathon.

So when I discovered that a flight stop could be made in French Polynesia en route to Australia, I booked the ticket. Although my timing would not allow for participation in the real Moorea Blue Marathon, perhaps I could “create” one of my own — as a tribute to my uncle.

“And so that’s how this all happened,” I told Jean the journalist.

Jean gazed at me with glimmering green eyes for a moment and then remarked, “That’s a beautiful story.” The most beautiful thing about it all, I said, was that it was true.

The Moorea Marathon brought closure to this real life story.

We arrived at a waiting ferry. Thanking everyone in the gleaming green Defender Land Rover, I made my way with stiff, wooden legs onto the boat. And as the boat pulled away from the dock, the setting sun over Moorea produced a magical display of color on the sea. As I stood transfixed at the sight of this light, I thought of Moorea, its inhabitants, the marathon promise and, of course, my uncle. And then I knew.

Wherever he might be — this in and of itself — was the light at the end of my uncle’s tunnel.

This is how I left French Polynesia, on my way to my Institute fellowship in Australia. □

INSTITUTE OF CURRENT WORLD AFFAIRS
FELLOWS AND THEIR ACTIVITIES

Shelly Renae Browning (March 2001- 2003) • **AUSTRALIA**

A surgeon specializing in ears and hearing, Dr. Browning is studying the approaches of traditional healers among the Aborigines of Australia to hearing loss and ear problems. She won her B.S. in Chemistry at the University of the South, studied physician/patient relationships in China and Australia on a Thomas J. Watson Fellowship and won her M.D. at Emory University in Atlanta. Before her ICWA fellowship, she was a Fellow in Skull-Base Surgery in Montreal at McGill University's Department of Otolaryngology.

Wendy Call (May 2000 - 2002) • **MEXICO**

A "Healthy Societies" Fellow, Wendy is spending two years in Mexico's Isthmus of Tehuantepec, immersed in contradictory trends: an attempt to industrialize and "develop" land along a proposed Caribbean-to-Pacific containerized railway, and the desire of indigenous peoples to preserve their way of life and some of Mexico's last remaining old-growth forests. With a B.A. in Biology from Oberlin, Wendy has worked as communications coordinator for Grassroots International and national campaign director for Infact, a corporate accountability organization.

Martha Farmelo (April 2001- 2003) • **ARGENTINA**

A Georgetown graduate (major: psychology; minor, Spanish) with a Master's in Public Affairs from the Woodrow Wilson School at Princeton, Martha is the Institute's Suzanne Ecke McColl Fellow studying gender issues in Argentina. Married to an Argentine doctoral candidate and mother of a small son, she will be focusing on both genders, which is immensely important in a land of *Italo/Latino machismo*. Martha has been involved with Latin America all her professional life, having worked with Catholic Relief Services and the Inter-American Development Bank in Costa Rica, with Human Rights Watch in Ecuador and the Inter-American Foundation in El Salvador, Uruguay and at the UN World Conference on Women in Beijing.

Gregory Feifer (January 2000 - 2002) • **RUSSIA**

With fluent Russian and a Master's from Harvard, Gregory worked in Moscow as political editor for *Agence France-Presse* and the weekly *Russia Journal* in 1998-9. He sees Russia's latest failures at economic and political reform as a continuation of failed attempts at Westernization that began with Peter the Great — failures that a long succession of behind-the-scenes elites have used to run Russia behind a mythic facade of "strong rulers" for centuries. He plans to assess the continuation of these cultural underpinnings of Russian governance in the wake of the Gorbachev/Yeltsin succession.

Curt Gabrielson (December 2000 - 2002) • **EAST TIMOR**

With a Missouri farm background and an MIT degree in physics, Curt is spending two years in East Timor, watching the new nation create an education system of its own out of the ashes of the Indonesian system. Since finishing MIT in 1993, Curt has focused on delivering inexpensive and culturally relevant hands-on science education to minority and low-income students. Based at the Teacher Institute of the Exploratorium in San Francisco, he has worked with youth and teachers in Beijing, Tibet, and the Mexican-American agricultural town of Watsonville, California.

Peter Keller (March 2000 - 2002) • **CHILE**

Public affairs officer at Redwood National Park and a park planner at Yosemite National Park before his fellowship, Peter holds a B.S. in Recreation Resource Management from the University of Montana and a Masters in Environmental Law from the Vermont Law School. As a John Miller Musser Memorial Forest & Society Fellow, he is spending two years in Chile and Argentina comparing the operations of parks and forest reserves controlled by the Chilean and Argentine governments to those controlled by private persons and non-governmental organizations.

Leena Khan (April 2001-2003) • **PAKISTAN**

A U.S. lawyer previously focused on immigration law, Leena is looking at the wide-ranging strategies adopted by the women's movement in Pakistan, starting from the earliest days in the nationalist struggle for independence, to present. She is exploring the myths and realities of women living under Muslim laws in Pakistan through women's experiences of identity, religion, law and customs, and the implications on activism. Born in Pakistan and immersed in Persian and Urdu literature by her grandfather, she was raised in the States and holds a B.A. from North Carolina State University and a J.D. from the University of San Diego.

Institute Fellows are chosen on the basis of character, previous experience and promise. They are young professionals funded to spend a minimum of two years carrying out self-designed programs of study and writing outside the United States. The Fellows are required to report their findings and experiences from the field once a month. They can write on any subject, as formally or informally as they wish. The result is a unique form of reporting, analysis and periodic assessment of international events and issues.

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