

GOD BLESS THE WHOLE THIRD WORLD

The Real Palawagi

Chet Richards



June 2012

GOD BLESS THE WHOLE THIRD WORLD

The Real Palawagi

Chet Richards

June 2012

My true story

One of the things you'll do when you retire, often on evenings after golf or tennis, is sit around with a cold beer and tell war stories. Once the conversation gets going, these always take on the competitive flavor that once made office life bearable: *Oh yeah, that's nothing. Wait, til you hear what happened to me!* You already know that these get ever more preposterous as the competitive juices, and the beer, mount up. But what I'm going to tell you breaks this mould. It is the absolutely true story of what happened to me one afternoon in the summer of 1991.

Some memories stick with you: The pervasive smell of exhaust fumes, the rhythmic drone of room ACs, and how his window framed the bougainvillea like a print by Gauguin. At our office that afternoon, the Director had insisted: "Don't want to be responsible, old boy. Now, go and get yourself checked out."

"But, for a pulled shoulder? From tennis? Look, I've never been to a hospital in this place and I'll be home in a couple of weeks. I'll be OK."

"Now, now." A drop of sweat had formed on his jowls, and he squinted directly at me. "They won't kill you."

He gave me a letter on company stationary introducing me to the hospital administrator. I've spent a lot of time out here, and you worry in these places about milling around for hours in a swell of unwashed bodies until some functionary notices you, just to be informed that you needed to "pass by the cashier" first. They'd love that one back at the office. Distinguished international salesman can't even get admitted.

One thing you quickly learn is that out here, home field advantage belongs to somebody else. It may not be clear to whom, but it is not you. A knock on your door at two in the morning, for instance, can mean many things, but none of them will be good. Like the time

the hotel needed a few extra rooms for the Deputy Prime Minister and his wives and entourage from Mali. Or when the gendarmerie in one of those West African garden spots decided that I needed a refresher course in immigration law. So when you can get any kind of advantage, you take it.

Brandishing my letter like the Aegis of Zeus, I stepped into the hospital's main lobby with little doubt that if I wasn't terminal now, I soon could be. As my eyes recovered from the equatorial sun, I froze in horror and disgust, my every suspicion of local hospitals realized. The place was full of lepers, and they were stumbling around in bedsheets. I could make out bodies on the floor. Paralyzed for the moment, I saw myself rejected by US Customs and Immigration and returned to this place to die a lingering, yet premature death, thousands of miles from family and friends. But somewhere in the process, while I still could, I was going to kill the Director.

Maybe I could back out before they touched me. But as I regained control enough to move, the scabrous visions began to walk normally, and, within a few seconds, the lobby was populated with nurses gliding about in white uniforms. I began to recognize images of people everywhere, all alive. I glanced around, expecting some of them to be staring at me as if I had had a seizure at the door, but nobody seemed to notice. A guy in blue pajamas was mopping the floor. I took a deep breath and approached the information desk.

I've spent a lot of time out here, and one thing I've learned is that if you start off on the wrong foot, they will run you around for hours, passing you back and forth like soccer practice. So I was still composing my polite but assertive explanation when the attendant looked up and before I could get the letter unfolded, took the cigarette from his mouth and flopped his hand in the direction of an adjoining corridor. My problem disposed of, he took a well-earned drag and returned to his paper.

Was this right, or was it just their opening move? I looked down the corridor and saw a sign with an arrow and the words "Outpatient Clinic." It has to be a trap. I'll get down there, wait forever in some line, and then be told I was supposed to see somebody in admin first.

I have the magic letter. Should I force him to read it and send me straight to the head honcho? Short of smashing down his paper, though, I was not going to get any more of his attention. So I headed down the corridor, past more people, through and around people everywhere. After 30 or 40 yards, the corridor opened up into another waiting area, this time with a single long counter over which hung two signs. The smaller said "Reception" and the larger said "CASHIER" and had the symbol for the local currency.

There might have been a hundred people crowded in front of the counter. I stopped for a minute to analyze the situation. There was no use going back to the main lobby because I

was certainly an outpatient and had every intention of remaining one. This was the place, and the trick was to finesse the situation, to get in front of somebody in authority as soon as possible, and then get out of here.

Now about the crowd. I've spent a lot of time out here, and I've found that while mobs are the standard form of public gathering, they come in distinct varieties. Most Westerners are familiar, thanks to CNN and its ilk, with the "pack of jackals," where they are all jammed together, arms flailing, screaming and jumping up and down. You have to be very careful in this situation because you are an amateur among pros, and in addition to the opportunity for physical violence, you can lose everything not permanently attached to your body.

In this group, however, nobody flailed, jumped or screamed. Nobody much moved at all, which is typical of the insidious "anaconda." That snake doesn't kill by crushing, as many people think, but whenever you breathe out, it takes up the space. No apparent movement, but deadly nonetheless. Subtle but effective, and so it was here. Whenever somebody got to the front and finished, the crowd inched every so slightly to absorb the space.

Now, when you're with jackals, strategy is pretty basic—get in and fight. You'll get knocked about and you may even get killed, but you will have done the only logical thing. With this group, on the other hand, there was no obvious pattern, and I couldn't see where to begin. Only the Director's fat and smiling face kept me from giving up. So it was with more hope than expectation that I edged in, clutching my letter and determined to get close enough to flash it at somebody important.

For the next half hour, I stood on the spot I had chosen. Somehow, people were making it to the front, but it was clear that pushing harder against the solid mass in front of me was not going to do the job. At a loss for anything better, and being taller than the average native, I rose up to look around.

An old woman on crutches was approaching our group. Through the holes in her shawl, pinks and tans hinted at once elegant reds and golds. Shreds from her outfit reached the floor, and she doddered along on flat gray shower slippers. I knew she'd be standing here all day, poor soul. But as she pushed her way in, and she was the only woman in the pack, I watched as she bumped up against a guy in his twenties. He turned his head, started to say something, then sneered and moved the bare minimum to clear a path.

By this time, she was only a few feet to my left, and I calculated that by pushing a little harder than would be polite in most places, but within what I hoped would be allowed a foreigner, I could position myself behind her.

“Oh, excuse me. Terribly sorry. Thank you so very much.” Play innocent and since I’m only moving sideways, how mad can they get?

I half expected her to turn and say something to me, but she plunged on, oblivious to the fact that she had picked up a passenger. I smirked inwardly as we reached the counter. Protected on the side towards her, I nudged ahead to unfurl the letter, complete with raised letterhead and numerous bright blue impressions of the company seal, directly in the face of the flunky opposite me. The blue must have done it, because he glanced at the letter and then up at me.

I’ve spent a lot of time out here, and one thing I’ve learned is that you can ignore somebody damn near forever, but if you make eye contact, you’re stuck. I had this guy and he knew it, so the only way he could preserve face was to acknowledge the power of my letter. “He’s got one of those, so what can I do?”

As he stood up, I felt a swell of patriotic pride. This was right after the first Gulf War, and yet again, the American spirit had taken them on their own ground, and we kicked their butts. Yes! USA! USA! With the true magnanimity of that great spirit, I looked down and accepted his outstretched hand. And as the final bars of our national anthem faded from my mind, they ushered me into the office of Dr. Raul.

It was very small. Dr. Raul sat behind a desk that filled a good third of the room and an examination table took up another third, which left just enough space for my chair in front of the desk and for the nurse in her chair behind it. The walls were pastel blue, and there was a coat rack wedged into a corner. As I entered, Dr. Raul rose to a half standing position and stuck out his hand. He couldn’t have been more than five-one or five-two, so I had to bend partly over the desk to take it. He was wearing a white hospital jacket, and as he got up, I could see the light green leisure suit that is the national dress of the Philippines.

He managed the official we-are-all-your-friends smile of the Third World, which in his case also made his face look wider than it was long. The effect was enhanced by thick black glasses and a luxuriant shock of black hair. He had a mole on his left cheek, and his smile showed as much gold as anything else, making him look more like any of the dozens of jewelry merchants downtown than a practitioner of the modern medical arts. Anyway, I told myself, I’m not going to let him stick anything into my body, and this is all a square-filling exercise to keep the company happy, and I’ll be out of here in 10 minutes.

He put the cigarette down to take the file they had given me at Reception. As he studied it, I was looking at his medical certificate among the calendars on the wall beside me, upon which was embossed, with great flourish, “Malacalapanang College of Medicine, Bolomoro.” It turns out that I know a little of the geography of the Philippines, my father having fought

there during World War II. Bolomoro is an undistinguished little island south of Cebu, and happened to be the site of a naval battle between a few US destroyers and remnants of the Imperial Japanese Fleet. I don't think McArthur even bothered landing there. Malacalapanang rang a bell as the capital of the place.

"Please take off your shirt and sit on table," as he gestured towards it with the same broad smile. He fired a salvo of syllables at the nurse. Many Westerners, expecting everything in the Third World to run at a *mañana* pace, are surprised that their languages communicate like computers. Tagalog is a prime example, sounding to Western ears like what R2D2 spoke in *Star Wars*.

This gave me my first good look at the nurse. She had been sitting patiently on her hands the whole time, her white uniform half-concealing a pair of pudgy knees. Her black hospital-soled shoes, which she swung in a deliberate rhythm, balanced her black, shoulder-length hair. She wore the hospital's blue plastic name tag at about 15-degrees from the horizontal. Throughout my visit, she had been staring off in the general direction of a group of calendars, the largest of which showed a smiling, sariied woman and proclaimed "Makes good babies!" Another for "Raja Brand for Antibiotics," featured a substantial matron with a purple beauty spot immersed in a brood of five or six. Apparently, Indian pharmaceutical companies base their sales campaigns on the idea that somewhere in their country, there is a square foot that still doesn't have somebody living on it.

She pushed up off the chair, took my shirt, and returning to the rear of the room, deposited it on the rack as she passed. That chore accomplished, she resumed her position on her chair and her hands. Within a few seconds, she was back in full swing.

Dr. Raul rose, file in one hand and cigarette in the other, and approached the table.

"Malacalapanang?" I suggested, thinking I would establish rapport.

"You know it?" he answered, transferring cigarette to mouth and laying down the file. Without waiting for my explanation, he began to look at my shoulder.

I launched into my spiel, thinking that the old "father-in-the Philippines" story always resonates with the natives of that archipelago. He grunted and touched the hollow part of my shoulder, just below the blade. A come-to-Jesus wave of pain blanked out Raul, Dad, and the islands. Did I actually break something? Although I didn't think you could do that just from swinging a tennis racquet, something had to be causing this pain, and there was enough of it that I didn't want this guy experimenting any more. In fact, before he did anything else, I was going to find out if he knew anything about real medicine. If Third World doctors are

like Third World anybody else, they would be touchy on this point, so I took a smooth and nonchalant approach, building on my years of experience out in places like this.

“So, um, say, ... you ever do any work in the States?”

He inhaled, then removing the cigarette and standing maybe a foot from me, said, “You’re American, no?”

“Sure, but ...”

“You are worried about medical qualifications?”

“No, but ...” Holy Christ, had he specialized in telepathy?

He had been accepted at Memphis State, he explained, on a government-to-government scholarship, but had chosen Malacalapanang instead. “You find that curious?”

“No, really ...” Do I look like an idiot?

“Listen. Memphis (exhaling, he pronounced it something like “Mem-pees”) good school,” he allowed, but it wasn’t Harvard or Columbia. Not absolutely first class. “Malacalapanang is jewel of the Philippines, of all Asia.” He inhaled deeply and postured himself on the corner of the desk. He explained that Bolomoro Island had been occupied during the war, but Japanese rule was light. For the most part, they stayed on their base on one end of the island, and the natives went about their usual business on the rest.

“We were not collaborators ...”

“Of course.”

“But after a while, there were ... interactions. So when liberation came, the Japanese in a most gracious gesture left medical facility for the use of our people.” He looked up at me.

“We used equipment of the Japanese as the start of Malacalapanang Medical College. Built college by combining best of Japanese technology with our medicines of many years. After all, lots of people in the Philippines,” he chuckled and stood up. “Old ones, too.”

“Now raise the arm.” He studied it for a second. “Now to right.” Hmmm. His brows furrowed, half above and half inside his glasses, the magnification making them look like sparsely wooded hillsides.

“Please put on the shirt.” He turned and stabbed the butt into an ashtray. Then bent over in a posture of deep thought, returned to his chair and sat down. Meanwhile, the nurse reversed her procedure of a few minutes earlier, returning my shirt to me and reassuming her position in the chair. One-thousand-one, one-thousand-two and she reconnected to the

eternal rhythm of the islands. Had Malacalapanang Medical College, in conjunction with a research grant from their friends at Sony, performed the world's first Walkman implant?

The three of us sat, Raul behind the desk, the nurse behind him, and me on the table. I looked around the room, coming to rest on a calendar directly across from me, showing February of the year before and a clutch of happy Hindus, some four generations in all, raising teacups in the air. Overprinted was the legend "Bhumphirato!"

The thought occurred to me that the Brits had pulled out a generation too soon or a couple too late. At that moment, Raul was bending over one of the drawers of his desk, apparently lighting another cigarette.

Clap ... clap ... clap. "In ayii a wet-ol! ... wet-ol! ... wet-ol!" an airy feminine voice insisted. I knew we had greeting cards with microchips that sang, but I hadn't realized that Indian technology had incorporated them into calendars. Well, they did have satellites and the bomb.

At that moment, Raul emerged from behind his desk, crouched down, and fox-trotting in little half steps. He held smoking sticks in one hand and was swinging something from a short string with the other. Behind him, the nurse was clapping her hands Asian style, with her fingers pulled back and only the palms touching, and chanting earnestly. In place of her heretofore vacant stare, she now focused tightly on her hands, as if loath to compromise the professionalism of the local paramedical community. The aroma of incense began to register.

"What the ...? Wait just a damn minute!" I slid off the table and began to stuff my shirt into my pants. By this time, Raul was right up to within inches of me. The nurse stopped singing and clapping, her legs pausing, too, for a second, then resuming their normal motion. Raul looked at me and I looked at him. I realized that I was more amazed than angry—he hadn't done any actual damage, after all. Probably nothing that would count as malpractice in most states. I was beginning to feel a little ashamed at my outburst.

We had moved around so that I was backed up against my chair, and with a little nudge from Raul, I sat down. This gave me a good eyeball-to-eyeball look at the shrunken head.

"You Americans." As if he had seen it all before. He stood right in front of me, the head now lying on the desk and two sticks of incense in his left hand. His face had lost all trace of its original air of benevolence.

"You Americans! I fix shoulder but you curse me! Nobody die in Philippines of twisted shoulder, but you trust me? No! No need fancy American medicines, need credence!" he said it more like "cree-ins," leaving the impression that he was going to prescribe one of his Indian drugs.

“If you Filipino, you better already. I swinging Kolomoi,” apparently introducing the head, “you dancing, and Fernanda singing Palawagi! Wet-ol! Wet-ol! I teach herself myself, yes! Soon you forget pain, all pain!”

“But,” I felt I should make a defense of some sort for treating the cause rather than the symptoms. “Suppose there was real muscle damage, or a torn ligament, or something?”

“Humpf. If muscle bad, how more cutting make it better? Cure on Bolomoro: You get back to work! Chop, chop, chop sugar cane! Teach body how new muscle work! Everybody in vil-lage help. Dance and incense and attention of beautiful women! Body forget to complain, get on with fixing.” Sort of how we used to cure things back in the Sixties, when I had an apartment off campus.

“No chance infection or drugs fighting in body. What your doctors say ‘adverse reactions.’ See, I know such things!” He was beginning to roll now, and I expected that within a minute or two, he would be pounding the desk and screaming, like a participant in the local traffic altercations. But maybe he didn’t consider me worth the effort because he stopped, sat the incense still burning in the ashtray and timing his progress to synchronize with the nurse, returned to his chair. He stared at the wall for a moment, then shook a cigarette from the pack on the desk, lit it, inhaled, and resumed.

“So I am going to give you prescription. Will develop credence. Take it and you will get better. Don’t and that is your problem. Let’s see if American can take this medicine.” He was writing on a prescription pad. Finishing, he slid it under a clip, then closed the file and handed it to me. As I reached over to take it, he rose to a half-standing position, stuck out his hand, and smiled.

Out in the corridor, I stood for a moment wondering what to do next. I could try another hospital, but that would mean going back to the Director and relating the entire tale. I would probably be the feature article in the next edition of our company’s newsletter. And another hospital might try to humor an American by prescribing whatever drugs they had in stock or pushing some more drastic cure. What the hell. It wasn’t as if I had typhoid or anything.

As I drew several packs of “Shinto Temple Incense” from the hospital pharmacy, I wondered exactly what the Japanese had abandoned to the natives on Bolomoro back in 1945. But no matter now. At the equipment office, I arranged to charge the deposit and rental on a shrunken head to my credit card. Then three times a day before meals, I did my exercises.

A couple of weeks later I returned to the States. By that time, I was starting to get the hang of the thing and pretty much had my full range of motion back. I was actually up to some of the more advanced techniques. In fact, I felt good, real good, especially since I knew I was teaching new muscle to work and not just covering up pain with a bunch of drugs.

Looking back over all these years, one thing stuck with me the most. As I was standing in the hospital lobby, shoulder still throbbing, and feeling a little sorry for myself, I glanced down at the discharge papers the computer had printed. My eyes caught the “Special Doctor’s Instructions.” They said: *Hey American. If you have problems or need real Palawagi, Fernanda makes house calls.* And in the box just below, the computer had kindly printed her number.