



“Geography Lesson”

Virginia Morrison '99 practices nursing on two continents. Massachusetts and the Democratic Republic of Congo, an ocean apart, bear little resemblance to one another, geographically or politically. Massachusetts recently mandated health insurance for everyone in its commonwealth. Congo, described by Morrison as one of the most dynamic but war-torn places on earth, is forgotten by most of the world.



But being a nurse practitioner, which Morrison describes as the “perfect intersection between politics and health,” has allowed her to discover that all patients on both continents have a common need—their stories must be told and heard in order to change the health care system and improve their care.

As a student at Colby College in Waterville, Maine, Morrison studied in Zimbabwe for a semester. She felt young, inexperienced, and ill prepared for the environment she encountered in this African nation. Following her college graduation, she served as an English teacher with the Peace Corps in Thailand. There, she was inspired by Thailand’s reaction to the AIDS epidemic and the work of local nurses. Working in a women’s health clinic back in the United States and encouraged by Yale Nurse Maya Mundkur ’87, Morrison soon discovered instead that she wanted to become a nurse practitioner, a decision validated by the work of YSN grad Deborah Van Dyke ’86 and Jane Boggini, a nurse practitioner who has worked in crisis situations all over the world.

Morrison knew that she would receive a unique education at YSN. For Morrison, writing her master’s thesis on Cambodian refugees’ access and use of contraception was not just about the numbers and results; it was about women living in precarious situations who had a universe of ideas, problems, solutions and dreams.

Working as a nurse practitioner for eight years, Morrison has also realized that being an NP enables her to make decisions at a higher level.

“As you talk to patients and spend more time with them, you really understand what it is in their lives that makes it difficult for them to move

forward,” Morrison comments. “On a small level, you may help them reduce their cholesterol, but on a larger scale, you begin to understand how things can change, not just in a clinic, but in the greater health care system what resources people need to take control of their own health.”

Wherever Morrison traveled, whether in Africa or Asia, she was always struck by how much need there was for health care services.

“I feel like these are the problems of our times and I’m always learning about them. So starting at a really basic level by getting to know people’s stories is the place to begin,” she adds. For example, the HIV pandemic in central and southern Africa is of gigantic proportion, but Morrison is drawn to the people who can tell her about their struggle with HIV in a place where treatments and resources are scarce or nonexistent.

“Knowing this village’s struggle, this young woman’s story or the history of this hospital is a way to understand the larger context of how HIV is ravaging a certain region,” Morrison continues. “It can be maddening to see the lack of will on the part of a government, but it is incredibly satisfying to see people able to take initiative to get better and in turn, force change in the system.”

In an e-mail from Congo to friends and family, Morrison writes, “We eat staggered, depending on the hunger. A million ants are always running in and around the food, whole galaxies in the rice and duck if you don’t take care to eat early. On my foam mattress on the floor (still covered in plastic to avoid the perpetual bed bugs), I squish around listening to the owl call, the goats scratch their bellies on the fence just beside me, the chatter of kids that stay up late, the baby crying next door, and the ubiquitous drumming.”

When Morrison is not overseas, she practices as an FNP at the Greater Lawrence Family Health Center and the Cambridge Health Alliance. Both employers support her work with MSF and allow her leaves of absence.

Morrison describes her life as a dual existence, working in two worlds. “I love being in both places, but the overseas portion is the work of my heart.” In Massachusetts, she is part of a team of nurse practitioners, physicians, and case managers caring for patients with common problems, such as diabetes, hypertension, and low back pain. In Africa, she is humbled by the persistence, professionalism, and knowledge of the local nurses who, with minimal training and few resources, care for patients with malaria, cholera, meningi-



tis, TB, HIV, obstetric emergencies, sleeping sickness, and severe malnutrition.

In her first and second missions with Médecins Sans Frontières (MSF), also known as Doctors Without Borders, Morrison ran field hospitals in Angola that were first to respond to epidemics of sleeping sickness and Marburg, a virus that causes a hemorrhagic fever like Ebola.

One of the most frustrating things was the lack of treatment options for sleeping sickness. It is caused by the bite of an infected tsetse fly, and is treated with a sometimes deadly, painful, arsenic-based medicine from the 1950s called melarsoprol. Although MSF arranged for a less toxic treatment, the Angolan government was not prepared to train nurses and provide the equipment for this.

“In the end, we had to treat some people with melarsoprol. We took every precaution possible to let them know the side effects and risks and to let them choose if they wanted the treatment or not,” she states.

Following that mission, MSF invited Morrison to speak at a World Health Organization Conference in Mexico City, which included representatives from large pharmaceutical companies. This opportunity allowed Morrison to do what she learned at Yale and loves doing—advocating for people who are suffering and do not have a voice.

Her most recent MSF mission was as field coordinator at a hospital in the middle of a large swamp in the Katanga province of Congo. On a strip of land that was two kilometers long and twenty yards wide—basically a berm of mud in the middle of miles and miles of swamp—the Congolese logistician working with MSF built a hospital, pharmacy, warehouse, outpatient department,



cholera clinic, and maternity ward, all in about a week, constructed only from plastic sheeting, grass, sticks of wood, and papyrus reeds.

A village, not more than thirty minutes downriver from the hospital, had recently been burned to the ground, so security and neutrality were paramount. Morrison describes the story of five women who were ostracized because they were former wives of rebels. They would have been killed if they returned either to the rebels or to their own village. The MSF hospital took them in, cared for them and their malnourished children, and arranged passage for them to another part of Congo where they were not known.

“There is usually no such thing as free, confidential health care in the places where we practice. You have to realize the reality on the ground was there before you came and it will be there after you leave. But if you can integrate into the current structure, it is much easier to do the work you came for: helping people survive through displacement, epidemics and war.”

Overseas is not for everyone, acknowledges Morrison, when responding to those who might say, “I could never do what you do.” She adds, “You shouldn’t do this work out of a sense of guilt. You don’t need to be someone who goes to work with MSF in order to know the issues.” Morrison suggests that reading Paul Farmer’s books, contributing time or money to organizations, and speaking out on issues such as Darfur and the war in Congo, are all integral to making change happen. She says, “Each of us can make that connection with health care in other countries without having to spend three months away from home.”