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A Whole Different World

Dallin Frampton writes from the Coast Province of Africa where CrossFit HQ is working to improve the quality of life.

by Dallin Frampton

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The list of diseases, sicknesses, and birth defects that affect Kenyans living in Coast Province goes on and on. Malaria kills over two million Africans per year, which would be similar to watching the entire state of Utah evaporate off the face of the Earth every New Year. It is common to visit this area of Kenya and see somebody suffering from the same illness a few times a month, caused by anything from hygiene issues to bug bites to water problems. During this last trip in February 2012, I ran into a lady who had been thrown a curve ball in life that I could instantly relate to.

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Back in 1999, my younger brother was born with Down Syndrome, a genetic disorder where a person is born with 47 chromosomes instead of the usual 46. It causes a form of mental handicap (impairing the growth of the brain) and it forces one to learn exponentially slower than the average being, including basic motor skills, reading and writing. This disorder also affects the muscle tone and physical features of the person, including shape of the face, eyes and body shape.

Now, 13 years later during my last trip to Kenya, I unexpectedly ran into a school teacher who had a 15-month-old daughter with Down Syndrome. I instantly fell in love with this little girl named Nyanyanje (meaning "Hope") and I felt like I had just stepped into a time machine taking me back to my life when I was 9 years old. Just remembering how much care and love these babies need, plus the emotional load they take on families began giving me a minor anxiety attack, knowing that this mother had no idea how to handle it. Before I knew it, I was holding this half starved little girl in my arms wondering

how I could take her home with me and get her proper 24-hour care. Her mom, Mishi, began telling me all the defects that Nyanyanje was still dealing with, including extremely low muscle tone, poor nutrition, and a small hole in her heart. The dynamics of this Kenyan mother's situation versus my own mother's situation started to hit home. I realized how slim of a chance this baby had at survival in the conditions and hospitals available in Kenya. After doing a little bit of homework, it broke my heart to look at the comparative scenarios between my brother (Austin) and Nyanyanje.

Austin was born with gastrointestinal blockage, meaning he couldn't have a proper bowel movement. As scary as this was, the doctors had him in the operating room within the hour in order to put a colostomy bag to the right of his belly button. This would allow him to do his business out of his intestines instead of out of his rectum, until the surgeon could remedy the problem a few weeks later. If this type of situation were to happen to Nyanyanje, it would be catastrophic.

First of all, the hospitals in Kenya look like something you would see in Saw 2, with outdated surgical tools and sketchy hospital equipment. They do not perform the required tests after birth like doctors in the United States do, therefore no one would have even known she had the blockage, if it were to develop. Then, if Mishi were to get Nyanyanje back to the village (which is about a two-hour drive one way) and a problem like this surfaced, getting back to the city would be out of the question. Mishi makes about 40 dollars a month, and the cost of transportation both in and out of the village is about four dollars, a cost that would be impossible to spend twice in one day. There is of course the option of going down to the local witch doctor to receive treatment, meaning traditional practices and medicine are the only things used to treat any type of ailment. Last time I checked, rubbing cow fat on somebody's stomach and chanting to the sky god while under the influence of some type of hallucinogen didn't cure any type of internal disturbance.

Both my brother and Nyanyanje were also born with holes in their hearts. This isn't out of the ordinary for children with Down Syndrome, and it usually is not as scary as it may sound. These small holes usually seal themselves within the first few years of childhood, but if the situation all of the sudden moves south, action is required. Nyanyanje falls into this category of being born with a hole, and since Mishi only had the money for one X-ray to date, the hole is showing no sign of healing itself. The doctor prescribed medication for Nyanyanje to fight off any type of problem that may set in while Mishi decides how she will pay for surgery on this little baby's heart. After sitting with Mishi and talking about these problems, I found out that she wasn't even able to buy the medication because she needed

to feed her family during the next few weeks until she was paid again. This prescription would have taken her entire pay check for the month, so she left the hospital that day knowing that she was playing Russian roulette with the life of her last born daughter.

Austin had a very similar situation. He had a hole in the wall of his heart, and after many X-rays, all of which my parents could very easily pay for, the hole sealed itself within his first two years of life. Although it didn't require surgery, it would have been a very simple task to set up the date for operation, drive the 10 minutes to the operating room, and then pay for the whole ordeal with little taxation on my parents' bank account. The ER would also have been perfectly sterile, with the slimmest chance of infection because of bad tools, unclean hands or dirty equipment. This is something that all of us here in the United States just expect when looking at a hospital, whereas in Kenya it could be 50-50 whether or not you come down with Tetanus or some other type of infection due to unhealthy conditions.

Nyanyanje's muscle tone was another subject of discussion. Depending on severity, Down Syndrome children's muscles either take much longer to develop, or they never fully develop at all, leaving them weaker than other people, causing all types of problems in the long run. Nyanyanje happens to have a much more severe case of Down Syndrome than my brother, but I could remember all too well how long it took for him to take his first steps and how easy it is for him to become out of breath after walking for long periods of time. While I was holding her, Nyanyanje's head was constantly bouncing off my shoulder and rolling back towards my

arm, and Mishi told me that she had extremely weak upper back bones, especially the ones supporting the neck. The doctor told Mishi that in order for these bones and muscles to develop, a diet rich in calcium and protein is essential. Baby formula was prescribed to Nyanyanje, but it is only available in the richest part of Mombasa. Yet Mishi needed to keep a steady flow of baby formula pumping through her daughter if she was ever going to see her take a single step. Bottles of Enfamil in Mombasa are about three dollars each, another expense that would slowly chew at Mishi's monthly income when the rest of her family expected some type of nourishment as well. At this point, Mishi began crying and said that she once again disobeyed the doctors' orders and didn't buy the formula because it was too expensive. With the Kenyan diet, I knew all too well that the empty carbs and rarity of beans, milk and meat would not support the constant vitamin and mineral requirement that these types of children need.

Baby formula in Salt Lake City, however, is readily available. Ever since Austin was born, my mom has never missed a chance to stuff him full of multi-vitamins, antibiotics, yearly flu shots, meat, vegetables and whole grains. Choosing from about five grocery stores within a 10-minute drive of our house, she can pick up anything and everything that Austin may need, and I am pretty sure she won't break the bank while doing it.

I have never been hit so hard with the dynamics of how different it really is to raise a handicapped child in a primitive village in comparison to a middle-class neighborhood with everything right at our fingertips. Mishi and Nyanyanje face challenges that never even surfaced with my mother and Austin, and most of these challenges could be fixed within minutes if they were to live here in the United States. It is a whole different world over there, and it is incredible what the different ends of the spectrum really look like when you stop to take a look.

