

Chiquita

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Ganado, Arizona

In 1901, the Presbyterian Church founded a mission in Ganado, Arizona, the largest Indian mission in America located "40 miles over the worst road in Arizona." In the ensuing years, the mission grew to include a church, a school, and in the 1920s, a hospital named Sage Memorial. When it first opened, Sage Memorial was the only hospital serving an area equivalent to West Virginia and remained so until the establishment of the Indian Health Service in 1957. It went on to become the first Native American-controlled hospital in the United States. The story "Chiquita" comes from Sage Memorial Hospital on the Navajo Reservation where the author, Anthony F. Valdini, MD, formerly served as medical director. It is the first in a series of stories from Ganado.

Grandma brought us a baby in a Chiquita Banana box. The newborn, covered with a brown foul-smelling substance, was wrapped in a burlap bag and some old rags. She also brought in a young girl dressed in an old blue parka and a flannel nightgown, ominously stained with blood. The emergency room staff wasn't ready for this. It was supertime and they had been hoping for a quiet night because snow usually keeps trivial problems at home.

The baby looked dead, or close to it. The nurses called a "Code Pink." I got there first and found Grandma hovering over the infant on the gurney, gesticulating and speaking rapidly and worriedly in Navajo. The baby was lying half-wrapped in the burlap sack, mottled and motionless. In the confusion of the code, the bleeding girl had been taken to another room. For a long time, I didn't know she was there.

We listened to the baby's chest and knew she was breathing, although only occasionally. Some listeners thought they heard a heartbeat. The monitor showed a bradycardia at 38 beats per minute. The baby was so cold, the electronic thermometer would not register. After a quick examination, we wrapped the baby in a blanket.

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The child was smeared with feces; the overwhelming urge of every mother in the room was to clean her. The last thing this child needed was to be uncovered. Heat loss from washing would only make things worse, but the urge was nearly uncontrollable. I repeated over and over, "Leave the baby covered . . . we'll get the stool off after she warms up . . . don't take the blanket off . . . don't wet the child." Someone went upstairs to get the radiant heater, which was cold and would take a while to be useful.

What do we do? The crowd of EMTs and nurses looked at me as though neonatal hypothermia was something I had a clue about. "Hot packs," I said, wondering where the idea came from. "Let's put some of those chemical hot packs around the baby while the Kryselman warms up."

They liked that. We "cracked" the bags and put one between her legs, one on the front of her torso, and one on her back. Three women brandished washcloths expectantly. Quickly, we wrapped her in another blanket.

Mom was bleeding from a perineal tear that wasn't hard to repair but was "old" and dirty. We admitted her for antibiotics and observation to our 20-bed reservation hospital.

The baby's heart rate came up into the 50s; we were gaining ground. Hannah, the pediatrician, came in red-faced from the cold during our high fives and got a quick update. She immediately phoned the neonatal ICU in Phoenix, which was 6 hours away on a dry day. No, there was no chance of flying this little one out of here; we were "it" tonight. Somehow, telephone contact made things better. We were still miles and hours away from the NICU, but help had arrived. Hannah got good advice. An umbilical IV line (after the cord was scrubbed) and some antibiotics, fluids, and bicarbonate were the recommended therapy. We put the baby in the now-warm radiant heater and finally found a hypothermia thermometer. The baby did not look large enough for the long glass instrument.

"Don't warm the baby up faster than a degree or two an hour" seemed like sound advice. We learned in medical school about the dangers of rewarming too rapidly. We

had not learned how to control the process. The baby started at 82.2°F. Once she was in the warmer, her temperature climbed back 3 or 4 degrees an hour. Fortunately, no ill effects occurred.

Our excitement at the baby's return to normal vital signs died down around 11:30 PM. The nurses went home or back to the floor. I sent Hannah home to her own twin babies since I saw no sense in both of us losing a night's sleep. Outside a snowstorm howled. Inside, the EMTs and I kept a vigil over our little patient, reflecting on the story of her birth.

The baby's mother had never acknowledged being pregnant. She thought she had to move her bowels and passed the most difficult movement of her life in an outhouse. When the baby cried at the bottom of the pit below, the young girl discovered her dilemma. She pushed over the little building and fished the baby out with a shovel. She had cared for puppies and kittens, and knew to wrap them in cloth and put them in a box. Thus, Chiquita.

She brought the box into the hogan and put it next to the woodstove. She told her brothers and sisters she

got a baby in the outhouse and they marveled at it. Some time after the child was brought indoors, she stopped making noise and was quite still. The children knew about the strong Navajo taboo against dying indoors, so they put the baby outside. Later still, the grandmother of the recently delivered girl arrived home. She discovered the box and brought the young mother and her baby to us.

Around 1:00 AM, the EMTs awakened me from a catnap on one of the physical therapy mats. "Baby's crying." Because I have three sons, a baby crying in the middle of the night was familiar. This was a problem we could handle. One of the techs got a rocking chair from the nursery. After I'd changed and fed Chiquita, she calmed down. Gentle cooing and words of endearment were surprising, coming from the same hard-boiled Navajo cowboys who routinely extricated mangled victims from motor vehicle accidents. We took turns holding the baby and feeding her all night long.

The morning brought clear skies and stiff backs. After a goodbye to her mother, we took the infant by ambulance and airplane to the NICU in Phoenix. She was fine. Her mother named her after the pediatrician and me.