

This Wound is Consistent with Harm

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On my way down the road to meet up with colleagues for a global health conference, I hear someone running behind me. Suddenly, I feel a stinging sensation in my back. A young, slight man my age and height appears in front of me.

“Give me your wallet and cell phone now or I’m going to kill you.”

Disarmed does not quite describe how I feel.

“Fine, hold on,” I say with an annoyed tone as he holds a small, sharp rusty handsaw to my stomach. My heart pounds.

“I’m going to kill you! Hurry. I’m going to kill you! No, not the laptop bag. I don’t want that. I’m going to kill you!”

It could have happened anywhere. I knew crime having lived in Chicago, Washington, D.C., and New Haven. But I thought I was going to be ready for this moment in Kampala. As part of my characteristic risk-calculating analysis, I worked out what I thought would be a logical plan to diffuse an unexpected situation exactly like this months before I moved to Uganda to conduct research.

I would calmly give the perpetrator a strategic amount of money, and then offer to connect him with a local organization to address whatever need he would identify. He would be disarmed by my reaction. I would feel some control while having “turned the other cheek.” I was aware that this would sound naïve and idealistic at best, so I practiced street smarts religiously, often in a paranoid fashion, to avoid undesirable encounters. On this day, though, I didn’t turn around when I heard running footsteps behind me.

When my assailant runs away, I do not think fast enough to register that he is running down a street that ends at an intersection with a police station. I fail to chase him, standing in place, stunned and defeated. An opportunity to rectify the emasculation I feel after giving into his demands passes.

Somewhere nearby, a woman shouts from her window “Ooo, sorry, sorry!” The tears flow, but I tell myself to hold it together. *Don’t miss this conference.* I feebly compose myself and pass through a small squatter settlement on Mulago hill. I wave, force a smile and give the Ugandan

greeting *oli otya* to the folks I know here, crying all the while. No one says anything more than the expected *bulungi* in response. Only then do I realize that my back continues to sting and now itch. I touch my back. Blood covers my hand, and I realize for the first time that I have been stabbed. Thoughts race: *I wonder if I need a tetanus injection. Did he recently use the handsaw on someone else? Could I get infected with an awful illness?* Minutes later, I arrive at the clinic where I work and greet two staff members. Noting my disheveled appearance, they ask if I am okay.

“Do you have any alcohol pads? I was stabbed and robbed a few minutes ago, and need to make the van that leaves in the next few minutes for a conference.”

They graciously clean my laceration, while profusely apologizing for the incident as if they were ambassadors for Ugandan society. I rationalize that he did not mean to stab me. No, *he intended to hold the knife to my back and in a miscalculation, jabbed me while he was running.* Somehow, this doesn’t make me feel more at ease.

I keep my mind off the incident at the conference, but my blood-stained shirt betrays me. People I don’t know keep asking what happened or how I am doing. Once I tell them what happened, they cannot believe that I am here. It makes perfect sense to me. I do not want to go back to my apartment and ruminate on crime and injury. What would that accomplish? A colleague insists I call her American security attaché embassy contact. The attaché tells me that I am the first case of reported violent crime against an American in his 20 months in Uganda.

“You were just in the wrong place at the wrong time.”

A few of my Ugandan co-workers suspect I will leave for home. If anything, I feel a pressing need to stay longer, to let my thoughts and emotions evolve in the place where my attack happened. I attempt to speak somewhat dispassionately about the event, probably so that I will not seem like a “weak American” who cannot handle everyday violence.

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And then something unexpected happens. Slowly over the next few weeks, my Ugandan friends begin to tell me their stories.

One of my closest Ugandan friends shows me a bullet scar on his leg that he incurred when dictator Idi Amin's soldiers attacked his grandfather's house with him present. A physician tells me a story of being caught in crossfire—his windows blown out—while driving his children to school. More stories of petty theft and burglary come forth. Ugandans, not known at all for wearing turmoil on their sleeves, open to me a window into their world. Is it because I have now experienced what they know much better than me?

Within a week, I encounter still another facet of life in Uganda: corrupt police. On several occasions, I bicker and barter with the police for help, and learn that a crime victim here can often expect very little unless one can pay. Ugandan friends confirm this. Some days I leave conversations with police feeling more enraged than from the stabbing. I engage in and am privy to lively debates about an underfunded and essentially ineffectual police force that often heaps injustice on injustice as people seek help. Now I understand.

Days later, an officer leads me down a dark hall in a decrepit building that smells of urine. People sit on the crowded floor waiting to see the police medical examiner. He shuttles me to the front of the line and sits me in a sparsely furnished examination room, one that conjures an interrogation from an international espionage movie. A jovial, overweight physician enters and asks me to retell my story. He asks to see the wound for documentation. I don't want to be in his room or talk about this anymore, by this point feeling documentation to be futile. While I answer his questions, my thoughts drift towards the people stuffed into the hallway outside. At the end, he gives me a copy of his paperwork, mostly illegible.

But the last line is written in clear, capital letters: *THIS WOUND IS CONSISTENT WITH HARM.*

Over the next few weeks, I try to sublimate feelings of victimization by dwelling on my numerous positive experiences in Uganda. This does not prevent my short-lived, but unwelcome intermittent nightmares. Nor does it circumvent the hours spent replaying what happened in my mind, what I might do differently if I had the chance, how I might have defended myself, my anger and sadness—these ruminations give me a small sense of what those with post-stress traumatic disorder may experience. At my darkest point, feelings of how I might have retaliated open the door to a previously unknown, murkier part of my human psyche. Do feelings like mine explain how violence begets violence?

My farewell speech at the research unit a month and a half later is an emotional one. I thank staff and mentors for their guidance and friendship over the year. I toss in jokes throughout, mainly to hold back my tears as I thank them for their support and concern. I learned from my research, but also depart Uganda with a sharpened understanding of how violence affects health.

"It stung more than I expected. It exposed me to much more than I could have anticipated," I write back to a friend's question about what happened to me that day. My wound heals with all but a subtle scar on my lower back. I hope that the mark will continue to remind me of what to seek out appropriately in patients, scars hidden and hurting.

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